2-P1: Administration of Medication Procedure

Responsible	Nominated Supervisor, Centre Team		
Accountable 1	Chief Operating Officer	**A**ccountable 2	Nominated Supervisor
Consulted	Compliance Team, Policy Committee, Operations		
Informed	All staff, students, volunteers, families		

Links to ECSNR 2011 and WA 2012:

R85	R90	R94	R160	R168
R86	R92	R95	R161	R177
R87	R93	R6	R162	

Links to NQS:

QA 2

Related Forms:

2-F1 Medication Authorisation Form
2-F2 Long Term Medication Form
2-F3 Medication Audit
2-F4 Emergency Single Dose Paracetamol Form
2-F5 Medical Management, Risk Minimisation and Communication Plan
2-F6 Emergency Medication form
2-F7 Illness Report
2-F8 Apply external skin treatments

Related Supporting Documents:

2-D4 Medical Conditions Checklist
2-D5a Monthly Incident Register
2-D5b Monthly Illness Register

Related Processes

3.3.01 Manage Medical Conditions
3.3.02 Administer Medication
3.3.03 Administer Emergency Paracetamol
8.2.01 Manage Centre Monthly Audits

Policy Statement

The objective of this procedure is to articulate Affinity Education Group's compliance with National Law and Regulations, including amendments, from the Education and Care Services National Regulations 2011 and the Education and Care Services National Regulations WA 2012.

Affinity Education Group understands that children can become ill from time to time and may experience permanent or long term illnesses or medical conditions. These illnesses or medical conditions may require medication.

The steps outlined in this procedure assist educators and families to understand the important legislative requirements, safety considerations and approvals required when administering medication to an unwell or potentially unwell child or to a child recovering from illness.

To act in the best interest of all children (UNCRC 1989; ECA Code of Ethics 2016) and to support children's health, safety, comfort and well-being, families, educators and management will ensure that the correct procedures for administering and handling medications will be followed.

Procedure Strategies

The Nominated Supervisor and Responsible Persons must ensure that families and guardians:

- Complete the medical details section on the child's enrolment form and keep enrolment record updated on any changes to child's health status, including updating medical management plans, if any.
- Provide permission against medical and health related items on the section of child's enrolment form on enrolment.
- Comply with medical related policies and procedures.
- Complete authorisation forms accurately and in full for the type of medication required to be administered to child.
- Sign on medication form on collection of child.
- Ensure all medication provided meets the policy and procedure requirements.

Medication will not be administered to the child:

- Within 24 hours of being prescribed by a medical professional. This is due to possible reaction and wellbeing of the child and others. If the child requires the medication, they are potentially not well enough to be at the centre.
- Without a pharmacy label including child's name, dosage, administration instructions, date of issue, date of expiry.
- If the medication is past its expiration date.
- Without a fully completed and signed medication authorisation form, long-term or emergency medication form, as relevant, except when applying Regulation 94.

<u>For short term illness:</u>

- Family completes a *medication authorisation form* and inform educators of the need to administer medication.
- Children will need to remain away from the centre within 24 hours of being prescribed antibiotics.
- Prescribed medication*, 'over the counter' medication** or any other medication administered internally (orally e.g. antibiotics, teething gel; rectally e.g. suppository; or via ear canals or eyes) must have a pharmacy label that states the prescribed medical advice (dosage and method of administration), the child's name and date of issue. The expiry date must also be visible on the label.

*Examples of prescribed medication can include, but is not limited to, oral antibiotics, eye drops or steroidal creams.
**Examples of over the counter medication can include, but is not limited to, paracetamol or ibuprofen or cough medicine.

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Any medication that is not readily available to the public off a shelf of a chemist or supermarket is considered 'prescribed' or 'over the counter'.

