Holland Park
Child Care Centre

Medication Policy

Reviewed by Management/Staff and Families Jan 2011
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Administering medication should be considered a high risk practice. Authority must be obtained from a parent or legal guardian before staff/carers administer any medication (prescribed or non-prescribed).

Link to CCQA Principles
Indicator 3.1 / 3.2 / 13.1
Quality Improvement and Accreditation System (QIAS)

Policy statement

* Holland Park has a duty of care to ensure that all persons \(^1\) are provided with a high level of protection during the hours of the service's operation.

* The service's Medication Policy reflects the following principles:
  o safe principles and practices to administer medication;
  o hygiene practices;
  o an acute attention to detail;
  o the maintenance of accurate records;
  o up to date professional development knowledge of administering techniques;
  o first aid qualifications;
  o licensing and legislative requirements;
  o recommended advice and practices from a medical source;
  o open communication between staff/carers, families and children; and
  o the accountability of staff when administering medication.

* The basic principles of medication administration will be adhered to at all times in the service. The five principles are do you have the right:
  o child;
  o medication;
  o dose;
  o method;
  o date and time; and
  o expiry date of the medication.

\(^1\) For the purpose of this policy, 'persons' include children, families, staff, carers, carers' family, management, coordination unit staff, ancillary staff (administrative staff, kitchen staff, cleaners, maintenance personnel), students, volunteers, visitors, local community, school community, licensee, sponsor and/or service owner.
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These basic principles are the first steps in ensuring that medication is administered safely to any person, and should be documented by the parent or legal guardian before administering medication to a child.

- Medication can only be administered when the service's medication authorisation form has been completed and signed by the child's parent or legal guardian.
- In this service, medication is administered to a child by a Group Leader or in some cases, with parental or guardian consent, medication can be self-administered by a school age child. When medication is being self-administered, children are supervised by staff.
- The service will endeavour to ensure that staff/carers are witnessed by another person when administering medication to children.
- It is understood by staff children and families that there is a shared responsibility between the service and other stakeholders that the Medication Policy and procedures are accepted as a high priority.
- In meeting the service's duty of care, it is a requirement under the Occupational Health & Safety Act that management and staff implement and endorse the service's Medication Policy and procedures.
- The service reserves the right to contact a health care professional\(^2\) if staff/carers are unsure about administering medication to a child, even if the parent or legal guardian has requested the medication to be administered.

**Strategies and practices**

**Definition of medication**
The term 'medication' can be defined either as prescribed or non-prescribed. For the purpose of this policy, 'prescribed' medication is:

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

All medication that does not meet the criteria for prescribed medication, can be considered non-prescribed. This includes over-the-counter medication; medication dispensed by a naturopath/homeopath; or considered complementary or alternative such as vitamins and cultural herbs or remedies.

- Examples of prescribed medication include antibiotics; Ventolin for asthma; or Ritalin for Attention-Deficit Hyperactivity Disorder.
- Examples of non-prescribed medication include topical or antifungal creams for nappy rash or eczema; paracetamol; ibuprofen; antihistamine for an allergy; or teething gel.

**Hand washing and hygiene practices**

\(^2\) For the purpose of this policy, ‘health care professional’ can include the child’s: medical practitioner (or doctor of medicine); allied health professional, such as a speech therapist, nutritionist or child psychologist.
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* Staff will ensure that they have washed their hands before administering medication.
* School age children who may administer their own medication should be encouraged to wash their hands before doing so.

Please refer to the service's Hygiene and Infection Control Policy.

**Maintaining clean and hygienic environments**

Holland Park will undertake all measures to ensure that cross infection does not occur during the administration of medication. For specific strategies for cleaning down surfaces i.e. nappy change tables after applying cream please refer to the service's Hygiene and Infection Control Policy.

**Assessing the need for administering medication**

All staff at the centre are committed to the well being of all children, after establishing initial rapport with children, we will begin to quickly pick up on when they are not behaving as usual or are sick.

**Systems of illness throughout the day can include:**
* Unusual behaviour- child is far more cranky / lethargic than unusual.
* Feverish appearance
* Diarrhoea
* Vomiting
* Loss of appetite
* Conjunctivitis
* Unusual spots or rashes
* Patch of infected skin (crust skin or discharging yellow area of skin)
* Grey or very pale faeces
* Yellowish skin or eyes
* Sore throat or difficulty in swallowing
* Headache or stiff neck
* Severe persistent or prolonged coughing (the child goes red or blue in the face, and makes a high pitched croupy or whooping sound after coughing)
* Frequent scratching of the scalp or skin
* Breathing trouble- especially for babies

**Anaphylaxis signs:**
* Difficulty noisy breathing
* Swelling of the tongue
* Swelling/tightness of the throat
* Difficulty talking and or a hoarse throat
* Wheeze or persistent cough
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- Loss of consciousness - collapse
- Pale or floppy
- Swelling of the face, lips and eyes.
- Hives or welts on the skin
- Vomiting, stomach pain.

Please refer to the service's Illness Policy.
If a child displays any of these symptoms please notify the Director

Exclusion guidelines

Please refer to the service's Illness Policy.
Please refer to the service's Immunisation and Health Related Exclusion Policy.

Assessing the need to administer fever reducing medication

- Fever is one of the body’s ways of removing germs, it is generally a sign that there is an infection and that the body is fighting that infection. In the event that your child has a fever the centre will ensure the child is offered additional fluids, remove excessive clothing and monitor the way your child looks, behaves and their level of alertness. Due to the damage that Panadol can cause to the liver, the decision to administer paracetamol will not be made lightly.
- Parents will initially be contacted and should a fever reach 38 or above and picking up the child is still a little way off then Panadol may be administered by centre staff therefore reducing the risk of convulsions. Parents will be required to sign the medication form upon arrival. "Staying Healthy in Childcare 4th Ed." Centre’s Panadol is for emergencies only. If you require your child to have Panadol during the day, please supply your own and complete a centre medication form.

