

Unwell Children and Administering Medication

Policy

The service and families work together to reduce the spread of infection and illness. Parents/guardians are the best people to care for their child when they are not well and are expected to keep unwell children at home or collect children who become unwell while attending. We understand that families have work and personal commitments, however the service prioritises the needs and rights of children to adequate rest and recovery when they are unwell. We are also responsible for the rights of other people within our community, taking steps to reduce their risks of becoming unwell.

In the event a child becomes unwell whilst at the service, they are required to be collected as quickly as possible and **within a maximum of 30 minutes**. If a parent/guardian is unable to collect their child within 30 minutes, they will need to make arrangements for an alternative person to collect their child. If this person is not included on the list of Authorised and Emergency Contacts, the parent/guardian will advise of their full name in an emailed written authorisation and ensure that the person brings photo identification to show when they arrive. The decision to send an unwell child home is at the discretion of the Nominated Supervisor or person acting in charge of the service.

Team members who care for children every day are usually able to identify when a child displays signs or symptoms of being unwell. When a team member observes the below symptoms (taken directly from *Staying Healthy*) the parent/guardian will be contacted to advise them of the symptoms and discuss the course of action to be taken. It is at the discretion of the Nominated Supervisor to exclude a child displaying any of these symptoms for the safety and wellbeing of all other children and team members.

- **High fever (38 degrees or higher)** —a high fever in a young child can be a sign of infection and needs to be investigated to find the cause. However, fever by itself is not necessarily an indicator of serious illness.
- **Drowsiness**—the child is less alert than normal, making less eye contact, or less interested in their surroundings.
- **Lethargy and decreased activity**—the child wants to lie down or be held rather than participate in any activity, even those activities that would normally be of interest.
- **Breathing difficulty**—this is an important sign. The child may be breathing very quickly or noisily, or be pale or blue around the mouth. The child may be working hard at breathing, with the muscles between the ribs being drawn in with each breath.
- **Poor circulation**—the child looks very pale, and their hands and feet feel cold or look blue.
- **Poor feeding**—the child has reduced appetite and drinks much less than usual. This is especially relevant for infants.
- **Poor urine output**—there are fewer wet nappies than usual; this is especially relevant for infants.
- **Red or purple rash**—non-specific rashes are common in viral infections; however, red or purple spots that do not turn white if pressed with a finger require urgent medical referral because the child could have meningococcal disease.
- **A stiff neck or sensitivity to light**—this may indicate meningitis, although it is possible for infants to have meningitis without these signs.
- **Pain**—a child may or may not tell you they are in pain. Facial expression is a good indicator of pain in small infants or children who do not talk. General irritability or reduced physical activity may also indicate pain in young children.

These clinical features cannot be relied on to say for certain that a child is seriously ill, nor does their absence rule out serious illness. The more of the above features that are seen, the more likely it is that the child may have a serious illness. Remember that illness in infants and young children can progress very quickly. If there is any doubt, seek medical advice without delay.

In addition to the above symptoms set out in *Staying Healthy*, team members should be aware of the following symptoms which may indicate that a child is unwell.

- diarrhoea (an increase in the frequency, runniness or volume of faeces)
- vomiting
- conjunctivitis (tears, eyelid lining is red, irritated eyes, followed by swelling and discharge from eyes)
- unusual spots or rashes or patch of infected skin
- grey or pale faeces
- unusually dark, tea coloured urine
- yellowish skin or eyes

- sore throat or difficulty in swallowing
- severe, persistent or prolonged coughing

In the event of a child developing a fever of **38.5 degrees or higher the following steps are taken:**

- If the child is suffering from a mild ailment (such as teething pain), that is not contagious and potentially the source of the heightened temperature, which does not impact their ability to play **comfortably** within their environment, then team members may seek authority from parents/guardians to administer **a single dose of paracetamol**.
- If this enables the child to **comfortably** continue their day at care, the child will not need to be collected.
- At all other times (other than described above), the child will need to be collected and cared for at home supporting their need and right to rest and recover, and ensuring other children and people are not at risk of illness.

If a child becomes extremely unwell, and team members are significantly concerned for their health, Emergency Services is contacted immediately for advice. The parent is contacted as quickly as possible.

Bringing medication to the service

Medication is administered in accordance with legislative requirements. The National Regulations defines “medication” as “medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth.” This includes prescription, over the counter non-prescribed medications such as teething gels, nappy creams, cough medicines and homeopathic medications. Families must ensure that medication is handed to a team member and not left in a child’s bag or anywhere in reach of children. All medications must have the original pharmacy label attached to the original container (**please label the container holding the medication, not the packaging**). The label must state the child’s name, name of medication, dosage, times to be given and expiry date. Out of date medications or unlabeled medications will not be given. Unused medication left at the service that is past the expiry date is disposed of correctly and the parent/guardian advised.

