

# QA2 ADMINISTRATION OF MEDICATION POLICY

## PURPOSE

Happy Haven OSHC has a policy to support the health and well-being of children that may require medication. All medications must be administered as prescribed by medical practitioners and first aid guidelines. The policy aims to ensure that all educators understand their duty of care for each child's individual health needs, are aware of children with medical conditions and how to support them and are trained to safely administer medication with written parental consent. The policy is strictly followed to promote the health and well-being of all children.

## SCOPE

This policy applies to children, families, educators, and staff of Happy Haven OSHC.

## IMPLEMENTATION

Families requesting the administration of medication to their child will be required to follow the guidelines developed by Happy Haven OSHC to ensure the safety of children, staff and educators. Each service will follow legislative guidelines and adhere to the National Quality Standard to ensure the health of children, families, staff and educators.

For children with a diagnosed health care need, allergy or relevant medical condition, a Medical Management Plan (or Health Care Plan) must be provided prior to enrolment and updated prior to the expiry of that plan. A Risk Minimisation and Communication Plan must be developed in consultation with the family to ensure risks are minimised and strategies developed for minimising any risk to the child.

### Duty of care

Happy Haven OSHC has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in each service are met. This includes our responsibility to provide:

- A safe environment for children free of foreseeable harm and
- Adequate supervision of children at all times.

## Medication

Medication refers to any:

- Prescribed or non-prescribed medication
- Over the counter medications (paracetamol, eye drops etc.)
- Alternative therapies (vitamins, minerals, supplements etc.).

Medication does not include (where they are unmedicated):

- Sunscreen
- Moisturizing lip balms
- Lubricating eye-drops
- Moisturiser (emollient).

If staff are unsure if a product contains medication, they will call the Medicines Information Service at the Women's and Children's Hospital (8161 7555).

*The Relationship Managers, Nominated Supervisors and Responsible Persons will ensure:*

- Children with specific health care needs or medical conditions have current Medical Management Plans detailing prescribed medication, dosage, signature and review dates by their medical practitioner
- Medication is only administered by Happy Haven OSHC staff with written authority (Medication Agreement) signed by the child's parent or guardian
- Medication provided by the child's family must adhere to the following guidelines:
  - The administration of any medication is authorised by the family/guardian in writing (HSP151 Medication Agreement), and medical practitioner, where required
  - Medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written form from the medical practitioner)
  - Medication is from the original pharmacy labelled container
  - Medication (prescribed or non-prescribed) has the original pharmacy label clearly showing the name of the child, strength and dosage
  - Sufficient medication is supplied for the OSHC session the child is attending
  - Medication is within the expiry/use by date.

- The following documents are completed for each child:
  - HSP151 Medication Agreement (single medication) or HSP152 Multiple Medication Agreement (more than one medication)
  - Medical Management Plan (Health Care Plan) completed by a Medical Practitioner
  - Risk Minimisation and Communication Plan (developed, signed and dated by the Nominated Supervisor/ Responsible Person in consultation with the family/guardian with a date for review)
  - A Medication Log is recorded to document the type, quantity and expiry of all medication arriving at the service, kept on the premises or leaving the service
  - An additional HSP158 Controlled Restricted Medicines Register for any Controlled Drugs arriving at the service, kept on the premises or leaving the service
  - A HSP155 Medication Log form is completed to document the administration of medication
    - A separate Medication Log is filled out for each type of medication required by the child and is recorded in conjunction with the Medication Rights Checklist.
  - A HSP154 Decision Making Tool for Medication Administration in any case that self-administration of medication is authorised by the family
  - A HSP157 Medical Advice Form in the case of medication not being administered, a medication error, a medication incident, an observation request by the family and/or health professional, or the child displaying unusual side effects
  - A HSP340 Seizure Management Plan and HSP153 Emergency Medication Management Plan in the case of a child with Epilepsy.
- Any person delivering a child to the service must not leave any type of medication in the child's bag or locker. Medication must be given directly to an educator for appropriate storage upon arrival and documented in the Medication Register. This excludes Asthma reliever puffers which may remain on a child's person or in their bag for quick access, however, this must be documented in the child's Risk Minimisation and Communication Plan.
- Communication processes are put in place between the school/preschool and Happy Haven OSHC service to ensure:
  - Safe and secure handover of any medications are directly to and from an educator (not via the child)
  - When medication has been administered, confidential transfer of Medication Log details occurs during transitions between education and care settings e.g. OSHC/ School or OSHC/ Preschool to avoid potential overdose or medication errors.
- Written and verbal notifications are given to a family of a child as soon as practicable if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners
- If medication is administered without authorisation in the event of an asthma emergency, the parent of the child is notified as soon as practicable
- If the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident
- Reasonable steps are taken to ensure that medication records are maintained accurately