Authorising the administration of medication

If it is necessary for medication to be administered a child, while in attendance at the Centre, it is the parent/caregivers responsibility to ensure that the Director or Senior staff member is aware of this fact and the appropriate medication administration forms are completed.

This form must state:

- The type of medication to be administered;
- When it is to be administered;
- To whom it is to be administered;
- How much is to be administered.

Our staff will only administer medication when either a doctor’s certificate is provided or a pharmacist dispensing label is attached to the medication. The certificate/label should include:
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- The child's name
- The name of the medication;
- The amount or dosage that was given;
- The date;
- The time it is to be given;
- Any other special requirements.

It is the responsibility of all parents/guardians to ensure that when your child arrives at our childcare facility that all medication is handed to a staff member. All medication will be stored in a childproof storage container and must be collected from the staff member at the end of the day.

The same conditions apply in respect of natural/herbal medicines. Such medicines will not be administered by our staff unless you have a letter from your child's naturopath to accompany the medication and have completed the medication administration form as above indicating that staff has been given permission to administer this medication.

The Naturopath also needs to include a Dispensing Label on the medication.

Once the appropriate authority has been completed, an authorised staff member will be placed in charge of administering the medication to your child. Each dose given to your child will be recorded on the Administration of Medication Record Form and this will be signed by the authorised staff member and co-signed by another staff member who witnessed the administration of the medication.

Cough drops/lollipops or vitamin tablets WILL NOT be administered under any circumstances.

If for any reason medication is to be administered outside these guidelines, you will be notified immediately. Such guidelines help us to provide a quality environment that ensures continuing, proper care and safety of your child through the supervision and maintenance of each child's health.

Storage and disposal of medication

- Medication must be handed to a staff member, who will then place this medication in the locked medication box in the kitchen fridge. Another locked box is kept in the office for medications such as Ventolin
- Medication that is required urgently such as Epipens / Anti convulsing medication will be stored in the first aid kit in the office so it is easy to get to.

Administering medication to a child

- Collect medication from medication box in the fridge
- Collect the medication form completed by the parent.
- Wash hands before opening medication.
- All medication is to be given by two staff members before being administered to children. The medication record form is to be signed by the staff member administering
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the medication and the staff member who cross checked that the correct medication and dose has been given.

* Medication should **immediately** be returned to the fridge.
* Empty medication bottles will be disposed of into the kitchen bin or returned to the parent.
* Please remind parent to collect medication upon leaving the centre.

For instruction on the administration of an Epipen please consult the Action plan on the following pages.

**Documenting the administration of medication**

**Maintaining records**

* Documenting the administration of medication is important so that staff/carers can communicate to families about the child's health needs.
* It is important that all medication documentation is stored safely.
* The person administering and the witness, should sign documentation that identifies that they were responsible for administering the medication, as per the Child care Regulation 2003.

**Monitoring after the administration of medication**

* Children who have received medication at the centre will be closely monitored for any adverse effects should the child display any systems of being unwell it will be reported to the Director who will inform parents. Children who become acutely ill will have first aid procedures administered.

**Prolonged use of medication**

* Children who are on long term medication will need to have a Long term medication form filled out and left with the Director. A copy will be given to the Group Leader.

**Protective behaviours and practices**

**Staff, carers, students and volunteers as role models**

* Children learn through example and modelling is an important way to teach children behaviours and practices.
* Staff, students and volunteers must comply with the Medication Policy.

**Staff professional development opportunities**

* Staff will be given first aid training every 12 months staff must attend this or source their own training.
* The service will provide professional development that aims to maintain and strengthen the skills and knowledge of staff in relation to administering medication to children.
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Experiences

* Medication use can be explained to children through the weekly programme. Staff should consider discussing with children;
  o That they should only take medication from an adult whom they know.
  o Never climb up into the cupboards to get medication.
  o What to do if they find medication

Excursions

* On an excursion medication shall be given to the group leader with the medication form and dispensing materials. This shall be kept in the portable locked medication tin. It shall be administered at the correct time and dosage.
* Staff should wash hands before administering medication.
* Preventative medication shall also be taken on excursions and copies of the child’s action plan.
* A first aid kit shall also be taken on excursions.
* The centre will carry all emergency contact details for every parent as outlined in the Child Care Regulation 2003.
* A risk management plan will also be formulated and be taken on the excursion.

Community

The centre will promote community links by

* Establishing networks with community organisations, such as the doctor or nurse to visit the service and talk about the safe use of medications. This may be particularly important for children who have ADHD or who see adults use medications consistently in the home.
* For school age children the centre will be proactive in communicating healthy living programs and anti-drug use messages. This may be particularly important if there are high incidences of children seeing used needles in their community.

Policy review

* The service will review the Medication Policy and procedures, and related documents, including behaviours and practices every 12 months
* Families are encouraged to collaborate with the service to review the policy and procedures.
* Staff are essential stakeholders in the policy review process and will be encouraged to be actively involved.
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Procedures
The following are examples of procedures that the service employs as part of its daily practices.

- Parent induction / handbook
- Employee induction procedure.
- Policy development and review procedure.
- Student and volunteer induction procedure.

Measuring tools
The centre will monitor compliance of medication administration by regularly auditing medication forms.

Links to other policies

- The following are a list of examples:
- Allergies
- Employment of child care professionals
- Enrolment of new children and families to the service
- First aid
- Hygiene and infection control
- Illness
- Occupational health and safety
- Privacy and confidentiality
- Staff/carers as role models
- Supporting children’s individual needs