

KNOX EARLY YEARS SERVICES

ADMINISTRATION OF MEDICATION PROCEDURE

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.

These procedures are also designed to comply with current National Education and Care Law Act (2010) and Regulations (2011) and Occupational Health & Safety Act and Regulations 2004, 2007 (Vic).

PROCEDURE

These processes outlined below, have been developed in line with current evidence based research, which has been developed by the education and care services to ensure the safety and wellbeing of children and educators and will be adopted by all services operating as Knox City Council Approved Early Years services.

These processes include:

- <u>Administration of Medication</u>
- Variation to Medication dose
- Storage of Medication
- <u>Correct Disposal of Syringes</u>

Within these processes ECEs can be identified as: Early Childhood Educators, Approved Providers, Responsible Person, Nominated Supervisor; Certified Supervisor and/or Educational Leader.

As part of an overall commitment to the safety of everyone, we will also advise children, educators and other staff who are unwell to stay at home from education and care services until all signs of illness have passed, even if medication is being taken.

Information on specific legislative requirements can be found in <u>Appendix 1</u>

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PROCEDURE FOR THE ADMINISTRATION OF MEDICATION

In relation to administration of medication to children, ECEs will:

- 1. Provide the Medication Book/Medication Record Form for the parent to record their authorisation for the administration of the medication. This will be completed before handing over responsibility for the education and care of the child to the service. ECEs will support the parent to complete the Medication Book/ Medication Record Form correctly
- 2. When medication is to be administered to a child, there must be two Educators present. (N.B: You must also 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)
- 3. Record details about the administration of medication in the Medication Book/Medication Record Form.
- 4. Long Day and Occasional Care Services must ensure that one of the two educators present must be a permanent staff member, preferably a Diploma Qualified Educator
- 5. Ensure that an Educator (other than the person administering the medication) checks the following:
 - $\circ\,$ The child's name on the medication label matches the child receiving the medication
 - \circ The request for permission to administer medication is from the parent
 - That the medication name matches the request in the Medication Book/Medication Record Form
 - The time and date the medication was last administered; should next be administered and the medication being administered is correct
 - The dosage to be administered and the method of administration (i.e. oral, topical, inhaler, ear, eye) matches the dosage requested and that the requested dosage and frequency of dosage matches the label specification, including over the counter medication.
- 6. Check the medication is administered from its original container bearing the original label, as well as the child's name
- 7. Check the expiry or use by date
- 8. 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

Situations to be Recorded and Discussed

The following situations should be recorded on the medication record:

- If an Educator spills medication or the child spits it out, they must record this and the quantity of medication actually dispensed. This will include the ECEs printing and signing their name in the Medication Book/Medication Record form and consider the relevant sections of the Medications Book that should be filled out
- Details about the administration of creams/ointments such as zinc, nappy creams, Sorbolene, Vicks and Vaseline in the Medication Book/Medication Record form

The following situations should be discussed:

- If ECEs have concerns about any medication either prescribed or non-prescribed, they must discuss this with the child's parent before proceeding to administer the medication. If still concerned contact a Senior Team Leader, Team Leaders and/or Coordination 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 ECEs decline to administer non-prescribed medication, even with a parent's written consent. (See Refusal and Acceptance of Authorisations Procedure). If ECEs feel that the child's health and safety is being comprised, then speak to the Team Leader, Senior Team Leader or Coordination Team about their concerns or need for assistance and responsibilities in terms of their duty of care
- If over the counter medication is requested to be administered by a parent on a consistent basis, the ECE's should notify their Team Leader or Coordinator for advice
- If there is an incident where the child receives the incorrect dose, the incorrect medication, or doesn't receive the required medication, or if the child is given more than what is prescribed or recommended ECEs will:
 - Contact emergency services
 - Notify the parent
 - Contact Approved Provider/Team leader/Senior team leader

Finally, the Therapeutic Goods Administration (2012) and The Pharmacy Guild of Australia (2012) have recommended that children aged < 6years should not be given over the counter (OTC) cough and cold medicines.

In Relation to Administration of Medication, a Parent Must:

- Keep ECEs updated and aware of any changes/issues in relation to their child's health and wellbeing
- Record any medications to be administered in the Medication Book/Medication Record Form in the presence of ECEs (See <u>Appendix 1</u>). Medication includes creams and ointments and the instruction for the use must be written in the Medication Book/Medication Record Form
- Hand write the child's name on any over the counter medication
- Note in the Medication Book/Medication Record Form the time and date the medication was last administered prior to the child attending the service
- Sign their first and last name and who is giving permission for the medication to be administered when entering information in the Medication Book/ Medication Record Form
- Provide medication in its original container, displaying the original label and instructions. The medication must not be out of date
- Advise ECEs who are administering medication of the exact dosage labelling and instructions found on the packaging provided by the parent, for both prescriptions and over the counter medication

- 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
- Advise ECEs of the appropriate storage for the medication provided
- Check and sign the Medication Book/ Medication Record Form at the conclusion of a session where a child has been required to be given the medication

In Summary, Medication Must Not be Administered If:

- Medication is out of date
- Another person's name is on label
- The container has no label
- The medication is not in its original container
- The Medication Book/form is not adequately completed
- The Educator does not have an appropriate measuring spoon or cup
- It is outside the guidelines of this procedure and cannot be followed

VARIATION TO MEDICATION DOSE

If there is to be any 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 the child's doctor authorising the change. If a letter is not provided, ECEs must ONLY administer the dosage that is prescribed on the medication container.