- Medication forms are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the service
- Children's privacy is maintained, working in accordance with the Australian Privacy Principles (APP).
- Educators and staff receive information about Medical Conditions and Administration of Medication Policies and other relevant health management policies during their induction
- Educators and staff have a clear understanding of children's individual healthcare needs, allergy or relevant medical condition as detailed in Medical Management Plans (including, but not limited to, Asthma or Anaphylaxis Action Plans)
- Families are informed of the service's Medical Conditions and Administration of Medication policies
- Safe practices are adhered to for the wellbeing of both the child and educators.

***The Nominated Supervisor, Responsible Person and educators will:***

- Not administer any medication without the written authorisation (Medication Agreement) of a family member or person with authority, except in the case of an emergency, when the written consent on an enrolment form, verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the family cannot be contacted
- Have procedures in place to ensure the child is presenting for their medication at the correct time, for example an alarm or visual timer
- Ensure medications are stored in the refrigerator in a labelled and locked medication container with the key kept in a separate location, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container with the key kept in a separate location, inaccessible to children
- Adrenaline autoinjectors should be kept out of reach of children and stored in a cool dark place at room temperature. They must be readily available when required and not locked in a cupboard. A copy of the child's Medical Management Plan should be stored with the adrenaline autoinjector

***Families will:***

- Provide the service with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form
- Provide the service with a Medical Management Plan prior to enrolment (or next attendance following diagnosis) of their child if required
- Develop a Risk Minimisation and Communication Plan for their child in collaboration with Nominated Supervisor/Responsible Person
- Complete and sign a Medication Agreement for their child requiring medication whilst they are at the OSHC service

- Update the Medical Management Plan and all other health support documents prior to the document's expiry or as the child's medication needs change via Happy Haven's CCMS Software
- Keep all medications in original containers with pharmacy labels. Please understand that medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed/labelled for. Expired medications will not be administered
- Ensure all tablets that require cutting are pre-cut by the pharmacist and supplied in a sealed pharmacy labelled Webster Pak (Happy Haven OSHC staff are not permitted to crush or cut tablets)
- Adhere to Happy Haven OSHC's Sick Children Policy and Control of Infectious Disease Policy
- Keep children away at home while any symptoms of an illness remain
- Keep children at home for 24 hours after commencing antibiotics or a new medication to ensure they have no side effects to the medication
- Advise the OSHC service if their child has taken any medication with them to school (e.g. attending After School only). The Medication Log record may be emailed to the service prior to After School Care if medication is administered at school. This is to ensure OSHC educators know when the last dosage was given to avoid overdose
- Advise the OSHC service if medication was given prior to arriving at OSHC so educators know when the last dosage was given and can record this in the Medication Log. If attending school, the educator will also advise the school that medication was administered by the parent prior to the OSHC session
- Complete the Medication Register record during the Sign-In process if dropping off medication with their child. The educator will sign to acknowledge the receipt of the medication. If on a school day, the educator will then ensure this medication is safely taken to school with the child where school policy regarding medication will be adhered to (e.g. giving medication to the class teacher)
- Complete and sign the Medication Register record if taking medication home from OSHC with the child
- Provide any herbal/ naturopathic remedies or non-prescription medications (including Paracetamol) in original containers with a pharmacy label and with a Medication Agreement detailing the child's name and dosage. The Medication Agreement for Paracetamol and controlled substances will also need to be completed by a Medical Practitioner.
- Inform the OSHC service if the child is receiving medication at home but not at the service, including the purpose of the medication and any possible side effects it may have on the child. This will be documented in the child's enrolment.

## Self-administration of Medication

A child over pre-school age may self-administer medication under the following circumstances:

- In addition to the Medication Agreement, the family provides written authorisation with consent (HSP154 Decision Making Tool for Medication Administration) which is recorded in the child's enrolment
- Medication is stored safely in the original pharmacy labelled container by an educator, who will provide it to the child when required
- Supervision is provided by an educator whilst the child is self-administering medication
- An accurate record is made in the Medication Log for the child that the medication has been self-administered
- The Medication Log is signed by the family upon collection of their child acknowledging the dose and time of administration of medication (eg: Asthma inhaler, Diabetic treatment).

