


Administration of Medication Procedure

Council Early Years Services

Procedure Number:	D23-7145	Directorate:	Connected Communities
Approval by:	Senior Coordinator Early Years Services	Responsible Officer:	Coordinator Early Years Hubs
Approval Date:	April 2023	Version Number:	3
Review Date:	2 Years from approval date	Service Type:	
ACECQA Quality Area:	QA2 - Children’s Health and Safety		

1. Purpose

This document will outline the procedures that Knox City Council (KCC) Early Years Services will carry out to ensure best practice and safety associated with the administration of medication to children. These procedures are also designed to comply with current Education and Care Services National Law Act (2010) and Regulations (2011) and Occupational Health & Safety Act 2004 and Regulations 2004, 2017 (Vic).

- Clear procedures exist to support the health, wellbeing and inclusion of all children and families enrolled at our Council Early Years Services, and;
- Provide a clear set of guidelines in relation to the administration of medication at the service.

2. Scope

This procedure applies to Approved Provider, Person with Management or Control, Nominated Supervisor, Person in day-to-day charge, educators, staff and families using a Council Early Years Services.

3. Responsibility

Responsibilities for the procedure are:

Person	Responsible for
Approved Provider/ Nominated Supervisor	<ul style="list-style-type: none"> • Ensuring all educators that are responsible for the education and care of the children have been trained in the following: <ul style="list-style-type: none"> ○ Documentation of medication records, ○ Storage of medication ○ Understand the requirement to check the medication and witness the administering of medication, as per Education and Care Services National Regulations 92, 93, 94, 95 and 96. • During induction, ensure new educators (casual and agency,) understand the policies and procedures regarding administering of medication.

- Working with families to:
 - Ensure understanding of and adherence to the provision of medication for their child.
 - Ensure appropriate storage of medication on site.
 - Complete a medication record as required.
 - Reference and follow KCC policies and procedure impacting administration of medications in Early Years Services.

Educators/staff

- Ensuring that medication is checked on arrival and when medication is given, details are recorded accurately in the medication record form, as per Education and Care Services National Regulations 92, 93, 94, 95 and 96.
- Ensuring medication and medication record is checked, witnessed and signed.

Families

- Adhering to KCC policies and procedures impacting the storage, provision and do of their child’s medication requirements.
- Communicating consistently with educators/staff regarding any changes to the medical/medication needs of the child/ren enrolled at the service as directed by a Medical Practitioner.
- Keep educators/staff updated and aware of any changes/issues in relation to their child’s health and wellbeing.
- List all medications to be administered in the Medication Book/Record Form in the presence of educators, including instructions of use (which must align with the recommended directions listed on the medication label).
 - Please note: This includes **prescribed** creams and ointments.
 - Barrier creams for the relief of nappy rash symptoms do not need to be listed on the Medication Form. Refer to [section 4.8.2](#).
- Hand write the child’s full name on any over-the-counter medication that does not have a dispensing label.
- On the Medication Book/Record Form:
 - Note the time and date the medication was last administered prior to the child attending the service.
 - Print and sign their full name confirming who is giving permission for the medication to be administered.
- Provide medication in its original container, displaying the original label and instructions.
 - Please note: The medication must list a visible, current and valid expiry date.
- Be specific and provide details regarding the symptoms that need to be present before medication can be administered. (i.e. “If wheezing commences and there is continual coughing”).
 - Please note: “when needed” is NOT sufficient detail.
- Check and sign the Medication Book/Record Form at the conclusion of a session where a child has required/been given medication.

4. Procedure

The processes below are aligned with current evidence based research and developed by education and care services to ensure the safety and wellbeing of children and educators in administering medication. They should be adopted by all services operating as Knox City Council Approved Early Years services.

4.1 Administration of Medication

The following steps must be followed to administer medication to a child:

- 4.1.1 Educators to provide the Medication Book/Record Form for the parent to record their authorisation for and requirements of the administration of medication.
 - Educators will support the parent to complete the Medication Book/Record Form correctly and ensure all relevant information has been provided.
 - The Medication Book/Record Form **must** be completed in full **before** the parent can leave the child at the service.
- 4.1.2 When medication is to be administered to a child, there must be **two educators present**.
 - **Please note:** Consider the overall child to educator ratio in general operational practice. The person who witnesses this process must be employed as part of the regular child/staff educator ratio and preferably ECT or Diploma qualified.
- 4.1.3 Educators must record the administration of medication details on the Medication Book/Medication Record form.
- 4.1.4 Ensure that an educator (other than the person administering the medication) conducts the following checks:
 - The medication is in its original container bearing the original label.
 - The name on the medication label matches the child receiving the medication.
 - The medication is within its expiry or use by date.
 - Authorisation to administer medication has been provided by the parent or authorised person as listed in the child's enrolment form.
 - The medication name matches the information listed by the parent in the Medication Book/Record Form.
 - The medication is administered as per the dosage, frequency and method outlined in the Medication Book/Record Form.
- 4.1.5 After having both educators check these details are as required, one educator will administer the medication to the child and the other educator will witness the administration of medication to the child.

