FDC Administration of Medication Policy



Procedure Relevant	All Educators, staff and families
to:	
Last Reviewed:	September 2021
Next Review:	September 2022
NQF:	90-96; 168(2)(d); 177©; 178(b); 178(c); 181-184
NQS:	2.1, 2.1.2, 4.1, 7.1.2
Law	167(1)(2)(3)

Rationale

Families place a high level of trust and responsibility on Educators that, children will be kept safe and secure, and their wellbeing protected. This is particularly the case in the administration of medication to children, or the supervision of older children self-administering medication. Administering medication to a child is considered a high-risk practice, and legislative requirements contained within the Education and Care Services National Law Act and Education and Care Services National Regulations, the Tasmanian Poisons Regulations (2008) is to be strictly adhered to by Educators.

Where medication requires specific training, Educators are required to obtain the relevant training from an accredited training facility and provide the Coordination Unit certificates of training. Adventure Patch Family Day Care recognises that Educators are not qualified medical practitioners and will therefore never attempt to diagnose a child's illness or decide on the dose of medication to be given.

Purpose

APFDC acknowledges that administering medication is considered a high-risk practice. Authority must be obtained from a family or legal guardian named on the child's enrolment record before Educators administer any medication (prescribed or non-prescribed).

Educators may have their own medication guidelines that will outline their approach to administering medication. This must be in writing and families informed of the guidelines at interview.

Implementation

Coordination Unit will:

- Provide the families with relevant information about health management policies and practices when starting and regularly after that through newsletters and other forms of communication.
- Provide resources and information to Educators and families on health matters when required.
- Ensure educators have access to relevant health and medication forms.
- Support families and Educators when dealing with health management matters.
- Safely store confidential health and medical details relating to children for the legally prescribed period of time.
- Keep up to date on current health management practices.



 Request families to update their child enrolment forms annually to ensure medical authorisations remain current

Educators will:

It is a legal requirement under the Tasmanian Limitation Act 1974 that all completed medication consent forms are kept until the child turns twenty-five (25) years of age. Educators will.

- Store all medication safely i.e., Medicines will remain in the original, labelled containers and will be stored at the temperature stated on the container, in a lockable or child resistant container, or out of reach of children. Medication for selfadministration is to be stored safely and accessed according to written instructions from the medical practitioner of the parent.
- Administer medication to a child only from its original packaging.
- Administer medication to a child enrolled in the service only with the written
 permission of the child's family or legal guardian using the Medication Authority
 Form. These forms are to be forwarded to the Co-ordination Unit for storage once a
 child finishes with an Educator.
- Ensure the written instructions of the family are consistent with the instruction on the medication or as prescribed by a doctor.
- Check with parent that the child has had at least one dose of the medication prior to administering in care.
- In the case of an emergency seek verbal permission from a parent or person named in the child's enrolment record as authorised to consent to administration of medication and obtain written verification of the verbal permission as soon as practicable; or if this permission cannot be readily obtained, gain permission from a registered practitioner, a medical service, or an emergency service.
- In the case of an anaphylaxis or asthma emergency, administer medication to a child without an authorisation in the case of an anaphylaxis or asthma emergency. The Educator will ensure the parent of the child and/or emergency services are notified as soon as practicable.
- Store medical information in a safe and secure place.
- Maintain confidentiality in regard to a child's medical condition.
- Ensure the administration of homeopathic, naturopathic, over the counter or nonprescribed medications (including cold preparations, and paracetamol) also meet minimum legislative requirements and guidelines. This includes the provision of a signed Medical Authority Form by the family, written instructions, and dosage on the medication or from the health professional that dispensed the medication.
- Educators are not to give unidentified medication or medication to a child where
 the instructions are not clear to the Educator e.g., in an unfamiliar language to the
 Educator.
- Keep families informed of APFDC and own requirements on the administering of medications.
- Comply with the management plans of children with chronic health problems, such as asthma, epilepsy, diabetes, severe allergy, or anaphylaxis.
- Store medications correctly and securely away from access by children.
- Discuss any concerns about administering medication with families and if necessary, Co-ordination Unit staff.

Families will:



- Ensure all child enrolment forms are at the Co-ordination Unit with current authorisations.
- Provide a summary of the child's health, medications, allergies, doctor's name, address and phone number, and a Health Management Plan approved by a doctor, (if required), to the Co-ordination Unit staff and Educator prior to commencement of care and ongoing as required;
- Keep the Educator and Co-ordination Unit up to date with any changes to a child's medical condition or Health Management Plan.
- Provide medication in its original packaging.
- Complete the Medical Authority Form authorising the Educator to administer medication to their child at intervals prescribed by the medical practitioner or for non-prescribed medications, at the direction of the parents or person responsible for the child:
- Request the Educator to administer only the recommended dosage on the original medication package.
- Seek a doctor's certificate for a child if requested by the Educator.
- If giving permission for a school age child to self-administer medication, ensure this is stated on the medication form in the method section.

Practices for self-administration of medication

A school aged child may self-administer medication under the following circumstances:

- Written authorisation is provided by the person with the authority to consent to the administration of medication.
- Medication is to be provided to the Educator for safe storage, and they will provide it to the child when required.
- Following practices outlined in the Medical Conditions Policy including Anaphylaxis and allergies, asthma, and diabetes.
- The self-administration of medication for school aged children is supervised by the Educator.

Source

Anaphylaxis Australia – Schools and Child Care Centres State Guidelines – from http://www.allergyfacts.org.au/schools.html Asthma Australia – Information about asthma management and links to state/territory

Asthma Foundations – from http://www.asthmaaustralia.org.au/intro/index.php Australian Society of Clinical Immunology and Allergy

Action Plan for Anaphylaxis – from

http://www.allergy.org.au/images/stories/anaphylaxis/action_plan_epipen_general_2011. p df National Asthma Council of Australia

First Aid for Asthma – from http://www.nationalasthma.org.au/content/view/281/572/National Health and Medical Research Council



Staying Healthy in Child Care – 5th Edition 2012 – from http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch55_staying_healthy_ 5 th_edition_updated_130701_0.pdf Dept of Education; Education and Care Unit (June 2012)

Guidelines for administration of medication in Education and Care Services: (Tasmanian Poisons Regulations 2008)

Reviewed September 2021