



Dealing with Medical Conditions and Medication Administration

POLICY STATEMENT:

Lake Mac Newy OOSH will work closely with children, families, and, where relevant, schools and other health professionals to manage children's medical conditions 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 wellbeing, connectedness and belonging to the service (*"My Time, Our Place"* 1.2, 3.1). 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 (*"My Time, Our Place V2.0"* 1.4). The safety, well-being, and best interests of children remain the paramount consideration in all decisions relating to medical management and medication administration at the Service. Medications will only be administered to children in accordance with the National Law and Regulations.

PROCEDURE:

Dealing with medical conditions

- Existing enrolment forms reviewed, and parents contacted to confirm if the existing diagnosed health care need, allergy or relevant medical conditions still applies and whether any new needs have been diagnosed.
- The service will implement practices in accordance with Regulation 90 to ensure that children with medical conditions are effectively managed and supported
- New families will be asked to inform the service of any medical conditions the child may have at the time of enrolment. This information will be recorded on the child's enrolment form.
- Upon notification of a child's medical condition, the service 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 developed in conjunction with the child's doctor and family.
- Medical management plans from medical practitioners with expiry dates must be reviewed and renewed before attendance. Failure to do this promptly will result in your child being unable to attend the service until updated documentation is provided and requirements are met.
- It is a requirement of the service that a risk minimisation plan and communication plan is developed in consultation with the child's family. The Coordinator will meet with the family and relevant health professionals as soon as possible prior to the child's attendance to discuss the content of the plan to assist in a smooth and safe transition of the child into the service.
- Content of the management plan 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 risk e.g. food preparation procedures.
 - Process and timeline for orientation or training requirements of educators.
 - Methods for communicating between the family and educators if there are any changes to the child's medical management plan.
 - That the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or medical condition.
- In addition:
 - If a child is known to attend prior to a session or turns up for a care session without any prescribed medication available on site, management will notify the family that the child will not attend and other arrangements are to be organised.



- Risk minimisation/management plan(s) are reviewed at least annually and/or revised with each change in the Medical Management Plan in conjunction with parents/guardians.
- All relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by educators.
- Parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed.
- Appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the Control of Infectious Diseases Policy.
- 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. All educators including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated regarding the necessary management. In some cases, specific training will be provided to educators to ensure that they are able to effectively implement the medical management plan.
- Where a child has been hospitalised due to any medical condition, a medical clearance will be required on their return to service.
- Where a child has an allergy, the family will be asked to supply information from their doctor explaining the effects if the child is exposed to whatever they are allergic to and to explain ways the educators can help the child if they do become exposed.
- Where possible the service will endeavour to not have that allergen accessible in the service.
- All medical conditions including food allergies will be placed on a noticeboard near the kitchen area out of the sight of general visitors and children. It is deemed the responsibility of every educator at the service to regularly read and refer to the list.
- Where a child diagnosed as at risk of anaphylaxis is enrolled at the Service, a notice will be displayed prominently at the main entrance of the Service stating that a child diagnosed as at risk of anaphylaxis is being educated and cared for at the Service.
- All relief staff 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 that child.
- Where a child has a life-threatening food allergy and the service provides food, the service will have alternative food options for the child when allergies are a concern on that particular day. Children will be encouraged not to share their food. Families and children are to advise Educators if they have food on the premises containing nuts, kiwi fruits or blackberries. Families of children with an allergy may be asked to supply a particular diet if required (e.g. soy milk, gluten free bread or other highly sensitive diets including severe anaphylaxis).
- Where it is necessary for other children to consume the particular food allergen (e.g. nuts, milk or other dairy foods) the child with a food allergy will be closely monitored during meal times and all children will be reminded to wash their hands before and after eating.
- 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.



Administration of Medication

Should the Service wish to set reminder alarms on Service phones, the alarms will display the child's name and medication. When the medication is completed, the alarm will be deleted. If two children have medication at the same time of day, a second alarm can be set on the second service phone if one exists at the service.

Two authorised staff members must be present during the administration of the medication, with one administering whilst the other verifies and witnesses the administration.