Parents will be contacted and informed by ECEs after informing the Service Coordinator, Team Leader or Nominated Supervisor before the prescribed dose is administered.

STORAGE OF MEDICATION

- All medication shall be stored out of reach to children
- Medication shall be stored according to any 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 ECEs for appropriate storage

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, no matter what its contents, into a sharps container

Full sharps containers are sent for disposal to Knox City Council as soon as is practical.

DEFINITIONS

Approved Provider: Someone with management and control of the service; this can be an individual, an organisation or a company.

Certified Supervisor: This is a person with a Supervisor's Certificate who has been placed in day-to-day charge of the service.

Early Years Service: Refers to Long Day Care, Occasional Care, and Preschool unless otherwise specified.

ECE: Early Childhood Educator, these are the staff employed to care for and educate children enrolled in the Early Years' Service. This may include but is not exclusive to an Approved Provider, Responsible Person, Nominated Supervisor, Certified Supervisor and/or Educational Leader.

Nominated Supervisor: This is a person with a Supervisor's Certificate designated by the service as the Nominated Supervisor.

Parent: A parent includes a guardian of the child and a person with parental responsibility for the child under a decision or court order. "Parental responsibility is a term defined under section 61 C of the Family Law Act 1975, which means, "all the duties, powers, responsibilities and authority which, by law, parents have in relation to children.

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LEGISLATION AND STANDARDS

Education and Care Services National Regulations 2011 Occupational Health & Safety Act 2004(VIC) Occupational Health and Safety regulations 2007 (VIC)

REFERENCES AND SOURCES

Australian Government (Department of Health and Ageing) Therapeutic Goods Administration Fact Sheet (15th August 2012) https://www.tga.gov.au/behind-news/cough-and-cold-medicines-children-changes

Community Child Care Co-Operative NSW: 2013

Guide to the National Quality Standard 2 ACECQA (2013)

Monash University 2011 Syringes and needles: use, disposal and incident follow-up Monash University

https://www.monash.edu/ohs/info-docs/safety-topics/biosafety/syringes-and-needles-use,disposal-and-incident-follow-up

Royal Children's Hospital Melbourne 2011, Fever in Children http://www.rch.org.au/kidsinfo/fact_sheets/fever_in_children/

Staying Healthy in Early Childhood Education and Care Services, 5th Edition (Updated 2013)

https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch55_staying_healthy_5t h_edition_150602.pdf

The Pharmacy Guild of Australia (2012)

http://www.psa.org.au/downloads/ent/uploads/filebase/guidelines/joint-pharmacy-advisorycough-and-cold%20changes.pdf

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APPENDIX 1: NATIONAL REGULATIONS FOR MEDICATION ADMINISTRATION

Part A: Legal requirements for the administration of medication

According to Education and Care Services National Regulations 2011 under the Education and Care Services National Law Act 2010 the following guidelines are required with the administration of medication:

Regulation 92 Medication Record

Ensure that a medication record is developed for each child requiring medication. This record should detail the name of the child and include authorisation to administer medication. This authorisation must be sign by a parent or person named on the enrolment form, which is authorised to consent to the administration of medication and include:

- The name of the medication to be administered
- The time and date the medication was last administered
- The time and date, or the circumstances under which, the medication should be next administered
- The dosage of the medication to be administered
- The manner in which the medication is to be administered
- If the medication is administered to the child. The dosage that was administered
- The manner in which the medication was administered
- The time and date the medication was administered
- The name and signature of the person who administered the medication

Regulation 93 Administration of Medication

According to Education and Care Services National Regulations 2011 under the Education and Care Services National Law Act 2010 the following guidelines are required when keeping and administrating medication:

- Written notice must be given to a parent or other family member of a child as soon as practicable, if medication is administered to the child under an authorisation referred to in sub regulation 193
- The nominated supervisor must ensure that medication is not administered to a child being educated and cared for by the service unless:
 - That administration is authorised
 - Medication is administered in accordance with regulation 95 or 96
- The administration Medication is authorised:
 - $\circ\,$ If authorization is recorded in the medication record for a child under regulation 92
 - In the case of an emergency, authorization is given verbally by a parent or a person named in the child's enrolment record who is authorised to consent to the administration of medication

If the parent or person named on child's enrolment record cannot be contacted authority must be obtained from a registered medical practitioner or an emergency service.

