



# **MINLATON DISTRICT EARLY LEARNING CENTRE**

## **HEALTH CARE AND MEDICATION POLICY**

Minlaton District Early Learning Centre has a duty of care to ensure that all persons are provided with a high level of protection during the hours of the service's operation.

### **Responsibility for provision of health care information**

Parents and guardians retain primary responsibility for ensuring that education and childcare services have relevant health care information about their child. The centre must receive details of individual care recommendations for any child or young person with an identified health condition that may need intervention from education and care staff.

Treating health professionals provide this information through [care plans, management plans, action plans, first aid plans and medication agreements](#). These plans will inform employees how they can assist children and young people with various health conditions such as:

- seizures
- anaphylaxis
- asthma
- diabetes
- continence.

The plans provide details of emergency and routine health and personal care support for the child or young person. Not every child or young person with a health condition requires a care plan. Where a child or student has a health condition that does not require any intervention at school or preschool they do not require a care plan.

Where a review date has expired the care plan remains valid until an updated form is received. A review date is NOT an expiry or end date.

### **Health support agreement**

Where a parent advises their child requires health support the site leader, together with the family, must develop a [health support agreement](#) that outlines how the site will meet the requirements of the health care plan. The health support agreement will identify site specific management and emergency response strategies and the level of care needed. A health support agreement may be developed either with or without a formal medical diagnosis and care plan completed by a health professional. All staff are made aware of the child's health support agreement.

A health support agreement should be reviewed in consultation with families in each of the following circumstances:

- annually (at a minimum)
- when a care plan has been reviewed and updated
- as soon as practicable after a medical emergency incident at the education or care service
- prior to the child or young person participating in an offsite activity (excursions) or at onsite special events.

### **Medication Management Procedure**

#### **Definition of medication**

In this procedure the term 'medication' includes all prescribed, non-prescribed, over the counter and alternative therapies (vitamins, minerals, supplements) that are administered in the centre. Medication in this context does not include: sunscreen, nappy rash cream, moisturising lip balm, lubricating eye drops or moisturiser (emollient) where they are unmedicated; creon®, items in a hypo kit.

#### **Duty of Care**

The centre has a duty of care to take 'reasonable precautions' during the period of care to minimise risks. This includes making sure:

- The child is presenting for their medication administration
- The medication is administered as directed in the medication agreement
- All medication rights are met (use the medication rights checklist).

#### **Requests for storage and administration of medication**

A medication agreement must be completed before any medication can be administered to children, the exception being emergency medication. The medication agreement will identify the route of administration (aurally, orally, inhaled or topically) as well as the time of administration.

First dose of a new medication should not occur at the centre due to the dangers of an adverse reaction. Medication that has to be taken 3 times per day can be taken before and after Kindergarten, and at bedtime. This means that it doesn't need to come to the centre at all.

#### **Storage of medication**

Medication such as asthma puffers and epi-pens are to be brought to the centre each time the child attends, given to a staff member and collected at the end of a session. Arrangements can be made to leave these at the centre for the duration of the child's time at Kindergarten.

Medications must be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container with a pharmacy label in which it was dispensed.

Storage should be secure with clear labelling and access limited to the staff responsible for medication storage and supervision.

### **Administration of medication**

Two staff members are needed to administer medication to a child. This ensures

- Medication rights are checked
- The medication administration is supervised
- Information documented in the medication log is correct

The medication log must be completed each time medication is required to be administered. Once all rows on the medication log are completed it is stored in the child's file and a new log is started.

When medication has not been administered the parent/guardian must be notified immediately. They will advise if alternative arrangements are required for administration.

A medication advice form will be completed when:

- medication has not been administered (including when child has refused to take the medication);
- a medication incident has occurred (including medication error)
- post administration observations are required to be documented and communicated to the parent/guardian or treating health professional.

A copy is sent to the parent/guardian and a copy stored in the child's file.

### **Monitoring after the administration of medication**

All children will be monitored for a period of 10 minutes after administration of medication.

In the case of an adverse reaction staff are to refer to child's health care plan, or general first aid guidelines.

### **Medication error**

If a child or student takes the wrong medication, the wrong amount of medication, or takes medication via the wrong route, the following steps should be followed:

- ring the **POISONS INFORMATION LINE 13 11 26**
- give details of the incident and client
- act immediately upon their advice (for example, if you are advised to call an ambulance)
- notify the child's or student's emergency contact person
- document your actions
- review medication management procedures at the worksite in light of the incident.
- Preschool Director to complete a critical incident report and an accident and injury report on IRMS.

### **Administering first aid emergency medication**

Educators must administer medication in response to a medical emergency for children diagnosed with a health condition or as a first aid response.

Adrenaline autoinjector (EpiPen) and asthma reliever inhaler (Ventolin) can be given as a first aid response to any child, staff, visitor having anaphylaxis or an asthma attack.

Where a child has been prescribed an autoinjector (EpiPen) or reliever puffer for emergency medication this should be administered in line with their ACSIA action plan or asthma care plan.

Some children may require other medications as an emergency response. Educators will complete specialised training as required.

### **Excursions**

A first aid kit and any medications required by children will be taken on excursions with one staff member taking responsibility for the first aid kit.

Staff will also carry a mobile phone and a list of children's emergency contacts.

## **Staff Members Health and Medication**

If a staff member has a diagnosed medical condition then they are to communicate this with the Preschool Director and WHS Rep. An Individual First Aid Plan and Medication Agreement needs to be completed and brought to the centre. These forms will be kept securely on site so that in the event of anything happening other staff members are aware of the medication and first aid to administer. Adult medication needs to be stored appropriately, either in the first aid box in the store room, or securely in a handbag in the office away from children's access.

**Sources:** Health support planning in education and children's services DfE 2021

**Governing Council Chairperson**

**Centre Director**

**Policy Creation Date:**

June 2015

**Policy Reviewed:**

September 2018, May 2021, May 2023

**Next Policy Review Date:**

May 2025

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