



DEALING WITH MEDICAL CONDITIONS

We will provide safe and effective care of children by ensuring that staff are fully aware of children's medical conditions and management of these conditions. Measures will be taken to ensure the rights and dignity of the child are protected.

Procedure:

-Medical Conditions

- Parents / Caregivers will be asked to inform the service of any medical conditions the child may have when completing the enrolment form or when diagnosed as having a medical condition.
- The service will receive a medical management plan to ensure that educators are informed of the procedures required for that condition.
- Failure to provide the service with medication or medical management plan will result in the children being excluded until the matter is resolved.
- All educators will be made aware of individual children's agreed management practices.
- The service will undertake a risk assessment to identify what will be needed to support the inclusion of children with medical conditions – family input should be sought.
- Where possible and necessary the service will undertake training to better manage the condition.
- We will keep families informed of processes undertaken by the service.
- Parents/Caregivers of children with an immunity impairment will be advised about the outbreak of contagious diseases so that they may decide if it is in the best interest of the child to not attend the service for a short period.

-Medication

- The Director is responsible for all medication on site regardless of whether it is administered by educators or self-administered by the child.
- Where medication is required for the treatment of long-term conditions 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 – the child's parent must complete and sign the service's Request to Administer Prescribed Medication form.
- If children are receiving medication at home but not at the service, the service should be advised of the nature of the medication, its purpose and of any possible side effects it may have on the child.
- When medication is to be administered by educators, the medication must be given to the service to be stored in a safe, secure space which is accessible only to educators – medications stored at the service must be clearly labelled.
- Medications must be stored in accordance with product instructions and in the original container in which dispensed.
- Medication must be within the expiry date.
- Medication must be delivered to the service at no more than a week's supply – we request that medication is to be provided in the correct dosage for each time it is to be administered (e.g. if half a tablet is to be administered, the parent is to split the tablet prior to giving the service the medication)

- The service will not administer the first dose of a child's new medication – this must be done in the presence of the family or health professional in the case of an allergic reaction.
- In the case of an asthma emergency, educators who are trained in asthma emergency first aid will administer a bronchodilator via a puffer – the service will ensure that it adheres to National Regulations stipulating that at least one educator on site must have undertaken emergency asthma management training.
- The service will only administer adrenaline via an auto injector for the treatment of an anaphylaxis emergency if an anaphylaxis plan and a prescribed auto injector is provided for the child – in all other cases 000 will be called and the educator will follow any instructions given by the phone operator.
- When an educator administers medication to a child, they will fill out a medication log, ensuring they are administering the correct medication to the right child, in the right dose, by the correct route and at the right time – medications will be administered only by qualified educators with HLTAID0004 training who will consult with another educator to ensure the above process has been followed correctly (*this process will be recorded as per appendix 2*)
- For a child to self-administer, they must follow all provisions that the service is held to regarding storage, using the original pharmacy labelled container, recording of administration of medication and administering according to a medication authority from their doctor.
- In the case of an error with administering medication, educators will ring the Poisons Information Centre and follow any instructions given – the child's emergency contact person will be contacted and a critical incident report will be filled out.

-Allergies

- Where a child has an allergy, the parents/caregivers will be asked to supply a letter from their doctor, upon enrolment or diagnosis, explaining the effects if the child is exposed to the allergen, and to explain ways the staff can help the child if they do become exposed.
- If a food allergy exists, parents will be asked to supply a food alternative where the service is unable to do so – parents/caregivers will be asked to do an annual review of our recipe book and determine which foods are suitable for consumption by their child.
- A list will be kept of all children with allergies, containing what they are allergic to and food alternatives.
- All staff will be aware of this list.
- All relief staff will be informed of the list on initial employment.
- The service will ensure that it meets National Regulations stipulating that at least one educator on site is trained in anaphylaxis management training.
- Where the child has a food allergy, particular care is taken to remove the food allergen and reduce the risk of exposure to the child. The service will liaise with the families of children with allergies to ensure that due care is taken.
- Children are not permitted to share food with each other whilst in the care of the service unless at the discretion of the Director.

Health Support Planning in Education and Children's Services (2006) – Government of South Australia, DfE at www.chess.sa.edu.au/Pathways/HSPbookinfull09.pdf



NATIONAL QUALITY STANDARD

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	
90	Medical Conditions Policy
90(1)(iv)	Medical Conditions Communication Plan
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
96	Self-administration of medication
136	First Aid qualifications
170	Policies and procedures are to be followed

Policy reviewed	Previous modifications	Next review date
26/10/2021	NO CHANGES	2022