

## Health & Safety

# MEDICAL CONDITIONS POLICY

**Policy number: H&S**

**Date approved:**

**Date to be renewed:** June 2014

**Revision:** 1

### **POLICY STATEMENT**

The service and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, staff and visitors.

The nominated supervisor, staff and volunteers of Mundarda Child Care centre will be informed of any practices in relations to managing the above medical conditions

*(Taken from clause 90 of the Education and care Services national regulations 2012)*

### **HOW POLICY WILL BE IMPLEMENTED (Specific Policies & Procedures)**

Mundarda Child Care Centre will:

- Set up a process for informing all staff (including volunteers) of the needs of the individual children and the agreed management practice. This must be done in a way that protects the rights and dignity of the child.
- Undertake a risk assessment to identify what will be needed to support the inclusion of children with medical conditions. Family input should be sought.
- Implement identified strategies and processes to support children with identified health care needs.
- Implement practices to ensure that families are kept fully informed.

The director is responsible for all medication on site regardless of whether it is administered by educators or parents or self-administered by the child.



Where medication is required for the treatment of long-term conditions or complaints such as asthma, epilepsy or ADHD, the service will require a letter from the child's medical practitioner or specialist detailing the medical condition of the child, the correct dosage and how the condition is to be managed. An action plan set out by the medical practitioner must be available to the staff

This is requested for over-the-counter medication as well as prescription only medication. No over the counter medication will be administered unless accompanied with a doctor's note.

If children are receiving medication at home but not at the service, the service should be advised on the nature of the medication, its purpose and of any possible side effects it may have on the child.

Medication management strategies need to include plans for excursions and other off-site activities, for example, who is going to organise and manage the medication.

### Storage

Medications must be given to a staff member on arrival. Medications must be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Some families supply thermal carry packs to maintain safe temperature storage and for ease of transport on excursions.

Medication must be within the expiry date and delivered to educators as a daily supply (or a week's supply at the most). This might require the family to organise a separate labelled container from the pharmacy for safe storage at home.

All medication kept at the centre will be securely stored in a cupboard on high shelving. Should the medication required refrigeration it will be placed on the highest shelf in the fridge in a child proof container.

## Supervision of medication

Everyone supervising medication needs to ensure that:

- They are administering the medication to the right child
- It is the right medication
- It the right dose according to the prescription
- the manner in which the medication is to be administered (e.g. oral or inhaled)
- The expiry date is not past its date.
- It is administered at the right time,
- That they record the details on the service's Request to Administer Prescribed Medication Form.

A child should not take his/her first dose of a new medication while attending the service. The child should be supervised by the family or a health professional in case of an allergic reaction. The centre will not administer medication to children unless they have been taking the dose 24hrs prior, to ensure that no allergic reacton

In administering medication for the treatment of an asthma emergency by a bronchodilator (e.g. Ventolin) via a puffer, you can be administered without written authority providing you have an Asthma Plan that had been filled out by a medical practitioner. The use of a bronchodilator is considered a standard first aid response. Educators must be trained in asthma emergency first aid before administering a bronchodilator (e.g. Ventolin) via a puffer.

In Western Australia, the use of an adrenaline auto injector for the treatment of an anaphylaxis emergency requires an anaphylaxis plan and a prescribed auto injector. Educators must be trained in emergency anaphylaxis first aid before administering adrenaline via an auto injector.

Only team leader will administer medication.

### Self-management of medication

Children who self-manage their medication must:

Have a written medication authority (and clear direction from the family and doctor that the child is able to self-manage).

All medication must be in the original pharmacy labelled container.

All medication are to be stored according to the manufacturer's instructions.

Limitations on the quantity brought to the service (daily requirement preferred).

Take their medication under the supervision of the team leader

Team leader to sign medication authority form

### Allergies

Where a child has a known allergy, it should be recorded on the enrolment form and all staff made aware of it. Where an allergy requires specific medication or treatment, there must be a current medication plan for the child filled in by a medical practitioner

It is the responsibility of Mundarda Child care centre to minimise the risk of exposure to an allergen. Food-safe practices need to address any identified food allergies.

It is imperative that educators/staff are fully aware of the content of the Regulations and National Law pertaining to this policy.

### **SOURCES:**

1. Health Support Planning in Education and Children's Services at  
[www.chess.sa.edu.au/Pathways/  
HSPbookinfull09.pdf](http://www.chess.sa.edu.au/Pathways/HSPbookinfull09.pdf)



2. DECD Child Health and Education Support Services A – Z Health Support Index (information on care plans, guidelines and condition specific resources) at [www.decd.sa.gov.au/speced2/pages/health/](http://www.decd.sa.gov.au/speced2/pages/health/) chess Pathways

3. DECD Anaphylaxis Guidelines for schools at [www.decd.gov.au/A-zpolicies](http://www.decd.gov.au/A-zpolicies)

4. DECD Anaphylaxis web page at

[www.decd.sa.gov.au/speced2/pages/health/allergyAndAnaphylaxis/](http://www.decd.sa.gov.au/speced2/pages/health/allergyAndAnaphylaxis/)

5. ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, Preschools and Childcare at [www.allergy.org.au/health-professionals/papers/prevent-anaphylactic-reactions-in-schools](http://www.allergy.org.au/health-professionals/papers/prevent-anaphylactic-reactions-in-schools)

6. Education and Care Services National Regulations 2012, Division 3 regulation 90, 91, 92, 93, 94, 95, 96

7. ACEQA Quality Standards; elements; 2.1.1, 2.1.4

8. Staying Healthy in Child Care 5<sup>th</sup> Edition