

Medication Administration

Education and Care National Regulations: No 92, Medication Record:

Administration of medication: No 93,

Exception of authorisation requirement:

No 95: Procedure for administration of medication:

INTRODUCTION

In supporting the health and wellbeing of children the use of medications may be required by children at our service. Any medication must be administered as prescribed by medical practitioners and first aid guidelines to ensure continuing health for the child and for the child's safety and wellbeing.

GOALS - What are we going to do?

Families requesting the administration of medication will be required to follow the guidelines developed by the education and care service to ensure the safety of children and educators. The education and care service will follow legislative guidelines and standards in order to ensure the health of children, families and educators at all times.

STRATEGIES –

How will it be done?

The Nominated Supervisor will:

Ensure that a medication record is developed for each child requiring medication at the education and care service. The medication record must detail the name of the child and have authorisation to administer medication signed by the parent/or person named on the enrolment form as authorised to consent to the administration of medication.

Ensure that medication is not administered to a child being educated and cared for by the service unless:

- the administration is authorised; and
- administered as prescribed by a registered medical practitioner with instructions attached to the medication,
- from the original container; with the original label clearly showing the name of the child;
- and before the expiry/use by date.

- Ensure that written and verbal notification is given to a parent or other family member of a child as soon as practicable, if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners. (This will need to be signed off on long term medication form if the child has one).

- Ensure that if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency that the parent of the child and emergency services are notified as soon as practical.

- Ensure that enrolment records for each child outline the details of person or persons permitted to authorise the administration of medication to the child.
- Take reasonable steps to ensure that medication records are maintained accurately.
- Keep medication forms in a secure and confidential manner and ensure the records are archived for the regulatory prescribed length of time as per Regulations.
- Ensure that educators receive information about the medical and medication policies during their induction.
- Request written consent from families on the enrolment form to administer the Emergency Asthma Kit if required. Families will be reminded that every attempt to contact them for verbal permission will be made by the education and care service prior to administering asthma medications. Refer to Medical Conditions Policy for further details.
- Inform families of the education and care service's medical and medication policies and the need to ensure that safe practices are adhered to for the wellbeing of both the child and educators.

Educators will;

- NOT administer any medication without the authorisation of a parent or person with authority
 - except In the case of an emergency, when the verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted.
- Ensure that medications are stored in the refrigerator in a labelled and locked medication container. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container inaccessible to children and /or out of children's play area or a high storage shelf
- Ensure that two educators administer medications at all times. One of these educators must have approved First Aid qualifications in accordance with current legislation and regulations. Both educators are responsible to check the Medication Form (in Medication folder, a copy of Appendix 1), the prescription label and the amount of medication being administered. Both educators must sign, date and note the time, dosage on the Medication Form. Medications will be returned to the locked medication container after use or inaccessible storage shelf.
- Follow hand washing procedures before and after administering medication.
- Share any concerns or doubts about the safety of administering medications with the Nominated Supervisor to ensure the safety of the child. The Nominated Supervisor may seek further information from the family, the prescribing doctor, or the Public health Unit before administering medication.
- Ensure that the instructions on the Medication Form are consistent with the doctor's instructions and the prescription label and the whole form is completed.

- Request that the family request an English translation from the medical practitioner for any instructions written in a language other than English.

Families will:

- Notify educators, both via enrolment forms and verbally when children are taking any medications. This includes short and long term medication use. For long term medication form please see Appendix 1 and Appendix 2. Also notify families if children have had any medications prior to coming to the preschool session.
- Complete a medication record form and a first aid/risk minimisation plan (for long term medications) as applicable for children requiring medication while they are at the education and care service.
- Documents for long term medication use will be developed with the family and the medical practitioner completing and signing the plan. Plans must be updated as the child's medication needs change. Risk Minimisation plan may be developed for long term medications such as Anaphylaxis and Asthma type medications.
- Be required to keep prescribed medications in original containers with pharmacy labels.
- Medications will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for.
- Expired medications will **not** be administered.
- Keep children away from the care and education setting while any symptoms of an illness remain and for 24 hours from commencing antibiotics to ensure they have no side effects to the medication.
- NOT leave any medication in children's bags.
- Give any medication for their children to an educator who will provide the family with a Medication Form that is required to be filled in for the medication to stay on site at the service. The family will complete the Medication Form and the educator will sign to acknowledge the receipt of the medication. No medications will be administered without written consent from the parent or authorised person.
- Provide any herbal/ naturopathic remedies or non-prescribed medications with a letter from the doctor detailing the child's name, dosage and the expiry date for the medication .

Safe Rest and/or sleep time

Links to Education and Care Services National Regulations:

81, 103, 105, 110, 115

Links to National Quality Standards/ Elements:

2.1.1,

Rationale

All children have individual sleep and rest requirements. Children need a comfortable relaxing environment to enable their bodies to rest. This environment must be safe and well supervised to ensure children are safe, healthy and secure in their environment.

Aim

Our Preschool will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs.

The Approved Provider will:

- “Take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, development stages and individual needs of the children.” (Regulation 81)
- Ensure that areas for sleep and rest are well ventilated and have natural lighting.
- Ensure safe supervision of sleeping children.
- Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which nominated supervisors and educators need to consider within the service. As per Standard 2.1 (element 2.1.2) of the National Quality Standard, each child’s comfort must be provided for and there must be appropriate opportunities to meet each child’s sleep, rest and relaxation.

The Nominated Supervisor will:

- Maintain up to date knowledge regarding safe sleeping practice and communicate this information to educators and families.

Educators will:

- Consult with families about children’s sleep and rest needs. Educators will be sensitive to each child’s needs so that sleep and rest times are a positive experience.

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- Create a relaxing atmosphere for resting children by playing relaxation music, reading stories, turning off lights and ensuring children are comfortably clothed. The environment should be tranquil and calm for both educators and children. Educators will sit near resting children and support them by encouraging them to relax and listen to music, stories or other methods.
 - Maintain adequate supervision and maintain educator ratios throughout the rest period.
 - Assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required.
 - Communicate with families about their child's sleeping or rest times and the service policy regarding sleep and rest times.
 - Respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment.
 - Encourage children to dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing. The room temperature will be considered to ensure maximum comfort for the children.
 - Continually talk to children and families about the importance of rest and relaxing periods for our bodies health. This could be done via books, games, puzzles, discussions, music and smartboard. Educators may use familiar language such as recharge their batteries, relaxing, or rest with the children.

Evaluation Communications with families is maintained to encourage a consistent approach in responding appropriately and respectfully to children's sleep and rest needs. Safe sleeping practices are followed to minimise the risk of harm to children.

STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Regulations
- Guidelines for Kids Safe Sleeping in Childcare Facilities Red nose (formerly Sids and kids).
- Australian Consumer Law 2011 - Australian Competition and Consumer Commission
- The NSW Work Health and Safety Act 2011 & the NSW Work Health and Safety Regulation 2011

SOURCES

- Guide to the National Quality Standard (3) ACECQA (2017)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- www.rednose.com.au
- Standards Australia – www.standards.org.au

- Munch and move NSW.

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