4.2 Situational Information to be Recorded and Discussed

The following information should be recorded on the Medication Book/Record Form:

- If an educator spills medication **or** the child spits it out, it must be recorded alongside the quantity of medication actually dispensed.
 - Educators must print and sign their name against this information.
- If and when prescribed creams/ointments such as nappy rash/barrier creams have been applied.
 - Non-prescribed creams/ointments do not need to be recorded on the Medication Book/Record Form. Refer to [section 4.8.2](#) for guidance.

The following situations should be discussed:

- If Educators have concerns about any medication either prescribed or non-prescribed, they must discuss this with the child's parent before administering the medication.
 - If still concerned, educators should contact a member of the leadership team.
 - Seeking information from the child's medical practitioner may be appropriate when done in consultation with the child's parent or in an emergency.

- Where educators decline to administer medication, even with a parent’s written consent. (See *Refusal and Acceptance of Authorisations Procedure*).
 - If educators believe the child’s health and safety is being compromised, they must speak to a member of the leadership team about their concerns, need for assistance and/or issues regarding their duty of care responsibilities.
- If over-the-counter medication is requested to be administered by a parent on a consistent basis, the educator should notify a member of their leadership team for advice.

4.3 Variations to medication doses

If there is to be any increased variation in the dosage of the medication administered to a child other than what is written on the container (both prescription and over-the-counter), the service must have a signed letter from a child’s doctor authorising the change. If a letter is not provided, educators must **ONLY** administer the dosage that is prescribed on the medication container.

If there is an incident where the child receives the incorrect dose (**lesser amount**), or doesn’t receive the required medication, Educators will:

- Notify the parent
- Notify a member of the Leadership Team

If there is an incident where the child is given **more** than what is prescribed or recommended, or where they receive the incorrect medication, educators will:

- Contact emergency services
- Notify the parent
- Contact a member of the Leadership Team

Finally, the Therapeutic Goods Administration (TGA) and The Pharmacy Guild of Australia recommend that children aged <6 years **should not** be given over-the-counter (OTC) cough and cold medicines.

4.4 Storage of medication

- All medication shall be stored out of reach of children.
- Medication shall be stored according to recommendations given on the medication bottle/package.
- Under no circumstances is medication to be left in a child’s bag. Medication must be given to educators for appropriate storage.

4.5 Correct disposal of syringes

- Place the needle and syringe (still connected) into the sharps container.
- Do not try to recap the needle.
- Do not try to separate the needle and syringe before disposal.
- Where syringe barrels are used without needles, place the used syringe, into a sharps container.

For the latest information regarding the disposal of sharps containers, including adrenaline injectors, please refer to the [Knox City Council’s website](#).

4.6 When medication **must not** be administered

Medication **must not** be administered if:

- Medication is out of date;
- Another person’s name is on label;
- The container has no label;
- Medication is not in its original container;
- The Medication Book/Record Form is not completed;

- The educator does not have an appropriate measuring spoon or cup;
- It is outside the guidelines of KCC Family and Children’s Services Administration of Medication Procedure and cannot be followed and/or;
- It is beyond the skills/knowledge/training of the educator.

4.7 Medications to be Avoided

The Therapeutic Goods Administration (TGA) and The Pharmacy Guild of Australia recommend that children <6 years should not be given over-the-counter (OTC) cough and cold medicines as there is no clear evidence to determine the level of efficacy or safety to support the use of OTC cough and cold medicines in this age group.

Older children, aged 6 to 11 years, should only be given OTC cough and cold medicines under the advice of a doctor, pharmacist or nurse practitioner.

Aspirin should never be given to a child because of its side effects. It can cause stomach upsets and gastric bleeding and is associated with a rare but potentially fatal condition called Reye syndrome.