- To ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented. Our service medical permission form is required to be completed either on or before the first day of attendance.
- Prescription medication will only be administered to the child for whom it is prescribed, from "Webster Pack" bearing the child's name, medication name, allocated times and dates. In an emergency, medication authorisation will be followed by a phone call to the child's parent/guardian.
- Liquid prescription medication bearing the child's name, medication name, allocated times and dates will be the only exception.
- Webster Packs must be packed by a registered pharmacy.
- Over-the-counter medication, provided by the child's parents, must be authorised by a parent or guardian in writing, is from the original container/packaging including instructions attached, medication is before the expiry/use by date and where possible, medication contains a label showing the child's name
- Provide any herbal/ naturopathic remedies or non-prescription medications (including paracetamol) with a letter from the doctor detailing the child's name and dosage.
- Non-prescription medication (including paracetamol or ibuprofen) will only be administered with written authorisation from a parent/guardian for each instance, unless administered in an emergency in accordance with Regulation 93.
- Educators will only administer medication during the services operating hours.
- 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 an asthma or anaphylaxis emergency; however, the authorisation must be sought as soon as possible after the time the parent 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 separate medication permission form for Before/After School care and Vacation Care, whether the medication changes or not. The medication record form is also to be completed (each session is to be administered), providing the following information;(Reg 92)

The details to be recorded by the family are —

- the name of the child;
- the authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child's enrolment record as authorised to consent to the administration of medication;
- the name of the medication to be administered;
- the time and date the medication was last administered;
- the time and date, or the circumstances under which, the medication should be next administered;



- the dosage of the medication to be administered;
- the manner in which the medication is to be administered;
- the period of authorisation

The details to be recorded by the educators If the medication is administered to the child are —

- the dosage that was administered; and
 - how the medication was administered; and
 - the time and date the medication was administered; and
 - the name and signature of the person who administered the medication; and
 - Depending on who has administered the medication with the Nominated Supervisor, a Responsible Person or 2IC is required under regulation 95 to check the dosage and administration, the name and signature of that person.
- 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 ensured that medication is always kept out of reach of children.
 - If anyone other than the parent is bringing the child to the service, a written permission note from the parent, including the above information, must accompany the medication.
 - A child is not permitted to carry their medication on their person at any time. If a child arrives at OOSH with medication in their school bag eg. puffer this will be handed to an educator and stored in the same location along with other children's medication until the end of their session, where it will be handed back. With already provided action and management plans, this medication will be used for the child in the event of a severe or any other asthmatic occurrence. First aid-trained educators may carry the puffer on their person or in the first aid kit depending on where the child is located within the service. The service maintains a record of this medication administration, including time, educator advised, and if the symptoms were relieved.
 - Before medication is given to a child, the Nominated Supervisor / Responsible Person (with current First Aid Certificate) or 2 IC (wherever possible) who are administering the medication will verify the correct dosage for the correct child with another educator who will also witness the administration of the medication recommended by the doctor or packed by the pharmacist.
 - Both staff will then check the daily parent permission form
 - Both staff will witness the child taking the medication.
 - After the medication is given, the Nominated Supervisor / Responsible Person / 2 IC (or educator) will make a record on the Medication Record Sheet. The educator who verified and witnessed medication given will put their name and signature also.
 - Name of medication, date, time, dosage, name, and signature of person who administered and name and signature of person who verified and witnessed.
 - All medication records will be retained in accordance with Regulation 183.
 - Medication will be stored in accordance with manufacturer instructions, including refrigeration where required.
 - Emergency services (000) will be contacted immediately where required.
 - Provide authorisation on the enrolment form for staff or educators of the Service to administer paracetamol or ibuprofen in the event their child registers a temperature of 38°C or higher. Paracetamol will be administered as per dosage instructions indicated on the label.



- A review of practices is conducted following an incident involving incorrect administration of medication or failure to follow proper medication procedures, including an assessment of areas for improvement
- First aid procedures are followed in the event of incorrect medication administered to a child, in accordance with the *Administration of First Aid Policy* and Procedure
- The Poisons Information Centre phone number, 13 11 26, is prominently displayed alongside emergency service information
- Ensure that families/parents are notified when practicable or within 24 hours if their child is involved in an incident at the Service and that details are recorded on the *Incident, Injury, Trauma and Illness Record*, including incorrect medication provided to a child
- Ensure the regulatory authority is notified within 24 hours if a child is involved in a serious incident at the Service.

Self-Administration Of Medication

A child over preschool age may self-administer asthma medication or oral medication where this is authorised within the child's Medical Management Plan and supported by written parent/guardian consent.

