CatholicCare
DIOCESE OF BROKEN BAY

Children's Services

Medication

Policy

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What do we believe?

At CatholicCare Diocese of Broken Bay, we are committed to the safety and wellbeing of children and hold this at the centre of our decision making and practice. We believe in the principle of paramountcy of the safety of children. This means that the safety, wellbeing, and best interests of the child are the primary consideration in all decisions, actions, and practices. Where there is a conflict between the interests of a child and those of adults or the organisation, the child's safety and wellbeing will always come first.

We believe that every child has the right to have their health, safety and wellbeing protected while participating in our services. The safe administration, storage and management of medication is essential to supporting children's health needs and ensuring they can fully participate in education and care. We are committed to working in partnership with families and health professionals to ensure medication is managed safely, respectfully and in accordance with each child's individual health requirements, with the best interests of the child remaining paramount in all decisions.

What are we going to do?

We are committed to implementing safe, consistent and effective medication management practices that protect the health, safety and wellbeing of every child. We will work collaboratively with families and health professionals to ensure medication is authorised, stored, administered and documented in accordance with legislative requirements and individual medical needs. Educators will follow safe medication practices, maintain accurate records, uphold privacy and confidentiality, respond promptly to medical emergencies, and ensure emergency medication is readily accessible when required. Through ongoing training, clear procedures and regular review of practices, we will promote a safe environment where children's health needs are supported, risks are minimised, and every child can participate confidently and safely in our services.

How will it be done?

Accepting medication

If children require medication at any time in ELC or OSHC, parents must inform the staff member/educator upon arrival at the service. In Out of School Hours Care (OSHC), parents must advise educators if their child has medication in their school bags. Medication must be stored correctly accordingly to specific medication requirements regardless of whether the medication is administered in an OSHC setting or not.

A Parent, Guardian or approved person with appropriate consents listed in a child's enrolment must complete and sign a *Authority to Administer Medication Form* for all medication prescribed by an authorised health care professional.

For non-prescription medication that is to be orally administered, including over the counter, complementary and alternate medicine, the signed written consent from a Parent, Guardian or Approved person with appropriate consents listed in a child's enrolment must be accompanied by a letter from an authorised health care professional. In addition to this, the medication must meet the requirements listed below. Child's name must be clearly written on the non-prescription medication, and parents are to initial this. For topical applications, e.g. zinc and castor oil cream, eczema cream, sunscreen, a signed written consent from the parent or person named in the child's enrolment record is sufficient.

Medication must be supplied to the service in the original container, bearing the original label in which it was dispensed showing clearly:

- Child's name
- Name of medication
- Name of prescribing doctor
- Instructions for administration, e.g., Dosage, Number of times per day to be administered, how medication is to be administered.
- Date of dispensing
- Expiry date of the medication.

If a pharmacy has dispensed the medication into separate boxes or containers e.g. a webster pack directly as part of the dispensing process and each of those containers bear a pharmacy label with the correct information, then those containers are considered original for the purposes of administration at the service.

Parents must give the medication to the educator or carer who will store it appropriately. A Parent, Guardian or approved person with appropriate consents listed in a child's enrolment must complete the *Authority to Administer Medication Form*. This form will include the following information:

- The name of the child;
- The authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication;
- 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;
- If the medication is administered to the child an Educator will record-
- The dosage of medication

All sections of this form must be completed before staff and educators can administer the medication.

Authorised administration with verbal consent

In case of an emergency only and if a parent has not provided a signed consent to administer medication, the following procedures strictly apply:

- Verbal consent is obtained from the child's parent or approved person named in the child's enrolment record.
- If the parent, guardian, or approved persons named in the child's enrolment record cannot be contacted, a registered medical practitioner or medical emergency services can provide verbal consent. However, the parent, or guardian must be provided with a written notification, using the *Incident, Injury, Trauma and Illness Record* form.
- Details of administration are recorded in the *Authority to Administer Medication form*.

Medication may be administered to a child without an authorisation in care of an anaphylaxis or asthma emergency.

If medication is administered, the approved provider, a nominated supervisor, a responsible person, or educator must ensure that the following are notified as soon as possible -

- A parent of the child

Emergency services. Please see the *Medical Conditions Policy* for further details.

Dispensing medication

All medications given to children while they are in care must be documented by the educator on the *Authority to Administer Medication Form*. Details are to include:

- The name of the child;
- The dosage of medication that was administered; and
- The manner in which the medication was administered; and
- The time and date the medication was administered; and
- The name and signature of the person who administered the medication; and
- If another person is required under *Regulation 95* to check the dosage and administration, the name and signature of that person.