- It is the primary responsibility of the parent/guardian to carefully check the ingredients of medications **prior to bringing them to the service to ensure they do not contain any ingredients/allergens excluded from the service such as nuts. There are numerous nappy creams that contain nut oils (such as Bepanthen Nappy Rash Cream)**. Excluded allergens are displayed at the entrance and families can seek advice from team members.
- Prior to any medication being administered parents/guardians must complete a *Consent to Administer Medication* form and there are two types of forms; one for medications required on a short-term basis (*Consent to Administer Medication – Short Term*), and another for medication used over a period of time/or when required (*Consent to Administer Medication – Long Term*).
- When bringing medication first see a team member to complete a form as described above.
- The team member will check the form is completed and that no known allergens are in the medication.
- The medication will then be stored appropriately out of reach of children.
- Oral medications are administered to children via a medicine cup or measured syringe and will not be mixed with food or drink.

Administering medication

In accordance with Regulation 95, the administration of medication is conducted by two team members. At NT Explorers we also require one of these team members to hold an approved First Aid qualification. For the administration of *regularly used* items such as nappy and skin creams/ointments and teething gels, a witnessing team member is not required, and the administering team member is not required to hold a First Aid qualification. Other regularly used items may be authorised for this exemption at the discretion of the Nominated Supervisor or Approved Provider.

For medical conditions that require regular and ongoing administration of medication the parent/guardian is required to complete a *Consent to Administer Medication – Long Term*. Please refer to the *Medical Conditions* policy.

We are required by Law to protect the health of children in our care, and **do not automatically agree to administer pain relief more than once** during a child’s day in care. There may be circumstances where this could occur (and teething for a short-term period of time would be the most common example). We prefer this to be discussed with the Lead Teacher or Nominated Supervisor **prior to arrival at care** as this type of administration of medication request is required to be **approved by a member of the service’s Leadership Team**. If an approver is not available at the time you drop off, they will make contact with you to discuss this as soon as possible.

We work closely with families regarding these requests however we **comply with medical advice** such as below from [The Royal Children’s Hospital Melbourne](#) (which is the same advice provided by manufacturers of children’s pain medications such as paracetamol and ibuprofen, and the Therapeutic Goods Administration):

- Paracetamol and ibuprofen do not treat the cause of your child's pain; both medicines just relieve the feelings of the pain.
- It is important to give the correct dose of pain-relieving medicine. Give the dose that is written on the bottle or pack according to your child's weight. *(If a product states “Do not use for more than 48 hours at a time except on medical advice”, we require **authorisation from a medical practitioner** to administer beyond the manufacturer’s warning. The authority from the medical practitioner also needs to **confirm that the child is well enough to attend care and does not have a contagious medical conditions**).*
- Any infant or child who is unwell, or in moderate to severe pain, should be seen by a doctor to find out the cause.
- If too much paracetamol is given to a child for too long, it may harm the child.
- If your child’s pain lasts for more than a few hours, the pain is moderate to severe, or your child is clearly unwell, take your child to a doctor to find out the cause.
- If you need to give your child **paracetamol for more than 48 hours, you should take them to see a doctor.**
- There are some rare but serious side effects that might occur if **ibuprofen** is given to a child for a long time. If you need to give your child ibuprofen for **more than 48 hours, you should take them to see a doctor.**
- **Do not give paracetamol or ibuprofen to your child for more than 48 hours without seeing a doctor.**

In addition to caring for each individual child’s health, it is important to understand that we are responsible for the health and wellbeing of our **entire community**. **Medications such as above may mask the symptoms of other illnesses and infectious diseases, putting other people at risk.**

In accordance with Regulation 94, medication may be administered to a child without an authorisation only in the case of an anaphylaxis or asthma emergency, from the service’s emergency medication supply. In this case, the parent/guardian and Emergency Services are contacted as soon as possible. If medication is administered due to emergency circumstances an *Administration of Medication – Emergencies* record is completed.

In any other emergency situations, and if a parent/guardian cannot reasonably be contacted, a registered medical practitioner or Emergency Services can authorise the administration of medication. If medication is administered due to emergency circumstances an *Administration of Medication – Emergencies* record is completed.

The Service may implement immediate changes to this policy should it be required during an outbreak of an infectious disease to ensure the safety of all people within the Service. These changes would be advised to families as they occur.

