Lobethal Kindergarten
Medication policy

Policy Number 12
Issue Number 8

Link to NQS for ECE Principals: 1.2.2
2.1.3, 2.1.4, 2.3.1, 2.3.3
4.1.1, 4.3.1
6.1.3

Supporting Policies, Procedures and Risk Assessments
DfE Medication Management Procedure

Practices:

Lobethal Kindergarten has a duty of care to ensure that all staff and children are provided with a high level of protection during the hours of the service's operation.

- Lobethal kindergarten's medication policy reflects the following principles:
- Safe principles and practices to administer medication
- Hygiene practices
- An acute attention to detail
- The maintenance of accurate records
- Up to date professional development knowledge of administering techniques
- First aid qualifications
- Licensing and/or legislative requirements
- Recommended advice and practices from a medical source
- Open communication between staff/carers, families and children: and the accountability of staff when administering medication.

The Medication rights checklist for education and care must be followed each time medication is administered.

Medication Rights as follows:

- Right Child
- Right Medication
- Right Strength
- Right Route
- Right Method
- Right Time
- Right Documentation

Medication cannot be administered in an Education or care service without written advice on a Medication Agreement Form (with the exception of emergency medication for anaphylaxis and asthma.) The Medication Agreement Form must be completed and signed by registered health professional only.
Before administering any medication staff will refer to the medication administration in education and care flow chart in the First Aid and Health Information folder.
Generally, medication that requires administration three times a day can be administered from home outside Kindergarten hours (in the morning, after kindy and in the evening.) Therefore parent/caregivers will be encouraged to do so.

Definition of medication

The term "medication" refers to all medications including prescribed, non-prescribed (examples include topical or antifungal creams, paracetamol, ibuprofen, antihistamines etc.) over the counter and alternative therapies (vitamins, minerals, supplements)

Strategies and practices

Hand washing and hygiene practices

- Remove band aids and discard in the bin
- Lather hands and wrists with soap
- Rub areas between fingers as well as palms and backs of hands
- Rub for at least 20 seconds
- Rinse thoroughly under running water
- Dry hand thoroughly
- Re apply any band aids required

Maintaining clean and hygienic environments

Staff maintain a clean and hygienic environment by-

- Cleaning and disinfecting the toilet area at the end of each session, during lunch and/or at the end of the day, or earlier if needed
- Wash and sanitise dishes after each session. Use the dishwasher at high temperature whenever possible.
- Clean and disinfect tables, door handles at the end of each session and after lunch
- Sweep, mop and vacuum floors at the end of each day.
- Wash and disinfect children's toys, including pens, markers and pencils, on a regular basis

Assessing the need for administering medication

- Staff will observe children's symptoms, condition and overall wellbeing in relation to the information provided by parents/carers.
- If concerned staff will attempt to contact parents to confirm the use of medication and document the call.
- Staff will complete documentation required for the administration of medicine.

Exclusive guidelines

- There are specific exclusion periods required when children have communicable conditions, these are clearly detailed in the "You've got what" 2025 SA Health. http://www.health.sa.gov.au/pehs/ygw/index.htm
- Kindergarten staff are required by law to enforce these exclusion limits for the safety of all adults attending the centre.
- Parents will be clearly notified of when their child can return, this may be a time constraint or a physical determination (eg scabs falling off)

Ultimately the safety and welfare of children is the first priority of a service and all medication should be administered in accordance to the service's Medication Policy, in conjunction with a parent or guardian authorisation, and legislative guidelines.

Administration of medication

Medication cannot be administered in an Education or care service without written advice on a Medication Agreement form (exceptions are emergency medication for anaphylaxis, asthma and creon). The form must be completed by the child's treating health professional where the medication is prescribed or by a pharmacist for over the counter medication.

Medication **cannot** be administered by education and care staff where:

- A Medication Agreement is not in place
- A Medication Agreement form has been modified, overwritten or is illegible
- Any of the 'medication rights' are in doubt (refer Medication rights checklist)
- The medication is required to be administered rectally.

Staff are required to enforce this policy at all times.

Medication plan

- A medication plan agreement is to be completed by the treating doctor when medication is to be administered on an ongoing basis. This plan needs to cover the following details:
- Child's name who requires the medication
- Child's parent or guardian's name and signature
- Name of the medication
- Dose required
- Method of administration, for example, oral, eye, ear, inhaled
- Time and date of administration
- Expiry date of the medication
- Special instruction, such as medication that needs to be administered an hour before a meal or before a child falls asleep; and known family history to allergies involving medication. If so, what are the symptoms?