## Guidelines for administration of unmedicated creams, balms or drops

- Unmedicated products such as lip balm or moisturiser can be applied by an educator at the request of the family
- Unmedicated products will still require a pharmacy label to ensure that the product is suitable for the child
- The parent/guardian must give clear instruction on when and how much to administer on a signed Medication Agreement form
- Unmedicated products to be administered by an educator will be recorded in the Medical Register and a Medication Log will be completed each time the product is applied to ensure the family is notified.

## Guidelines for controlled drugs/substances (drugs of dependence or schedule 8 drugs)

- Controlled drugs have higher potential for misuse, abuse or dependence and are regulated by the Controlled Substances Act 1984 and Controlled Substances (Poisons) Regulations 2011. Examples include Ritalin and Endone
- Controlled drugs are clearly labelled on their packaging e.g "CONTROLLED DRUG, POSSESSION WITHOUT AUTHORITY ILLEGAL, KEEP OUT OF REACH OF CHILDREN"
- The Medication Agreement for any Controlled drug/substance must be completed and signed by a Medical Practitioner
- The Nominated Supervisor is responsible for all controlled drugs that are held on site, however Qualified educators or Unqualified educators working under waiver conditions can be delegated authority to manage and administer controlled drugs via Citation HR
- The Nominated Supervisor and Responsible Person will ensure a stock count of all controlled drugs/substances held at site is conducted and recorded on days of operation on the HSP158 Controlled Restricted Medicines Register.

### **Complex medication administration**

- Where a child requires complex or invasive health support, Education and Care services may require further training or support to ensure safe medication administration, access and inclusion of the child at the service
- Examples of complex or invasive health support include, but are not limited to, the administration of oxygen or medication via a feeding tube (gastrostomy, jejunostomy and nasogastric)
- Where a child requires complex or invasive health support a Women's and Children's Hospital Disability Services (WCHDS) Referral Form is required. The referral is completed by the education or care service and the family
- Once a referral is completed, the WCHDS along with other health professionals, make an assessment about the level of care required and any competency assessed training or guidance that will be needed for those caring for the child. These details will be incorporated into the child's Medical Management Plan (or Health Care Plan)
  - The Nominated Supervisor and Relationship Manager will consider the above Medical Management Plan, guidelines and any necessary training required before also making a thorough assessment as to whether safe medication administration, access and successful inclusion can be provided at the service.

### **Guidelines for disposal of unused, damaged or expired medication**

- If a medication has expired or its integrity is compromised in any way e.g not refrigerated as per instructions or the tablet packet not intact, the medication will be handed back to the family and recorded in the Medication Register
- If the family cannot be contacted or does not respond to their email request to take back the medication within 7 days, the medication will be given to a Pharmacy for safe disposal and details recorded in the Medication Register.

### **Guidelines for administration of paracetamol**

- Families must provide their own Paracetamol for use as directed by a medical practitioner
- Paracetamol will be kept in the locked medication container for emergency purposes
- To safeguard against the incorrect use of Paracetamol and minimise the risk of concealing the fundamental reasons for high temperatures, educators will only administer Paracetamol if it is accompanied by a Medication Agreement signed by the Medical Practitioner, stating the reason for administering, the dosage and duration it is to be administered for except for in emergency situations (onset of fever whilst at the service)
- A Medication Log will be completed recording the educator's full name, signature, time and date of administration
- If a child presents with a temperature whilst at the service, the family will be notified immediately and asked to organise collection of the child as soon as possible

- While waiting for the child to be collected, educators will:
  - Remove excess clothing to cool the child down
  - Offer fluids to the child
  - Place cold paper towel on the back of the child's neck
  - Encourage the child to rest
  - Monitor the child for any additional symptoms
  - Maintain supervision of the ill child at all times, while keeping them separated from children who are well.