Person Responsible	Procedure
Team members	<p>The Service complies with recommended exclusion periods and information as set out in <i>Staying Healthy</i> which is available at the Service.</p> <p>Consent must be obtained before administering any medication to a child, except in the event of: an anaphylaxis or asthma emergency as per Regulation 94. If this occurs complete <i>Administration of Medication – Emergencies</i> record.</p> <p>Parent/guardians are typically the people who are required to authorise the administration of medication. Some families authorise other account contacts to be allowed to do this, and these authorities can only be checked by looking at the child’s file held at the service. Team members must never assume that a person that they know is authorised to collect a child, is also authorised to consent to the administration of medication.</p> <p>Medication administered relating to a Medical Management Plan (Record on <i>Consent to Administer Medication – Long Term</i>) that is kept with each child’s plan.</p> <p>In any other emergency situations, where a parent/guardian cannot reasonably be contacted, a registered medical practitioner or an emergency service may authorise the administration of medication.</p> <p>Nappy and skin creams/ointments - The administration of regularly used nappy creams can be applied by any Educator (without a medical qualification) and without a witness. These forms are kept on the child’s file and instructions for their application (i.e. when to use) are recorded on the <i>Special Requirements List</i>. Team members</p>

	<p>are not required to record the applications of these medications.</p> <p>Teething Gels - The administration of regularly used teething gels can be applied by any Educator (without a medical qualification) and without a witness. These forms are kept in each room’s folder in the “Teething Gels Forms” section. Application is required to be recorded on the <i>Consent to Administer Medication – Long Term</i>.</p> <p>Other than exceptions noted in this policy, complete <i>Consent to Administer Medication</i> forms when medication is administered.</p> <p>Forms authorising the administration of medication on a short-term basis (e.g. antibiotics) are kept in the room’s folder, and team members are required to make a note on the <i>Daily Records</i> of when the medication is required, to ensure it is given at the appropriate time.</p> <p>Forms authorising the administration on a short-term basis of pain-relieving medication such as ibuprofen or paracetamol are kept in the room’s folder, and team members are required to make a note on the <i>Daily Records</i> of when the medication is required, to ensure it is given at the appropriate time. IMPORTANT: As above, we do not automatically agree to administer more than a single dose of pain-relieving medication. Requests to administer more than 1 dose can only be approved by members of the Leadership Team.</p> <p>Medication forms relating to <i>Medical Management Plans</i> are stored with the plans, in the room’s folder. A copy is also kept electronically and on the child’s file in the office.</p> <p>When accepting new medication from a parent/guardian, team members must ensure that the <i>Consent to Administer Medication</i> form has been completed in full. Team members will check the ingredients of the medication to ensure it does not contain any ingredient currently excluded from the Service due to children at risk of anaphylaxis. If an educator identifies any ingredient that may be potentially harmful, they should immediately seek the advice of the Nominated Supervisor, or person acting in charge.</p> <p>Medication is stored in a location that is inaccessible to children, and at the recommended temperature. Medications such as nappy creams, are permitted to be stored on the nappy change bench but must be located in a position that cannot be reached by children. Children’s access to nappy creams is closely monitored when they are in the nappy change area.</p> <p>First Aid Fact Sheets from St John Ambulance are located in the back of the room’s folders for educator support and reference for events such as: choking, CPR, Febrile convulsion, DRSABCD action plan, asthma, anaphylaxis, burns, bites, etc.</p> <p>Unused medication left at the Service that is past the expiry date is disposed of safely by the Service. If this medication is associated with a child’s <i>Risk Minimisation Plan</i>, the parent/guardian is advised immediately.</p> <p>The Service monitors upcoming expiry dates of medications associated with all medical plans, via electronic calendar reminders.</p> <p>Unwell children will be cared for separately to other children, whilst they wait to be collected by their parent/guardian, to prevent the spread of illness within the Service.</p>
<p>Team members</p>	<p>Taking a Child’s Temperature</p> <ul style="list-style-type: none"> • A thermal ear thermometer (with probe cover) or an infrared non-contact thermometer may be used • Follow the manufacturer’s instructions and written and visual guides kept with thermometers • Wait until the device indicates that the temperature is ready to be read • Complete a <i>Temperature/Illness Record</i> • 38 degrees or higher – is considered a “fever” <ul style="list-style-type: none"> • Remove excess clothing while taking into account the temperature of the room • Use lukewarm water to sponge the child • Gently fan the child • Encourage the child to drink water to prevent dehydration • Contact the child’s parent/guardian or emergency contacts and depending on situation seek verbal

