

MEDICAL CONDITIONS AND MEDICATIONS PROCEDURE

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Governing policy	Medical Conditions and Medications Policy
Related documents/local protocols	Emergency Health Management Policy Emergency Health Management Procedure Authorisation to Administer Medication Record Form Risk Minimisation Plan Risk Assessment Worksheet Risk Assessment Database Staying Healthy - 5 th Edition Fact sheets on Asthma, Anaphylaxis, Epilepsy and Diabetes- refer to St John Ambulance website: http://stjohn.org.au/first-aid-facts
Related legislation	Education and Care Services National Law Act 2010 Education and Care Services National Regulations 2014 Australian Children's Education & Care Quality Authority: National Quality Framework 2011 Health (Drugs and Poisons) Regulation 1996

PURPOSE

This procedure ensures consistent and strict guidelines for the administration of medication and the safe inclusion of children with diagnosed medical conditions which may require medication.

This procedure **does not** include the emergency administration of asthma or anaphylaxis medication. Please refer to the Emergency Health Management Procedure.

SCOPE

This procedure applies to all Centacare Child Care workers, volunteers and students.

This procedure covers the following service types:

- Outside School Hours Care
- Family Day Care
- Long Day Care
- Kindergarten

PROCEDURE

Diagnosed Medical Conditions:

In accordance with regulation 90 of the Education and Care Services National Regulations 2011, the following are to be applied to safely include a child with a diagnosed medical condition:

- An individual medical management plan must be provided by the parent/carer for any child who is diagnosed but not limited to **asthma, type 1 diabetes, epilepsy or anaphylaxis**

and/or is diagnosed as being at risk of requiring emergency health management treatment and/or requires the administration of health care procedures.

- A copy of this plan must be given to the service where the child attends and must outline the required practices in managing the medical condition and plan of action to be followed in the event of an incident relating to the child's specific medical condition.

Medical Conditions (other):

- In the absence of a medical diagnosis, should a child present with symptoms as covered in Staying Healthy - 5th Edition, the exclusion guidelines will be applied.
- In the absence of a medical management plan and approved by an Area Supervisor, the responsible person in charge in consultation with the parent/carer, may develop a risk minimisation plan for use at the service at the time of enrolment (or upon diagnosis).

Risk Minimisation Plan:

- The Risk Minimisation Plan should outline any likely triggers/allergens to avoid (Responsible person in charge should complete a Risk Assessment Worksheet in addition to this the plan).
- The Risk Minimisation Plan enables all workers and volunteers to identify the child, the child's medical management plan and the location of the child's medication.
- The risk minimisation plan must include the instruction that the child cannot attend the Service without medication being made available by the parent/carer.
- The parent/carer must advise the responsible person in charge of any changes to the individual medical management and risk minimisation plan.
- The responsible person in charge will provide a copy of the Medical Conditions and Medications Policy to the parent/carer of a child with a known diagnosed medical condition, in accordance with regulation 91 of the Education and Care Services National regulations 2011.

Medication Record:

In accordance with regulation 92 of the Education and Care Services National Regulation 2011, the approved provider/family day care educator must ensure that a Medication Record is kept, including the following details for the children to whom medication is to be administered:

- The name of the child;
- The authorisation to administer medication (including self-administration, if applicable), signed by a parent or authorised person named in the child's enrolment record;
- Name of medication to be administered;
- Dosage of medication to be administered;
- Manner in which medication is to be administered time and date medication was last administered;
- Time and date, or circumstances under which the medication should be next administered.
- The name and signature of the person who administered the medication and,
- If another person is required to monitor under regulation 95, of the Education and Care Services National regulations 2011 the name and signature of that person.

Medication Administration:

Only medication prescribed by a medical practitioner or which has a pharmacy label specific to the child are to be administered in accordance with regulation 96 of the Education and Care Services National regulation 2011.

- It is recommended, where possible, medication is administered before or after attending the service.
- **Medication will be administered if:**
 - An Authorisation to Administer Medication Form is signed by the parent or authorised person named in the enrolment record.
 - Appropriate training for relevant staff is undertaken for medications such as Rectal Valium, epinephrine and other invasively administered medications; and
 - It is in its original package with a pharmacist's label which clearly states the child's name, dosage, frequency of administration, date of dispensing and expiry date.
- Instructions on the pharmacy label or doctor's notes will be followed. Verbal instructions from parents/carers will not be accepted.
- All medications brought to the service must be given to the responsible person in charge and stored in a safe place.
- Storage should prevent unsupervised access and damage to medications (some may require refrigeration).
- Emergency medications and treatments, such as epi-pens and asthma management tools, should be kept in a storage space which is unlocked and accessible to workers however inaccessible to children.
- The label should be checked at the time the medication is handed to the responsible person in charge and the medication refused if the label is incorrect or the product out of date.
- It is essential the medication is checked immediately prior to each time it is administered. If the label is incorrect or the product out of date the medication is not be administered and the parent/carer contacted.
- All medication will be administered with the authority of the responsible person in charge as delegated by the parent and/or Nominated Supervisor and witnessed by another staff member (not applicable in FDC).
- All unused medication will be returned to the parent/carer upon collection of the child or, if it is agreed, retained on the premises (in the case of an epi-pen, stored at the service, as is preferred in the case of OSHC), until the medication is no longer required at the service.
- If parents/carers wish to suspend the administration of medication for a particular period, they must note this on the Authorisation to Administer Medication Form, sign and date the entry.
- Should the requirement for medication administration be suspended in excess of 10 consecutive operating days, the parent/carer must notify the service in writing and complete a new authorisation form if they wish the administration to recommence.
- The parent/carer must notify the service in writing when the administration of medication is no longer necessary.

For instructions on emergency administration of medication for asthma and anaphylaxis, refer to the Emergency Health Management Procedure.

Self-Administration of Asthma Medication:

In accordance with regulation 96 of the Education and Care Services National regulation 2011, a child over preschool age will be permitted to self-administer or be assisted in the self-administration of asthma medication.

The responsible person in charge will ensure adherence to the following:

- The parent/carer must provide a written request for the child to be responsible for administering their own asthma medication. The request should state the guidelines and procedures for self-administration.
- The responsible person in charge determines if it is appropriate for the child to self-administer asthma medication at the service.
- The responsible person in charge approves the child's self-medication upon receipt of information and written authorisation from the parent/carer and/or medical practitioner (where appropriate).
- The child, parent/carer and responsible person in charge of the service agree on where medication is stored, where and how it is administered. The responsible person in charge is to ensure it is noted on the Authorisation to Administer Medication Form.
- All workers are to be aware of the children who self-administer asthma medication and self-management of health conditions along with the specific storage area details.

Workers are to supervise self-administration at all times and will be provided with relevant training by qualified medical trainers.

COMPLIANCE

Breaches of this procedure could lead to the discipline of those found to be in breach which may eventuate in the termination of employment.

IMPLEMENTATION

- The Administration Support Coordinator will place this procedure on the Archdiocesan Intranet (AI).
- Area Supervisors are to disseminate this procedure throughout their services.
- Contact the Policy Sponsor for further interpretation of this procedure.

DEFINITIONS

Risk - A risk is the possibility that harm (death, injury, illness – including physical and psychological) may occur when exposed to hazards.

Worker - A **worker** is a person who carries out work in any capacity for a person conducting a business or undertaking. This includes work as an employee, contractor or subcontractor, an employee of a contractor or subcontractor, an employee of a labour hire company who has been assigned to work in the person's business or undertaking, an apprentice, student or volunteer.