- The Medical Management Plan must include clear instructions regarding the safe management, supervision and recording of the medication.
- Medication must be stored safely at the Service in a designated, secure and accessible location and must not be kept in the child's bag.
- Where permitted, educators will supervise and witness the child self-administering medication. Oral medication must be measured by a Responsible Person and checked by a second staff member prior to administration.
- In the event that a child self-administers medication without educator supervision, the child must notify an educator as soon as possible so that appropriate follow-up and recording can occur.
- An accurate record will be maintained for all instances of self-administration of medication.
- EpiPens will only be administered by a trained educator in accordance with the child's Medical Management Plan and the Service's medication administration procedures.
- Where self-administration has not been authorised within the child's Medical Management Plan, medication will only be administered by educators in accordance with the Service's medication administration procedures.

Medications Kept At The Service

- Any medication, cream or lotion kept on the premises will be stored out of reach of children and checked monthly for expiry dates
- Management will ensure only authorised personnel purchase medication for the Service
- A list of First Aid Kit contents (including medications) close to expiry or running low will be given to the nominated supervisor who will arrange for the purchase of replacement supplies
- Any medication purchased by the Service which appears to be missing will be reported to the nominated supervisor



- Expired medication will be disposed of safely to ensure no harm the environment- (returned to pharmacy RUM bin- return unwanted medicine project)
- Educators will ensure medication purchased by the Service is administered as per procedures noted within this policy
- If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required
- It is the family's responsibility to take home short-term medication (such as antibiotics) at the end of each day, and return it with the child as necessary
- Medication will not be administered if it has passed the product expiry date
- Families are required to complete an *Administration of Medication Record* for lotions or over the counter medications to be administered.

Procedure if a medical episode occurs:

- In the event of a child suffering from a seizure, anaphylactic reaction, severe asthma attack or a diabetic episode, the Nominated Supervisor or Responsible Person on duty will be notified ASAP. This will be communicated using a mobile phone or the walkie talkies that are carried by educators, whilst outside.
- One educator will stay with the child whilst the Nominated Supervisor/Responsible Person retrieves the required medications or action plans to follow for that child.
- The other educators will gather the other children and move them to an area away from the emergency.
- The educators will answer any questions from the children appropriately and with respect to the child and play games with the children within a restricted area for adequate supervision until it is reasonable to return to the areas that they were moved from.
- The Nominated Supervisor/ Responsible Person /2 IC and the educator will remain with the child until they have recovered from the medical episode, or the parent or ambulance has arrived.
- The parent or emergency contact will be notified as soon as possible and will be kept up to date with their child's medical state and the Nominated Supervisor/Responsible Person will remain with the child until the parent arrives or will travel to hospital in the ambulance if the parent cannot get to the service on time.
- In the case that the Nominated Supervisor/Responsible Person travels with the child and there is not a Nominated Supervisor / Responsible Person Supervisor on duty, then an experienced educator will be sent with the child.

EMERGENCY ADMINISTRATION OF MEDICATION [Reg. 93 (5)]

- In the occurrence of an emergency and where the administration of medication must occur, the approved provider/nominated supervisor must attempt to receive verbal authorisation by a parent, or a person named in the child's enrolment form who is authorised to consent to the administration of medication.
- If all the child's nominated contacts are non-contactable, the approved provider/nominated supervisor must contact a registered medical practitioner or emergency service on 000



- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's enrolment form as soon as practicable
- The approved provider/nominated supervisor will contact the regulatory authority within 24 hours as soon as practicably possible (if urgent medical attention was sought or the child attended hospital)
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

CONSIDERATIONS:

Education and Care Services National Regulations	National Quality Standard	Other Service policies/documentation	Other
R90-91, 92-96, 168, 178, 181-184 Law S167, 173	Standards 2.1, 2.1.2, 6.2 and 6.3 Child Safe Standards 1, 3, 4, 7, 9, 10	Parent Handbook Staff Handbook Enrolment and Orientation Policy Providing a Child Safe Environment Policy Management of incident, Injury, Illness and Trauma policy Administration of First Aid policy	Disability Discrimination Act 1975 NSW Anti-discrimination Act 1977 Work Health and Safety Act 2011 Individual Medical Management Plans and corresponding resources. My Time, Our Place.

ENDORSEMENT BY THE SERVICE:

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