

Medical Conditions and Medication

National Law: Section 90, 168(2)(d)

National Regulations: Regulation 90, 91, 92 93.

National Quality Framework: Standard 2.1

Policy Statement

The service's Medication Policy reflects the following principles

- Children are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are unwell.
- Families can expect that Educators will act in the best interest of the children in their care at all times; meet the children's individual needs and administer medication if required.
- Maintain up to date professional development knowledge of administering techniques and understand their liabilities and duty of care requirements.
- Complete first aid qualifications
- Maintain open communication between educators, families and children.

Goals / What we will do?

- Educators will maintain accurate records of administration of medication.
- Collaborate with families with diagnosed medical conditions to develop a Risk Minimisation Plan for their child.
- Inform all staff including relief staff about children with a diagnosed medical condition and the risk minimisation strategies for the child.
- Educators are trained in the administration of emergency medication.
- Relief educators will be given information about children with Medical Management Plans at the beginning of each shift.

Definitions

Medication

The term 'medication' can be defined either as prescribed or non-prescribed. For the purpose of this policy, 'prescribed' medication is

- authorised by a health care professional
- dispensed by a pharmacist with a printed label, which includes the name of the child being prescribed the medication, the medication dosage and expiry date.

Examples of prescribed medication include;

- Antibiotics.
- Ventolin for Asthma.
- Ritalin for Attention-Deficit Hyperactivity Disorder.
- Epi-pen for Anaphylaxis.

Any medication that does not meet the criteria for prescribed medication can be considered non-prescribed. These includes

- Over the counter medication.
- Medication dispensed by a naturopath/homeopath.
- Considered complementary or alternative such as vitamins and cultural herbs or remedies.

Examples of non-prescribed medication include

- Topical or antifungal creams for nappy rash eczema.
- Paracetamol.
- Ibuprofen.
- Antihistamine.
- Teething gel

Strategies / How this will be done.

Administering Medication

The basic principles of medication administration will be adhered to at all times in the service. The five principles are

- Do you have the right child?
- Medication?
- Dose?
- Method?
- Date and time?
- Expiry date of the medication!

These basic principles are the first steps in ensuring that medication is administered safely to any person and should be documented by the parent or legal guardian before administering medication to a child.

- Medication can only be administered when the service's [Medication Form](#) or [Long Term Medication Form](#) has been completed and signed by the child's parent or authorised person.
- The service will endeavour to ensure that educators are witnessed by another person when administering medication to children. However, in some instances when an educator work independently e.g. schoolie excursions this may not always be possible.

Authorising the Administration of Medication

If it is necessary for medication to be administered to a child while in attendance at the service, it is the parent/authorised person responsibility to ensure that educators are aware of this fact and the appropriate [Medication Form](#) is completed.

This form must state

- The child's name
- The name of the medication
- The time and date the last dosage was given
- The date and time it is to be administered by the service
- Dosage to be administered
- Method of administration
- Signature of Parent/Authorised person



When medication is administered it must be

- From its original container.
- In accordance with any instructions attached to the medication or provided by a registered medical practitioner
- Only to the child whose name appears on the label.
- Witnessed by a second person checking the dosage and its administration.
- Signed off on the medication authorisation form.

It is the responsibility of all parents or authorised person to ensure that when your child arrives at our centre that all medication is handed to an educator or placed in each room's locked medication box. All medication must be collected at the end of the day.

The same conditions apply in respect of natural/herbal medicines. Such medicines will not be administered by our educators unless you have a letter from your child's naturopath to accompany the medication and have completed the medication form, indicating that educators have been authorised to administer this medication. The Naturopath also needs to include a **Dispensing Label** on the medication.

Once the appropriate authority has been completed, the educator/s in your child's room will be responsible for administering the medication to your child. Each dose given to your child will be recorded on the Medication Form and this will be signed and witnessed by the two educators who administer the medication.

If for any reason medication is to be administered outside these guidelines, you will be notified immediately. Such guidelines help us to provide a quality environment that ensures continuing, proper care and safety of your child through the supervision and maintenance of each child's health.

Storage and Disposal of Medication

Medication must be handed to an educator, who will then place this medication in the locked medication box in the designated medication fridge. Medication that is required urgently such as Epi-pens / Anti convulsing medication will be stored within each groups store room / first aid kit which will remain locked.

