

D-5 Dealing with Medical Conditions and Administration of Medication

POLICY STATEMENT

TWOOSH will work closely with children, families and where relevant, schools and other health professionals, to manage medical conditions of children attending the service. Medical conditions may include allergies, asthma, anaphylaxis, diabetes, intolerances, ADD/ADHD, or any other diagnosed additional need, disorder or disability. We will support children with medical conditions to participate fully in the day-to-day program in the service 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 family's confidentiality (*"My Time, Our Place"* 1.4). We will also engage with our Inclusion Support Agency to ensure we make appropriate provisions to provide care for children with high support needs.

It is the responsibility of all families to notify the service of any medical condition their child has. This includes informing the service in writing of any changes in their child's condition. The "Dealing with medical conditions" policy will be available to parents who identify that their child has a medical condition and a medical plan will be completed by the parent and service for each child that has a medical condition.

CONSIDERATIONS:

- Education and Care Services National Regulations and Law 2011 r90-91, 92-96, 178, 181-184
- National Quality Standard 2012 - 2.1, 6.2, 6.3
- Disability Discrimination Act – Federal 1992
- NSW Anti-Discrimination Act 1977
- Work Health and Safety Act 2011
- My Time, Our Place Framework for School Age Care in Australia 2011 – Outcome 3
- Individual medical management plans and corresponding resources
- Family information booklet
- Staff handbook
- A-3 'Enrolment and orientation' policy
- D- 8 'Administration of first aid' policy
- D-9 'Providing a child safe environment' policy
- D-13 'Management of incident, injury, illness and trauma' policy

PROCEDURES

Dealing with medical conditions

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- Parents will be asked to inform the service of any medical conditions the child may have at the time of enrolment and update the service as necessary during the period that the child is enrolled. This information will be recorded by the parent on the child's enrolment form.
- Upon notification of a child's medical condition, the service will provide the parent with a copy of this policy in accordance with Education and Care Services National regulation 91.
- Children who have been diagnosed with additional needs/disabilities are welcome at OOSH, however families must supply professional reports and reports of diagnosis to assist us in caring for children appropriately. Enrolment will be subject to this information being supplied so the centre can apply to KU for inclusion support and funding to assist the child, staff, and centre. In some cases, without receiving funding, the centre may not be able to cater for the high support needs. Each case will be looked at individually.
- Specific or long-term medical conditions will require the completion of a Medical management plan, Asthma action plan, or Anaphylaxis action plan by the child's doctor/specialist and parent.
- It is a requirement of the service to meet its regulatory obligations that a TWOOSH Child's individual medical management plan be developed in consultation with the parents; this plan is to be kept in the child's file and medical conditions folder located in the medication cupboard if deemed necessary.
- The Director will meet with the parents and relevant health professionals (if required) as soon as possible prior to the child's attendance to determine content of the plan to assist in a smooth and safe transition of the child into the service.
- Content of the TWOOSH child's individual medical management plan, Asthma Action plan, or Anaphylaxis Action 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 eg food service
 - > process and time line for orientation procedures for staff
 - > methods for communicating any changes to the child's medical management plan between parents and educators

All new plans will be documented in the Medical condition folders in the Medication cupboard, with a copy of the plan kept inside, easily accessible to staff.

Staff will be made aware of any medical conditions during staff meetings, or via the staff Facebook page.

- The Child's individual 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 (in accordance with Education and Care Services National Regulation 90). All Educators including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated to their management. In some cases, specific training will be provided to educators to ensure that they are able to effectively implement the medical management plan for that particular child/ren.

