

Montessori Works

Background

The National Health and Medical Research Council (NHMRC) recommends that children who are physically unwell be excluded from early childhood education and care services to minimise disease outbreaks. It also details the exclusion periods which apply for children with particular infectious diseases.

An unwell child – able to play quietly with toys at home with one or two siblings – may find it difficult to interact with other children, share toys, take part in routines and cope with the noise level in a childcare Service. In most instances, for a child who is unwell, the best place to recover is at home.

However, it is reasonable that, from time to time, children may require basic medical treatment or need to be given medication while they are in care. In addition, children with certain medical conditions (e.g. asthma, allergies, diabetes) may need scheduled or unscheduled administration of medication.

Policy statement

The Service maintains close and regular communication with parents and takes an informed and responsible team approach to administering medication to children, and documenting that process. In addition the Service has clear guidelines for managing medical conditions such as asthma, diabetes, anaphylaxis and other specific health care needs.

The Service is unable to accommodate children who require a care regime or medical procedures that educators are not trained to deliver.

Strategies and practices

- Parents complete an *Enrolment Form* prior to their child commencing at the Service. The Form requires parents to provide details of their child's known medical conditions or specific health care needs (e.g. asthma, diabetes, anaphylaxis). Where a child has a known medical condition or requires specific health care, the parent must provide the Service with a copy of the Medical Management Plan which has been completed in consultation with the family doctor before the child may commence at the Service.
- Any child whose doctor has prescribed medication for a specific health care need, allergy or relevant medical condition, cannot attend the Service without that medication. Refer to the *Service's Medical Conditions Policy*.
- The Nominated Supervisor informs all staff and volunteers of the Medical Management Plan for any child in the Service, and the whereabouts of that Plan. At that time, the Nominated Supervisor clarifies the nature of the medical condition and how it is to be managed. With parental consent, copies of each child's Medical Management Plan which includes a photograph of the child are displayed in strategic locations throughout the Service. With the child's right to privacy in mind, the Plans are not accessible to visitors or other families. If a child requires long-term and regular medication, the parent must complete the Medication Form – Authority to Administer (Long-Term).

Administration of Medication

- Educators intentionally teach children that medication is sometimes required to support health, and even to maintain life. At the same time, they teach the children about the dangers of touching or using medications and/or equipment meant for others.
- Because of the increasing number of children at risk of anaphylaxis, the Service is a 'Nut-Free Zone' (i.e. no nuts or foods containing nuts or nut derivatives can be brought into or used in the Service).
- Children are encouraged not to share food.
- All cooking activities – handling, preparation, consumption of food – take into account children's individual needs and known allergies.
- Families of children with medical conditions or specific health care needs are provided with a copy of this *Administration of Medication Policy*.
- Medication is only administered if it has been prescribed by a registered medical practitioner, is in the original container, bearing the original label and instructions and before the expiry or use by date.
- Before any medication – other than those listed in Medical Management Plans – is administered, the parent or person named in the enrolment form as authorised to consent to administration of medication must complete the Service's Medication Form – Authority to Administer (Short-Term). The details on the Form must be the same as those on the label on the medication, and the person completing the Form must print and sign their name on the Form. Details to be provided on the Form include:
 - child's name
 - name of the medication to be administered;
 - time and date the medication was last administered
 - time and date, or the circumstances under which, the medication should be next administered
 - dosage to be administered
 - manner in which the medication is to be administered.
- Educators administer medication according to the "Five Rights" (i.e. right patient, right time, right medication, right dose, right manner). Before medication is given to a child, an educator member, other than the one administering the medication, verifies the accuracy of each of these Five Rights. After giving the medication, the educator who administered the medication enters the following details on the Authorisation to Administer Medication Form – date, time, medication administered, dosage, the manner in which the medication was administered, name of the educator who administered it and the name of the educator who verified. The Form is then signed by both educators.
- Whenever medication is administered, educators continuously monitor the well-being of the child concerned.
- Educators wash their hands immediately before and after administering medications, and wear gloves when applying creams.

Administration of Medication

- Parents are to hand medications directly to an educator. Medication of any kind is never to be left in a child's lunchbox or bag.
- Medication is stored securely away from children, and according to the instructions on the label. Medication that does not need to be refrigerated is stored in a locked cupboard inaccessible to children. Medication that needs refrigeration is stored in the refrigerator in a locked container. Asthma medication and EpiPens are stored in a location accessible to educators but inaccessible to children.
- Medication may be administered to a child without authorisation in the case of anaphylaxis or asthma emergency. When medication has been administered, the Nominated Supervisor ensures that the child's parent(s) and emergency services are notified as soon as practicable. If the child is under a Medical Management Plan, the parent will also be advised to consult their doctor with a view to updating that Plan.
- The Service's rosters ensure sufficient educators with current first-aid and CPR qualifications and trained in asthma and anaphylaxis management are at the Service at all times children are in care. Refer to the *Service's Incident, Injury, Trauma and Illness Policy*.
- Educators are not asked to provide special care or medical procedures for which they are not trained.
- If a child develops a temperature of 38 degrees Celsius or above while at the Service, the Parent/Authorised Emergency Contact is contacted for permission to administer paracetamol. A second educator confirms that verbal permission has been obtained by the caller. If paracetamol is administered, the child is to be collected within the hour. The Parent/Authorised Emergency Contact is to sign the Incident, Injury, Trauma and Illness Record and Medication Form – Authority to Administer (Short-Term) when the child is collected.
- An over-the-counter, naturopathic or herbal preparation requires a letter from a registered medical practitioner before it can be administered.
- The Service at this time has no children who administer their own medication. However, should a specific need arise, the Service is prepared to review its practices to meet that need.