When administering medication, ensure that two staff members are present; the person who will administer medication and a witness. The person who administers medication and the witness will undertake the below before medication is administered.

- Ensure the medication is going to the correct child.
- Check the medication is in the original packaging, bearing the original label.
- Check the medication is within date and not expired.
- Check the dosage is correct.
- Check medication is administered in the correct manner.
- Check the authority to administer medication form has been correctly completed by the parent or guardian.

Educators must ensure that proper handwashing and hygiene procedures are observed when administering medication.

Once medication has been administered both staff members must sign the *Authority to administer medication form*.

Educators must not administer medication if all the above conditions are not met.

Educators must not give any unidentifiable medication.

Self-Administration of medication by the child

This section applies to CatholicCare Children's Services that have children over pre-school age, such as Out of School Hours Care and Vacation Care. ***For children who are not yet of school age, this procedure does not apply*.**

- A school aged child attending the service may self-administer medication if written consent is provided by the child's parent.
- Educators must ensure that the child observes proper hygiene procedures, such as handwashing, prior to self- administration of medication.
- All safe practices and procedures in the medication policy (e.g. accepting medication, safe storage of medication, record keeping) apply to this section.
- self-administration of medication by the child, except that there is no need for a staff member to dispense medication.
- A staff member and a witness still need to be present.
- A Staff member must ensure that medication administered is recorded.

Storage of medication

Except for EpiPens and emergency medication, medication must be securely stored in a locked cupboard or container that is not accessible to children. Parents are required to hand medication over to an educator, medication can NOT be stored in the child's bag. Medication that requires refrigeration must be stored at the back of the top shelf of the refrigerator, in a locked childproof container, clearly labelled.

EpiPens and other emergency medication must be clearly labelled in an unlocked place that is inaccessible to children. If a child in the service is known to be high risk for anaphylaxis, and CatholicCare has been provided with a specific EpiPen for the child, it should be labelled as belonging to the child and all staff members must be aware of the allergy and the location of the EpiPen.

The CatholicCare provided EpiPen should be stored with the first aid kit, out of reach to children but easily accessible to staff.

During outings or excursions:

- An EpiPen and any emergency medication must be carried by a supervising staff member or educator along with the first aid kit.
- All other required medications must be kept in a container that is carried by a staff member or educator at all times.
- Procedures must be in place to ensure children that may require emergency medication can easily access the person carrying the medication. This may include grouping them together or staying nearby.

Administering medication

When a child with an ongoing medical condition that requires medication is enrolled in the service, a Medical Action Plan, which has been completed by the child's Doctor, must be supplied to the service. The Medical Action Plan must be displayed prominently in an area visible to all staff, and must contain the following information:

- If a child is on permanent or on as needed prescribed medication, e.g., for asthma or anaphylaxis, then the form Must indicate which symptoms necessitate medication being administered. In this case, the form can state 'as required' in accordance with symptoms described.
- In this instance there is to be written instructions from an authorised health care professional detailing the number of doses per hour/day.
- These instructions are to be updated by the authorised health care professional when there are changes in the child's condition.

- All medications given to children "as required" while they are in care must be documented by the educator on the *Authority to Administer Medication Form*. Details are to include:
    - The name of the child;
    - The dosage that was administered; and
    - The manner in which the medication was administered; and
    - The time and date the medication was administered; and
    - The name and signature of the person who administered the medication; and
- If another person is required under regulation 95 of the *Education and Care Services National Regulations* to check the dosage and administration, the name and signature of that person.

Educators must not administer medication if all of the above conditions are not met.

Educators must **not give any unidentifiable medication.**

Medication forms

CatholicCare Children's Services are required to keep a copy of all medication forms on the child's file for a period of three (3) years from the date of the child's last attendance at the service.

Administration of paracetamol in the case of fever

Paracetamol is kept on site of each CatholicCare children's service for administration in case a child feels unwell due to a fever. If the child is feeling well and happy, there is no need to treat the fever with paracetamol unless the temperature reaches 38.5^{0}C. Paracetamol must be stored in a locked cupboard or container out of the reach of children. It should be regularly checked to ensure it is within its use by date. If a child becomes unwell and develops a high temperature whilst in care, educators are to follow the guidelines outlined in *Staying Healthy in Childcare, 6th Edition*. If an educator thinks a child has a fever, they will check the child's temperature and record the time the temperature was taken and will complete an Incident, illness, injury, and trauma form. If their temperature is:

- Between 37.5°C and 37.9°C – they will retest within 30 minutes.
- 38.0°C and over.

