



Policy No: CE-POL-06/3/2015

Medication Policy

Custodian: Management
Committee

Custodian Contact:
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Version No: 3

Approved By:

Burcu Subasi
Chairperson

**On behalf of the Management
Committee.**

Approval Date: 22/5/24

Next Review Date: 22/5/27

Supersedes:

Medication Policy Version 2.1

1 Purpose:

C.a.F.E. Enfield Children's Centre is committed to ensuring all medication is stored and administered in a safe manner for the ongoing wellbeing of children, and the protection of staff.

2 Scope:

Approved Provider (this service has 2 Approved providers-DfE and the Management Committee)
Nominated Supervisor
Certified Supervisors
Educators
Families
Children
Students & Volunteers

3 Supporting Documents:

[Procedure for Administering Medication](#)
[Child Health Policy](#)
[Hygiene Practices and Infectious Disease Control policy](#)
[Asthma policy](#)
[Medication Record \(green\)](#)
[Medication Agreement \(HSP151\)](#)
[Medication advice form \(HSP157\)](#)
[Alternative sunscreen form](#)
Procedure for children with special diets

4 Policy Details:

In supporting the health and wellbeing of children the use of medications may be required by children whilst at the Centre. Educators will only administer medication to children that is prescribed and labelled by a doctor or pharmacist. Medication must be in the original pharmacy container and parents must complete a Medication Record form in detail.

5 Procedures:

Children should not be administered a first dose of a new medication at the Centre due to the dangers of an adverse reaction. The first dose of any new medication should be administered and monitored by a parent at home, or by a health professional. (Emergency medications such as Ventolin or EpiPen are an exception to this)

Duty of Care

The education and care service has a duty of care to take 'reasonable precautions' during the period of care to minimise risks.

For medication, 'reasonable precautions' includes making sure:

- the child or young person is presenting for their medication administration
- the medication is administered as directed in the [medication agreement and/or the green medication record completed by the parents](#)
- the Centre's Procedure for Administering Medication is followed.

Prescribed Medications

Medication **cannot** be given at the Centre without written advice on a medication authority form (with the exception of emergency medication for asthma and anaphylaxis) and without any of the following conditions being met:

- Medication must be in the original container
- All medication prescribed by a doctor, medical practitioner or pharmacist must include:
 - child's name
 - name of medication
 - date of dispensing
 - expiry date
 - dosage
 - when the dose should be given
 - any other administration instructions (ie to be taken with food)
- Parents must complete and sign a (green) Medication Record form each day their child requires medication. Forms must be completed accurately and include the following information:
 - Date
 - Name of medication
 - Reason for medication
 - Dosage
 - Last time the medication was given
 - Time to be given
 - Method of administration
- Educators can only administer medication orally, aurally, inhaled or topically. Medicines requiring injecting, administration via gastronomy tube or rectally **cannot** be given. For complex administration methods such as these the Centre may be supported by the Access Assistant Program or RN Delegation of Care Program.

Over the Counter medications

- Over the Counter medication will only be given when accompanied by a medical certificate, medication Agreement or when it is labelled by a pharmacist- stating the child's name, dosage & length of time the medication is required

Medication 'to be taken as required', 'as directed', or 'PRN'

Medication that is labelled 'to be taken as required', 'as directed', 'PRN' (or similar) does not provide enough information and cannot be administered by the education staff.

The [medication agreement \(HSP 151\)](#) must say the time of administration. Education and care staff can't make a clinical decision about when to give medication based on a child or young person's symptoms or behaviour.

An exception to this is where there is an:

- [emergency medication management plan](#) to administer midazolam for seizures
- [ASCIA action plan](#) for anaphylaxis or allergy that includes adrenaline (Eg EpiPen) or antihistamine on the plan
- [Asthma care plan](#) that includes Ventolin (or similar) on the plan.

