Administration of Medication Policy

Purpose

Peak Sports and Learning will work closely with children, families and where relevant schools and other health professionals to manage medical conditions of children attending the service.
The safety, health, wellbeing and best interests of children are the paramount consideration in all our decisions and practices, including the administration of medication.

The administration of medication in education and care services, such as outside school hours care (OSHC), is governed by the Education and Care Services National Regulations. These regulations provide guidelines and requirements for the safe and appropriate administration of prescribed and non-prescribed medication to children in these settings.

The administration of medication carries obligations for both parents and staff. While parents must feel confident that the process is carried out efficiently and in accordance with medical prescription, staff must feel they are protected against any possibility that instructions have been misunderstood. For this reason, parents are expected to properly document their requirements and staff are expected to ensure that this has been done before any medication is administered. Medications will only be administered to children in accordance with the National Law and Regulations.

Considerations

Education and Care Services National Regulations	**National Quality Standard/s**	**Other Service policies/documentation**	**Other**
Regulations: 12, 85, 86, 87, 89, 90, 91, 92, 93, 94, 95, 96, 136, 162, 168, 170, 171, 172, 173, 175, 176 Law: Sections 2A, 3A (NSW), 166A (NSW), 167	Standard 2.1.2, 2.2.1, 7.1.2	- Administration of Medication Procedure & Training Companion - Enrolment Handbook - Staff Handbook - Providing a Child Safe Environment Policy - Excursion and In-service Activity Policy - **Incident, Injury, Trauma and Illness Policy** - Dealing with Infectious Diseases Policy - **Management of Medical Conditions Policy** - **Administration of First Aid Policy**	- Work Health and Safety Act 2011 - Individual Medical Management Plans and corresponding resources.

Roles and Responsibilities:

- Family: The child's family or guardian has the primary responsibility for providing accurate and up-to-date information about the child's medical needs, including medication requirements. They must provide written consent and detailed instructions for the administration of medication. It is essential to inform the service of any changes in the child's medication or health status. Families

are to ensure that they provide medication to the service meeting the requirements set out in 'Acceptance of Medication by an Educator'.

- Service: The education and care service is responsible for creating and implementing policies and procedures for the safe administration of medication. This includes training staff members in medication administration, ensuring proper storage and record-keeping, and maintaining open communication with families. Staff members should adhere to the service's policies and procedures and report any concerns or incidents related to medication administration.

Prescribed Medication:

- These may include, but are not limited to,
    - Asthma medication such as Ventolin
    - Allergy medication such as an antihistamine and an adrenaline device (such as an EpiPen)
    - Prescribed medications for ADHD such as methylphenidate (e.g., Ritalin, Concerta) and amphetamines (e.g., Vyvanse). Non-stimulant medications like atomoxetine (Strattera) may also be prescribed.
    - Antibiotics
    - Creams for external body surfaces
- Storage: Prescribed medication should be stored securely and out of reach of children. It should be kept in its original packaging, clearly labelled with the child's name, dosage instructions, and expiry date.
- Prescribed medications for ADHD such as methylphenidate (e.g., Ritalin, Concerta) and amphetamines (e.g., Vyvanse) are to be stored in lockable storage as determined at a site-specific level.
- Administration: The administration of prescribed medication should be performed by authorised staff members who have received appropriate training. They must follow the prescribed dosage and administration instructions provided by the child's healthcare professional. It is crucial to maintain accurate records of each administration, including the time, dosage, and the staff member responsible and witness.

Non-Prescribed Medication:

- These may include but are not limited to:
    - Paracetamol products
- Storage: Non-prescribed medication, such as over-the-counter medication, should also be stored securely and out of reach of children. It is recommended to keep it in its original packaging, clearly labelled with dosage instructions.
- Administration: Non-prescribed medication should only be administered with written consent from the child's parent or guardian. The dosage and administration instructions provided on the packaging should be strictly followed. Similar to prescribed medication, accurate records should be maintained for each administration.

Administration of Prescribed Medication

- Parents and Carers are requested to inform centre staff of any medication given to their child preceding their attendance at the service.
- Medication must be handed to educator from a Parent/Guardian (or other authorised nominee on the family FullyBooked account that has permission to "Authorise administration of medication")
- Medication must be given directly to an educator and not left in the child's bag. Educators will store the medication in a designated secure place, clearly labelled and ensure that medication is kept out of reach of children at all times.
- Educators will never use force, intimidation, coercion or deception to give a child medication. If a child still refuses after gentle encouragement, the educator will contact the parent or guardian, unless the medication is needed for emergency treatment.
- Medication may only be administered by the service or self-administered while at the service with written authority signed by the child's parent or other responsible person named in the child's enrolment record that is authorised by the child's parent/ guardian to make decisions about the administration of medication. This authority is provided on the **Medication Record Form**.
- The **Medication Record Form** requires the following information to be completed:
  - Supply Amount
  - Name of child
  - Name of medication
  - Details of the date, time and dosage to be administered.
  - Where applicable, the time of last dosage.
  - Where required, indicate if the child is allowed to administer the medication themselves or have an educator do it.
  - Signature of family member