	<p>authority to administer paracetamol and record details on <i>Temperature/Illness Record</i></p> <ul style="list-style-type: none"> • Recheck temperature every 15 minutes and record on <i>Temperature/Illness Record</i> • Constantly monitor and observe the child for any changes and never leave the child unattended <p>In the case of an emergency where a parent/guardian or emergency contact cannot be contacted, a registered medical practitioner or an emergency service may provide verbal authority.</p>
<p>Team members</p>	<p>Administering Medication</p> <p>Consent in accordance with written authorities on file must be obtained before administering any medication to a child, except in the event of an emergency as previously described in this policy.</p> <p>Oral medications are administered to children via a medicine cup or measured syringe. Medication is never mixed into a bottle or other liquid or food.</p> <p>1. Preparation:</p> <ul style="list-style-type: none"> • Ensure two team members are available to check and supervise administration • One of the team members must hold an approved First Aid Qualification (except for administration of nappy creams, teething gels, and any additional items approved by the Nominated Supervisor) • Administering educator should wash and dry hands • Access medication immediately prior to administration • Both team members refer to consent form to ensure that: <ul style="list-style-type: none"> (a) the medication is the correct medication (b) it is from its original container, bearing the original label, and before the expiry date (c) the dosage of the medication is correct and in accordance with the labelled instructions provided by a medical practitioner and consistent with the parent/guardian’s consent form. When administering with a syringe, use a size big enough to contain the required dosage. If not available, and requiring to be refilled, then use a clean syringe (i.e. do not touch a used syringe on to the medication bottle) (d) the time, date and circumstances of the administration is correct, and; (e) the identity of the child to whom the medication is to be administered is correct <p>2. Administration</p> <ul style="list-style-type: none"> • Both team members will ensure supervision is maintained whilst medication is being administered <p>3. Post-Administration</p> <ul style="list-style-type: none"> • Complete the relevant medication form with administration details • Store medication appropriately immediately after use • Return syringes to kitchen for cleaning • Wash and dry hands
<p>Team members</p>	<p>Febrile Convulsions</p> <p>A febrile convulsion or seizure happens when the normal brain activity is disturbed by a fever. It usually occurs without warning. During a seizure, the child may:</p> <ul style="list-style-type: none"> • become stiff or floppy • become unconscious or unaware of their surroundings • display jerking or twitching movements • have difficulty breathing <p>Most seizures will stop within seconds or a couple of minutes without any medical treatment. Action to take is to:</p> <ul style="list-style-type: none"> • stay calm • note the time the seizure starts and ends if possible • stay with the child • roll the child onto their side, also known as the recovery position • move the child away from potentially harmful objects eg. furniture with sharp corners • place something soft under the child's head to stop their head hitting the floor • never put anything in the mouth of the child - it is impossible for the child to swallow their tongue <p>Call Emergency Services on 000 for advice</p> <ul style="list-style-type: none"> • Contact the parents/guardians immediately. • Complete an <i>Incident, Injury, Trauma & Illness Record</i>

Nominated Supervisor	<ul style="list-style-type: none"> • Ensure stock of paracetamol is kept • Conduct checks of current medications when First Aid Kits are checked • Diarise the expiration dates of any medication stored for Medical Management Plan • Diarise the expiration dates of any emergency medications held in centre stock
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References

Education and Care Services National Law Act 2011 (www.legislation.vic.gov.au)
 Education and Care Services National Regulations 2011 (www.legislation.nsw.gov.au)
 Guide to the National Quality Framework – Updated Sept 2020 (www.acecqa.gov.au)
 Staying Healthy – 5th Edition 2013 (<https://nhmrc.gov.au>)
 Australian Government – Department of Health (www.health.gov.au)
 Australian Government – healthdirect (www.healthdirect.gov.au)
 St John Ambulance Australia (www.stjohn.org.au)
 Australian Society of Clinical Immunology and Allergy (ASCIA) (www.allergy.org.au)
 Northern Territory Department of Health (www.health.nt.gov.au)
 NT Department of Health Centre for Disease Control (<https://health.nt.gov.au>)
 The Royal Children’s Hospital Melbourne (www.rch.org.au)
 Safe Work Australia Model Code of Practice (<https://www.safeworkaustralia.gov.au/first-aid>)
 Work Health and Safety Act 2011 (<https://legislation.nt.gov.au>)
 Australian Government – Therapeutic Goods Administration (www.tga.gov.au)
 Panadol – (www.panadol.com)
 Raising Children – (www.raisingchildren.net.au)
 Kidsspot – (www.kidspot.com.au)
 Nurofen for Children – (www.nurofenforchildren.ie)
 Fever in Children – Queensland Health – (www.health.qld.gov.au)