### Medications kept at the service

- All incoming and outgoing medication will be recorded on a Medication Register. The register will track the following details:
  - Date medication was received at the service
  - Name and signature of the person handing the medication to the service
  - Name and signature of the educator receipting the medication to the service
  - Date medication left the service
  - Name and signature of educator handing over the medication
  - Name and signature of authorised collection person or school educator receipting the medication from the service
  - Name of medication and whether it is a controlled substance/ drug
  - Child's name as it appears on the pharmacy label
  - Medication expiry
  - Amount of medication at time of handover e.g. 5x tablets
  - The disposal of any medication including:
    - The name and address of the pharmacy in which the medication was given to be disposed
    - The name and signature of the educator who handed medication to the pharmacy
    - The date and name of parent/guardian who were notified of the disposal.
- Medications will be securely stored in accordance with product instructions and in the original container in which to be dispensed
- Any tablets that require cutting must be pre-cut at the discretion of a registered pharmacist and supplied in a sealed pharmacy labelled Webster Pak. Each section of the Webster Pak must only contain the equivalent of one single dose
- Controlled substances will be kept in locked storage
- Medications will be clearly labelled and will only be accessible to staff and educators
- Any medication, cream or lotion kept on the premises will be checked monthly for expiry date
- Medication must not be administered if it has passed the product expiry date

- If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required. This communication will be by email if more than 7 days' notice or verbally if less than 7 days' notice
- It is the family's responsibility to take home short-term medication (such as antibiotics) at the end of each day, and return it with the child as necessary
- Medication must not be administered if it has passed the product expiry date
- Families are required to complete a Medication Agreement for lotions and unmedicated products to be administered by an educator, which must also have a pharmacy label detailing the child's name and dosage.

### **Post administration observations and medication advice form**

- A Medication Advice Form must be completed for any of the following:
  - Medication has not been administered (including where a child refuses to take the medication)
  - A medication incident or error has occurred (e.g. emergency response, incorrect child, incorrect medication, over dosage or under dosage etc)
  - Side effects have occurred following medication administration
  - When the family and/or health profession requires observations to be documented.
- The Medication Advice Form must be given to the family and a copy retained under the child's CCMS profile
- Educators cannot use restrictive methods to make a child take their medication. Where medication has not been administered, the parent must be notified immediately to advise if alternative arrangements are required
- Whilst educators can observe and document observations, they cannot interpret behaviours in relation to the medical condition or effect of the medication
- Post medication administration observations will also be recorded in the Medication Log
- Emergency response will be followed, if necessary.

### **Emergency administration of medication**

- In the occurrence of an emergency and where the administration of medication must occur:
  - The service must contact emergency services on 000
  - The OSHC service must inform the parent/guardian of the child named in the child's enrolment form
  - If a parent/guardian of a child is unreachable, the OSHC service will endeavour to inform an emergency contact of the child named in the child's enrolment form
- In the event of an emergency and where the administration of medication must occur, a Medication Advice form must be completed and provided to the family/guardian of the child or authorised person named in the child's enrolment
- The regulatory authority must be notified within 24 hours

## Single Staffed Services

- The Risk Minimisation and Communication Plan, written in consultation with the child's family/guardian, will document strategies for single-staffed services
- The administration of medication will not be witnessed by a second educator. This will be documented in the Risk Minimisation and Communication Plan with signed acknowledgement from the family/guardian
- A service-specific risk assessment will consider strategies for adequate hygiene, privacy and comfort of the child during administration of medication.

## SOURCE

Australian Children's Education & Care Quality Authority (2018). National quality standard, <https://www.acecqa.gov.au/nqf/national-quality-standard>

Australian society of clinical immunology and allergy ASCIA (2021). ASCIA action plans and first aid plans for anaphylaxis, <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Australian Government- Department of Health, <https://www.health.gov.au/>

Government of New South Wales [Education and Care Services National Regulations](https://legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653) 2011, <https://legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653>

Government of South Australia (November 2021). Controlled substances act 1984, <https://www.legislation.sa.gov.au/lz?path=%2Fc%2Fa%2Fcontrolled%20substances%20act%201984>

Government of South Australia Department for Education, Medication management procedure, <https://www.education.sa.gov.au/doc/medication-management-procedure>

Government of South Australia SA Health <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/home/home>

Government of South Australia Women's and Children's Health Network. Children's care and support services, <https://www.wch.sa.gov.au/patients-visitors/children/care-and-support/disability-services#rndcp>

Government of Victoria Education and Care Services National Law Act 2010. <https://www.legislation.vic.gov.au/in-force/acts/education-and-care-services-national-law-act-2010/014>

