

Policy 8

Medical Conditions and Medication Administration Policy

Policy Statement

Wideview Outside School Hours Care Service will work closely with children, families and where relevant 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 wellbeing, connection 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”* 1.4). Medications will only be administered to children in accordance with the National Law and Regulations.

Links to Education and Care Services National Regulations and National Quality Standard

QUALITY AREA		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	Safety	Each child is protected
7.1.2	Management systems	Systems are in place to manage risk and enable effective management and operation of the service

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
90 (1) (c) (iii) (c) (iv)	Medical Conditions Policy (1) the management of medical conditions (iii) risk minimisation plans (iv) communications plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement— <i>anaphylaxis or asthma emergency</i>
95	Procedure for administration of medication
96	Self-administration of medication

Procedure

1. Managing medical conditions

- 1.1 At enrolment, parents/ carers are required to complete an enrolment form for their child. The form includes provision for parents to detail any medical conditions or specific health care need their child experiences (e.g., asthma, diagnosed risk of anaphylaxis, diabetes, epilepsy).
- 1.2 Parents/ carers are asked to provide the Service with any Medical Management Plan from the child’s doctor. This plan details the actions to take in the event of an attack (including details of medication to be administered and instruction in administering medication listed), written permission for the Service to implement the Plan as required, and the contact details of the doctor who signed the Plan. The Service is guided by templates from recognised authorities such as Anaphylaxis Australia, Asthma Australia.
- 1.3 The Service uses Medical Management Plans to develop, in collaboration with the parents/ carers, a Management Plan for their child and review this in the risk minimisation plan ongoing under regulation 90 (1) (c) (iii)(c) (iv) Education and Care Services National Regulations - requirements arising if a child enrolled at the education and care service has a specific health care need, allergy or relevant medical condition, including—
 - (i) requiring a parent of the child to provide a medical management plan for the child; and
 - (ii) requiring the medical management plan to be followed in the event of an incident relating to the child’s specific health care need, allergy, or relevant medical condition; and



- (iii) requiring the development of a risk-minimisation plan in consultation with the parents of a child—
 - (A) to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
 - (B) if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption, and service of food are developed and implemented; and
 - (C) if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
 - (D) to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
 - (E) if relevant, 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; and
 - (iv) requiring the development of a communications plan to ensure that—
 - (A) relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child; and
 - (B) a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.
- 1.4 The Service requires parents/ carers to provide any updates to their child's Medical Management Plan (e.g., at any time the child has been reassessed by the doctor, the child's medication has been altered or discontinued), and at other times when the Nominated Supervisor requests updates as agreed.
- 1.5 A copy of the Medical Management Plan and risk minimisation is readily available to staff.
- 1.6 All medical details held by the Service are kept confidential. Refer to the Service's *Confidentiality Policy*.
- 1.7 The Service takes every precaution to ensure that no child who has been prescribed medication in relation to a specific health care need, allergy or relevant medical condition attends the Service without that medication.
- 1.8 Parents are to hand medications directly to the Responsible Person (RP) on shift. Medication of any kind is **not** to be left in a child's lunchbox or bag without notifying the Manager or RP.
- 1.9 Educators if approached by a parent regarding medication should notify the RP who can then ensure the parent completes all written permission required.
- 1.10 RP's are to write the medication details on the Medication Form, including all details provided and have the parent sign the form. Write information (time and child) in the communication diary and highlight this information. The person responsible will follow protocol checking details on the form and have the medication checked by a second person before administering and then both parties will sign the form to show it is completed following all medication procedures.

- 1.11 The RP communicates the specific health needs of each child to all Educators including the whereabouts of copies of the Medical Management Plan and any medication for the child. They are given the opportunity to ask questions to clarify that they fully understand the child's medical needs and their responsibilities attending to those needs. The Nominated Supervisor ensures that any updates are promptly conveyed to all Educators.
- 1.12 Information posters on Anaphylaxis and Asthma are displayed in the Service.
- 1.13 First Aid kits are located where educators can readily access them in an emergency.
- 1.14 The Service ensures its practices handling and preparing food and beverages consumed by children at the Service prioritise the medical needs of children with known allergies. The Service is a nut avoidance zone, Educators take all reasonable steps to ensure this is upheld.
- 1.15 The Service accesses information and resources on medical conditions and their management from recognised authorities, and provides this information to parents, educators, students, and volunteers.
- 1.16 Health and safety are regular items on team meeting agendas. The topics of common allergies and medical conditions experienced by young children and how to identify and respond to them are regularly discussed during these meetings.
- 1.17 The Service reviews its health and safety practices regularly as part of its Quality Improvement Plan.
- 1.18 Educators intentionally teach young children about health and safety. This includes making children aware that they and/or their friends may need to take special care about some matters (e.g., the type of food they eat, the brand of sunscreen they use).
- 1.19 In the event of an incident relating to a child under a Medical Management Plan, that Plan must be followed explicitly. An Accident, Injury, Illness Record is to be completed.