Storage and disposal of medication
Medications have the potential to be dangerous to other people and so safety/security of the medications must be paramount. Storage must cater for the individual requirements of the medication:

- Correct temperature
- Exposure to air/sunlight
- Safety
- Disposal of medication is the parent/carers responsibility
- In line with Department for Education Policy all site spacers are for a single use only and will be disposed of afterwards

Medications (including controlled drugs) will be kept in the locked first aid cupboard, in children's individual pouches including photos and medication plans. All medications kept in the fridge will be stored in a locked medications tin.

Administering medication to a child
At Lobethal kindergarten only staff who are appropriately trained can administer medication. There must be a current medication agreement in place that is

- Authorised by a parent or legal guardian
- Clearly documented (legible)
- Where there is an 'end date' this is current
- Completed by a health professional where the medication is a controlled drug, oxygen, insulin or pain relief (ie Panadol, ibuprofen) that is administered regularly or for 72 continuous hours

Procedure
Two education or care staff are required to administer medication to a child or young person. The 8 rights of medication administration must be followed in the systematic order shown in the medication folder.

The importance of a witness
When administering medication it is necessary to involve a second staff member throughout the entire process.

Documenting the administration of medication
All administration of medication will be documented on the medication logs which will be filed and archived as per Department for Education instructions.

Prolonged use of medication
Will require the parents/carers to provide the centre with a completed medication plan filled out by their medical professional.

Staff professional development opportunities

- Lobethal kindergarten aims to maintain and strengthen the skills and knowledge of all staff in relation to administering medication to children.
- Staff will complete DEPARTMENT FOR EDUCATION-ECD PEFA Ed and care training, CPR refresher training, asthma training, epi-pen/anaphylaxis training in an ongoing manner to maintain their skills.

Excursions
Lobethal kindergarten believes in the inclusion of all children in all kindy experiences, including excursions. Strategies to support this with children on medication are as follows:
- Staff will take the completed medication log/plan on the excursion
- Staff will take the required medication (with parental approval) in a temperature controlled pack inside the emergency bag.
- Staff will take the parent/carers contact information on the excursion
- Staff will complete the administration protocol as normally required kindy.

Policy review
Lobethal kindy staff 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

Procedures
The following are example of procedures that Lobethal kindergarten may employ as part of its daily practices
- Induction procedure (Staff, volunteers, student)
- Policy development and review procedure

Links to other policies
The following are a list of examples:
- Enrolment of new children and families to the service
- Administration of First aid
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Workplace health and safety
- Privacy and confidentiality
- Supporting children's individual needs
- Allergy aware
- Supervision

Useful websites
Anaphylaxis Australia- www.allergyfacts.org.au/foodalerts.asp
Asthma foundations Australia- www.asthmaaustralia.org.au
Healthinsite –www.healthinsite.gov.au
Immunise Australia program- www.immunise.health.gov.au

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Signatures - Director :

Governing Council Chairperson:

Government of South Australia

This form is developed in partnership and has co-ownership with the South Australian Department for Education and the Department for Health and Wellbeing, Women's and Children's Health Network

Medication Rights Checklist

for education and care

MUST be followed each time medication is administered to a child or young person in an education or care setting.

Medication can only be administered by appropriately trained staff and where there is a current medication agreement in place that is:

- authorised by a parent or legal guardian
- clearly documented (legible)
- where there is an "end date'; this is current
- completed by a health professional where the medication is a controlled drug, oxygen, insulin or pain relief (ie Panadol, Ibuprofen) that is administered regularly or for than 72 continuous hours

Two education or care staff are required to administer medication to a child or young person (with the exception of single staff services ie Family Day Care, Respite Care Program and rural care) and the medication log must be completed.

The 8 rights of medication administration is a systematic checking process to remind education and care staff what must be checked PRIOR to administering any medication to reduce the risk of medication errors. Where any of the medication administration rights are in doubt the medication must not be administered, the parent or legal guardian must be contacted and details of the reason documented in the medication log and a medication advice form completed.

