



Dealing with Medical Conditions & Administration of Medication

Approval: March 2021

Review: March 2023

POLICY STATEMENT:

Bondi Before & After School Care will work closely with children, families and relevant schools and other health professionals to manage medical conditions of children attending the service. We will support children with medical conditions to participate fully in the day to day program in order to promote their sense of well being, 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 the family's confidentiality (*"My Time, Our Place"* 1.4). Medications will only be administered to children in accordance with the National Law and Regulations.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
90	Medical Conditions Policy
90(1)(iv)	Medical Conditions Communication Plan
90 (1) (a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First Aid qualifications

162(c) and (d)	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed

RELATED POLICIES & DOCUMENTATION

Administration of First Aid Child Protection Communication with Families Confidentiality Delivery & Collection of Children Enrolment and Orientation Excursions Incident Injury Illness and Trauma Providing a Child Safe Environment Staffing Supervision	<ul style="list-style-type: none"> 📄 2020 Family Handbook.pdf 📄 Educators Handbook.Editable (2).pdf <ul style="list-style-type: none"> ● Individual Medical Management Plans
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PROCEDURE:

a) Dealing with medical conditions

- Families will be asked to inform the service of any medical conditions the child may have at the time of enrolment. This information will be recorded on the child's enrolment form.
- Upon notification of a child's medical condition, the service will provide the family with a copy of this policy in accordance with regulation 91.
- Specific or long term medical conditions will require the completion of a medical management plan developed in conjunction with the child's doctor and family.
- A child that requires medication cannot attend the service until medication prescribed by their medical practitioner has been provided. In particular medication for life threatening conditions such as asthma inhalers, adrenaline auto-injector devices, and insulin.
- It is a requirement of the service that a risk minimisation plan and communication plan is developed in consultation with the child's family. The Director will liaise with the family and relevant health professionals as soon as possible prior to the child's attendance to discuss the content of the plan to assist in a smooth and safe transition of the child into the service.
- Content of the management 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 e.g. food preparation procedures.
 - Process and timeline for orientation or training requirements of educators.
 - Methods for communicating between the family and educators if there are any changes to the child's medical management plan.
- The 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. All educators including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated regarding the necessary management. In some cases specific training will be provided to educators to ensure that they are able to effectively implement the medical management plan.

- Where a child has an allergy, the family will be asked to supply information from their doctor explaining the effects if the child is exposed to whatever they are allergic to and to explain ways the educators can help the child if they do become exposed.
- Where possible the service will endeavour to not have that allergen accessible in the service.
- All medical conditions including food allergies will be placed on a noticeboard near the kitchen area out of the sight of general visitors and children. It is deemed the responsibility of every educator at the service to regularly read and refer to the list.
- 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.
- Where a child has a life threatening food allergy and the service provides food, the service will endeavour not to serve the particular food allergen in the service when the child is in attendance and families will be advised not to supply that allergen for their own children. Families of children with an allergy may be asked to supply a particular diet if required (e.g. soy milk, gluten free bread).
- Where it is necessary for other children to consume the particular food allergen (e.g. milk or other dairy foods) the child with a food allergy will 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, diabetes, epilepsy, 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.
- In the event of a child having permission to self medicate this must be detailed in an individual medical management plan including recommended procedures for recording that the medication has been administered. The doctor must provide this plan. In one off circumstances the service will not make an exception to this rule and will require the families to complete the procedure for the educators to administer the medication.

b) Administration of Medication

- Prescription medication will only be administered to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication will not be administered at the service unless authorised by a parent.
- Educators will only administer medication during services operating hours.
- Permission for a child to self medicate will be administered with the families written permission only, or with the verbal approval of a medical practitioner or parent in the case of an emergency.
- In the event that a case of emergency requires verbal consent to approve the administration of medication, the service will provide written notice to the family as soon as practical after administration of the medication.
- 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 time the parent and emergency services are notified
- 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 and not left in the child's bag. Educators will store the medication in a designated secure place, 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 severe asthmatics in which case the child may carry their own medication on their person with parental permission. Where a child carries their own asthma medication, they should be encouraged to report to an educator their use of the puffer as soon as possible after administering and the service maintain a record of this medication administration including time, educator advised and if the symptoms were relieved.
- 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.
- After the medication is given the certified supervisor will record the details on the medication form.
 - Name of medication,
 - date,
 - time,
 - dosage,
 - name and signature of person who administered and
- name and signature of the person who verified and witnessed.
- 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.

RESOURCES

[ASCIA anaphylaxis e-training for schools and early childhood education/care](#)

[ASCIA plans for Anaphylaxis](#)

[Coeliac Australia](#)

[Cystic Fibrosis Australia](#)

[Diabetes Australia](#)

[Epilepsy Foundation](#)


[National Asthma Australia](#)

SOURCES

Australian Children's Education & Care Quality Authority. (2014).

- Australian society of clinical immunology and allergy. ascia.
<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>
- Early Childhood Australia Code of Ethics. (2016).
- Education and Care Services National Law Act 2010. (Amended 2018).
- [Education and Care Services National Regulations](#). (2011).
- Federal Register of Legislation *Privacy Act 1988*.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Framework. (2017). (amended 2020).

- National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early*
- *childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).
- *Occupational Health and Safety Act 2004*.
- Revised National Quality Standard. (2018).
- Department of Education Victoria *Meeting children's health needs* (2020).
- Disability Discrimination Act 1975
- NSW Anti-discrimination Act 1977
- Work Health and Safety Act 2011

POLICY REVIEWED	MODIFICATIONS	NEXT REVIEW DATE
July 2019		July 2020
July 2020		February 2021
February 2021	 Dealing with a Medical Condition: Policy I...	March 2023
July 2021	<ul style="list-style-type: none"> ● Reformatted to add Regulations and Quality Areas ● Additional sources added ● Additional Related Policy & documents added ● Added Policy Reviewed table 	March 2023