
Bendigo Regional YMCA – Administration of Medication Policy

Best Practice – Quality Area 2

Policy Number	CS 2.1	Version	1
Drafted by	JB	Approved by CEO on	20.02.2017
Responsible Person	CSM	Scheduled Review date	20.02.2018

1. OBJECTIVES

The objective of the Administration of Medication Policy is to ensure educators respond immediately to the needs of a child who is ill or becomes ill while attending our children’s services and to ensure the safe and appropriate administration of medication in accordance with legislative and regulatory requirements

2. SCOPE

This policy covers the administration of both prescribed and non-prescribed medication at YMCA services, including during offsite excursions and activities.

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities.

3. POLICY

BRYMCA Staff must not administer medication (including prescription, non-prescription, over-the-counter and homeopathic medications) to a child at a service without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child. In the case of an emergency, it is acceptable to obtain verbal consent from a parent/guardian, or to obtain consent from a registered medical practitioner or medical emergency services if the child’s parent/guardian cannot be contacted. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation following the direction of the child’s medical management plan. In this circumstance, the child’s parent/guardian and/or emergency services must be contacted as soon as possible (Regulation 94).

When educators are required to administer medication, they must abide by specific regulatory requirements, such as written consent, and must follow the guidelines of this policy and procedures and must complete a medication record to be kept on file.

4. PROCEDURES

BRYMCA is responsible for:

- ensuring that at least one educator on duty has a current approved first aid qualification (Regulation 136). As a demonstration of duty of care and best practice, YMCA attempts to ensure that **all educators** have current approved first aid qualifications.
- developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions (see Attachment 1 – Procedures for the safe administration of medication)
- ensuring that all educators are familiar with the procedures for the administration of medication

The Nominated Supervisor (ELC Director, OSHC Supervisors) is responsible for:

- ensuring that medication is not administered to a child being educated and cared for by the service unless it is authorised, and the medication is administered in accordance with the procedures prescribed in Regulation 95
- ensuring that a medication record that meets the requirements set out in Regulation 92(3) is available at all times for recording the administration of medication to children at the service (Regulation 92). (Refer to the template *Medication Record* (p.171) in the *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*)
- ensuring that medication is only given to a child where authorisation has been provided, and medication is administered in accordance with legislation and this policy (Regulation 93(3))
- ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency (Regulation 94(2))
- ensuring that parents/guardians are given written notice as soon as is practicable if medication has been administered in an emergency and where authorisation has been given verbally (Regulation 93(2))
- ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)
- being aware of children who require medication for ongoing conditions or in emergencies, and ensuring that the medical management plans are completed and attached to the child's enrolment form, and displayed for use by those caring for children (being sensitive to privacy requirements)
- documenting situations in which an authorised person has provided verbal authorisation but has refused to confirm the authorisation in writing (these notes are to be kept with the child's enrolment record)
- informing parents/guardians as soon as is practicable if an incident occurs in which the child was administered the incorrect medication or incorrect dose as prescribed in the medication record, staff forgot to administer the medication or the medication was administered at the wrong time. Staff must also ensure that any medication that is accidentally dropped is not administered to a child or returned to the original container, and that parents/guardians are informed if an incident of this nature occurs
- informing parents/guardians that non-prescribed medication (with the exception of sunscreen) will only be administered for a maximum of 48 hours, after which a medical management plan from a doctor will be required for its continued use

- informing parents/guardians that paracetamol is not supplied by the service and that the administration of paracetamol will be in line with the administration of all other medication (refer to Attachment 2 – Administration of paracetamol).

All Educators are responsible for:

- ensuring that each child’s enrolment form provides details of the name, address and telephone number of any person who has lawful authority to request and permit the administration of medication to the child (Regulation 160(3)(iv))
- administering medication in accordance with Regulation 95 and the guidelines set out in Attachment 1 – Procedures for the safe administration of medication
- communicating with parents/guardians about the procedures outlined in this policy and the parent/guardian responsibilities when requesting medication be administered to their child, and making the medication record available for parents/guardians to record information during operational hours
- ensuring that all details in the medication record have been completed by parents/guardians/authorised persons in accordance with Regulation 92(3) prior to administering medication
- obtaining verbal authorisation for the administration of medication from the child’s parents/guardians/authorised person (as recorded in the child’s enrolment record), or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency (Regulation (93)(5)(b))
- ensuring that two staff members, one of whom must be an educator, are present when verbal permission to administer medication is received, and that details of this verbal authorisation are completed in the medication record
- ensuring that verbal permission is followed up with a written authorisation as soon as is practicable
- ensuring that parents/guardians take all medication home at the end of each session/day.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

ATTACHMENTS

Attachment 1: Procedures for the safe administration of medication

Attachment 2: Administration of paracetamol

5. DEFINITIONS

Approved first aid qualification: A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website:

www.acecqa.gov.au

Illness: Any sickness and/or associated symptoms that affect the child’s normal participation in the activities or program at the service.

Infectious disease: A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described)

as a disease that would require the infected person to be excluded from an education and care service.

Injury: Any harm or damage to a person.

Medication (prescribed): Medicine, as defined in the *Therapeutic Goods Act 1989* (Cth), that is:

- authorised by a health care professional
- dispensed by a health care professional with a printed label that includes the name of the child being prescribed the medication, the medication dosage and expiry date.