Administering Medication to a Child

- Collect medication from medication box in the fridge.
- Collect the medication form completed by the parent.
- Wash hands before opening medication.
- All medication is to be checked by two educators before being administered to children. The medication form is to be signed by the educators administering the medication and the educator who cross checks that the correct medication and dose has been given.
- Medication should **immediately** be returned to the fridge if required.
- Empty medication bottles will be disposed of into the kitchen or laundry bin.
- Please remind parents to collect medication upon leaving the service.

Documenting Medication and Medical Conditions

Maintaining records

- Documenting the medical conditions and the administration of medication is important so that educators can communicate to families about the child's health needs.
- Medication documentation is kept until the end of 3 years after the child's last attendance.
- Documentation will be archived upon the completion of the child's enrolment and then archived until the prescribed date.

Monitoring after the Administration of Medication

Children who have received medication at the service will be closely monitored for any adverse effects. Should the child display any symptoms of being unwell it will be reported to the Director, who will inform parents. Children who become acutely ill will have first aid procedures administered.

Authorised administration of medication with verbal consent

In the case of an emergency the service may require verbal consent. This consent can only be obtained from a parent or person named on the child's enrolment record as authorised to consent to administer medication. If these people cannot be contacted and consent may be sought from the child's medical practitioner or emergency services. Written notice must be provided to a parent of caregiver as soon as practically possible.

Specific Health Care

Where children have specific medical needs for long term conditions, the child doctor and parent/ guardian must complete a Medical Management Plan. Such a plan will detail the child's specific health needs including the administration of medication and other actions required to manage the child's medical condition.

Children who have specific health care needs will require a *Medical Management Plan* which includes communication strategies to be completed with our responsible persons in charge. Families **must legally** supply details about their child's medical history upon enrolment at the service.

The service may contact a health care professional if educators are unsure about administering medication to a child, even if the parent or legal guardian has requested the medication to be administered.

A Medical Management plan will include

- A **risk minimisation plan** where parents and staff can identify the potential risks for their child and outline any precautions or procedures that may minimise these risks.
- A **communication plan** where parents can identify how and when communication will occur.

Children with medical conditions must NOT attend the centre if they do not have their medication with them.

Asthma –Families must be given a full copy of this policy upon enrolment.

Children with asthma will need to have an [Asthma Medical Management Plan](#). Parents/guardians will need to make sure it is updated at least six monthly. Indicators that a child is having difficulty breathing include:

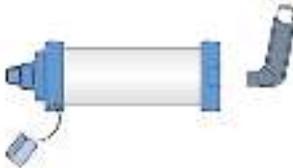


- Dry, irritating, persistent cough that worsens with play.
- Complaining of a sore stomach.
- Tightness of the chest.
- Shortness of breath, which often shows as tummy breathing (abdomen looks more swollen than usual)
- A wheeze/whistling sound that can be heard when the child is breathing out.

If a child should present with breathing difficulties and does not have a diagnosis of Asthma then educators will:

Step One	Step Two
<p>Sit the child upright. Be calm and reassuring.</p> 	<p>If there is no improvement call OOO immediately. If the child's condition is rapidly deteriorating then it may be determined that the service Ventolin is to be administered. If this decision occurs then the senior staff member is to administer.</p>

A child with Asthma diagnosis

Step one	
<p>Sit the child upright. Be calm and reassuring</p> 	
Step Two	
<p>- Shake Puffer - Give one puff into spacer -Take four breaths from spacer -Repeat until 4 puffs have been taken</p> 	
Step Three	
<p>Wait four minutes. If there is no improvement give four more puffs of the Blue / Grey reliever puffer.</p> 	
Step Four	
<p>If there is still no improvement then call for an ambulance -Say the person is having an asthma attack -Keep giving four puffs every four minutes of Blue / Grey reliever until the ambulance arrives.</p> 	

Educators will be given opportunities to attend yearly training in regards to Asthma management. The service will ensure educators are familiar with the first aid management of an asthma attack and how to use a puffer, spacer and facemask.

Diabetes - Families must be given a full copy of this policy upon enrolment.