Additional safe practices for babies

- Medication is not added to babies' formula or breast milk bottles because any baby who does not finish the bottle may not receive the correct dose.

Responsibilities of parents

- To keep the Service informed of any changes to their child's medical condition.
- To ensure the Medical Management Plan for their child is reviewed every three months, and to inform the Nominated Supervisor of any change in their child's medical condition and/or in the Plan in the interim.
- To ensure that sufficient medication for their child's specific health care need, allergy or relevant medical condition is at the Service whenever the child is in attendance.

Administration of Medication

- To complete the appropriate Authorisation to Administer Medication Form.
- To ensure any medication brought to the Service has been prescribed by a registered medical practitioner is in the original container, bearing the original label and instructions and before the expiry or use by date.
- To hand medications directly to an educator. Medication of any kind is never to be left in a child's bag, or with any person other than an educator or the Nominated Supervisor.
- To collect their unwell child promptly when called to do so, and to sign the required forms at that time.

Procedure and forms

- Incident, Injury, Illness and Trauma Record
- Medication Form – Authority to Administer (Long Term)
- Medication Form – Authority to Administer (Short Term)

Links to other policies

- Enrolment and Orientation Policy
- Incident, Injury, Trauma and Illness Policy
- Handwashing Policy
- Managing Infectious Diseases Policy
- Medical Conditions Policy

Links Education and Care Services National Regulations 2011, National Quality Standard 2011

Regs	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	90	Medical conditions policy
	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
	95	Procedure for administration of medication
	96	Self-administration of medication
	160	Child enrolment records to be kept by approved provider and family day care educator
	168	Education and care service must have policies and procedures
	177	Prescribed enrolment and other documents to be kept by approved provider
	245	Person taken to hold approved first aid qualification
	246	Anaphylaxis training
	247	Asthma management training
QA	2.1.1	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented
	2.1.3	Healthy eating and physical activity are promoted and appropriate for each child

Administration of Medication

2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

Sources

- Education and Care Services National Regulations 2011
- Guide to the National Quality Framework 2018 (September 2020 Update): Section 4 – Operational Requirements <https://www.acecqa.gov.au/sites/default/files/2020-09/Guide-to-the-NQF-September-2020.pdf> accessed 30 December 2020
- National Health and Medical Research Council. (2012). *Staying Healthy: Preventing infectious diseases in early childhood education and care services*. 5th edition. <https://nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf> accessed 30 December 2020
- NCAC. (2010). *Embracing quality in childcare: A collection of NCAC's Family Factsheets*. http://epccc.com.au/uploads/embracing_quality_child_care.pdf accessed 30 December 2020

Further reading and useful websites (Consistent with the approach of the National Quality Framework, the following references have prioritised efficacy and appropriateness to inform best practice, and legislative compliance over state or territory preferences.)

- Anaphylaxis Australia – <https://allergyfacts.org.au/> accessed 30 December 2020
- Asthma Foundation – <https://www.asthmaaustralia.org.au/> accessed 30 December 2020
- ASCIA. (2013). *Anaphylaxis Fact Sheet for Parents of Children at Risk of Anaphylaxis*. http://www.allergy.org.au/images/stories/aer/infobulletins/ascia_anaphylaxis_parent_fact_sheet_nsw_feb2013.pdf accessed 30 December 2020
- Centre for Community Child Health – www.rch.org.au/ccch accessed 30 December 2020
- Diabetes Australia – www.diabetesaustralia.com.au accessed 30 December 2020
- NSW Health – www.health.nsw.gov.au accessed 30 December 2020

Policy review

The Service encourages staff and parents to be actively involved in the annual review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur and any issues identified as part the Service's commitment to quality improvement. The Service consults with relevant recognised authorities as part of the annual review to ensure the policy contents are consistent with current research and contemporary views on best practice.

Version Control

Version	Date Reviewed	Approved By	Comments/Amendments	Next Review Date
1	8 January 2018	Dr Brenda Abbey (Author)	Updated to changed NQF requirements 1 February 2018. Service to modify policies to its specific needs.	
2	6 September 2019	Dr Brenda Abbey (Author)	Updated references.	
3	15 October 2020	Dr Brenda Abbey (Author)	Updated references.	
4	29 November 2020	Dr Brenda Abbey (Author)	Updated references.	
5	30 December 2020	Dr Brenda Abbey (Author)	Updated references.	
6	August 2022	Susan Chahwan	Adapted ACANSW policy	