Hornsby North Community Care Association
Before and after school hours care

Dealing with Medical Conditions & Medication Administration

POLICY STATEMENT

Our Service will work closely with children, families and where relevant schools and other health professionals to manage medical conditions of children attending our service. We will support and encourage children with medical conditions to fully participate in the day to day program in order to promote their sense of well-being, connectedness and belonging to the service (My Time, Our Place 1.2, 3.1). Educators will be fully aware of the nature and management of any child's medical condition, they will respect the child and family's confidentiality. Medications will only be administered to children in accordance with the National Law and Regulations.

CONSIDERATIONS

Education & Care Services National Regulations	National Quality Standard	Related Service Policies / Documentation	Other
R90-91, 92-96, 178, 181-184 Law 167, 173	Standards 2.1, 6.2, 6.3	1. Employee Handbook (203) 2. Parent handbook (202) 3. Enrolment and Orientation Policy (110) 4. Management of Incident, Injury, Illness and Trauma policy (113) 5. Providing a Child Safe Environment (116) 6. Administration of First Aid policy (101)	1. My Time, Our Place. 2. NSW Anti-Discrimination Act 1975 3. Disability Discrimination Act 1975 4. Work Health and Safety Act 2011 5. Individual Medical Management Plans and corresponding resources.

PROCEDURES

1. Dealing with Medical Conditions

1.1 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.

1.2 Specific or long-term medical conditions will require the completion of a medical management plan developed in conjunction with the family, child's doctor, school and class teacher. It is a requirement of the service that a risk minimisation plan and communication plan is developed in consultation with the child's family prior to the child's attendance. The Director/First Aid Officer will meet with family, school and relevant health professionals to discuss the content of the plan to ensure a safe and smooth transition for the child attending the service.

1.2.1 It is the responsibility of the family to notify the Centre of any medication changes or necessary adjustments that need to be made to the management plan.

1.2.2 It is the responsibility of the First Aid Officer to review the management plans annually.

1.3 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.

1.4 Content of the Management plan will include:

1.4.1 Identification of any risks to the child or others by them attending the service.

1.4.2 Process and time line for orientation or training requirements of educators.

1.4.3 Identification of any procedures or practices that requirement adjustments made at the service to minimise risk e.g. food preparation procedures.

1.4.4 Methods for communicating between educators and the family if there are any changes to the child's medical management plan.

1.5 The medical management plan will be followed in the event of any incident relating to the child's specific health care need, relevant medical condition or allergy. All educators including administrative support and volunteers will be informed of any children affected by any special medical conditions and orientated regarding the necessary process. In some instances, e.g. educators will be provided with specific training to ensure they are able to implement the medical management plan effectively.

1.6 Where a child has an allergy, the family will be asked to supply relevant information from their doctor explaining the effects if the child is exposed to the allergy triggers and to explain ways in which educators can help the child if they do become exposed.

1.7 Where possible the service will endeavour to not have that allergen accessible in the service.

1.8 All medical conditions, i.e. Food allergies, Asthma or Anaphylaxis will be placed inside the pantry near the kitchen area out of sight of children and general visitors. It is deemed the responsibility of every educator at the service to regularly read and refer to the list.

1.9 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.

1.10 Where a child has a life-threatening food allergy and the service provides food, the service will not to serve where possible the particular food allergen in the service when the child is attending, and families will be advised not to supply that allergen for their own children. Families of children with an allergy may be asked to supply a particular diet if required (e.g. gluten free bread, soy milk etc.).

1.11 Where medication for treatment of long-term conditions such as anaphylaxis, asthma, ADHD, epilepsy or diabetes is required, the service will require an individual medical management plan from the child's specialist or medical practitioner detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition can be managed in the service.

1.12 In the case of a child having permission to self-medicate this must be detailed on their individual medical management plan including recommended procedures for recording that the medication has been administered. This must be provided by the child's doctor.

2. Administration of Medication

2.1 Prescription medication or a prescribed on the action plan will only be administered to the child for whom it is prescribed, from the original container bearing the child's name, dosage information and with a current use by date. Medication will not be administered at the service unless authorised by a doctor or prescribed on the child's action plan.

2.2 In the case of an emergency or if a child's temperature exceeds 38.C, Panadol will be administered with parent's permission. Written permission should be given on the child's enrolment form.

2.3 An authorisation is not required in the event of an anaphylaxis or asthma emergency however the authorisation must be sought as soon as possible after the time administration of the medication.

2.4 Families who want medication to be administered to their child or have their child self-administer medication at the service must complete a medication form within 24 hours providing the following information:

- 2.4.1 Name of Child.
- 2.4.2 Name of medication.
- 2.4.3 Details of the date, time and dosage to be administered. (General time, e.g. breakfast will not be accepted).
- 2.4.4 Where required, indicate if the child is permitted to self- administer medication or have an educator do it.
- 2.4.5 Signature of family member.
- 2.4.6 What is it for.
- 2.4.7 Any other medications taken that day.

2.5 Medication must be given directly to the Responsible Person or First Aid Officer and not left in a child's bag. Educators will store the medication in a designated secure place, clearly labelled and ensure it is out of reach of all children at all times.

2.6 If someone 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.

2.7 An exception is made to the procedure for asthma medication for severe asthmatics in which case the child will carry their own medication with parental permission. Where a child carries their own asthma medication, they should be encouraged to report to an Educator when they have self-administered their puffer as soon as possible after using it and the service will record this, including time, the Educator who was advised how many puffs used and if the symptoms were relieved.

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 and get them to witness the administration of the medication.

2.9 After medication is administered, the Educator will record the following details on the medication form: Name of medication, time, date, dosage, name and signature of the Educator who administered the medication and also the Educator who verified and witnessed.

2.10 Where a medical practitioner's approval is given, Educators will complete the medication form and write the name of the medical practitioner for the authorisation.

ENDORSEMENT BY THE SERVICE

Date Approved by Director: ____ / _____ / _____

Signature of Approval by Director: _____

Date Approved by Management Committee: ____ / _____ / _____

Signature of Committee Representative: _____

Role of Committee Representative: _____

Date for Review: ____ / _____ / _____