Children in the service with Diabetes will need to have a [Diabetes Medical Management Plan](#). Parents/Guardians will need to ensure that they are updated at least six monthly.

Children with diabetes in the service will require educators to monitor their food intake. Generally, children will not be able to delay their meals and educators will need to account for this in their activity planning.

There are two main types of diabetes.

Type 1

In Type 1 diabetes, the pancreas cannot produce enough insulin because the cells that actually make the insulin have been destroyed by the body's own immune system. This insulin must be replaced. Therefore, people with Type 1 diabetes must have insulin every day to live. The timing of injections and food intake is most important. Carbohydrate foods are essential and raise blood glucose levels while insulin and exercise lower them.

Type 2

Type 2 diabetes is accelerated by lifestyle. Obesity, little exercise and overeating can lead to Type 2. People with Type 2 diabetes are usually insulin resistant. This means that their pancreas is making insulin but the insulin is not working as well as it should. The pancreas responds by working harder to make more insulin. Eventually it can't make enough to keep the glucose balance right and blood glucose levels rise.

High Blood Glucose- Hyperglycaemia

Can be caused by

- Not enough insulin
- Too much food
- Common illness
- Stress

If levels are high enough educators may see

- Frequent urination
- Excessive thirst
- Weight loss
- Lethargy
- Change in behaviour

Low Blood sugar- Hypoglycaemia

A blood glucose level of below 4mmol/L is regarded as being low. Causes include

- Too much insulin
- Exercise
- Not enough food

If levels are low educators may see

- Sweating, paleness, trembling, hunger, weakness.
- Changes in mood and behaviour
- Inability to think straight, lack of co-ordination.

Educators noting any of these signs should notify the Director and any medical management plan is to be followed. Should symptoms worsen then educators will perform first aid.

Anaphylaxis - Families must be given a full copy of this policy upon enrolment.

Children in the service with known Anaphylactic Allergies will need to have an [Anaphylaxis Medical Management Plan](#). This plan will contain;

- the child's photo
- details of the medical practitioner completing the action plan.
- confirmed allergens, first aid response and prescribed medication
- this plan is to be updated every 12-18mths

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen to which they are sensitive. The most common allergens are peanuts, tree nuts, fish, shellfish, egg, cow's milk, sesame, soy, insect stings, latex and some medications.

A risk minimization plan will be developed with the child's parents that includes;

- The child's signs and symptoms.
- Risk Minimisation strategies.
- The communication plan.
- Emergency contacts for the parents or care givers.
- Review dates for the plan.

Specific strategies for Anaphylaxis;

- The service will only accept Birthday cakes that are store purchased so that we ensure the listed ingredients are supplied.
- All special occasion food must be taken to the kitchen, so it can be labelled to ensure the specific health needs of the anaphylactic child are met.
- Food labels will be used to label food that cannot be eaten by anaphylactic children-these can be located in the kitchen.
- Planned 'special occasion' food labels will be secured to the special occasion food so it is obvious which food is for the anaphylactic child and which food is not to be consumed.
- The ASCIA plan will be displayed on the fridge door.
- The child's medical management plan will be displayed in the storeroom.
- The child's epi-pen will be stored in the child's room.
- Relief staff will be verbally reminded at the commencement of their shift that they are caring for a child with anaphylaxis. This will be documented
- The service will conduct a yearly anaphylaxis risk management checklist. During this audit the epi-pens will be checked for expiry as well as all plans reviewed and this documented.
- The service will source information from ASCIA to distribute to families twice a year.
- The service will become a member of the Epi-club.

Please Note: the signs and symptoms may be different for each child and their individual allergy. They may not always be immediate.

Anaphylaxis signs

- Difficulty noisy breathing.
- Swelling of the tongue.
- Swelling/tightness of the throat.
- Difficulty talking or a hoarse throat.
- Wheeze or persistent cough.
- Loss of consciousness.
- Pale or floppy.
- Swelling of the face, lips and eyes.
- Hives or welts on the skin.
- Vomiting or stomach pain.

For children with an Anaphylaxis Medical Management Plan

- Provide treatment where the child is located.

