

Children's Health and Safety QA 2

Dealing with Medical Conditions Policies and Procedures

Links to Regulations: 90-96, 136, 162, 168 (2) (a) (d) (k), 176, 17, 181, 183 Links to quality areas, standards or elements: 2.1 4.1, 7.1, 7.3

Rationale:

- As a play-based learning and care service, we have a responsibility and moral obligation to support the health, protection, safety and wellbeing of all children. By taking reasonable care we protect children from foreseeable harm, injury and infection.
- Our aim is for your child to experience quality education and care in an environment that provides for their health, wellbeing and safety. We strive to provide and maintain a child safe environment, both inside and in the outdoor learning environment.
- By working closely with you, the child's parents or guardians, we aim to promote your child's wellbeing, resulting in a happy, healthy time at the Centre.
- Children who are unwell should not attend the Centre until they have recovered and can participate in the learning and care program offered.

NO MEDICATION (including prescription, over the counter and homeopathic medications including alternative therapies, vitamins, minerals and supplements) will be administered by staff without a doctor's or pharmacist's authorisation. However, there are 4 exceptions to this...

.. the 4 exceptions within this policy outlined below:

1. For the **short term** (maximum 2 weeks) management of a health issue (eg nappy rash, teething, constipation) **over the counter and homeopathic medications** will be administered by staff:
 - with **written authorisation from the parent or guardian, outlining how and when** it is to be administered.
 - if these **instructions match the directions on the medication packaging**.
 - once parents or guardians have completed the *Medication Log* (please see staff) in the childcare and/or kindy room/s
2. For **continued or ongoing** arrangements (more than 2 weeks), staff will administer medication:
 - when a *Medication Authority* signed by an authorised medical person (doctor or pharmacist) is provided
 - AND it includes the associated care instructions to administer the medication
3. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without an authorisation
4. In the case of an emergency, authorisation can be given verbally by
 - a parent or a person named in the child's enrolment record as authorised to consent to administration of medication
 - a registered medical practitioner or an emergency service if a parent or a person named in the child's enrolment record cannot be reasonably contacted

Please note:

- As a Department for Education Service, we are unable to administer paracetamol as a first aid response. If a child requires paracetamol as part of regular treatment (e.g. pain management for bone degeneration) the paracetamol needs to be accompanied by a detailed written authority from an authorised medical person.
- Some creams (e.g. nappy creams), contain chemicals such as cortisone and may not be recommended for long term use without medical supervision.
- **Medication Authority** forms are available from the Centre

To be employed at our Centre Staff must undergo and maintain current:

- *Provide an emergency first aid response in an education and care setting (HLTAID004) which incorporates emergency Asthma and Anaphylaxis management training. Staff with current approved qualifications will be on duty at all times and immediately available in an emergency. One staff member may hold the above qualifications, and more than one staff member may be on duty at any given time*
- *'Responding to abuse and neglect' training. As mandated notifiers we are committed as a profession to be responsive in areas of child protection, wellbeing and safety*
- *Department for Communities and Social Inclusion – Working with children check every 3 years.*

MEDICATION PLANS:

Children known to suffer from asthma, diabetes, eczema, febrile convulsions, or have a diagnosis that the child is at risk of anaphylaxis or any other known allergy or medical condition, must have **a current medical management plan**.

This may take the form of an *Asthma Care Plan, Diabetes Plan, Allergy Care Plan (including Anaphylaxis) and Medication Plan*, completed by an authorised medical person and a parent or caregiver.

Centre staff will also develop a risk minimisation plan in consultation with the child's parents or caregivers on enrolment or preceding the child's first attendance. This may take the form of a risk assessment including a *First Aid response plan*, or other process as deemed appropriate. Medical management plans will be kept in the child's personal file and medication must be stored at the Centre when the child is in attendance. Medication log records are kept securely with confidentiality maintained.

A list showing children with **known medical conditions** will be displayed at eating areas, in the *Medication Cupboard*, in the excursion backpacks and in the child's relevant learning space at the Centre to provide all staff with current and relevant information. Relevant information will be shared with staff as new families are inducted at the Centre or preceding the child's first attendance.