RIGHT CHILD	• The medication agreement has the child's correct name and DOB?
	• Is the correct child in front of you?
	  ○ Have you been orientated to the child and their care plan?
	  ○ Can you ask the child to confirm their name and DOB? **OR**
	  ○ Can you match the photo on the front of the health plan? **OR**
	  ○ Can you confirm the identity of the child with another responsible person?
		YES	Place child's initials in Medication Log "Right child". Continue checklist.

		NO	**DO NOT ADMINISTER.** Contact legal guardian. Document in Medication Log
RIGHT MEDICATION	• The medication agreement is legible and contains all the required information? • The legal guardian has provided the medication in an original pharmacy container with a pharmacy label that includes the name, date of birth, and dose? • The child has had the medication previously? (i.e. this is not the first dose of a new medication) • The pharmacy label on the medication matches **exactly** the information on the medication agreement? • The name of the medication matches **exactly** to the medication agreement and pharmacy label? • The integrity of the medication is intact? • The medication is within the expiry date?	**YES**	Place a tick in Medication Log "Right Medication:" Continue checklist.
		NO	**DO NOT ADMINISTER.** Contact legal guardian. Document in Medication Log
RIGHT DOSE	(The amount of medication to be administered - must always be written as the volume in mls or the number of tablets) • The dose to be administered is clearly written (i.e. 2 tablets; 3ml) on the medication agreement? • The dose on the medication agreement matches the dose on the pharmacy label?	**YES**	Document the dose in Medication Log "Right Dose:" Continue checklist.
		NO	**DO NOT ADMINISTER.** Contact legal guardian. Document in Medication Log

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Medication Rights Checklist

for education and care

RIGHT STRENGTH	(The amount of active ingredient in a medication – usually written as mgs/ml e.g. 250mgs/5mls, meaning for each 5ml of medication it contains 250mgs of the active ingredient). • The strength to be administered is clearly written on the medication agreement? • The strength on the medication agreement matches the strength on the pharmacy container? *Administering the same amount of medication of a different strength will mean either overdosing or under dosing will occur*	**YES**	Document the strength in Medication Log "Right Strength:" Continue checklist.
		NO	**DO NOT ADMINISTER.** Contact legal guardian. Document in Medication Log
RIGHT ROUTE	(The route is the path by which the medication is taken. Medication can only be administered aurally, topically, orally or inhaled where education and care staff are able to administer). • The medication agreement clearly states the route the medication is to be administered via? • Can the child take the medication in this way (is it appropriate e.g. can the child swallow a tablet form of the medication)?	**YES**	Document the route in Medication Log "Right Route:" Continue checklist.
		NO	**DO NOT ADMINISTER.** Contact legal guardian. Document in Medication Log
RIGHT METHOD	(Only required where there are special instructions documented on the medication agreement under the section *'Other instructions for administration'*, or documented on the pharmacy label or care plan for medication administration e.g. crush tablet, dissolve in water, take after food). If no special instruction continue to Right Time. • Has the medication been prepared as per instructed method i.e. crushed, dissolved? • Will the medication be administered as per special instruction i.e. after food?	**YES**	Continue checklist.
		NO	**DO NOT ADMINISTER.** Contact legal guardian. Document in Medication Log
RIGHT TIME	• Does the time on the medication agreement match the time you are administering the medication (within ½ hour)? • Is the medication being administered at the appropriate time in relation to special instructions (i.e. with food, after food)? *(Also consider if you can check when the last dose was given and if the administration time requires adjustment (i.e. if previous medication was delayed or given early)*	**YES**	Document exact time of administration in Medication Log "Right Time:" Continue checklist.
		NO	**DO NOT ADMINISTER.** Contact legal guardian. Document in Medication Log
RIGHT DOCUMENTATION	• There is a current and legible medication agreement? • A separate medication log is completed for each medication for each child or young person? • All sections of the medication log have been completed at the time of administration? • The medication log has been initialed by staff that have administered and witnessed the child taking the medication? • Any observations, issues or comments are recorded on the medication log • Where required; a medication advice form has been completed and sent to legal guardian • Any medication incident is recorded on IRMS or EMS	**YES**	Complete Medication Log. 2x staff print name and initial Medication Log entry.
		NO	**DO NOT ADMINISTER.** Contact legal guardian. Document in Medication Log

Health Support Planning **MEDICATION RIGHTS CHECKLIST** **HSP156**