- Keep the child still and calm.
- Follow the emergency action plan.
- If the action plan indicates the use of adrenaline auto injector trained staff will inject the pen.
- Call for an ambulance.
- Let the dispatcher know of the medical condition.
- If unconscious commence CPR.
- Contact parents.
- Closely monitor child while waiting for the ambulance.
- Contact parents as per the communication strategies outlined on the child's Medical Management Plan.

For children without an Anaphylaxis Medical Management Plan

- Call an ambulance, letting the dispatcher know of the medical condition-stay on the line.
- Call the child's parents- use a mobile device.
- If the child is dizzy or confused lie them flat and elevate the legs.
- Ensure the child does not stand or walk.
- Perform the usual first aid.
- If the child's condition is rapidly deteriorating, then it may be determined that the service epi-pen is to be administered.
- If this decision occurs, then the senior staff member is to administer.

Communication Plans

Communication plans are a legal requirement for a child with specific health care needs. These plans **MUST** be developed in consultation with the child's parents. Consideration must also be given to;

- How the service communicates with relief educators?
- Where medication will be stored and how this will be communicated to educators?
- How children with specific health needs are identified?
- How parents will be notified if any known allergens may pose a risk?
- How the service will ensure that the child does not attend the service without medication prescribed by the child's practitioner in relation to the specific health need?
- How any changes to the Medical Management Plans will be communicated to the service?

Food Bans

Banning specific foods from an early childhood environment will not eliminate the risk of accidental exposure and great consideration will be taken before a food ban is enforced. It may be more appropriate for certain groups who have a child attend with food allergies to have food restrictions or limitations. The service considers that with appropriate education and communication food allergies can be monitored however the service will not implement food bans "just in case a child may one day have an allergic reaction."

Excursions

- On an excursion medication shall be given to the lead educator with the medication form and dispensing materials. This shall be kept in the portable locked medication box. It shall be administered according to the medication form.
- Preventative medication shall also be taken on excursions with copies of the child's medical management plan.
- A first aid kit shall always be taken on excursions.
- The lead educator will carry all emergency contact details for every parent.
- A risk management plan will also be formulated and be taken on the excursion.

Monitoring, Evaluation and Review

Children

Children will be naturally curious if they see a peer taking medication or have a medical condition that is openly discussed. These times will be seen as learning opportunities for all children and their questions will be answered openly and honestly. The group may have special guests come to talk to them and all children will be expected to accept each other's differences.

Families

Families must notify the Director on enrolment of any long term medical conditions such as allergies, asthma, diabetes or epilepsy where medication/specialist care is required.

It is expected that the parents will ensure that their child's medical conditions management plan is completed in consultation with their child's doctor or specialist to ensure information is current and suitable for their child's needs.

A complete policy outlining the services commitment to medical conditions will be provided to families who outline on enrolment that their child has a medical condition

Families are expected to follow these policies and procedures that relate to their child's medical conditions, including but not limited to:

- Ensuring child's medication is clearly labelled with prescribed information (dosage etc.), is in its original packaging, and includes the child's name and date of issue. Prescribed medication that does not bear the child's name will not be given.
- Providing written instruction from child's doctor for administering of medication that is not prescribed. This must include dosage, time to be given, duration, etc.
- Ensure all medications are handed to an educator/member of staff for safe storage. It is vital that medication is NOT stored in children's bags.

Educators

All Educators are expected to be informed about the medical management and risk minimisation plans for children at the service. Educators will continue to liaise with parents about any updates or changes related to a child's specific health care need. This is not to be viewed as sacrosanct information, but rather information that is shared with **All** educators at the service.

Management

Will ensure that they openly communicate to parents about children's medical plans and pass this information onto the educators within the service. High risk medical plans will be displayed for all educators to be informed about and a copy placed in the child's file.

Management will ensure systems are in place to ensure first aid and CPR certificates are up to date.

Community

The service will promote community links by establishing networks with community organisations, such as the doctor or nurse to visit the service and talk about the safe use of medications. This may be particularly important for children who have ADHD or who see adults use medications consistently in the home.

Sources and Further Reading

Anaphylaxis Australia - www.allergyfacts.org.au/

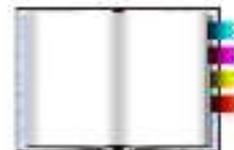
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