Acceptance of Medication by an Educator

How medication is to be provided to the service:

- Medication must be in its original packaging (cannot be in containers/ziploc).
- Medications must have the original pharmacy label with the name of the child to whom the medication is to be administered and clear instructions.
- Any changes to the instructions on the original packaging, must be supported by a letter from the doctor with the new instructions.
- Where tablets need to be split, we prefer a webster pack, but if not possible, a tablet splitter must be provided.
- Medication must be in date and not expired/past use by date.
- Where the medication comes under the Schedule 8 list of medications, the amount provided must be counted and recorded under 'Supply Amount' on the Medication Record in conjunction with the parent/guardian.

Medical Emergency

- In the event of an emergency as per Regulation 94, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.
- Where this occurs the parent and emergency services should be notified as soon as practicable.
- If the child needed urgent medical attention or attended hospital, this is a serious incident and the Regulatory Authority will be notified within 24 hours (Regulations 12, 175 and 176).
- Before medication is given to a child, the educator (with current First Aid Certificate) who is administering the medication will verify the correct dosage for the correct child with another educator who will also witness the administration of the medication.
- After the medication is given, the educator will record the following details on the **Medication Record Form**: Name of medication, date, time, dosage, name and signature of person who administered and name and signature of person who verified and witnessed.

Self-Administration of Medication

- Our service permits children to self-administer medication under supervision. In this instance, the service will ensure that the **Self-Administration of Authorised Medication Record** is completed for each child using the service who self-administers medication. All self-administration of medication will be overseen by an Educator. A separate form must be completed for each medication if more than one is required.
- Self-administration may apply to children with long term medical conditions who are capable of administering their own medication, such as children with asthma or diabetes medical devices such as an insulin pump.
- Children will only be permitted to self-administer medication where the family provides written permission, or with the verbal approval of a medical practitioner or parent in the case of an emergency.
- In the event of a child having permission to self-medicate the administration guidelines must be detailed in an individual medical management plan provided by a doctor or health care professional.
- In one off circumstances the service will not make an exception to this rule and will require the families to complete the procedure for the educators to administer the medication.

Medication for long term medical conditions:

- Where medication for treatment of long-term conditions such as asthma, diabetes, epilepsy, or anaphylaxis is required, the service will require an individual medical management plan from the child's medical practitioner or specialist detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition is to be managed in the service environment.
- An exception to the following procedure is applied for asthma medication for severe asthmatics in which case the child may carry their own medication with parental permission. Where a child carries their own asthma medication, they should be encouraged to report to an educator their use of the puffer as soon as possible after administering and the service maintain a record of this

medication administration using the **Self-Administration of Authorised Medication Record** including time, educator advised and if the symptoms were relieved.

- In the event of administration or self-administration of asthma medication the Responsible Person on duty (Centre Supervisor) will contact parents immediately or as soon as practical by phone call or text to inform them. The time of this contact will also be recorded on the **Self-Administration of Authorised Medication Record.**

Version Control Table

Version Control	Date Released	Next Review	Approved by	Amendment
1	Jan 2017	March 2018	Directors	Nil – small amendments to procedures
2	March 2018	March 2019	Directors	Rewritten and edited to reflect 2018 updated Quality Standards. New procedures in place to record self-administration of authorised medications and the importance of communicating with parents at the time of asthma medication events.
3	April 2019	April 2020	Directors	Reviewed, no major amendments
4	February 2020	March 2022	Directors	Reviewed with no amendments. Moved to new document review timeline.
5	March 2022	March 2024	Directors	Small amendment to wording to clarify medication requirements for packaging.
6	June 2023	March 2024	Directors	Updates to roles and responsibilities. Introduction of medication supply record and requirements in relation to splitting tablets.
7	March 2024	March 2025	Directors	Amendment in line with Medication Record updated with supply amount.
8	March 2025	March 2026	Directors	Reviewed, no significant updates.
9	March 2026	March 2027	Directors	Added paramount consideration (Sections 2A and 3A NSW) and inappropriate conduct (Section 166A NSW), including that force, coercion or deception is never used to give medication. Added Regulatory Authority notification for serious incidents. Updated EpiPen reference to adrenaline device, policy names and minor wording.