



Dealing with Medications and Medical Conditions Policy

Policy Number: 4
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Rationale and Policy Considerations

Lifestreamers Early Learning understands that families utilise child care in the belief that in their absence, the children will be kept safe, secure and their well-being protected. Families that utilise education and care services place a high level of trust and responsibility on educators. This is particularly the case in the administration of medication to children, or the supervision of older children self-administering medication. Administering medication to a child is considered a high risk practice, and legislative requirements contained within the Education and Care Services National Law (WA) Act 2012 and Education and Care Services National Regulations 2012, and any other relevant legislation, is to be strictly adhered to by service educators. At all times staff will act in the best interests of the children and ensure the health, safety and wellbeing of all children being educated and cared for at the service.

Those educators responsible for administering medications must be trained in the administration of medications and also know what first aid measures to take should an adverse reaction to the medication occur. The service recognises that educators are not qualified medical practitioners and will therefore never attempt to diagnose a child's illness or decide on the dose of medication to be given.

Scope

This policy applies to all educators, children, visitors and students that come in contact with Lifestreamers Early Learning.

Most relevant policies and procedures

- Health, Hygiene and Infectious Diseases Policy
- Incident, injury, illness and first aid policy
- Enrolment and orientation policy
- Medical Management Plan
- Health and Risk Minimisation Plan
- Communication Plan
- Medication form

Policy Statement

We operate to provide care for children who are not sick and to maintain a safe and healthy environment. Preventative measures will be taken to protect children, educators and families from the spread of infections and to provide opportunity for developing sound health habits. These measures will be followed by all people in the centre at all times. We are unable to provide the 1:1 support that a sick child requires and have a responsibility to protect the health of all users. Families need to feel confident that their child's health and well-being is assured and therefore need to cooperate in keeping sick children away from the centre until they are well. If educators establish that a child is unwell they will follow the procedures set out in the *Incident, Injury, Trauma, Illness and First Aid policy* to conduct their duties in providing a safe environment for all. We will not accept children into the centre who require ongoing specialised medical care without a **Medical Management Plan (signed action plan from doctor) and Health and Risk Minimisation Plan and Communication Plan** being completed and until educators have had appropriate professional training and feel confident in administering that care.

Policy Principles

Administering Medication

- Whenever possible medication should be administered by parents/guardians at home. However, this will not always be feasible. Therefore, to ensure children's safety and welfare, the giving of medication at the centre will be strictly monitored.
- Centre educators are not medically trained and therefore we will only administer medication if:
 - It is prescribed by a doctor and has the original label detailing the child's name and dosage AND
 - The parent/guardian has completed and signed a medication form OR

- It is a non-prescribed medication with clearly visible administering instructions AND
- The parent/guardian has completed and signed a medication form.
- If children are receiving medication at home but not at the service, the parent/guardian should advise the educator of the nature of the medication and its purpose and any possible side effects it may have for the child.
- Only prescribed medications or medications accompanied by a **Medical Management Plan** or an explanatory letter from the child's doctor will be administered by educators for any period longer than two days. Educators must be fully trained to all requirements contained within Action and Support Plans.
- No medication will be administered to a child without authorisation, except in compliance with Regulation 94. Exception to authorisation requirement anaphylaxis or asthma emergency.

Non-prescribed medications

- Non-prescribed medications (other than those applications listed on the enrolment form) that are authorised by the child's parent/guardian and are applicable to the child's age, in the original packaging with clear dosage instructions, and within the expiry date of the medication, will be administered for two days only per week.
- If a child needs medication for a longer period, the parent must take their child to the doctor to obtain prescribed medication or the doctor's letter confirming that the over the counter medicine can continue to be administered for a specified length of time.
- Parents/guardians are required to sign an endorsement to confirm their child has had the non-prescribed medication before on at least 3 occasions, and has not had a previous allergic reaction to the medication. They must also print the child's name clearly on the medication to ensure the correct medicine is given to the correct child.
- Educators are authorised only to administer the dosage prescribed on the original label. If your child requires more than that stated on the label, a letter is required from your doctor stating the allowable dosage.

Prescribed Medications

- Children who have been prescribed medication will be required to have three doses before they can return to the centre if it is a new medication the centre has not administered before. This is to ensure the child does not have an allergic reaction to the medication. Medical advice is that after the first dose of a medication, allergic children develop antibodies to the medication, and when a subsequent dose is administered the antibodies cause an allergic reaction.
- If the child has had the medication before at the centre, they will need to be on them for 24 hours before returning. This gives the medication time to work so that the child is not as sick when they return.

Multiple medications

- **If your child requires more than one medication, they are considered to be too unwell for childcare** unless a Doctor's Clearance Certificate Form stating the child as "fit for child care, and will not jeopardise the health of other children or educators", is provided.
- Children on regular drugs for chronic conditions e.g. insulin, anti-epileptic medication, adrenaline auto-injector etc. may be prescribed more than one medication and be deemed as fit for child care.
- A child is considered to be too unwell for childcare if they are vomiting, have diarrhoea, high temperature or lethargic.