Ongoing Medical Conditions & Diets requiring medication

- Parents will need to notify the Centre at the time of enrolment, or as soon as they receive a diagnosis, of any ongoing medical conditions or special diets that may require medication (Eg, Asthma, Anaphylaxis or Diabetes)
- **Before** the child can start care, parents must provide the Centre with:
- **A Health Care plan** or **Action plan** and a **Modified diet plan (if diet related)** completed and signed by a doctor or other registered medical practitioner. These forms are available from the office
- Together with the Team Leader parents will complete a [Health Support Agreement \(HSP 120\)](#) and a [Safety and Risk Management Plan \(HSP121\)](#). This will include Relevant information about the condition being treated including symptoms/warning signs to be aware of, medication, instructions for administering medication and possible side effects to be aware of.
- All medication agreements should be reviewed at least annually for continuing medications
- Where a 'review date' has expired the medication agreement remains valid until an updated form is received. A review date is **NOT** an expiry or end date.
- Where an 'end date' is included on the form, the medication agreement is no longer valid. A new medication agreement must be completed
- All medication kept at the Centre will be checked every three months for expiry dates in conjunction with the First Aid Checklist.
- If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required.
- An educator with an approved Asthma & Anaphylaxis qualification will be at the Centre at all times.
- It may be necessary for educators to undertake specific training relating to a child's health condition before the child can start care

Administering Medication

- Two educators will administer the medication in accordance with the Centre's Procedure.
- If a medication has **not** been administered (including when the child has refused to take the medication, or a dose has been missed) then the parent must be notified immediately to determine if alternative arrangements can be made.
- If a medication error has occurred (Eg incorrect dose or incorrect medication), this will be documented on a [Medication advice form \(HSP 157\)](#) & forwarded to the parent as soon as practicable after the event. A copy must be retained on the child's file.

Administering Medication in an Emergency situation

- In the case of an emergency, it is acceptable to obtain verbal consent from a parent, or a registered medical practitioner or medical emergency services if the parent cannot be contacted.
- In the case of an Asthma or Anaphylaxis emergency, medication may be administered (by an educator with a first Aid qualification) to a child without authorisation. In this circumstance, ring **000 emergency services** for advice & contact the child's parents as soon as possible.
- The Centre has 2 Emergency Asthma kits and 2 Emergency Anaphylaxis Epi-pens located in the hallway First Aid cabinet. 1 kit must remain at the Centre at all times- the other kit may be taken when children go to the Beyond Space, playground, excursions etc.

Storage of Medication

MEDICATION IS NOT TO BE LEFT IN CHILDREN'S BAGS.

- Medication that requires refrigeration will be stored in the refrigerator in the kitchen.
- Medication related to ongoing medical conditions (Eg asthma & anaphylaxis) will be stored in individual medication bags along with the action plan & photograph of the child. These bags will be stored in the child's room, out of reach of children. They must be easily accessible to educators.

Unmedicated creams, balms or drops

Education and care staff can apply unmedicated products, including sunscreen, nappy rash cream, lip balm or moisturiser at the request of the parent or guardian.

The parent or guardian must give clear instruction on when and how much (if relevant) to administer. There must be an agreed approach to how this is documented and communicated between the staff and parent or guardian. This may include:

- verbal agreement and expectation with no documentation, for example, nappy rash cream is applied at every nappy change
- completing the green Medication Record every time the unmedicated cream is applied
 - advising by text message or email that the product has been applied.

Sunscreen

While not considered a medication, for children who use an alternative brand of sunscreen to the one supplied by the Centre, the parent must complete an "alternative sunscreen" form stating the reasons they are using a different sunscreen, and the name/brand of the sunscreen they will use. Together with the Team Leader, they will also need to complete a Health Support Agreement (HSP 120) & Safety and Risk Management Plan (HSP 121). Parents are responsible for supplying the alternative sunscreen to the Centre.

Restricted schedule 4 medicines

Restricted schedule 4 medicines prescribed to children and young people attending an education or care service may include clonidine, diazepam, clonazepam and midazolam.

Schedule 4 medicines that have a high potential for abuse, misuse, diversion and misappropriation are referred to as restricted schedule 4 medicines. They must be handled in line with schedule 8 medicines.

The [SA Health storage and recording of restricted schedule 4 \(prescription only\) medicines policy directive \(PDF 320KB\)](#) has a list of schedule 4 medicines that are restricted in South Australia.

Controlled drugs must be stored in a locked cupboard or storage area. Only authorised persons are to have access to controlled drugs. Authorisation to manage and administer controlled drugs must be approved by the principal or director. Complete an [authorisation to administer controlled medicines form](#)

Contents of hypo kit for diabetes management

For children and young people with diabetes there will be times when they get hypoglycaemia (blood glucose levels too low). A hypo kit must be readily available (in the child's room). The hypo kit will contain items that bring blood glucose levels back up. This may include glucose tablets, jelly beans, non-diet juice). These items are not a medicine.

