MT ALEXANDER FAMILY DAY CARE - POLICY / PROCEDURE

HEALTH & SAFETY - MEDICATION (Administering)

POLICY

Family Day Care is for child care and education. Unwell or infectious children cannot participate or be cared for in the FDC program and need to be at home and/or obtain medical assistance.

If children in Family Day Care require medication it must be administered safely and reliably, only when necessary for the child's well-being and according to this policy.

Clear directions from a registered medical practitioner will need to be provided for medications to be safely given by FDC Educators. Educators will not accept instructions solely from the parent/guardian. Each administration of medication must be recorded as per medication record sheet.

This policy is designed to avoid the dangers of incorrect dosing and administration of medication and therefore possible injury to a child as the result of confusion by an Educator or error by a parent. The prescription of medication is regarded by the Scheme as the responsibility of medical practitioners. Subject to the exceptions listed below and with the permission of parents, doctors must be involved in the decision to administer medication to a child in the Scheme.

PROCEDURE

PERMISSION FOR ADMINISTRATION OF MEDICATION (Medication form):

Please note that signed **Medication Records** (Appendix 8) must be kept until the child is 25 years.

The medication form must include the following information:

- Child's name
- Child's treating Doctor and/or specialist
- Dosage showing number of doses, amount and time/s the Educator is to administer (must be in accordance with the label instructions)
- Name of medication
- Purpose of medication
- Date and time of last previous dose
- Educator's signature against each dose given
- · Where the medication is to be stored
- A question and reply as to whether this is the first occasion that the child has had this medication
- Nature of the child's illness. (NB Children who are infectious will not be in Family Day Care).

SPECIFIC MEDICATION REQUIREMENTS:

Invasive, Complex or Injected Medications

- A plan for the administration of such medications must be organised in conjunction with the Coordination Unit of the Scheme and will only occur in Family Day Care if the Educator is agreeable to doing so and is fully informed of the requirements.
- It is recommended that if injections are necessary for the welfare of a child, parents will arrange for injections to be given by the child's doctor. It is recommended that Educators not give injections, consider doing so only with proper training and when there is no other alternative.
- A Medication form will need to be completed and signed daily.

MT ALEXANDER FAMILY DAY CARE - POLICY / PROCEDURE

HEALTH & SAFETY - MEDICATION (Administering) - Continued

Medication Required on an On-Going Basis (Long Term or Regular Medication)

- A Permission for Administration of Medication Form needs to be signed at the initial Parent/Educator interview or at the time of on-going medication being prescribed.
- The Scheme is to be notified where a child requires medication on an on-going basis. The Scheme
 will request confirmation that the medication is still current and has been reviewed by the medical
 practitioner regularly.
- A Medication form showing dose/s given will need to be completed and signed on a daily basis.

Prescription Medication (including creams/ointments and eye drops)

- These must be prescribed for the child by a doctor and dispensed by a pharmacist and state on the label the child's name, dosage and times to be administered. The dosage and times must be strictly adhered to (eg. before or after food).
- Medications must not be administered if the expiry date has elapsed or medication has another family member's name on it (this particularly includes eye drops).
- Where the label states "take as directed" the parent must provide written information and directions for administering the medication from doctor or pharmacist.
- A Medication form needs to be completed and signed daily.

Non-Prescription Medication (Available Over the Counter) and Alternative Medicines

- Such medication will not be administered by Educators unless instructed in writing by the child's doctor. This includes pain relief (ie. **paracetamol**), cough suppressants, decongestants, antihistamines etc.
- Oral alternative, homeopathic, naturopathic and traditional medications must not be administered to children on the instruction of parents without the direction of a doctor.
- Bongela and topical ointments for skin irritation (eg nappy rash) may be used without medical supervision as required.
- A Medication form needs to be completed and signed daily.

Medical Condition Information Sheets (ie. asthma, anaphylaxis)

- The Scheme and registered Educator must have a recent copy of the **Medical Condition Information Sheet** (Appendix 7).
- All medication given for Asthma is to be documented daily.
- Medical Condition Information Sheets must be reviewed every six months (especially in winter months in relation to asthma).

Continued ...

MT ALEXANDER FAMILY DAY CARE - POLICY / PROCEDURE

HEALTH & SAFETY - MEDICATION (Administering) - Continued

PROCEDURE FOR ADMINISTERING MEDICATION

- 1. Due to the possibility of side effects, whilst in care, children must not be introduced to medication they have not previously been given.
- 2. All medication must be in the original container, bearing the original label. All medication must be prescribed for the child and must state on the label the prescribing doctor's name, the date of prescription, child's name, dosage and times to be administered.
- 3. Medication prescribed for one child must never be administered to another child.
- 4. Medication to be kept secure, (refrigerate if required) and always out of reach of children.
- 5. All unused medication must be returned to the parent/guardian.
- 6. Parent's/guardian's written permission and authorisation must be given for all medication administered (**Medication Record** Appendix 8). This shall include the time and dose and a summary of the doses of medication administered by the parent at home in the previous 24-hours.
- 7. Written permission must be obtained from the child's doctor for all on-going medication and all long-term medication must be reviewed regularly by the child's doctor at a time set by the doctor but no more than annually.
- 8. The Educator is to document time and dose following administration of all medication, on the official **Medication Record**. (Appendix 8)
- 9. The Educator must notify the Scheme regarding all medication administered on a regular basis, by returning medication forms to the Unit. It is recommended that these forms are returned each month. These records must be kept until the child is 25 years ie for liability/insurance purposes. After reaching majority at 18 a child could also have 3 or less likely 6 years in which to sue for negligent use of medication. This is only in the very unlikely instance that the parent of the child had not sued before then.
- 10. If the Educator has a concern about a request to administer any medication, she/he must consult with the Scheme. If this concern is raised out of Scheme operation hours, the Educator must consult with the child's doctor or the Drug Information Service at the Royal Children's Hospital pharmacy on 9345 5492. On weekends or after hours, Poisons Information can be contacted on 131126.
- 11. Medication must not be administered if:
 - it is complex and requires skill to use.
 - it is out of date.
 - the wrong child's name is on the label.
 - the container has no label.
 - if the Educator does not have an appropriate measuring glass or spoon.
 - it is outside the guidelines set in this policy and the rules of this policy have not been followed.

In conclusion, it is again emphasized that Educators should only agree to administer medication when it is absolutely necessary and once agreed to do so, they must insist on full written instructions and take every care in administering the medication and maintaining the necessary records.

Source: National Law, Regulations and Standards (ACECQA 2011)
"Staying Healthy in Childcare, 5th Edition, NHMRC

Reviewed September 2005, April 2008, July 2009, July 2012, November 2018