2. Administration of Medication

- 2.1 Prescribed Medication is only administered if it is in the original packaging or the original packaging is sighted to ensure correct medication is being administered, bearing the original label and instructions, the prescribing Doctors name, the child's name and be within the expiry/use by date or chemist prepared blister packs labelling the child's name, medication, and dose.
- 2.2 Over the counter, naturopathic or herbal preparations must be in the original packaging, bearing the original label, dosages, and instructions, where possible this medication should be accompanied by a Dr letter with explanation/requirement. These medications will be administered at the discretion of the Nominated Supervisor/ Daily Supervisor based on need and their suitability to be administered in a children's service setting.
- 2.3 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 Form – Authority to Administer providing the following information.
 - Name of child
 - Name of medication
 - Details of the date, time, and dosage to be administered. (General time, e.g., lunchtime will not be accepted.)
 - Where required, indicate if the child is allowed to administer the medication themselves or have an educator do it.
 - Signature of parent/guardian

- 2.4 For a child to self-medicate the service must have the parent/Guardian written permission, or exception with the verbal approval of a medical practitioner or parent in the case of an emergency.
- 2.5 If an emergency requires verbal consent to approve administration of medication, the service will complete written notice and have the parent/guardian/emergency contact will sign as soon as practical after administration of the medication.
- 2.6 An authorisation is not required in the event of an emergency, such as asthma, diabetes or anaphylaxis or any cases deemed an exception by the Nominated Supervisor however the medication form must be signed as soon as possible after the time the parent and emergency services are notified.
- 2.7 Where a child has permission to carry their own medication such as Ventolin, they will report to an educator when using their medication or as soon as possible after administering and the service will maintain a record of this administration including time, and if the symptoms were relieved or medical assistance was required.
- 2.8 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.
- 2.9 Educators administer medication according to the “Five Rights” (i.e., right child, right time, right medication, right dose, and right manner). Before medication is given to a child, an educator, other than the one administering the medication, verifies the accuracy of each of these Five Rights. After giving the medication, the educator who administered the medication enters the following details on the Authorisation to Administer Medication Form – date, time, medication administered, dosage, the manner in which the medication was administered, name of the educator who administered it and the name of the educator who verified. The Form is then signed by both educators.
- 2.10 Whenever medication is administered, educators continuously monitor the well-being of the child concerned.
- 2.11 Whenever possible educators wash or sanitise their hands immediately before and after administering medications.
- 2.12 Medication is stored securely away from children, and according to the instructions on the label. Medication that does need to be refrigerated is stored in an area inaccessible to children. Medication that needs refrigeration is stored in the refrigerator in a locked container. Asthma medication, EpiPen’s and Anapen’s are stored in a location accessible to educators labelled for children who require these with relevant plans.

3 Responsibility of Parents

- 3.1 To inform the Service of any updates to their child’s Medical Management Plan.
- 3.2 To ensure the child’s medication is at the service every time the child attends the service.
- 3.3 To complete the appropriate Authorisation to Administer Medication Form.
- 3.4 To ensure any medication brought to the Service has been prescribed by a registered medical practitioner is in the original container, bearing the original label and instructions and before the expiry or use by date.
- 3.5 To hand medications directly to a Responsible Person. Medication of any kind is never to be left in a child’s bag, or with any person other than a supervisor or the Nominated Supervisor.
- 3.6 To collect their un-well child promptly when called to do so, and to sign the required forms at that time.

Sources, further reading and useful websites

- Australian Children’s Education & Care Quality Authority. (2014).
- Early Childhood Australia Code of Ethics. (2016).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Standard. (2017).
- My Time Our Place: Framework for School Age Care in Australia.
- National Health and Medical Research Council. (2012) (updated June 2013). Staying healthy: Preventing infectious diseases in early childhood education and care services.

Policy review information -

The Service encourages staff and parents to be actively involved in the annual review of each of its Policies and Procedures. In addition, the Service will accommodate any new legislative changes as they occur, and any issues identified as part the Service’s commitment to quality improvement. The Service consults with relevant recognised authorities as part of the annual review to ensure the policy contents are consistent with current research and contemporary views on best practice.

Review Date	Date completed	By Whom	Collaborated	Comment
April 2020	Apr 2020	Brandi (Manager)	Staff Committee Parents	Reviewed/ changes to include regulation 90 in April 22
May 2021	8 Nov 2021	Brandi (Manager)		
Apr 2022	Apr 2022	Brandi (Manager)		
May 2023	May 2023	Brandi (Manager)		
2024				
2025				