



BRISBANIA BEFORE & AFTER SCHOOL & VACATION CARE CENTRE HEALTH

Title: Medical Conditions and Medication Administration

Status: Current

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POLICY STATEMENT:

Brisbania Before & After School & Vacation Care Centre Inc approved provider and nominated supervisor, 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 Education and Care Services National Regulations. National Law and Regulations.

The Approved Provider/ Management/ Nominated Supervisor will ensure:

- Obligations under the Education and Care Services National Law and National Regulations are met.
- Educators, staff, students, visitors, and volunteers have knowledge of and adhere to this policy and associated procedure.
- All new employees are provided with a copy of this policy as part of their inductions process.

PROCEDURE:

Dealing with medical conditions

This policy applies if a child enrolled at the education and care service has a specific health care need, allergy or relevant medical condition which requires a medical management plan for the child while they attend the service and **requires that** 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.

The medical condition will be documented as part of the enrolment process. The service must provide the family with a copy of this policy.

It is a requirement of the service that a medical management plan, 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 must 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 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, the service of the particular food allergen will be avoided when the child is in attendance 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. soy milk, gluten free bread).

Where it is necessary for other children to consume the particular food allergen (e.g. milk or other dairy foods) the child with a food allergy will be seated separately during mealtimes and all children will 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, this must be detailed in the management plan, including 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.

Families will update (or verify currency of) medical management plan annually or as the child's medication needs change.



Administration of Medication

All regularly prescribed medication will only be administered to the child for whom it is prescribed, in the original packaging bearing the child's name and with a current use by date. Non-prescription medication will not be administered at the service unless authorised by a doctor.

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.

- Name of child
- Name of medication
- Details of the date, time and dosage to be administered (or circumstances to be administered). (General time, e.g. lunchtime will not be accepted.)
- Dosage to be administered.
- Method of administration
- Period of authorisation
- Any verbal or written instructions provided by the prescribing medical practitioner.
- Where required, indicate if the child is authorised to self-administer
- Signature of family member

Medications 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 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.

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 educator (with current First Aid Certificate) who is administering the medication will verify the correct dosage for the correct child, method of administration, the expire or use-by date with another educator who will also witness the administration of the medication.

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

Medication records are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the service.

Guidelines For Administration of Paracetamol

- Paracetamol is not to be used as a first aid or emergency treatment. If however, a child develops a fever 38C or higher whilst at the OSHC Service, and parents/guardians have provided written authorisation on the child's enrolment form, Paracetamol may be administered to reduce fever and/or pain.
- Parents/guardians will be notified immediately and asked to organise collection of the child as soon as possible (usually within 30 minutes)
- Only one dose of Paracetamol will be administered. Before administering paracetamol, staff must check that the child has NOT been administered any paracetamol or medicine containing paracetamol in the previous (4) hours.

CONSIDERATIONS:

Education and Care Services National Regulations: 90-91, 92-96, 178, 181-184
Law s167, 173

National Quality Standard Standards 2.1, 6.2 and 6.3

Other Service policies/documentation

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

Other

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.



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