

SA Montessori Pre-schools Policies

Medication Policy

Statement

SA Montessori Pre-schools aim to ensure that the correct procedures are followed in the management of medication for children.

Rationale

The proper administration of medication is vital to avoiding significant risk to the health and safety of children. Staff are not trained health professionals and will only comply with written instructions from a health professional for prescription and non-prescription medications. Such written instructions safeguard both the child and staff.

General Procedures

- Children may attend the centre whilst requiring medication only if they are well enough to do so (refer to **Illness Policy**)
- Where a child has a long-term non-infectious illness or health condition a Risk Minimisation Plan should be established in consultation with the child's parents and reviewed annually (alongside the review of the Medication/Action Plan) and/or in response to any significant change to the child's condition
- Where a child's allergy/condition is life-threatening he/she will not be eligible for attendance without the correct appropriately labelled and in-date medication
- Staff members, including relief staff and volunteers, are to be informed of child(ren) with long-term conditions and/or allergies that require medication, including the identity of the child(ren), the condition/allergy, the allergens/triggers, and the location of the Medication Plan / Action Plan and the location of medication. Records of this information should be accessible in each classroom
- Confidentiality will be maintained for children and staff and information given out only to authorised people as necessary
- Staff who take medication whilst at work must not have their medication accessible to children.

Medication Plans

- Parents are required to provide Medication Plans, Action Plans or other written instructions to support their child's health needs
- Medication will not be administered by the centre in the absence of an appropriate plan, with the exception of a generic Ventolin inhaler and a generic Epi-Pen as per our **Generic Epi-Pen & Inhaler Policy**
- In the case of prescription medications, the Medication Plan, Action Plan or written instructions must come from a non-familial doctor
- In the case of non-prescription medications such as antihistamine, the Medication Plan, Action Plan or written instructions must come from a doctor or chemist
- In the case of non-prescription topical ointments, the Medication Plan, Action Plan or written instructions can come from a doctor, chemist or parent/guardian
- Relevant forms can be obtained from the centre or can be accessed online.
- Medication Plans, Actions Plans or medical instructions must state:
 - The child's name

- Medication name
 - Length of the course
 - Route (eg. oral, inhaled, applied)
 - Dose
 - Frequency
 - Any special instructions (optional)
- Health Plans, Action Plans or long-term Medication Plans should be reviewed annually (alongside the review of the Risk Minimisation Plan). In relation to these reviews:
 - SA Montessori centres encourage parents to review the Plans with a suitably qualified medical professional
 - Where plans are updated by a medical professional, either during the annual review or earlier, parents must provide an up to date copy to the centre
 - Where the plan has a specific expiry date, a medical professional must provide an up to date copy prior to this expiry to ensure that the child can continue their attendance uninterrupted.
 - In the event that a Health Plan, Action Plan or Medication Plan expires before an updated Plan has been provided (or where a new medical condition is identified that is not yet covered by an associated Plan) the child will not be able to attend their ordinary sessions until a current plan is provided. Fees will apply as normal during the period of absence
 - Where the plan does not have a specific expiry date (or if the plan has not reached the stated expiry date during the annual review), if the parent/guardian chooses not to seek medical opinion during the annual review, the parent/guardian may provide a date and signature on the Risk Minimisation Plan indicating that they have personally reviewed and endorsed the Medication / Action Plan for the upcoming 12-month period.

Provision of Medication

- Medication is not provided by the centre, with the exception of a generic Ventolin inhaler and a generic Epi-Pen as per our **Generic Epi-Pen & Inhaler Policy**
- Parents must provide relevant medications for their own child
- **Prescription** medication, such as antibiotics, must:
 - Be labelled by a chemist with the child's full name
 - Be accompanied by a Medication Plan, Action Plan or equivalently detailed written instructions completed by a doctor
 - Where a doctor has not completed a Medication Plan or Action Plan, a parent may complete a Medication Agreement to confirm the doctor's instructions as evidenced by the chemist label
 - Be in-date (not expired)
 - Be in its original container
- **Non-prescription** medication, such as antihistamine, must:
 - Be labelled with the child's full name, the date that the medicine is supplied, and the details of the chemist issuing the label or the name of the parent/guardian writing the label
 - Be accompanied by a Medication Plan, Action Plan or equivalently detailed written instructions completed by a health professional (doctor or chemist)
 - Be in-date (not expired)
 - Be in its original container

- **Non-prescription topical ointments**, such as nappy rash cream, must:
 - Be labelled with the child's full name, the date that the medicine is supplied, and the details of the chemist issuing the label or the name of the parent/guardian writing the label
 - Be accompanied by a Medication Plan, Action Plan or equivalently detailed written instructions completed by a health professional (doctor or chemist) or parent/guardian
 - Be in-date (not expired)
 - Be in its original container