- Paracetamol and ibuprofen will only be administered as part of a doctor prescribed pain management plan and medication authorisation form. The medication must be prescribed for the child and have a pharmacist's label. Emergency single dose paracetamol is addressed further in this procedure.
- Medication issued by a naturopath or holistic health centre must be accompanied by a cover letter from the prescribing body including details required for the medication authorisation form, or it will not be administered.
- Family must complete all sections of the medication authorisation form in the presence of an educator, using one line for each dose to be administered on a temporary, short-term basis.
- Ensure accurate times, or time between doses, are recorded on the form E.g. Confirm times to administer are based on 24-hour time period. E.g. *"3 times per day"* means three times over 24 hours, and not 8AM, 12PM and 4PM. Divide 24 by the number of doses to determine suitable time frames between doses and time to be administered while at the centre.
- If the details provided by the family do not match the information given on the label, the family will be contacted to discuss. Educators will only administer according to the pharmacy label unless otherwise instructed by a doctor's letter.
- Family must physically hand the medication to an educator to store securely in a locked container out of reach of children. Do not leave the medication in the child's bag.
- On collection of the child, family seek confirmation that the medication was administered and collect the medication from the secure storage.

<u>For long term conditions</u>

- Family to provide instruction from the child's doctor/ medical professional identifying the condition, medication and treatment. For example, Asthma action plan or letter.
- Use the doctor instruction to develop an individual *2-F5 Medical Management, Risk Minimisation and Communication Plan* for the child who requires permanent, long-term or emergency medical treatment
- Ensure medications have a pharmacy label detailing the child's name, name of medication, dosage and administration instructions and expiry date.
- Family must complete all sections of the *long-term medication authorisation form*, using one line for each dose to be administered for medication that requires administering over a prolonged period of time on a regular basis.
- For conditions that may require irregular or emergency doses of medication, complete the *emergency medication form.*
- Family must physically hand the medication to an educator to store securely in a locked container out of reach of children. Do not leave the medication in the child's bag. Emergency medication will be securely stored in an unlocked labelled container or in the emergency evacuation bag, depending on centre's risk assessment.
- On collection of the child, family can seek confirmation from the educator that the medication was administered as instructed and collect the medication from the secure storage.
- If a child has a medical management or action plan that includes the use of medication, the child will only be able to attend when the medication is present. Please refer to the *medical conditions* procedure.
- Long term, irregular use or emergency medication may remain at the centre if the family chooses. Include all medication stored at the centre on the medication audit and advise families when medication is nearing completion or nearing expiry date.

Administering tablets

Where medication dosage requires tablets to be cut, families are responsible for providing cut tablets. Cut tablets must be brought to the centre in a Webster-Pak or blister pack from the pharmacists with complete pharmacy label prescribed for the child.

Children over preschool age

For children over preschool age, only after consultation with Centre Manager, family and the child and a thorough risk assessment, it may be agreed and documented that the child can self-administer necessary medication, for example, a preventative inhaler at regular intervals or reliever when they feel the onset of symptoms. This agreement must be recorded and communicated with all educators and volunteers. Procedures will need to be developed and implemented to adequately store and record the self-administration dosage and time. Self-administration must be done in the presence of two educators.

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Centre staff responsibilities:

- Issue family with the medication authorisation form and witness the completion and signature of same. Check the information written on the form is consistent with the information presented on the label. Confirm with family that educator must follow the directions on the label.
- Store the medication in secure storage and as directed on the label.
- Keep medications stored out of reach of children.
- Monitor the child's health and well-being over the course of the day.
- Complete medication audit monthly.

Assessing suitability to administer and witness medication administration

The Nominated Supervisor or Area Manager will ensure that only approved employees administer medication and witness medication administration. Employees will be approved where they meet the following criteria. Employees who do not meet the criteria will not be able to administer medication or act as witness.

