

MEDICAL CONDITIONS AND ADMINISTRATION OF MEDICATION

POLICY

Building Futures Care are committed to ensuring the risks related to a child's specific health care need, allergy, or relevant medical condition are assessed and minimized.

PROCEDURE

The Educator will ensure that any children diagnosed with medical conditions are not discriminated against in any way and are able to participate fully in all programs and activities at the service.

All Educators and Educator Assistants must hold current certificates in First Aid, Asthma, and Anaphylaxis. Additional training in the management of Diabetes will also be provided by the Coordination Unit as needed.

Parents will be provided with a copy of the procedure for medical conditions. All parents of a child with a medical condition are required to provide the family day care Educator with a medical management/action plan for their child. A copy of this plan is to be kept at the family day care premises in an easily accessible, but confidential, area; and a copy is to be kept at the Coordination Unit's head office. The plan must display a current photo of the child. In addition, any medical/allergy requirements are to be documented by the parents on the child's enrolment forms.

All Educator Assistants and volunteers, etc. must be informed by the Educator of any children in the service with specific health care needs, allergies or relevant medical conditions; they will be shown the child's management plan and how to follow it.

If the child is taken away from the family day care residence or venue by the Educator (e.g. an excursion), the Educator must carry a copy of the plan and relevant medications with them for the duration of the outing.

If applicable; a notice should be displayed advising that an enrolled child has been diagnosed as at risk of anaphylaxis.

A risk management/minimisation plan will be developed by the Educator in consultation with the child's parents/guardians and will be reviewed by the Coordination Unit. The plan will be followed by the Educator and Educator Assistant. A current copy of the risk management/minimisation plan is to be sent to and kept at the Coordination Unit's head office.

The medical management plan will be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition. An 'incident or injury' form will be completed in the event of a medical incident (see *Incident, Injury and Trauma Including the Administration of First Aid* procedure). The parent must communicate, in writing, any changes to this plan as soon as the change occurs.

The Coordination Unit will check medical management plans regularly at the Educator's place of business.

Medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition must be brought with the child on every day the child attends care.

All prescribed and non-prescribed medication/treatments (e.g. nappy cream) can only be given if it's in its original container, bearing a chemist label with the name of the child, the dosage to be given and is within the expiry and use by date.

Parents must complete a Medication Form to authorise administration of medication for their child. In the case of a short-term medication (e.g. antibiotics), a short-term or single medication form should be completed by the parent for each day the child needs the medication. In the case of a long-term or ongoing medication (e.g. asthma puffer), a long-term medication form may be completed by the parent and then completed each time the Educator administered the medication; this form is valid only for 6 months and then a new one will need to be completed by the parent.

Children over preschool age can self-administer medication as determined by the medical management plan and if the parent/guardian gives written permission; supervision of the Educator will still be necessary.

The Educator will record the administration of medication in the medication record and will note if the child has self-administered the medication.

The parent must include on the medication form:

- the name of the child;
- the authorization to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child's enrolment record as authorized to consent to administration of medication;
- the name of the medication to be administered;
- the time and date the medication was last administered;
- the time and date, or the circumstances under which, the medication should be next administered;
- the dosage of the medication to be administered;
- the manner in which the medication is to be administered;

The Educator must then record the dosage that was actually administered; and the manner in which the medication was administered; and the time and date the medication was administered; and the name and signature of the person who administered the medication.

Due to the possibility of side effects, the first dose of any medication should be administered by the parent at least 2 hours before the child attends care.

In the case where a child has an EpiPen, the EpiPen must be labeled with the child's name and be in a position where it is readily available at all times.

The shelf life of adrenaline autoinjectors is normally around 1-2 years from date of manufacture. The expiry date is displayed on the side of the device which needs to be checked regularly and the device must be replaced prior to this date. Expired adrenaline autoinjectors are not as effective when used for treating anaphylaxis and should therefore not be relied upon to treat anaphylaxis. Parents must replace EpiPen immediately if they are in doubt as to its effectiveness.

The Educator will discuss the use of the EpiPen, symptoms and allergic reactions with the child and will endeavor to create a trusting relationship with the child. The Educator will encourage children with allergies to speak out about how they feel in order for them to recognize their own symptoms and alert others to them.

The Educator will ensure that children only eat the food that is prepared for them. Children should not use utensils or containers used by another child.

The Educator should program for and discuss food allergies and their results to help children understand why others may be unable to tolerate certain products. The Educator will encourage their empathy, understanding and acceptance of all children with differing needs.

In the case of a child with diabetes, as each child's needs will differ, an individual health management plan will be developed by the Educator in consultation with the child's parents/guardians and Doctor/other relevant health care professionals and will be reviewed by the Coordination Unit. The plan will be followed by the Educator and Educator Assistant and must include the child's symptoms of low blood sugar levels and how to appropriately deal with this. A current copy of this plan is to be sent to and kept at the Coordination Unit's head office.

Children diagnosed with Diabetes will not be enrolled into the service until the child's medical management plan is completed and signed by their Medical Practitioner and the Educator and Educator Assistant have been trained on how to manage the individual child's diabetes.

Additional training in the management of Diabetes will be provided by the Coordination Unit as needed; including training in how to perform finger-prick blood glucose or urinalysis monitoring and knows what action to take if these are abnormal. The family must supply all necessary glucose monitoring and management equipment. The service will have a sharps container for the appropriate disposal of all needles/sharp objects which will be stored in a lockable cupboard out of children's reach. The disposal of any items containing blood or other bodily fluids will be disposed of appropriately, ensuring there is no risk of contamination. This will include placing the contaminated item in a sealed plastic bag before being placed in the general rubbish bin.

Availability of meals, snacks and drinks that are appropriate for the child and are in accordance with the child's Diabetes management plan at all times.

The Educator must take all personal Diabetes Management Plans, monitoring equipment, medication records, Emergency Management Plans and any prescribed medication on excursions and other events outside the service. The Educator will increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties and family days.

The Educator must regularly check and record the expiry date of the prescribed medication relating to the medical condition; and ensure there are glucose foods or sweetened drinks readily available to treat hypoglycaemia at all times (low blood glucose), e.g. glucose tablets, glucose jellybeans, etc.

The service's hygiene practices must be adhered to, to ensure cross contamination does not occur.

In an emergency situation, verbal authorisation can be given by a parent or person listed on the enrolment form to administer medication to a child in care.

Medication can be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency. Emergency services will be contacted immediately. The parent of the child and emergency services must be notified as soon as practicable, and no later than 24 hours after the incident.

After a medical emergency (e.g. anaphylactic reaction) Educators will be debriefed by the Coordination Unit. They will be encouraged and supported to discuss and reflect on their practices, feelings and strategies. Procedures will be reviewed and changed if necessary.

RELEVANT LAWS, SOURCES AND OTHER PROVISIONS

National Quality Standards

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011 (90; 91; 92; 93; 94; 95; 96)

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