

ADMINISTRATION OF MEDICATION POLICY

In supporting the health and wellbeing of children, the use of medications may be required by children attending Happy Haven OSHC. All medications must be administered as prescribed by medical practitioners and first aid guidelines, to ensure the continuing health, safety, and wellbeing of the child.

NATIONAL QUALITY STANDARD (NQS)

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 AND CARE SERVICES NATIONAL REGULATIONS	
90	Medical conditions policy
90 (1) (a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
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

95	Procedure for administration of medication
96	Self-administration of medication
136	First Aid qualifications
170	Policies and procedures are to be followed

RELATED POLICIES

Administration of First Aid Policy Arrival and Departure Policy Control of Infectious Disease Policy Child Protection Policy Code of Conduct Policy Diabetes Management Policy Enrolment Policy Epilepsy Policy Family Communication Policy Health and Safety Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Respect for Children Policy Safe Storage of Hazardous Substances Policy Sick Children Policy Supervision Policy Work Health and Safety Policy SOP Identifying Medication Needs of Children in Care, Coupled with Responsible Preparation, and Administration of Medication
--	---

PURPOSE

- To ensure all Happy Haven OSHC educators understand their liabilities and duty of care to meet each child's individual health care needs
- to ensure all educators are informed of children diagnosed with a medical condition and strategies to support their individual needs
- to ensure that all educators are specifically trained to be able to safely administer children's required medication with the written consent of the child's parent or guardian
- educators will follow this stringent policy and associated procedures to promote the health and wellbeing of each child enrolled at Happy Haven OSHC.

SCOPE

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

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

'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
- moisturizer (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).

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 Plan 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. (see *Medical Conditions Policy*).

REGIONAL DIRECTORS/ NOMINATED SUPERVISOR /RESPONSIBLE PERSON WILL ENSURE:

- children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner
- medication is only administered by the OSHC service with written authority (*Medication Agreement*) signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication [Regulation 92(3)(b)]
- enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child
- medication provided by the child's family must adhere to the following guidelines:
 - The administration of any medication is authorised by the family in writing (*HSP151 Medication Agreement*)
 - 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 before 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) written by a Medical Practitioner

- *Risk Minimisation and Communication Plan (developed by the Nominated Supervisor/ Responsible Person in consultation with the family)*
 - a *Medication Register* 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
 - all staff administering a controlled drug have signed authorisation
 - 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 Medical Register
 - communication processes are put in place between the school/ preschool and 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 or anaphylaxis 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 health care needs, allergy or relevant medical condition as detailed in Medical Management Plans, Asthma or Anaphylaxis Action Plans
- written consent is requested from families on the enrolment form to administer emergency asthma, anaphylaxis, or other emergency medication or treatment if required
- 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/ 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
- ensure that two educators administer and witness administration of medication at all times. For best practice, one of these educators should:
 - Have approved First Aid qualifications in accordance with current legislation and regulations
 - be a qualified educator in accordance with current legislation and regulations
 - have undertaken Medication Management Training wherever possible.

During **Administration of Medication** both educators are responsible for:

- Checking the child's *Medication Management Plan*
- checking the child's *Risk Minimisation and Communication Plan*
- checking the *Medication Agreement Form* is completed by the parent/guardian as well as the Medical Practitioner in the case of Controlled Substances)
- checking the *Medication Rights Checklist* by:
 - Confirming that the **right child** is receiving the medication
 - Child presented matches photo on Medication Management Plan
 - child confirms DOB and name
 - identity is confirmed with another responsible person.
 - Confirming the **right medication**
 - Prescription label and medication agreement are legible and match all required information exactly
 - medication is in original pharmacy container/ packet with the child's name, date of birth and dose

- integrity of the medication is intact
- medication is within the expiry.

- Confirming the **right dose** (amount to be administered)
 - Written as a volume or number of tablets
 - written clearly and matches on both the medication agreement and pharmacy label.

- Confirming the **right strength** (amount of active ingredient)
 - e.g 250mgs/5mls means for each 5 ml of medication, it contains 250mg of active ingredient
 - written clearly and matches on both the medication agreement and pharmacy label.

- Confirming the **right route** (path by which medication is taken)
 - e.g orally, aurally, topically, inhaled
 - written clearly and matches on both the medication agreement and pharmacy label
 - child can receive the medication via this route e.g able to swallow a tablet.