## NATIONAL QUALITY STANDARDS

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

## EDUCATION & CARE NATIONAL REGULATIONS

90	Medical conditions policy
90(1)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
90(1)(a)	The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration
90(2)	The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement - anaphylaxis or asthma emergency

## REVIEW

DATE LAST REVIEWED	MODIFICATIONS MADE	SPONSOR POSITION	POLICY LEAD	REVIEW DUE
08/08/2025	<ul style="list-style-type: none"> <li>Removed redundant language and update old terminology. Removed related documents section</li> </ul>	Education & Care Compliance Auditor	Chief of Operations	08/08/2026
20/02/2024	<ul style="list-style-type: none"> <li>Previous changes published</li> </ul>	Chief Continuous Improvement Service Officer	WHS Advisor	20/02/2025
7/12/2023	<ul style="list-style-type: none"> <li>Merged and condensed Background and Purpose. Background no longer exists</li> <li>Hyperlinked mentioned HSP documents in Related Documents Section</li> <li>Transferred to new policy Template.</li> </ul>	Chief Continuous Improvement Service Officer	WHS Advisor	7/12/2024
25/08/2023	<ul style="list-style-type: none"> <li>Further review in response to ESB recommendations</li> <li>Added Appendix for service-specific variations/considerations</li> </ul> <p>Single staffed services will not have a second witness for administration of medication. This will be documented in the Risk Minimisation and Communication plan along with strategies for hygiene, privacy and comfort of the child and acknowledged by the family</p>	Chief Continuous Improvement Service Officer	WHS Advisor	25/08/2024
July 2023	<ul style="list-style-type: none"> <li>Pg.2 Purpose: removed ALL staff need to be trained and replaced with wording... Qualified Happy Haven OSHC staff and all other necessary staff</li> <li>Pg.5 Corrected Medical Register to Medication Register</li> <li>Pg.6 included brackets after Medical Management Plans with wording "including, but not limited to..."</li> <li>Pg.6 Removed requirement for written consent for administration of emergency medication for asthma and anaphylaxis</li> <li>Pg.8 Removed medication instruction example, "crush tablet" and replaced with "shake well"</li> </ul>			July 2024

	<ul style="list-style-type: none"> <li>○ Pg.11 Herbal/ naturopathic remedies or non-prescription medications (including Paracetamol) – updated wording for Medication</li> <li>○ Pg.11 Unmedicated products will still require a pharmacy label to ensure that the product is suitable for the child</li> <li>○ Pg. 10 &amp; 15 Happy Haven OSHC will not cut or crush tablets. Tablets requiring cutting must be pre-cut at the discretion of a registered pharmacist and supplied in a sealed pharmacy labelled Webster Pak. Each section of the Webster Pak must only contain the equivalent of one single dose</li> <li>○ Pg.10 regarding renewal of Medical Management Plans, removed wording “or verify currency of” as these should be renewed annually Agreement to be signed by a DR for paracetamol and controlled substance</li> <li>○ Replaced Regional Director with Regional Manager to reflect current organisational chart</li> </ul>			
--	---	--	--	--

April 2022	<ul style="list-style-type: none"> <li>○ New policy using ChildCare Desktopformat,mergedwith former policy Dealing with Medical Conditions</li> <li>○ Medication Management Plan – (also known as Health Care Plan, issued by medical practitioner)</li> <li>○ Risk Minimisation and Communication Plan – can be supported by HSP121 Safety and Risk Management Plan and HSP120 Health Support Management</li> <li>○ Medication Administration Log or Medication Administration Record – now referred to as HSP155 Medication Log</li> <li>○ Medication Authority – Now referred to as HSP151 Medication Agreement</li> <li>○ Introduction of Medication Rights Checklist (HSP156)</li> <li>○ Introduction of Medication Advice Form (HSP157)</li> <li>○ Flow charts provided for Medication Administration and Medication Error, Incident, Query or Advice</li> <li>○ Guidelines included for Controlled Substances, Complex Medication Administration e.g. Gastrostomy, Disposal of Medications, Safe disposal of medication</li> <li>○ All medications (prescribed or non-prescribed) must be in original containers with a pharmacy label</li> </ul>			April 2023
February 2021	<ul style="list-style-type: none"> <li>○ Self Administration guidelines updated in previous policy Dealing with Medical Conditions, to comply with Regs</li> </ul>			February 2022