The educator will:

1. Make every attempt to contact the parent, guardian or a person named in the child's enrolment record as authorised to consent to administration of medication and medical consent; to consult about treatment and organise the collection of the child, at the earliest possible time.
2. Continue to take the child's temperature, record it, and to monitor the child.
3. Respond to the child's symptoms and administer first aid accordingly.
4. If the symptoms include an elevated temperature, keep the child cool by removing any excess clothing and offering room temperature water to sip.
5. If the child is clearly uncomfortable and the temperature is 38.5°C or above, then, after consultation with the child's parent or legal guardian, or with permission in the enrolment form, one dose of paracetamol may be given, in accordance with the manufacturer's instructions. In this case, every attempt should be made to contact the parents to gain verbal permission. Parents must also be asked to collect the child from the service, at the soonest possible time.

Any medication administered to a child must be:

- Recorded on the *Authority to administer medication form*.
- Administered only with appropriate authorisation, except in emergency situations.
- Witnessed by two educators to confirm the correct child, medication, dosage, time, and method of administration.
- Documented accurately at the time of administration.

Where medication is administered in response to an illness, injury or trauma, the administration must also be recorded on an *Incident, Injury, Illness and Trauma form.*

Please note: if a child who is under the age of 2 years has a temperature of 38°C or above, Panadol should be considered after phoning the parent. **Under no circumstances is paracetamol to be administered to a child who is under six (6) months of age unless there has been consultation with their parents/guardian. (**Refer to the link under related resources.)

The parent or person authorised in the child's enrolment form must sign the *Authority to Administer Medication Form & incident, illness, injury and trauma form* as soon as they arrive at the service. This form must be filed as per the instructions for Medication Forms listed above.

Refer to the *Illness and Infectious Diseases Policy* in conjunction with this policy, and in case of fever leading to serious illness, such as convulsions; please refer to the *Incident, Injury, Trauma and Illness Policy*.

Educators must not administer medication if all of the above conditions are not met.

Educators must **not give any unidentifiable medication.**

Administration of paracetamol in the case of fever

Children who are diagnosed with Asthma and Anaphylaxis must have a medical action plan with instructions for the administration of medication, a *Risk Minimisation Plan for Children with Diagnosed Medical Conditions* and a medical communication plan which is to be reviewed annually. The Plan must be prominently displayed in an area that is visible to all staff members. Refer to *Medical Conditions Policy* for further information.

Ventolin and an EpiPen are kept on the site of each children's service for administration in case of an anaphylaxis or asthma emergency for children. The EpiPen and Ventolin must be stored away from the reach of children but easily accessed by educators. They should be regularly checked to ensure they are within their use by dates. Authorisation for the administration of these medications must be obtained on the enrolment form at the time of enrolment. However, in an ***emergency***, educators may administer anaphylaxis or asthma medication *without authorisation*. If a child is to have an anaphylaxis or asthma emergency whilst in care, educators are to.

1. Follow the emergency procedures listed in the *Medical Conditions Policy*.
2. At the completion of the emergency, complete the *Authority to Administer Medication Form* as well as section 1 and 2 of the *Incident Injury Trauma and Illness Record.*

The parents, guardians or person authorised in the child's enrolment form must sign the *Authority to Administer Medication Form* as soon as they arrive at the service or as soon as is practicable. Note: if a child who does not have a diagnosed medical condition exhibits symptoms of a medical emergency, e.g. anaphylaxis or asthma, please refer to the *Medical Conditions Policy* and the *Incident, Injury, Trauma and Illness Policy* for guidelines.

Topical applications (creams and ointments)

Topical applications may be administered provided that a parent *has given consent in writing*:

- Some Children's Services programs supply creams used for nappy changes. Parents may supply their own if they have a preferred brand.
- For skin conditions such as eczema and dermatitis, a topical cream can be supplied by parents to be administered by educators.
- Educators in all programs will apply sunscreen as per the procedure in the *Sun Protection Policy*.
- *Educators must ensure that proper handwashing and hygiene procedures* are applied when applying topical creams and ointments.