- Confirming the **right method** of administration
 - In the case there are special instructions documented on the medical management plan, medication agreement or pharmacy label e.g crush tablet, dissolve in water, take after food
 - medication is prepared/ will be administered as per instructions documented on the medical management plan, medication agreement or pharmacy label.

- Confirming **right time** for the administration of medication
 - Time matches (within ½ hour) between medication agreement and pharmacy label

- previous medication log has been checked to ensure timeframe between administration is correct – this may also require communication with parent or school to confirm when medication was last given
 - in alignment with the Department for Education Medication Management Procedure Policy, “3 times a day” medication may be administered before school (a specified time must be written on in the Medication Agreement if the child attends a BSC, VAC or PFD session), after school (a specified time must be written on the Medication Agreement if the child attends ASC, PFD or VAC) and at home in the evening (after OSHC)
 - medication is being given at correct time in relation to special instructions e.g before or after food.
- **Confirming the right documentation**
 - Legible medication agreement
 - legible pharmacy label
 - separate medication log is recorded for each medication for each child
 - all sections of the medication log have been completed at the time of administration
 - medication log is completed and signed by the two educators who witnessed the child taking medication
 - observations, issues or comments are recorded on the medication log
 - where required, a *Medication Advice* form has been completed and given to the legal guardian
 - where required, any medication errors or incidents are recorded and reported to Happy Haven OSHC for the purpose of reporting these incidents to the Regulatory Authority.
 - Returning the medication back to the locked medication container.
- Follow hand-washing procedures before and after administering medication

- discuss any concerns or doubts about the safety of administering medications with the Nominated Supervisor or Regional Director to ensure the safety of the child (for example, checking if the child has any allergies to the medication being administered)
- seek further information from the family, the prescribing doctor or SA Health before administering medication if required
- ensure that the instructions on the *Medication Log* are consistent with the doctor's instructions and the pharmacy label
- that if there are inconsistencies, medication is not to be administered to the child
- invite the family to request an English translation from the medical practitioner for any instructions written in a language other than English
- ensure that the *Medication Log* is completed and stored correctly including name and signature of witness and date and time of administration
- observe the child post administration of medication to ensure there are no side effects
 - Follow first aid guidelines if necessary and document on a *HSP157 Medical Advice Form*
 - respond immediately and contact the family for further advice if there are any unusual side effects from the medication
 - if a child is not breathing or having difficulty breathing following administration of any medication, the educator will contact emergency services on 000 immediately.

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 of their child if required
- develop a *Risk Minimisation and Communication Plan* for their child in collaboration with Nominated Supervisor/ Responsible Person and medical practitioner
- complete and sign a *Medication Agreement* for their child requiring medication whilst they are at the OSHC service
- update (or verify currency of) 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 email

- 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.
- 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 from the doctor detailing the child's name and dosage
- 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
- 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 HR Assured.
- educators with authority to administer controlled drugs are required to sign an acknowledgement via HR Assured to ensure they understand the governance and accountability requirements involved with the storage and administration of controlled drugs
- the Nominated Supervisor and Responsible Person will ensure a stock count of all controlled drugs/ substances held at site is conducted and recorded daily on the *HSP158 Controlled Restricted Medicines Register* by a person authorised to manage and administer controlled drugs.

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 Regional Director 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 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, should contact with authorised collectors not be successful
- 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)
- administration of Paracetamol must follow the procedure for administration of medication outlined in this policy
- 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
- the family will be encouraged to visit a doctor to find the cause of the temperature. 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
- controlled substances will be kept in locked storage, only accessible to the Nominated Supervisor and persons who are authorised to administer controlled substances, except for a controlled

medication required for emergency response, for example Midazolam or which needs to be accessible immediately by authorised persons

- 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 dates
- 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 WILL NOT BE ADMINISTERED IF IT HAS PAST THE PRODUCT EXPIRY DATE**
- families are required to complete a *Medication Agreement* for lotions and unmedicated products to be administered by an educator.

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 underdosage 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 file
- 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 OSHC service must attempt to receive verbal authorisation by a parent of the child named in the child's enrolment form who is authorised to consent to the administration of medication
- if a parent of a child is unreachable, the OSHC service will endeavour to obtain verbal authorisation from an emergency contact of the child named in the child's enrolment form, who is authorised to approve the administration of medication
if all the child's nominated contacts are non-contactable, the service must contact a registered medical practitioner or emergency service on 000
- in the event of an emergency and where the administration of medication must occur, written notice must be provided to the family of the child or other emergency contact person listed on the child's enrolment form.