Storage of Medication

- All medication must be stored correctly according to instructions (eg. in a fridge if climate control is required) and should be easily accessible to adults but not within reach of children
- The centre will check the date of long-term medication every 6 months
- SA Montessori centres strongly recommend that families invest in duplicates for all long-term medications, particularly those relating to life-threatening conditions, to protect the health and safety of their child by ensuring that the relevant medication is consistently accessible within all settings that the child regularly attends.
- In the case of long-term medications relating to conditions that are **not** life-threatening conditions, these should be stored at the centre if the family also has duplicates of the medication for the child at home.
- In the case of long-term medications relating to life-threatening conditions, these **MUST** be stored at the centre if the family also has duplicates of the medication for the child at home.
- In the case of short-term prescription medication (or where parents do not have duplicates of the long-term medication), parents are responsible for taking their child's medication home at the conclusion of each day. Staff members will endeavour to provide reminders about collecting medication, which may occur in varying forms such as verbal prompts or signage
- Any medication that is provided on a temporary or day-to-day basis (rather than left on site) must be provided by the parent to an appropriate member of staff in accordance with the individual centre's procedure. The centre will advise parents of this procedure when the parent informs the centre of the child's need for medication. It remains the responsibility of the parent to follow this procedure.

Administering Medication

- Staff are **not** permitted to administer the **first** dose of medication or ointment to a child (with the exception of life-saving treatments outlined below) due to the possibility of an adverse reaction. If the first dose is given at the centre it must be done by the parents who must be prepared to remain with the child for one hour after the dose to observe any reactions
- As per our **Generic Epi-Pen & Inhaler Policy**, staff are permitted to administer the **first** dose of the following life-saving medications: Epi-Pen, Epi-Pen JR, Ventolin or equivalents
- In case of an emergency, a medication may be administered based on verbal consent from a parent, registered medical practitioner or medical emergency services. This will be documented, and the parent must sign the written record as soon as is practicable

- Staff will follow strict hygiene practices whilst administering medication, including ensuring that measuring implements are cleaned after each use
- Children who feel comfortable taking their medication in the presence of peers can do so and act as a role model for others. Children who are uncomfortable or reluctant should be removed from the group and encouraged to take it in a supportive, private space.
- Children cannot be forced to comply (except in the case of an emergency response) and if a child refuses medication, parents should be contacted to ask them to come and administer the medication
- Where it is believed a child is having an adverse reaction, possibly related to the medication, first aid response will be followed including the calling of an ambulance and immediate contact of the parents
- When going on an excursion, all children requiring medication must remain with the staff member who carries their medication during the trip. Medication may need to be stored in a cooling container. Medication administered during the excursion will be recorded at the time of administration (not upon the return to the centre)
- Staff members will follow the *Procedure for checking, administering and recording medication*.
- In the event of an error when administering medication, staff members are to follow the *Procedures if errors occur in Administering Medication*

Procedure for checking, administering and recording medication

- Permanent staff with appropriate qualifications and First Aid certification will administer the medication after first checking:
 - Doctor's instructions
 - Parent's instructions
 - Right medication
 - Right time
 - Right route (oral, inhaled, applied)
 - Right dose
 - Right child
 - Right expiry
 - Right special instructions (before food, after food)
- Staff will follow the steps and specifications on the Action Plan or Medication Plan when administering medication
- Where an Action Plan or Medication Plan specifies a number of daily doses but not a particular time (for instance, 'three times per day'), staff will only administer a single dose of the medication during the child's attendance and will aim to do this in the middle of the day
- Where medication is administered to a child, two staff members will be present, the second to witness and check that the correct dose of the correct medication is administered to the correct child.
- Staff will sign a register to record times and doses of medication administered
- Where medication is self-administered by a child, two staff members will be present to witness and check that the correct dose of the correct medication is administered. Staff will sign a register to record times and doses of medication administered by the child
- In the case of non-prescription, topical ointment (such as nappy rash cream):
 - A single staff member may administer the ointment, the requirement for two staff members to be present to witness and check the administration does not apply
 - The time of the application may be recorded anecdotally alongside other care routines, such as rest times, rather than a formal medication register

Procedures if errors occur in Administering Medication

- **Medication late;** where the Action Plan / Medication Plan specifies a time for the dosage, if the medication is more than one-hour late parents should be contacted to inform them, and to ask for their direction regarding whether the dose should still be administered, and the incident documented.
- **Medication forgotten;** parents must be notified that this has occurred and the incident documented
- **Medication given to the wrong child;** Staff must call the poisons information centre on 131126 to ascertain the risk associated with the incorrect administration. Parents of both children must be notified as soon as possible, the incident must be documented and the Director and owners/management informed.
- **Medication measurement/dispensing error;** in the event that medication is administered beyond the specified dosage in the child's Action Plan / Medication Plan, staff must call the poisons information centre on 131126 to ascertain the risk associated with the incorrect administration. The parents must be contacted, the incident must be documented and the Director and owners/management informed.
- **Medication expelled;** If an attempt at administration is unsuccessful (such as the child refusing) or only partially successful (such as a child expelling some liquid medication from their mouth before swallowing, or vomiting after swallowing the medication), staff will not repeat the attempt but will contact the parents and the incident will be documented.