Storage

- Medication must be given directly to the educator and not left in the child's bag or locker.
- All prescribed medications must have the original pharmacist's dispensing label, or details provided by the doctor giving the child's name, name of medication, dosage, frequency and way it is to be administered, date of dispensing and expiry date.
- All medication will be stored safely out of reach of children, but readily accessible to authorised educators, and in accordance with the medication requirements.

Training/Authority to Treat

- The definition of 'trained educator' in this policy refers to those educators who have received relevant professionally run training in the treatments or techniques required to administer medication. Medication will only be administered by an educator who holds a current First Aid Certificate, who is trained as defined above, and where the:

- conditions listed above are met, and
- the parent/guardian has completed and signed an Authority to Administer or Self Administer Medication Form on the day on which the medication is to be administered.
- Where specific training is required, and an educator is prepared to undertake the training, any costs incurred will be borne by the child's parent/guardian.
- Where the service cannot provide sufficient numbers of adequately and appropriately trained educators who feel comfortable and confident to perform medical procedures or administer medication to the child, it may be agreed that the parent will come to the service to administer the medication, or arrangements made for a health professional to administer the medication at the service. Without one of these strategies in place, care at the service will not be possible.

Administering Medication Procedure

The following procedure must be followed for administration of medicine.

- Parent/guardian completes and signs the appropriate form, stating name, medication, expiry date, time of last dosage, time of next dose and dosage required.
- Parent/guardian to hand medication to educator in charge of their child's room. Medication to be clearly labeled and stored in the fridge or above the fridge. **No medication should be left in the children's bags or put in the child's bottle.**
- Educators check and confirm the request
- At allocated time/s, an educator in the room will prepare the dosage and verify it with another educator. Either the administering or witnessing educator must be a qualified educator. The educator will observe the child taking the medicine and then complete the educator action section of the medication form stating date, time, dosage, medication given, person who administered, person who verified, and signed by both educators.
- Where the medication requires administration via other than an oral route or external application, only those educators who have a current First Aid Certificate and have received specific instruction from a health care professional, will administer the medication.

Application of ointments or creams

- The service will provide a list of the brands of ointments, creams and applications used at the service, such as sunscreen, insect repellent, antiseptic cream, band aids etc. that it provides for first aid, or to offer protection from the sun or biting insects, to families during enrolment.
- At enrolment families will be required to confirm that to their knowledge their child is not allergic to the service's brands, and to sign their consent that these preparations can be applied to their child, or may opt to provide the service with an alternative brand for their child's use.
- Educators will not apply ointments, creams or applications to children whose parents/guardians have not provided written consent.
- Whenever a family provides their own brand the parent/guardian will be required to complete the medication form giving permission for Lifestreamers to apply, if not stated in enrolment form.

Medical Conditions

Children with Diagnosed Medical Conditions including Asthma and Anaphylaxis

- On application for enrolment families will be required to complete full details about their child's medical needs. The service will assess whether educators are appropriately trained to manage the child's special health needs at that time.
- Where children require medication or have special medical needs for long term conditions or complaints, the child's doctor or allied health professional and parent/guardian must complete a **Medical Management Plan (signed action plan from doctor)** and a **Health and Risk Minimisation Plan**. Such a plan will detail the child's special health support needs including administration of medication and other actions required to manage the child's condition.
- The service will consult with the child's family/ guardian to develop the **Health and Risk Minimisation Plan**. This plan will assess the risks relating to the child's specific health care needs, allergy or medical condition; any requirements for safe handling, preparation and consumption of food; notification procedures that inform other families about allergens that pose a risk; procedures for ensuring educators /volunteers can identify the child, their medication and **Medical Management Plan**.

- The service will also consult with the child's family/guardian to create a **Communication Plan** to ensure that educators and volunteers are informed about the **Medical Management Plan and Health and Risk Minimisation Plan** for the child; and also that the child's parent/guardian can communicate any changes to these plans for the child. The communication plan will document how communication will occur in order to pass on this information.
- Children with specific medical needs must be reassessed in regard to the child's needs and the service's continuing ability to manage the child's special needs, on a regular basis, depending on the specific child's medical condition.
- The **Medical Management Plan** and **Health and Risk Minimisation Plan** will be reviewed and updated every twelve months or as per doctor's instructions.
- If a child's medical, physical, emotional or cognitive state changes the family will need to complete a new **Medical Management Plan** and **Health and Risk Minimisation Plan** and the service will re-assess its ability to care for the child, including whether educators are appropriately trained to manage the child's ongoing special needs.
- Families will be provided with a link to our website to access *Medications and Medical Conditions policy* on enrolment.
- If an enrolled child with special health needs presents for a session of care at the service without their medication, they will not be accepted by the nominated supervisor until their prescribed medication is available.