4.8 Supply of Over-the-Counter Medication (OTC)

Fever and Pain Medication

If required, families must provide their own paracetamol for use as directed by a medical practitioner. To safeguard against overuse of paracetamol and minimise the risk of masking underlying reasons for high temperatures, educators should only administer paracetamol if it is accompanied by a letter from the child’s medical practitioner, stating the reason for administration, the dosage and duration it is to be administered for. All details for OTC fever and pain medication must be recorded by Educators in the Medication Book/Record Form.

Nappy Rash/Barrier Creams

Non-prescribed, OTC creams for the relief of nappy rash symptoms via a barrier effect only are exempt from requirements under the Therapeutic Goods Act, 1989. As a result, families do not need to complete a Medication Record Form for the administration of this product.

However, any allergies to any ingredients contained within these products MUST be communicated to staff upon enrolment.

4.9 Managing Medication

Any medication, cream or lotion (including teething gel) kept onsite at a service will be checked at least every three months to ensure it is within the assigned expiry date.

Should a child’s individual medication be due to expire or running low, educators will notify the family as replacement items are required.

Each service has onsite, at least one adrenaline injector (i.e. Junior EpiPen) and one asthma reliever (i.e. Ventolin) to use in an emergency situation as directed by emergency services.

4.10 Disposal of Medication

All medication must list an expiry date to clarify when the medication will no longer be useable.

Any medication that is no longer in use or expired should be sent back to the child’s parent or given to a local pharmacy to dispose of as required.

5. Related Standard Work Practices

- Disposable Gloves
- How to Wash Hands

6. Related Forms

- [Medication Record Form](#) (see F&CS Team Site via eRIK)

7. Related References

- [Community Plan 2021-31](#)
- [Council Plan 2021-25](#)

8. Relevant Legislation

- ACECQA Guide to the National Quality Framework 2020
- Education and Care Services National Regulations 2011
- Health Records Act 2001
- Privacy and Data Collection Act 2014
- Privacy Act 1998
- Occupational Health & Safety Act 2004
- Occupational Health & Safety Regulations 2007

9. Charter of Human Rights

This policy has been assessed against and complies with the Charter of Human Rights.

10. Related Policies & Procedures

Staff working for Knox City Council Early Years Services are required to read and understand all Knox City Council (KCC) and Family and Children's Services (F&CS) policies and procedures.

We strongly recommend all families enrolling in Knox City Council Early Years Services read all relevant Knox City Council (KCC) and Family and Children's Services (F&CS) policies and procedures.

Related Knox City Council Policies and Procedures

- Knox City Council: Child Safe Policy
Staff: For all related KCC Staff policies and procedures, please refer to the [Documents menu](#) on eRIK.
Families: For all related KCC policies and procedures, please refer to [Council's website](#).

Related Family and Children's Services Policies & Procedures

- Acceptance and Refusal of Authorisation Procedure
- Administration of First Aid Procedure
- Anaphylaxis Management Procedure
- Asthma Management Procedure
- Children's Health Wellbeing and Safety Policy
- Medical Conditions Procedure

Staff: For all related F&CS Policies and Procedures, please refer to [Quality Document System Team Site](#) (eRIK).

Families: For all related F&CS Policies and Procedures, please refer to [Council's website](#).

11. Other References

- [The Pharmacy Guild of Australia](#)
- [Therapeutic Goods Administration](#)

12. Definitions

Approved Provider	Individual, organisation or company with management or control to operate the education and care service/s, through the Education and Care Services National Law and Regulations.
Early Years’ Service	Refers to Long Day Care, Occasional Care, Kindergarten, Supported Playgroup, Preschool Field Officer Program, and the Maternal Child Health service (unless otherwise specified.)
Medication	Includes prescription, over-the-counter (OTC) and complementary medicines as defined by the Therapeutic Goods Administration (www.tga.gov.au)
Nominated Supervisor	A person designated by the service as overseeing staff and activities as per the requirements of the Education and Care National Act and Regulations.
Over-the-Counter (OTC) Medicine	Medicine that you can buy without a prescription from a medical practitioner. OTC medicine must be used by following the directions on the label and as directed by a health care professional.
Parent	The term ‘parent’ includes a child’s legal guardian. It does not include a parent who is prohibited by a court order from having contact with the child.

For further glossary and definitions please refer to *Family and Children’s Services Quality Document System Glossary and Definitions*.

13. Administrative Updates

From time to time, circumstances may change leading to the need for minor administrative changes to this procedure. Where an update does not materially alter this policy, such a change may be made administratively. Examples of minor administrative changes include changes to names of Council departments or positions, change to names of Federal or State Government departments or a minor amendment to legislation that does not have material impact. Where any change or update may materially change the intent of this policy, it must be considered by Council.