Training and awareness

This Policy will be accessible through the SA Montessori staff Onboarding and Ongoing Development course to ensure staff are knowledgeable about its principles, contents and requirements.

Linkage to other policies

Anaphylactic Shock, Allergic Reactions and Food Intolerance Policy
Confidentiality Policy
Fever and Thermometer Policy
First Aid Policy
Generic Epi-Pen & Inhaler Policy
Illness Policy

Sourcing

National Law: Section: 173
National Regulations: Regulations 85-96, 162 (c) & (d), 93
ACECQA – *Dealing with medication conditions in children Policy Guidelines*
Allergy and Anaphylaxis Australia – Drug Allergy

Development date

26/01/06

'SA Montessori' Definition

For the purposes of these Policy documents the term 'SA Montessori' refers to a collective of centres functioning as a professional network with shared management

through 'MMM'. These documents have been developed by MMM with intellectual property rights retained. By accepting these Policy documents, the company directors, approved providers and/or persons with management or control (PMCs) of each entity acknowledge that these policies do not release them from their responsibilities, obligations, or liabilities.

SA Montessori Pre-school centres include:

Cedars Montessori Pre-school
 Chancery Lane Montessori Pre-school
 Echoes Montessori
 Jescott Montessori Pre-school
 Little Oxford Montessori
 Lilliput Village Montessori
 Rosemont House Montessori

Review date

All SA Montessori Policies will be reviewed at least annually by MMM. In addition to the annual review, individual policies may be adjusted at any time in the event of community feedback, changes to guiding documents or legislative updates.

Review history:

Date	Policy satisfactory	Policy amended	Comments	Next review due:
26/6/10	√			6/11
26/5/11	√			6/12
11/4/12		√	Reviewed and changed from JSC Montessori Pre-schools to SA Montessori Pre-schools	4/13
8/4/13		√	Add: Expiry date of Long Term Medication should be checked every 6mths An up to date Health Care Plans must be obtained every 12mths Add to source: National Law: Section: 173 National Regulations: Regulations 90-91 Add: A communication plan must be established ensuring adequate transfer of information between all staff and the parents Add: Where a child has a long term non-infectious illness a risk minimisation plan should be established in consultation with the child's parents	4/14
3/4/14	√			4/15
2/3/15		√	Add new centres to SA Montessori listing	4/16
21/4/16		√	Amended new centre name. Removed Montessori On The Park & Montessori From The Start. Changed to Rosemont House Montessori	4/17
18/4/17	√			4/18
26/4/18		√	Amended the name Babthorpe Montessori Preschool to reflect the new centre's name being Lilliput Village Montessori.	4/19
5/4/19		√	Added new centre, Little Oxford Montessori, to SA Montessori listing	4/20
1/3/20		√	Staff members, including relief staff and volunteers, are to be informed of child(ren) with long-term conditions and/or	4/21

			allergies that require medication, including the identity of the child(ren), the condition/allergy, the allergens/triggers, and the location of the Medication Plan / Action Plan and the location of medication. Records of this information should be accessible in each classroom.	
15/7/21		√	Added new centre, Echoes Montessori, to SA Montessori listing	4/22
10/5/22	√			4/23
27/4/23	√			4/24
6/7/24		√	Addition of Training and Awareness, SA Montessori Definition & Review Date	7/25
18/8/24		√	Significant changes made, please refer to prior version	7/25
31/10/24		√	Clarification added around 12 month review.	7/25
21/2/25		√	Expansion of points relating to storage of medication to reinforce the recommendation to store duplicates of medication on-site. Addition of point around medication being provided on a day-to-day basis. Clarification around record-keeping of non-prescription topical ointments (eg. nappy rash creams). Removed 'in most cases' from 'staff are not permitted to administer the first dose' and changed the length of time parents must stay on site if administering a first dose at the centre from 20 minutes to 1 hour. Added Allergy & Anaphylaxis Australia as a source.	7/25
5/3/25	√		End of consultation period for all Policies following significant updates in 2024. Feedback incorporated as needed, no further changes required as of March 2025.	3/26
8/6/25	√		Addition of Regulation 93 to references and corresponding point added about verbal consent for medication in emergency situations. Clarification about labelling requirements for non-prescription medication and ointments allowing for parents to provide labels	6/26
19/9/25		√	Following reflections on child safety, the following points added: -If an attempt at administration is unsuccessful or partially successful (such as a child expelling some liquid medication from their mouth before swallowing), staff will not repeat the attempt but will contact the parent or guardian -Staff will follow the steps and specifications on the Action Plan or Medication Plan when administering medication -Where an Action Plan or Medication Plan specifies a number of daily doses but not a particular time (for instance, 'three times per day'), staff will only administer a single dose of the medication during the child's attendance and will aim to do this in the middle of the day	6/26
25/9/25		√	Slight rewording on Procedures if errors occur in order to clarify intent. No material changes to content.	6/26