Administration of Authorised Medication Policy
NQS

QA2  2.1.1 Each child’s health needs are supported.

2.1.4 Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.

2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

National Regulations

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EYLF

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<th>Children take increasing responsibility for their own health and physical wellbeing.</th>
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<td>Educators promote continuity of children’s personal health and hygiene by sharing ownership of routines and schedules with children, families and the community</td>
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Aim

Suncoast Little Learners and our educators will only administer medication to a child if it is authorised or the child is experiencing an asthma or anaphylaxis emergency. We recognise it is essential to follow strict procedures for the administration of medication to ensure the health, safety and wellbeing of each child using the service.

Related Policies

Emergency Service Contact Policy
Enrolment Policy
Incident, Injury, Trauma and Illness Policy
Medical Conditions Policy
Implementation

Our service and educators will only administer medication to children if it is authorised by parents (or by someone authorised by parents on the enrolment record to make decisions about the administration of medication). If there is a medical emergency, we will also administer medication when authorised verbally by a parent, medical practitioner or an emergency service, however we may administer medication during an asthma or anaphylaxis emergency without first receiving authorisation.

Medication under the Regulations includes medication covered by the Therapeutic Goods Act 1989. Therapeutic goods include those for therapeutic use to:
- prevent, diagnose, cure or alleviate a disease, ailment, defect or injury
- influence, inhibit or modify a physiological process.

This covers products like sunscreen and nappy cream.

The Director will ensure a copy of this policy is provided to parents when they enrol their child.

Administration of Medication (non-emergency)

Educators will administer medication to a child:
1. if the medication is authorised in writing by a parent or another authorised person and
   - is the original container
   - has not expired
   - has an original label and instructions that can be clearly read and, if prescribed by a doctor
     has the child’s name
   - is administered in accordance with any instructions on the label or from the doctor.
2. after the child’s identity and the dosage of the medication is checked by an educator who is not
   administering the medication. This educator will witness the administration of the medication.

Anyone delivering a child to the service must not leave medication in the child’s bag or locker.
Medication must be given directly to an educator on arrival for appropriate storage.

Over the Counter Medication (non-prescription medication)

Our service does not administer over the counter medication unless it has been prescribed by a medical practitioner and there is a letter from the doctor explaining the purpose of the medication. Medication may mask the symptoms of other, more serious illnesses and our educators are not qualified medical professionals.
However, we will administer nappy cream and sunscreen without prescription by a doctor if a parent or authorised person authorises this.

Administration of Medication in emergencies other than anaphylaxis or asthma emergencies

1. Educators will administer medication to a child in an emergency:
   - if a parent or another authorised person verbally authorises the administration of the medication or
   - they receive verbal authorisation from a registered medical practitioner or emergency service if the
     parent or authorised person cannot be contacted.
2. The child will be positively reassured, calmed and removed to a quiet area under the direct
   supervision of a suitably experienced and trained educator.
3. The Director will contact the child’s parent, and provide written notice to the parent, as soon as possible.

4. The Nominated Supervisor will ensure the service completes an Incident, Injury, Trauma and Illness Record.

Educators will not administer medication if parents provide verbal authorisation in circumstances that are not emergencies. If educators are unsure whether they should be administering a medication in an emergency after receiving verbal authorisation from a parent or responsible person, educators will obtain authorisation from a registered medical practitioner or emergency service.

**Administration of Medication during Anaphylaxis or Asthma Emergencies**

1. Educators may administer medication to a child in an anaphylaxis or asthma emergency without authorisation.
2. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
3. The Nominated Supervisor will contact the child’s parent and the emergency services as soon as possible.
4. The Nominated Supervisor will advise the child’s parent in writing as soon as possible.

5. The Nominated Supervisor will ensure the service completes an Incident, Injury, Trauma and Illness Record.

**Medication Record**

Educators will complete a Medication Record with the name of the child which:

- contains the authorisation to administer medication
- details the name of the medication, the dose to be administered and how it will be administered, the time and date it was last administered, and the time and date or circumstances when it should be administered next
- if medication is administered to a child (including during an emergency), details the dosage that is administered and how it is administered, the time and date it is administered, the name and signature of the person that administered it, and the name and signature of the person that checked the child’s identity and dosage before it was administered and witnessed the administration.

We will use the Medication Record template published by the national authority ACECQA currently at http://www.acecqa.gov.au/SearchResults.aspx?keywords=medication+record

**Sources**

Education and Care Services National Regulations 2011
National Quality Standard
Early Years Learning Framework
**Review**

The policy will be reviewed annually.
The review will be conducted by:
- Management
- Employees
- Families
- Interested Parties

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<td><strong>NAME:</strong></td>
<td>Little Learners Director</td>
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BELONGING

Experiencing belonging – knowing where and with whom you belong – is integral to human existence. Children belong first to a family, a cultural group, a neighbourhood and a wider community. Belonging acknowledges children’s interdependence with others and the basis of relationships in defining identities. In early childhood, and throughout life, relationships are crucial to a sense of belonging. Belonging is central to being and becoming in that it shapes who children are and who they can become.

BEING

Childhood is a time to be, to seek and make meaning of the world. Being recognises the significance of the here and now in children’s lives. It is about the present and them knowing themselves, building and maintaining relationships with others, engaging with life’s joys and complexities, and meeting challenges in everyday life. The early childhood years are not solely preparation for the future but also about the present.

BECOMING

Children’s identities, knowledge, understandings, capacities, skills and relationships change during childhood. They are shaped by many different events and circumstances. Becoming reflects this process of rapid and significant change that occurs in the early years as young children learn and grow. It emphasizes learning to participate fully and actively in society.