Medication (non-prescribed): Over-the-counter medication, including vitamins and cultural herbs or homeopathic medications that may have been recommended by an alternative health care professional such as a naturopath.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child’s name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

6. LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
 - Specific Regulations: 92, 93, 94, 95, 96
 - Related Regulations: 90, 91, 160, 161, 162, 168, 177, 178, 181–184
- *Health (Infectious Diseases) Regulations 2001*
- *Health Records Act 2001*
- *National Quality Standard, Quality Area 2: Children’s Health and Safety*

Standard 2.1: Each child’s health is promoted

- Elements 2.1.1 and 2.1.4
- *Occupational Health and Safety Act 2004*

7. ROLES AND RESPONSIBILITIES

Role/ Decision/ Action	Responsibility
Educators, Supervisors, Directors and Coordinators	<p>BRYMCA Nominated Supervisor and/or Service Management will oversee the implementation and service adherence to this policy (ie policy compliance).</p> <p>Nominated Supervisor and/or Person with Management and Control will seek individual community feedback and</p>

	<p>facilitate an active consultation process with service users as appropriate.</p> <p>All Educators are responsible for the daily implementation of the policy when directly supervising children.</p>
Community Services Manager	<p>Is responsible for ensuring suitable resources and support systems to enable compliance with this policy.</p> <p>Drive the consultation process and provide leadership and advice on the continuous improvement of the policy.</p>
CEO	Policy Approval

ATTACHMENT 1

Procedures for the safe administration of medication

Two persons (one of whom must be an educator) are responsible for the administration of any medication¹. At least one of these persons must hold a current approved first aid qualification. One person will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other person will administer the medication (Regulation 95(c)). Before administering any medication to a child, it is extremely important for staff to check if the child has any allergies to the medication being administered.

Procedure for administration of medication

1. Wash and dry hands thoroughly before administering any medication. If appropriate, gloves are recommended wherever possible.
 2. Check the medication record to confirm date, time, dosage and the child to whom the medication is to be administered.
 3. Check that *prescription medication*:
 - is in its original container, bearing the original label and instructions
 - is the correct medication, as listed in the medication record
 - has the child's name on it (if the medication was prescribed by a registered medical practitioner)
 - is the required dosage, as listed in the medication record
 - has not passed its expiry date.
 4. Check that *non-prescription medication*:
 - is in the original container, bearing the original label and instructions
 - is the correct medication, as listed in the medication record
 - has the child's name on it
 - is the required dosage, as listed in the medication record
 - has not passed its expiry date.
 5. When administering the medication, ensure that:
 - the identity of the child is confirmed and matched to the specific medication
 - the correct dosage is given
 - the medication is administered in accordance with the instructions attached to the medication, or any written or verbal instructions provided by a registered medical practitioner
 - both staff members complete the medication record (Regulation 92(3)(h)) and store any remaining medication appropriately, such as in the refrigerator if required
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- the Nominated Supervisor or Certified Supervisor informs the parent/guardian on arrival to collect the child that medication has been administered and ensures that the parent/guardian completes the required details in the medication record.

Administration of medication for ongoing medical conditions

Where a child is diagnosed with a condition that requires ongoing medication or medication to be administered in emergencies, parents/guardians may authorise the administration of the medication for a defined period (up to six months). In these cases:

- a medical management plan completed by the child's doctor should be provided and attached to the child's enrolment form (or on display, where appropriate)
- the medical management plan should define:
 - the name of the medication, dosage and frequency of administration
 - conditions under which medication should be administered
 - what actions, if any, should be taken following the administration of the medication
- when medication is required under these circumstances, educators/staff should:
 - follow the procedures listed above
 - ensure that the required details are completed in the medication record
 - notify the parents as soon as is practicable.

Refer to the *Dealing with Medical Conditions Policy* for further information.

ATTACHMENT 2

Administration of paracetamol

There may be times when a child develops a fever while at the service. When this occurs, there may be a need to administer paracetamol.

A high fever in a young child can be a sign of infection and must be investigated to find the cause. However, fever itself is not necessarily an indicator of serious illness. The normal temperature range for a child is up to 38°C. Fevers are common in children and if the child appears happy and well, there is no need to treat a fever, but it is important to watch the child for signs that the fever is a symptom of an illness that may worsen.

In the case of a high fever, parents/guardians will be notified and asked to collect the child as soon as possible to take the child to a doctor/hospital, or an ambulance will be called to the service. While the service is waiting for the child to be collected by the parent/guardian, staff will use measures, such as removing clothing and encouraging the intake of fluids, to keep the child cool, comfortable and well hydrated.

Paracetamol is not appropriate first aid or emergency treatment, and will be treated as any other medication, including requiring prior written and signed consent for its administration.

If parents/guardians request that educators/staff administer paracetamol, educators/staff should:

- administer only to a child who has a temperature above 38.5°C and is in discomfort or pain
- administer only one dose of paracetamol in any instance
- use preparations that contain paracetamol only, not a 'cold and flu' or combined preparation
- use only single doses, disposable droppers or applicators and only use once per child
- be aware that there are numerous dose forms and concentrations in paracetamol for children and administer the most appropriate concentration and dose for the child who is being administered the paracetamol.

Educators *will not*:

- administer paracetamol for mild fever (under 38.5°C), gastroenteritis or as a sedative.

Reference

Royal Children's Hospital Melbourne (2011), *Fever in children*
www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=5200