Procedure on enrolment for children with medical conditions

- Complete enrolment form
- If medical condition, parent/guardian to complete **Health and Risk Minimisation Plan**
- Management to confirm that plans match details provided in enrolment form. If the enrolment form lacks information, parent/guardian to send an email with updated information
- If an email is sent, a confidential note to be put on Xplor with directions to an Outlook file containing the relevant email
- Complete the **Communication Plan** with the initial diagnosis
- Display **Health and Risk Minimisation Plan** and **ASCIA Action Plan** (if diagnosed)
- Communication Plan to be stored behind the **Health and Risk Minimisation Plan**
- Team notified through weekly update, WhatsApp and room meetings
- On child's first day, a photo to be taken and added to **Health and Risk Minimisation Plan** on wall
- On first day, make a placemat for meals if required

Procedure when an enrolled child's medical condition changes

- The educator who speaks to the parent/guardian to;
 - Ask them to also send the information via email so we have a record
 - Update the Communication Plan
 - Give the parent/guardian a new **Health and Risk Minimisation Plan** if relevant
 - If new medication is provided, complete the checklist on the back of the **Health and Risk Minimisation Plan**
- When email is sent, management to print it for all educators to read and sign
- Email to be filed in medication file once everyone has signed it

Asthma Reliever Medications

- Asthma reliever medications (Ventolin, Asmol, Airomir, Epaq) will be stored in the emergency bag of the room the child is in.
- Reliever medications together with a spacer will be included in the service's First Aid kit in case of an emergency situation where a child does not have their own reliever medication with them.

- The Asthma Foundation provides training in Emergency Asthma Management (EAM) which instructs on all aspects of asthma management and administration of asthma reliever medications. Educators will attend either an Asthma Education in-service or EAM course. At least one educator or other person that is trained in EAM is at the service at all times children are present.
- The Asthma Foundation produces recommended guidelines on asthma management within the child care setting, including the Asthma First Aid Plan and Asthma Record Card, which should be completed for each child diagnosed with asthma.

Anaphylaxis

- Whenever a child with severe allergies is enrolled at the service, or newly diagnosed as having a severe allergy, a communications plan will be developed to inform all relevant educators of:
 - the child's name and room;
 - the child's risk minimisation plan;
 - where the child's individual emergency action plan will be located;
 - where the child's adrenaline auto-injector is located;
 - which educators will be responsible for administering the adrenaline auto-injector.
- The service will advise families through the posting of a notice in accordance with the Education and Care Services National Regulations, which states that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Depending on the child's allergens, families will also be advised of allergens to avoid bringing to the service.
- Enrolment forms list the potential allergens stored at the centre. Allergens are clearly labeled to avoid cross contamination.
- It is required that the child with anaphylaxis will have an Australian Society for Clinical Immunology and Allergy (ASCI) Action Plan. The service will become familiar with this plan and also develop an Individual Anaphylaxis Health Care Plan for the child in consultation with the child's parents/guardians and appropriate health professionals. A communication strategy will be developed with parents/guardians to document any changes to a child's health care needs and to discuss the updated health care plan.
- Children may suffer from food intolerances and this information will be provided by families on a **Health and Risk Minimisation Plan**, which details the foods the child must avoid. Food intolerances are not allergies. Food intolerance may occur in response to a wide range of food components (both natural and artificial). In these cases, small amounts of the problem food may be tolerated, but larger quantities result in a reaction that may occur after several hours, or even days, of eating a particular food. Therefore, the service will work with the family to ensure the child is only offered food that they can tolerate. See *Nutrition, Food, Dietary Requirements and Food Handling Policy* for further details.

Asthma or Anaphylaxis Emergencies

- In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.
- For anaphylaxis emergencies educators will follow the child's **Medical Management Plan**. If a child does not have an adrenaline auto-injector and appears to be having a reaction, the educator member will only administer adrenaline if the service has an additional adrenaline auto-injector for general use. Educators administering the adrenaline will follow the instructions on the General ASCIA Action Plan (Orange) stored with the device. An ambulance will always be called. The used auto-injector will be given to ambulance officers on their arrival. Another child's adrenaline auto-injector will NOT be used.
- The National Asthma Council (NAC), which is the national governing body for best practice asthma management, recommends that should a child not known to have asthma, appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately. The following steps are recommended:
- If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma;
 - Give 4 puffs of a reliever medication, using a spacer, allow four breaths for each puff
 - Wait four minutes and repeat if no improvement;
 - Keep giving 4 puffs every 4 minutes until the ambulance arrives;
 - No harm is likely to result from giving reliever medication to someone who does not have asthma;

- In all emergency situations the parent/guardian will always be contacted at the earliest opportunity.

Related Legislation and Documents

- Education and Care Services National Law (WA) Act 2012
- Education and Care Services National Regulations 2012
- Federal/state/territory Work, Health and Safety legislation

Document History

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