- Criteria for suitability of medication administrator
  - Holds Responsible Person in Charge, ECT or Lead Educator role/s
  - Holds current first aid qualifications
  - Has completed Medication Administration course on the Learning Hub
  - Has read and signed the medication administration risk assessment
  - Can competently articulate the administration process
  - Has accurately demonstrated the administration process under supervision
- Criteria for suitability of medication witness
  - Holds Responsible Person in Charge, ECT, Lead Educator or Educator role/s (not trainee)
  - Has completed Medication Administration course on the Learning Hub
  - Has read and signed the Administration of Medication procedure and medication administration risk assessment
  - Can competently articulate the administration process
  - Has accurately demonstrated the witness of administration process under supervision

Approval is valid for 12 months from the date of assessment unless circumstances change. Employees require reassessment following any incident in which they were directly involved which will include recompletion of online training, verbal explanation of procedures and practical demonstration while supervised.

This approval does not apply in the case of administering emergency life-saving medication.

Medication Administration Process including witness responsibilities

1. At the time directed on the medication form, retrieve the medication from the secure storage.
2. Read the details on the label to confirm the child's name, dosage, time and circumstances under which to administer and expiry date.
3. Use the measuring device and measure out the required dose. (Warning: Take note of any decimal points, e.g. 0.5mls is not 5mls.)
4. Request the witness to conduct the check.
5. The witness will check the details on the label to confirm the child's name, dosage, time and circumstances under which to administer and expiry date. The witness will check the measured dose. Witness will initial against each step checked on the medication form.
6. In the presence of the witness, gather the child, check that it is the right child and administer the dose.
7. Person administering to sign the medication form. Witness to sign the medication form.
   Please note: Trainees can observe the practice but cannot sign as witness.
8. Return medication to the secured location and store securely out of reach of children.

Administering Paracetamol for elevated temperature:

Normal temperature is between 36.5^{o}C and 38^{o}C (NHMRC Staying Healthy 6th edition). Elevated temperatures and fevers (38^{o}C and above) are common in children but can often indicate an infection in the body. Temperature must be monitored along with other symptoms of possible illness and disposition and mood of the child. In the event a child develops an elevated temperature (fever) during the course of the day while attending the centre, educators will:

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- Take the child's temperature and record it on the 'Emergency Single Dose Paracetamol Form'. If the temperature is between 37.5°C and 37.9°C retest within 30 minutes.
- Notify the Centre Manager if the temperature is at or exceeding 38°C.
- Initial treatment: Offer cool, clear fluids to drink and remove excess clothing. Use lukewarm, not cold, water to sponge the child's face and neck.
- Monitor the child for changes in mood and other signs of illness, for example, runny nose, cough or lethargy.
- Call the family and inform them of the temperature and the treatment you have given the child so far.
- Request the family to collect the child immediately.
- Offer for a single dose of paracetamol provided by the centre to be administered with verbal permission from the family. Two staff members must receive this verbal permission.
- A competent educator (see above under Centre staff responsibilities) with a first aid qualification is to administer a single dose of paracetamol as advised on the label according to the age of the child using the lower dose in the range to account for weight variation. For example, if the label says 8-10mls, measure and administer 8mls, following the administration process outlined above.
- Record treatment given, paracetamol dosage and child's disposition on the *Emergency Single Dose Paracetamol Form*. Educator, witness and Centre Manager/ person in charge are to sign this.
- Comfort the child, allow the child to rest in a quiet area of the room away from other children to minimise cross infection..
- Monitor the child and take child's temperature every 10 minutes and record on the *Emergency Single Dose Paracetamol Form.*
- Family to sign the *Emergency Single Dose Paracetamol Form* upon collection of the child.
- Ensure the paracetamol is securely stored and in a location according to label directions.
- The child may return to the centre once their temperature returns to and remains normal without paracetamol or other medication administration. Refer to factsheet.

If family or any other emergency contact cannot be reached or is reached but does not come to collect the child within an agreed and realistic timeframe and the Centre Manager/Nominated Supervisor may call an ambulance to render medical assistance. If the ambulance officer deems it necessary to take the child to hospital, the Centre Manager, or other Responsible Person in their absence will accompany the child.

