



Dealing with Medical Conditions and Medication Administration

POLICY STATEMENT:

Hillsborough OOSH 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, 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"* 1.4). Medications will only be administered to children in accordance with the National Law and Regulations.

PROCEDURE:

Dealing with medical conditions

- 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 92.
- 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 prior to attendance. Failure to do this will result in your child being unable to attend the service.
- 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.
- 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.
- 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/dairy/eggs. Families of children with an allergy may be asked to supply a particular diet if required (e.g. soy milk, gluten free bread).
- 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.
- In the event of a child having permission to self-medicate this must be detailed in an individual medical management plan including recommended procedures for recording that the medication has been administered. The doctor must provide this plan. In one off circumstances the service will not make an exception to this rule and will require the families to complete the procedure for the educators to administer the medication.

Administration of Medication

- Prescription medication will only be administered to the child for whom it is prescribed, from the original container/box or Webster pack bearing the child's name and with a current use by date. Non-prescription medication (e.g. Panadol/Nurofen) will not be administered at the service unless authorised in writing by a parent.
- Educators will only administer medication during services operating hours.
- Permission for a child to self-medicate will be administered with the families written permission only, or with the verbal approval of a medical practitioner or parent in the case of an emergency.
- 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 medication form providing the following information;(Reg 92)
- The details to be recorded 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 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;
 - if the medication is administered to the child—
 - the dosage that was administered; and
 - the manner in which 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
 - if another person 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 ensure that medication is kept out of reach of children at all times.
 - 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.
 - An exception to the procedure is applied for asthma medication for severe asthmatics in which case the child may carry their own medication on their person with parental permission. Where a child carries their own asthma medication, they should be encouraged to report to an educator their use of the puffer as soon as possible after administering and the service maintain a record of this medication administration including time, educator advised and if the symptoms were relieved.
 - Before medication is given to a child, the Certified Supervisor 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.
 - After the medication is given, the Certified Supervisor will make a record on the Medication Record Sheet. The educator who verified and witnessed medication given will put their name and signature also.
 - 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.

CONSIDERATIONS:

Education and Care Services National Regulations	National Quality Standard	Other Service policies/documentation	Other
R90-91, 92-96, 178, 181-184 Law S167, 173	Standards 2.1, 6.2 and 6.3	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. Coronavirus Policy

ENDORSEMENT BY THE SERVICE:

Approval date: _____

Date for Review: _____