Staff medication

- If a staff member chooses to inform the service of an allergy, anaphylaxis, asthma, or any other medication that may impact on their ability to undertake the inherent requirement of their role and / or require medical assistance, the following requirements apply: The staff member must provide a current Medical Action plan completed by a registered medical practitioner.
- The staff member must supply in date medication as outlined in their Medical Action Plan, which must be kept on site and readily accessible as required.
- Documentation must clearly outline the location of the medication. All staff members must be informed of this location and be aware of their responsibilities to respond promptly in the event of an emergency.

Educators who choose to carry personal medication while at the service must ensure that:

- The medication is store securely and always remains inaccessible to children.
- The medication is kept within their personal belongings and under their direct contract to prevent child access.

Who is responsible?

Roles	Responsibilities
Approved Provider	• Ensure the service complies with National Law, Regulation and WHS requirements regarding medication. • Ensure policies and procedures support the safe storage and administration of medication. • Ensure adequate training and supervision for staff. • Ensure appropriate systems are in place for record keeping and incident reporting. • Ensure emergency medication is available and maintained.
Practice Manager	• Provide oversite of medication compliance across services. • Guide and support Nominated supervisors in complex or high-risk medical situations. • Ensure services have a thorough understanding of legislative obligations. • Endorse decisions relating to medical risk management where required.

	• Monitor audit, incident and compliance trends relating to medication.
Nominated Supervisor	• Ensure medication procedures are implemented consistently. • Ensure all required authorisations and documentation are completed before medication is administered. • Ensure medication is stored safely and securely. • Ensure educators follow correct administration and witnessing procedures. • Ensure families are notified of medication administration and emergencies. • Monitor compliance with record keeping requirements.
Educators	• Priorities the safety and wellbeing of children when administering medication. • Only administer medication with appropriate written or authorised verbal consent. • Check the correct child, medication, dosage, time, and method before administering. • Ensure medication is witnessed and documented accurately. • Store medication securely and out of reach of children. • Follow hygiene and infection control procedures. • Notify families and leadership of any concerns or incidents.
Parents / Guardians	• Provide medication in original packaging with correct label. • Complete all and sign all authorisation forms. • Provide up to date medical action plans where required. • Hand medication to an educator on arrival. • Collect children promptly when unwell. • Keep medical information and contact details up to date.

National Quality Standards (NQS)

Quality Area 2: Children's Health & Safety		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Education and Care Services National Law and National Regulations	
S. 2A	Paramount consideration—safety, rights and best interests of children
S. 3A	Paramount consideration
S.166A	Offence to subject child to inappropriate conduct Offences relating to inappropriate conduct
S.167	Offence relating to protection of children from harm and hazards
12	Meaning of serious incident
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication

Education and Care Services National Law and National Regulations	
94	Exception to authorisation requirement - anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First Aid qualifications
162(c) and (d)	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures are to be followed
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

Related documents

CatholicCare policy

- *Medication Management Policy*

Children's Services policies

- *Illness and Infectious Diseases Policy*
- *Incident, Injury, Trauma, and Illness Policy*
- *Medical Conditions Policy*

Forms

- *Authority to Administer Medication Form*
- *Incident, Injury, Trauma, and Illness Record*
- *Medical Communication Plan*
- *Risk Minimisation Plan for Children with Diagnosed Medical Conditions*

Resources

External

- *Education and Care Services National Law Act*
- *Education and Care Services National Regulations*

Glossary

ACECQA – Australian Children's Education and Care Quality Authorities

The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.

Child Paramountcy

Child paramountcy refers to the obligation to ensure that the best interests, safety, and wellbeing of children are paramount above all other considerations. All decisions, practices, and actions must prioritise the protection and wellbeing of children, particularly where competing interests exist.

ELC

All centre-based services for children aged 0-5 years including Long Day Care and Preschool services.

Emergency

A situation or event posing an imminent or severe risk to an individual

OSHC

Out of School Hours Care

Practice Manager

A practice manager oversees and supports a cluster of services within a local area. They work with the Nominated supervisor to ensure services operate safely, meet legal and quality requirements, and follow organisational policies. They do not work directly with children day to day.

Prescribed Medication

Medication that is authorised by a health care professional who has the authority to do so

Risk Assessment

A systematic process of evaluating the potential likelihood and consequences of risks that may be involved in a projected activity or undertaking.

Sign off and review

This document remains valid until it is either superseded by a new version or officially revoked.

CatholicCare values your input and welcomes feedback on this policy. Your suggestions help us improve and better support your work. Please send any feedback to policy.updates@catholiccaredbb.org.au.

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