

## DEALING WITH MEDICAL CONDITIONS AND MEDICATION ADMINISTRATION

### POLICY STATEMENT

Our Service will work closely with children, families, schools and other health professionals to manage medical conditions of children attending the service. We will support children with medical conditions to participate fully in the day to day program in order to promote their sense of well being, connectedness and belonging to the service.

Our educators will be fully aware of the nature and management of any child's medical condition and will respect the child and the family's confidentiality.

The medical conditions and medication administration policy will be provided to families who identify that their child has a medical condition and educators and families will develop a medical plan for those children.

Medications will only be administered to children in accordance with the National Law and Regulations.

### CONSIDERATIONS

Education and Care Services National Regulations	90, 91, 92, 93, 94, 95, 96, 178, 181, 182, 183, 184
National Quality Standard	1.1, 1.2, QA2, 5.1, QA6, QA7
Other Service policies/documentation	<ul style="list-style-type: none"> <li>• Management of Incident, Injury, Illness &amp; Trauma policy</li> <li>• Dealing with Infectious Diseases policy</li> <li>• Confidentiality policy</li> <li>• Asthma policy</li> <li>• Anaphylaxis policy</li> <li>• Providing a Child Safe Environment policies</li> <li>• Enrolment, Orientation &amp; Bookings policy</li> <li>• Administration of First Aid policy</li> <li>• Supervision policy</li> <li>• Medical Condition Risk Minimisation Plans</li> <li>• Additional Needs folder</li> <li>• Family Handbook</li> <li>• Educator Handbook/Manual</li> <li>• Medication Record</li> </ul>
Other	<ul style="list-style-type: none"> <li>• My Time, Our Place</li> <li>• Work, Health &amp; Safety Act 2011.</li> <li>• Disability Discrimination Act 1975</li> <li>• NSW Anti-Discrimination Act 1977</li> <li>• Individual medical management plans</li> </ul>

## PROCEDURES

### a) Dealing with medical conditions:

- Families will be asked to inform the service of any medical conditions their child may have at the time of enrolment. This information will be recorded on the child's online enrolment form.
- Upon notification of a child's medical condition we will provide the family with a copy of this policy in accordance with regulation 91.
- Specific or long-term medical conditions will require the completion of a medical management plan with the child's doctor and family.
- It is a requirement of our service to meet regulatory obligations that a risk minimisation plan and a communication plan be developed in consultation with the parents. Management will meet with the parents and relevant health professionals as soon as possible prior to the child's attendance to determine content of that plan to assist in a smooth and safe transition of the child into the service.
- Planning will include:
  - Identification of any risks to the child or others by their attendance at the service.
  - Identification of any practices or procedures that need adjustment at the service to minimise risks e.g. food service, daily routines.
  - Process and time line for orientation procedures for staff.
  - Methods for communicating between parents and educators any changes to the child's medical management plan.
- The medical management plan will be followed in the event of any incident relating to the child's specific health care need, allergy or relevant medical condition (this is in accordance with regulation 90).
- All educators including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated to their management. In some cases specific training will be provided to educators to ensure that they are able to implement the medical management plan effectively.
- All medical conditions will be tabled in a folder for educators in the office.
- Where a child has an allergy the family will be asked to supply an ASCIA (Australian Society of Clinical Immunology and Allergy) action plan completed by their doctor explaining the effects if the child is exposed to whatever they are allergic to and how the staff can help the child if they do become exposed.
- There are three ASCIA allergy forms:
  - Red - ASCIA Action Plan for Anaphylaxis (personal) for use with **EpiPen**
  - Black - ASCIA Action Plan for Anaphylaxis (personal) for use with **Anapen**

- Green - ASCIA Action Plan for Allergic Reactions (personal) for use when no adrenaline auto-injector has been prescribed
- Forms must be provided in colour
- All food allergies and anaphylaxis information will be displayed on a noticeboard in the office as well as in the kitchen. It is deemed the responsibility of every educator at the service to regularly read and refer to the list
- Where possible we will endeavour to not have allergens accessible in the service
- Where a child has a life threatening food allergy we will endeavour not to serve the particular food allergen and families will be advised not to supply that allergen. Families of children with an allergy may be asked to supply a particular diet if required (e.g. soy milk, gluten free bread)
- Where it is necessary for other children to consume the particular food allergen (e.g. milk or other dairy foods) the child with a food allergy will be seated separately during meal times and all children will wash their hands before and after eating
- All relief educators will be informed of the list on initial employment and provided orientation on what action to take in the event of a medical emergency involving children with medical conditions, asthma, anaphylaxis and allergy including what educator will be responsible for implementing the plans based on training and experience.

**b) Administration of medication:**

- Prescription medication will only be administered to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication will not be administered at the service unless authorised by a doctor.
- Educators will only administer medication during services operating hours.
- Permission for a child to self medicate will be administered with the families written permission only through individual medical management plan including recommended procedures for recording that the medication has been administered. The doctor must provide this plan. In one off circumstances the service will not make an exception to this rule and will require the families to complete the procedure for the educators to administer the medication, unless with the verbal approval of a medical practitioner or family member in the case of an emergency.
- In the event that a case of emergency requires verbal consent to approve the administration of medication, the service will provide written notice to the family as soon as practical after administration of the medication.
- An authorisation is not required in the event of asthma or anaphylaxis emergency however the authorisation must be sought as soon as possible after the time the family and emergency services are notified.
- Families who wish for medication to be administered to their child or have their child self administer the medication at the service must complete a medication record form providing the following:

- Name of child
  - Name of medication
  - Details of the date, indicate if the child is allowed to administer the medication themselves or have an educator do it
  - Signature of family member
- Medication must be given directly to an educator and not left in the child's bag. Educators will store the medication in a designated secure place, clearly labelled and ensure that medication is kept out of reach of children at all times.
  - If anyone other than the family member is bringing the child to the service, a written permission note from the family, including the above information, must accompany the medication.
  - An exception to the procedure is applied for asthma medication for severe asthmatics in which case the child may carry their own medication on their person with family permission. Where a child carries their own asthma medication, they should be encouraged to report to an educator their use of the puffer as soon as possible after administering and the service maintain a record of this medication administration including time, educator advised and if the symptoms were relieved.
  - Before medication is given to a child, the educator (with current first aid certificate) who is administering the medication will verify the correct dosage for the correct child with another educator who will also witness the administration of the medication.
  - After the medication is given, the educator will record the following details on the medication record form:
    - Name of medication
    - Date and time
    - Dosage
    - Name and signature of the person who administered
    - Name and signature of the person who witnessed
  - Where a medical practitioner's approval is given, educators will complete the medication record form and write the name of the medical practitioner for the authorisation.
  - Where medication for treatment of long-term conditions such as asthma, diabetes, epilepsy, anaphylaxis or ADHD is required, the service will require an individual medical management plan from the child's medical practitioner or specialist detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition is to be managed in the service environment.