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- Medical plans will be kept in the Medication cupboard with the children's names listed on the front of the folders.
- At the beginning of each year plans will be reviewed to ensure they remain current and relevant. Any family needing an updated Plan or new medication for that year will be contacted via email or phone to arrange this.
- Where a child has an allergy, the parents may be asked to supply a letter from their doctor depending on severity. Letter should explain the effects if the child is exposed to the allergen and to explain ways the staff can help the child if they do become exposed. Allergies will be documented in the Child Care Management System, added to the allergy list, staff will be informed, and the letter will be filed into the child's folder. Food intolerances will also be noted on allergy lists.
- The centre will gain written parental permission to display photos of children who have anaphylaxis on the main freezer in the room. Families who do not consent to their child's photo to be displayed will be made aware that they are increasing the risk of exposure to allergens. In this situation, staff will be informed of the child's conditions in staff meetings, conversations with staff, and messages in the Staff communication book.
- All medical conditions including food allergies will be placed in the kitchen and photos of those with anaphylaxis will be placed on freezer and on the staff detailed weekly menu. Allergy information will also be provided for educators at roll call time. It is deemed the responsibility of every educator at the service to regularly read and refer to the lists. Staff are made aware of these lists during orientation, and will be reminded in staff meetings, or reminders given when necessary.
- New children will be added to the food allergies/medical conditions list when they begin enrolment with the service, or when it is identified that they have allergies. Lists are developed annually, and updated when changes are necessary. It is the parent's responsibility to notify OOSH of any changes.
- 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 including which staff member will be responsible for implementing the plan based on training and experience.
- Where a child has a life-threatening food allergy and the service provides food, families in the service will be advised via emails and signs in the centre not to pack any food items containing that allergen (eg when packing food for vacation care). Parents of children with an allergy may be asked to supply a particular diet suitable for their child if required (eg soy milk, gluten free bread).
- Where it is necessary for other children to consume the particular food allergen (eg milk or other dairy foods) the child with a food allergy may be seated separately during meal times and all children will wash their hands before and after eating.
- Where medication for treatment of long-term conditions such as asthma, epilepsy, diabetes, 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.
- Parents are required to supply the child's asthma inhaler, spacer, antihistamines, EpiPen, or other medication/equipment to the centre. When a child requires

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medication for the management of their medical condition the child may be excluded if their medication is not in the centre.

Administration of medication

- Prescription medication will only be administered to the child for whom it is prescribed, from the original container with a current use by date. The medication container must be labelled with a pharmacy label stating the child's name, and include appropriate instruction including the dose to be given. A medication authorisation form needs to be completed by the parent.
- Non-prescription medication will not be administered at the service unless authorised by a doctor. These medications should be labelled with a pharmacy label containing the required information, with the exception of emergency Ventolin/salbutamol and EpiPen administration.
- Educators will only administer medication during services operating hours.
- 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 parent and emergency services are notified.
- An authorisation is not required for regular asthma Ventolin/salbutamol use, it must be noted on the enrolment form that the child requires the use of asthma medication as per action plan.
- Permission for a child to self-medicate will be administered with the family's written permission only, or with the verbal approval of a medical practitioner or parent in the case of an emergency.
- 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. (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 family member
- Medication must be given directly to an educator upon arrival and not left in the child's bag. Educators will store the medication in a designated secure place either in the fridge or First Aid cupboard, 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 children with asthma in which case the child may carry their own medication on their person and

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the service is to maintain a record of this medication administration including time, educator advised and if the symptoms were relieved on an Illness report form. This is to be signed by parents at collection time.

- 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 (the witness does not need to be first aid trained).
- 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. If verbal permission was sought from parent/guardian then this will be noted on the form including the time they were contacted.
- 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. Verbal consent must be verified by a second staff member and form signed by both staff. Parents will need to sign this form as soon as possible. This form will be kept in the child's file once complete and signed by all parties.

Panadol/paracetamol administration

- OOSH does not keep fever-reducing medication at the service.
- Panadol/paracetamol cannot be administered for headaches, temperatures, or head injuries. Appropriate regular first aid will be applied according to recommendations in St John Australian First Aid and Emergency First Aid guides. Parents will be called and notified. Panadol/paracetamol and other pain relief medication may mask symptoms and may mean children are misdiagnosed by medical professionals.
- Panadol/paracetamol can only be administered as part of a medical management plan with a note from the doctor. A medical management plan must be filled out with the director and the family must supply the child's own medication to be stored in the medication cupboard.
- Parents will be notified immediately once medication is administered and asked to collect their child.
- On arrival parents will need to sign the medication administration form with details of dose, time, and by whom.

REVISIONS

Endorsed date	26.03.18
Endorsed date	18.02.19
Date for review	February 2020