EMERGENCY INVOLVING ANAPHYLAXIS, EPILEPSY OR ASTHMA:

- for anaphylaxis and asthma emergencies, medication/treatment will be administered to a child without verbal authorisation, following the Asthma or Anaphylaxis Action Plan provided by the family. [National Asthma Council (NAC) or ASCIA]
- for epilepsy emergencies, medication/ treatment will be administered to a child without verbal authorisation, following the *Seizure Management Plan* and *Emergency Medication Management Plan* provided by the family
- in the event of a child not known to have asthma or anaphylaxis and appears to be in severe respiratory distress, the emergency plans for first aid must be followed immediately.
 - An ambulance must be called immediately
 - place child in a seated upright position
 - give 4 separate puffs of a reliever medication (eg: Ventolin) using a spacer if required.
 - repeat every 4 minutes until the ambulance arrives.

- In the event of an anaphylaxis emergency where any of the following symptoms are present, an EpiPen must be administered where an anaphylaxis plan and prescribed EpiPen are provided for the child – in all other cases 000 will be called and the educator will follow any instructions given by the emergency phone operator
 - Difficulty/noisy breathing
 - swelling of the tongue
 - swelling or tightness in throat
 - difficulty talking
 - wheeze or persistent cough
 - persistent dizziness or collapse pale and floppy.

(Sydney Children's Hospitals Network – 2020)

The OSHC service will contact the following (as required) as soon as practicably possible:

- Emergency Services 000
- a parent of the child
- the regulatory authority within 24 hours (if an ambulance was called).

The child will be comforted, reassured, and moved to a quiet area under the direct supervision of a suitably experienced and trained educator.

RESOURCES:

Developed by Happy Haven OSHC:

- Medication Register
- Risk Minimisation and Communication Plan

Developed by Government of South Australia:

- HSP120 Health Support Agreement
- HSP121 Safety and Risk Management Plan
- HSP125 Guide to Planning Health Support

- HSP151 Medication Agreement
- HSP152 Multiple Medication Agreement
- HSP153 Emergency Medication Management Plan
- HSP154 Decision Making Tool for Medication Administration
- HSP155 Medication Log
- HSP156 Medication Rights Checklist
- HSP157 Medication Advice Form
- HSP158 Controlled Restricted Medicines Register
- HSP159 Authorisation to Administer Controlled Medicines
- HSP340 Seizure Management Plan
- Medication error, incident, query or advice flow chart
- Medication Administration flow chart

SOURCE

Australian Children's Education & Care Quality Authority. (2014).

Australian society of clinical immunology and allergy ASCIA (December 2021). *ASCIA action plans and first aid plans for anaphylaxis*, accessed on 6th February 2022,

<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Australian Government Department of Education, Skills and Employment (2011). *My time, our place: framework for school age care in Australia*

Australian Government- Department of Health, accessed on 6th February 2022,

<https://www.health.gov.au/>

Early Childhood Australia Code of Ethics. (2016).

Government of New South Wales (December 2021). [Education and Care Services National Regulations](#) 2011, accessed on 21 January 2022,

<https://legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653>

Government of New South Wales (March 2021), *Public Health Act 2010*, accessed on 21 January,

<https://legislation.nsw.gov.au/view/whole/html/inforce/current/act-2010-127>

Government of South Australia (November 2021). *Controlled substances act 1984*, accessed on 25 February 2022,

<https://www.legislation.sa.gov.au/lz/path=%2Fc%2Fa%2Fcontrolled%20substances%20act%201984>

Government of South Australia Department for Education (December 2021), *Medication management procedure*, accessed on 4th February 2022, <https://www.education.sa.gov.au/doc/medication-management-procedure>

Government of South Australia SA Health (January 2022), accessed on 21 January 2022, <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, accessed on 6th February 2022, <https://www.wch.sa.gov.au/patients-visitors/children/care-and-support/disability-services#rndcp>

Government of Victoria (January 2022). *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>

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Framework. (2017). (Amended 2020).

National Health and Medical Research Council. (2012). (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

Revised National Quality Standard. (2018).

The Sydney Children's Hospital Network (2020). <https://www.schn.health.nsw.gov.au/#>

REVIEW

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