Who is responsible for providing medication to the education and care service?

The parent or guardian is responsible for providing all medication and administration equipment. They should be encouraged to give and collect any medication in person where possible.

All medications must be provided in an original pharmacy container and have a pharmacy label with:

- child or young person's name
- date of dispensing
- name of medication
- strength of medication
- dose (how much to give)
- when the dose should be given
- other administration instructions (such as to be taken with food)
- expiry date (where there is no expiry date the medication must have been dispensed within the last 6 months).

Disposal of unused, damaged or expired medication

Unused, damaged or expired medication must be safely disposed of.

Prescribed medication should be returned to the parent or guardian. If the parent or guardian is unable to be contacted or does not claim the medication, it should be taken to a pharmacy for safe disposal. The parent or guardian must be advised in writing if medication is returned to a pharmacy.

6 Related Legislation and Regulations

[Code of Practice First Aid in the Workplace 2016 \(PDF 713KB\)](#)

[Controlled Substances \(Controlled Drugs, Precursors and Plants\) Regulations 2014](#)

[Controlled Substances Act 1984](#)

Education and Care Services (Registration and Standards) Act 2011

Education and Care Services National Regulations

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|---------|---|
| Reg 90 | Medical Conditions Policy |
| Reg 91 | Medical Conditions policy to be provided to parents |
| Reg 92 | Medication Record |
| Reg 93 | Administration of medication |
| Reg 94 | Exception to authorisation requirement- asthma or anaphylaxis emergency |
| Reg 95 | Procedure for administration of medication |
| Reg 136 | First Aid Qualifications |
| Reg 162 | Health Information to be kept in enrolment record |

7 Definitions of Terms:

Term	Meaning
ACECQA	- Australian Children's Education and Care Quality Authority
Aurally-	where medications are administered into the ear (usually to treat conditions such as ear infections)
DfE	Department for Education
Emergency medication	medication required for the emergency first aid treatment of specific medical conditions such as Asthma & Anaphylaxis
Inhaled	where a substance is breathed into the lungs, usually through the mouth or mouth & nose.
Medication'	(for the purposes of this policy) includes all prescribed, non-prescribed, over the counter and alternative therapies (vitamins, minerals, supplements) required to be administered in this service. Medication' in this context doesn't include the contents of a child's 'hypo' kit for diabetes management, sunscreen, nappy rash cream, moisturising lip balm, lubricating eye drops or moisturiser (emollient) where they are un-medicated.
Orally-	where medications are administered through the mouth.
PRN-	medicines that taken "as needed" are known as "PRN" medicines. PRN is a Latin term that stands for "pro re nata" which means 'as the thing is needed'.
Topically-	where a product is applied directly onto the skin

8 References:

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations, ACECQA (2011)

[DfE - Medication management procedure accessed on-line 21/3/24](#)

National Health and Medical Research Council Staying Healthy in Child Care – 5th Edition, NHMRC– accessed on line 21/3/24 at url: <http://www.nhmrc.gov.au>

9 Reviewing Strategy and History:

i.e. Review should be conducted every 3 years to ensure compliance with this procedure

Version No.	Reviewed By	Approved By	Approval Date	Review Notes
1	Management Committee	Liam Fudali	15/05/13	Initial approval in new format
1.1	Management Committee Educators	Management Committee	16/9/15	minor changes Update referencing
1.2	Management Committee Educators Families	Scott Dolman Chairperson	27/9/17	Insertion of specific regulations in section 6 Updated referencing
2	Management Committee Educators Families	Melissa Smithen Chairperson	21/10/19	Major update to policy to align with new DfE Procedure Insertion of 'first dose', administering medications, Medication errors, incidents and

				queries, 'unmedicated creams, balms or drops'. Expanded sections Prescribed medications, over the counter medications, storage, definition of terms' Insertion of specific regulations in section 6
2.1	Management Committee Educators Families	Alison Curtis Chairperson	13/4/22	Minor wording changes Inserted section "Medication to be taken 'as required', 'as directed' or 'PRN' Updated hyperlinks, referencing & review history.
3	Management Committee Educators Families	Burcu Subasi chairperson	22/5/24	Inserted following sections: Duty of Care Restricted Schedule 4 medicines Contents of hypokit for diabetes management Who is responsible for providing medication Disposal of medication Changed review schedule to every 3 years Updated hyperlinks, referencing & review history.