- Febrile convulsions are physical seizures caused by fever. An ambulance will be called immediately in the event a child suffers a febrile convulsion. The family will then be called. If the ambulance officer deems it necessary to take the child to hospital, the Centre Manager or other Responsible Person in their absence will accompany the child if family is not present.
- Families will be liable for costs incurred as a result of ambulance attendance or other medical treatment.

Management responsibilities:

- Ensure only competent and approved employees administer any medication to the children. Trainees, volunteers, students and visitors to the service will not administer any medication to children.
- Address this procedure at least once per year during a staff meeting as well as ensure any new employees are familiar with it during their induction.
- Ensure there is always a bottle of children's paracetamol (e.g. 1-5 years and 5-12 years if catering for school-aged children) available at the centre in cases of emergency single dose administration.
- Ensure medication including paracetamol is stored securely and as directed on the label.
- Ensure medication audit is completed monthly and any risks addressed e.g. nearing expiry dates.
- Consistently seek ways to improve the centre's standards on child health issues through attending seminars, professional development training and receiving information from recognised health authorities.

References

State and Territory Health Departments: For information on health care, illness and health related services.

ACT	www.health.act.gov.au	QLD	www.health.qld.gov.au
NSW	www.health.nsw.gov.au	WA	www.health.wa.gov.au
NT	www.health.nt.gov.au	VIC	www.health.vic.gov.au

Work Health and Safety Act 2012
Queensland Workplace Health and Safety Act 2011
Australian Capital Territory Work Health and Safety Act 2011
Western Australia Occupational Safety and Health Act 1984
Work Health and Safety Act 2011 (NSW)

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Work Health and Safety (National Uniform Legislation) Act 2011 (NT)
Victoria Occupational Health & Safety Act 2004

- Education and Care Services National Regulations 2011
- Education and Care Services National Regulations WA 2012
- United Nations Convention on the Rights of the Child (1989)
- Early Childhood Australia Code of Ethics (2016)

NHMRC. 2024. 'Fever Factsheet.' https://www.nhmrc.gov.au/about-us/publications/staying-healthy-guidelines/fact-sheets/fever

Version Control	Date	Author	Description of Change
1	Oct 2013	AEG	Update ECSNR
1.2	Oct 2014	AEG	Update ECSNR
V8.15	Aug 2015	AEG	Major review and update
V10.15	Oct 2015	AEG	Minor amendment
V11.16	Nov 2016	AEG	Review
V6.17	June 2017	AEG	Minor review
V6.18	June 2018	AEG	Minor review
V7.18	July 2018	AEG	Minor review
V10.18	Oct 2018	AEG	Removed ref to cert sup.
V2.19	Feb 2019	AEG	Minor update
V5.19	May 2019	AEG	Minor update
V6.20	June 2020	AEG	Scheduled review
V3.21	Mar 2021	AEG	Clarification around paracetamol
V6.22	June 2022	AEG	Refer to Emergency Single Dose Paracetamol
V7.23	July 2023	AEG	Scheduled review
V9.23	Sept 2023	AEG	Extended on suitability and process for administration
V10.23	Oct 2023	AEG	Extended on suitability
V11.23	Nov 2023	AEG	RACI table and reference added
V8.24	Aug 2024	AEG	Clarification on dosage times, added tablet cutting, added medication audit, minor wording changes.
V2.25	Feb 2025	AEG	Added fever factsheet NHMRC, changes to links
V8.25	Aug 2025	AEG	Scheduled review

Responsible = those who are responsible for carrying out the task
Accountable level 1 = the owner and person accountable for the sign off or approval of a task
Accountable level 2 = the person who is accountable for the task being carried out
Consulted = the person to be consulted with and whose input, opinions and feedback are crucial to the task
Informed = the person who should be informed and made aware of the task

Policy Written by: Policy Team	**Position:** Policy	**Date:** Aug 2025
Approved by: Affinity Education Group	**Approved Date:** Aug 2025	**Next review date:** Aug 2026