This also refers to medication given in the case of an emergency, which is given verbally by a parent or person named in the child's enrolment record as authorised to consent to the administration of medication or under the Education and Care Services National Law Act 2010

Regulation 96 Self-Administration of Medication

Self-administration of medication by an approved provider may permit a child over preschool age to self-administer if an authorisation for the child is recorded in the medication record for the child under Regulation 92 and as per the Medical conditions policy, which includes practices for self-administration of medication except for:

• Regulation 94 (Administration of medication), medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency

Should medication be administered under Regulation 94 then the approved provider, or nominated supervisor of the education and care service must ensure that the following are notified as soon as practicable:

- A parent of the child or an
- Emergency services

Regulation 94 Exception to Authorisation Requirement for Administration of Medication

- Medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency
- As per Regulation 96

Part B: Administering Cough and Cold Medication

The Therapeutic Goods Administration (2012) and The Pharmacy Guild of Australia (2012) recommended that children aged < 6 years should not be given over-the-counter (OTC) Cough and Cold Medicines.

There is a lack of evidence for either efficacy or safety to support the continued use of OTC cough and cold medicines in this age group. The potential risks outweigh the limited benefits.

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

(Published in NPS Direct 17 November 2012)

Supply of Over the Counter Fever and Pain Medication

Families must provide their own paracetamol for use as directed by a medical practitioner. Paracetamol will be kept in the locked medication container for emergency purpose, should authorised collectors not be contactable.

Safe guarding against over use of paracetamol and minimise the risk of masking the underlying reason for high temperatures, educators should only administer paracetamol if it is accompanied by a doctor's letter, stating the reason for administering, the dosage and duration it is to be administered for.

This should be recorded in the Medication Book as per (Regulation 93 Medication Record requirements) by ECEs.

Medication to be Avoided:

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.

(Reference: Staying Healthy in Early Childhood Education and Care Services, 5th Edition Updated 2013. Relates to Standard 2.3: Each child is protected. Element 2.3 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury)

Part C: Storage of Medication

All medication shall be stored in a place inaccessible to children. Medication shall be stored according to any recommendations given on the medication bottle/package including refrigeration requirements as per medication indications.

Under no circumstances is medication to be left in a child's bag. Medication must be given to ECEs for appropriate storage.

Managing Medication

Any medication, cream or lotion kept on the education and care premises will be checked every three months for expiry dates as part of the First Aid Checklist. This list of first aid contents, which are close to expiring or running low, should be given to the Nominated Supervisor to arrange for the purchase of replacement supplies.

Should a child's individual medication be due to expire or running low, the family will be notified by educators that replacement items are required.

No Medication should be administered if is past the product expiry date.

All medication shall be stored in a place inaccessible to children. Medication shall be stored according to any recommendations given on the medication bottle/package. This will also include medication, which is self-administered. In these cases, children will be required to ask the educator for access to their medication.

Under no circumstances is medication to be left in a child's bag. Medication must be given to ECEs for appropriate storage.

(Reference: Community Child Care Co-Operative N.S.W: 2013)

Disposal of Medication

All medication should have an expiry date, which identifies when the medication will no longer be useable.

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

Any medication purchased by the service, which is expired or no longer in use (i.e. Anaphylaxis Medication or Asthma Medication) should also dispose of this medication through the local pharmacy if quantities are small or check with suppliers of this company if there is any particular arrangement that may be in place. Disposal of syringes is seen in the next section.

(Reference: Seona Liew from Eastern Department of Health Services contacted 14.9.2016)

DISPOSAL OF SYRINGES

- Put on disposable latex or plastic gloves (thicker gloves are not suitable)
- Obtain the Sharps Disposal Container (supplied to each service) from its safe • storage position. This is a bright yellow disposal container; and arrangements need to be made directly with the Council's Health Officer. There currently is no specific procedure regarding the collection of these containers
- Take the container to the syringe/s, not the syringe/s to the container. The less you • handle the syringe/s the less likely you are to accidentally prick yourself or others
- Remove the lid from the disposal container and place the container on a stable • surface near the syringe/s. The container should not be held by hand
- If the syringe is difficult to reach, carefully remove rubbish or other material around it • with a stick (or broom end) so that you have free access to it and clearly see it. If there is more than one syringe, carefully separate them with a stick (or suitable implement)
- Pick up the syringe by the blunt end, away from the needle. Drop it into the container • sharp end first. Never hold the container while you are disposing of the syringe and never attempt to wipe off or recap the syringe
- Tightly secure the lid of the container
- Remove the gloves and place them in a plastic bag. Tie a knot in the bag and place • in the rubbish bin