Parents of a child at risk of anaphylaxis will be informed that a notice stating this must, as a necessity, be displayed at the service.

All medical management plans need to be updated at least annually or as the child's health needs change and must include details such as:

- Name and age
- Signs and symptoms
- Triggers and situations in which it may occur
- Correct dosage and times of administration
- Date the plan was documented
- First aid response/procedure

If children are receiving medication at home (e.g. an eczema cream) but not at the Centre, parents or caregivers are strongly encouraged to advise the Centre of the nature of the medication and its purpose, and of any possible side effects it may have for the child.

ADMINISTRATION OF MEDICATION:

Medication must be administered from its original container before the expiry or use-by date and handed to a staff member, who will store it in the kitchen refrigerator/locked kitchen cupboard. Prescribed medications must be administered from a container that bears the original label with the name of the child to whom it is prescribed.

All medications and *Medication Plans* will be checked by a second staff member before medication is given to a child by qualified staff, in accordance with any instructions attached to the medication or provided by the authorised medical person. Staff will record the time and dosage of medication on the *Medication Log* in Childcare or Preschool, and sign the entry.

Children over Preschool age e.g. OSHC children that require medication, will still require written authorisation provided by a parent or guardian to self-administer. They will be supervised by a qualified staff member. The usual Centre procedures are still required ie *Medication Authority*, and the Centre *Medication Log* will need to be completed. On request parents will receive a copy of the *Medication Log* for their own records when they pick up their child.

Staff may self-administer medication as appropriate. Staff may keep non-prescribed personal medications in their locker in the staff room. Staff with medical concerns will need to keep medication and a current *Medication Plan* in the locked kitchen (Medication) cupboard, with a copy of the *Medication Plan* also housed in their confidential personnel file.

MEDICATION LOG:

Staff: A confidential personal *Staff Medication Log* will be maintained by staff, informing relevant staff of any self-administered medication in case of medical emergencies.

Children: Parents must complete the *Medication Log* in either the Childcare and/or Preschool room and staff will check that the correct details have been recorded (date, name, medication name, dosage, method, time of administration and signature). **These instructions must match the directions on the packaging** and/or correspond to the doctor or pharmacist's authorisation or *Medication Plan*, or the medication cannot be given.

If an incorrect or late dosage of medication is given, or a dosage of medication is missed, staff will inform parents or guardians immediately and record this information on the *Medication Log*. Appropriate authorities may be contacted for advice as necessary. If a child refuses medication, parents will be contacted for advice.

Supporting Resources:

- *Asthma Care Plan, Diabetes Plan, Allergy Care Plan (including Anaphylaxis) and/or Medication Plan, and/or First Aid Plan.*
- *Medication Authority forms*
- South Australia Work Health and Safety Act 2012
- Work Health & Safety: Risk Management Policy & Framework; Hazard Management Procedure; Injury Management, Induction Video <http://player.vimeo.com/video/60983250>
- *BCCC Medication Log*
- BCCC current list showing children with known medical conditions- confidential and accessible to staff
- Enrolment Forms contain *Immunisation Records, Health and Additional Needs* information as well as current family contact details
- *BCCC Incident, Injury, Trauma, Illness Record*

Sources:

- DFE: Health Resources for DFE- Health Support Planning
- Health Support Planning in Education & Children's Services
- Guidelines for Education & Children's Services
- First Aid Training HLTAID004- Provide an emergency first aid response in an education and care setting
- 'Responding to abuse and neglect' training
- Australian Children's Education & Care Quality Authority, February 2018, **National Quality Framework Resource Kit**
- Australian Government National Health and Medical Research Council: *Staying Healthy in Childcare- Preventing Infectious Diseases in Childcare*
- SA Health Communicable Disease Control Branch (1300 232 272)

Policy last reviewed: Term 3 2020

Policy review due: Term 3 2021

Approval Signature: