



7.11 Medical Conditions and Medication Administration Policy

Policy number: 7.11
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Reviewed by: Child Care Team

This policy relates to	
National Quality Standards	<p>2.1 Each child’s health and physical activity is supported and promoted.</p> <p>2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.</p> <p>2.1.3 Healthy Lifestyle- Healthy eating and physical activity are promoted and appropriate for each child.</p> <p>3.1.1 Outdoor and indoor spaces, building, fixture and fittings are suitable for their purpose, including supporting the access of every child.</p> <p>3.2.1 Outdoor and indoor spaces are organised and adapted to support every child’s participation and to engage every child in quality experiences in both built and natural environments</p> <p>6.2.2 Effective partnerships support children’s access, inclusion and participation in the program.</p> <p>7.1.3 Roles and responsibilities are clearly defined, and understood, and support effective decision – making and operation of the service.</p>
Policies	<p>7.1 Incident illness, injury and trauma</p> <p>7.11a Action plan for asthma</p> <p>7.11(c) Action plan for severe allergy / Anaphylaxis</p> <p>7.11 (d) Action plan for Diabetes</p> <p>7.11 (e) Food allergy, intolerance and special dietary needs</p> <p>7.12 (c) Food Handling procedures</p> <p>7.12 Nutrition and physical activity</p> <p>7.22 (a) Health Hygiene commitment plan</p>

Purpose

Educators will facilitate effective care and health management of children who are taking medication or have medical conditions.

Background

Procedures are set to ensure that medication is only provided to children with the authority of parents/guardians and that safeguards are in place.

The Education and Care Services National Regulations require policies and procedures are in place for Dealing with medical conditions in children

Policy

The service aims to provide care for children who require authorised medication, either on a short or long-term basis. The responsibility for the administration of medication should be negotiated and clearly established between parent, educator and the coordination unit.

The service requires the written consent of a parent before administering any form of medication to a child.

To be identified prior to child starting care the following are required to be completed and uploaded to the child's enrolment in Hubworks with an annual review.

- **Risk minimisation plan**
- **Medical Management plan**
- **Communication Plan**

Training-educators are responsible to complete competency based training for children that have specific medical conditions- this can occur through formal training, specialist, nurse, doctor or relevant health worker instructions.

All staff, educators, volunteers or students at the service will be informed of current policies and practices in relation to managing specific medical conditions. This will be done through access to enrolment information for the child, access to health care plans displayed in the service, and access to risk minimisation plans in the service.

Parents can communicate any changes to the medical management plan or risk minimisation plan for the child through the enrolment form, discussion with the educator or coordination unit, or through direct information from the medical specialist or doctor. Parents are requested to review and update information yearly.

Administering medication/Roles and responsibilities

- (1) The parent must give the educator a written authority for administration of all medication, specifying the date/s, name of the medication, dosage, and time of administration and time of last dose together with the parent's signature on the service's Medication Authorisation Form. If a child has not had a specific medication before, it is requested that the **first dose** of the medication be administered prior to a child coming into care.

- (2) Medication will only be administered if it is in its original container with the dispensing label attached listing the child's name and the dosage to be given and is within its use-by-date. Medication must be stored appropriately.
- (3) Non-prescription medication except for paracetamol/ibuprofen may be administered for the first 24 hours with the completion of a medication form. If the medication is required for longer than 24 hours, a doctor's written instruction is also required.

Exceptions: Teething gel and nappy creams – These may be administered by an educator after a medication form has been completed by the parent. (A doctor's written instruction is not required for the ongoing use of these products)

Medicines from an Herbalist or Naturopath

Parents who choose to administer medicines from an herbalist or naturopath are required to obtain a letter from their doctor verifying the medication and dosage if they wish their educator to administer the medication or provide the medication to their child prior to their child attending care and advise the educator.

Paracetamol-Ibuprofen

A parent may provide written permission on a Health Care Plan for Fevers to administer one dose only of paracetamol for temperatures over 38 degrees that do not respond to the cooling down procedure (Refer to Action Plan for a child with a High Temperature). The Health Care Plan is designed to allow educators to reduce the temperature of a child at risk of complications from a fever. Paracetamol cannot be given for any other reason e.g., pain, teething. If a Health Care Plan is in place the parent must supply the paracetamol/ibuprofen in the original bottle with chemist label.

Children with Asthma

The parent of child who has asthma is required to provide an Asthma First Aid Action Plan for emergencies. The parent may provide written permission to allow a child whom the parent judges to be of sufficient maturity to self-administer an inhaler such as Ventolin on an as-needs basis; or a nebuliser to be administered by the educator in accordance with the parent's instructions. The educator must note the time and dosage on the Self-Administration of Medication Authorisation form. Refer to 7.11(a) the Asthma First Aid Action Plan.

Children with a Chronic Medical Condition

The parent/guardian of a child with a chronic medical condition may wish to complete the Medication Authorisation form together with a doctor's letter with instruction for the medication to be administered. The educator must note the time and dosage of medication on the Medication Authorisation form. Medication prescribed for any chronic medical condition must be medically reviewed at least annually, and a new permission form and doctor's letter provided. Parent must have a signed communication record with the service and risk management plan.

Procedure

- Before any medication is administered, the educator should check the parent's instructions and double-check the instructions in relation to specific time and dosage. In case of any discrepancy (e.g., dosage, time or recommended age) no medication should be administered and the service should be contacted;

Ref Regulation 90

- The service regulatory requirement is for a parent of a child with a medical condition must provide the following:

- (i) Requiring a parent of the child to provide a medical management plan for the child; and**
- (ii) Requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy, or relevant medical condition; and**
- (iii) Requiring the development of a risk-minimisation plan in consultation with the parents of a child**

- (A) To ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
- (B) If relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
- (C) If relevant, to ensure that the practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
- (D) To ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
- (E) If relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and

- (iv) requiring the development of a communications plan to ensure that –**

- (A) Relevant staff members(educators) are informed about the medical conditions policy and the medical management plan and risk minimisation plan for he child; and
- (B) A child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.

Ref Regulation 91 Medical conditions policy to be provided to parents

The approved provider must ensure that a copy of the medical conditions policy document is provided to the parent of a child enrolled at an education and care service if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition.

- **The Medication Authorisation form** is to be completed by the parent. The educator must record the time the medication is administered and the dosage, with their signature. The parent must sign the form at the end of the day;
- At all times, medication must be kept in a secure place out of reach of children. If the medication is required to be kept in the refrigerator, it should be placed at the back of the fridge in a childproof container or made inaccessible to children;

- Upon completion of a course of medication or when the Medication Authorisation form is full in the case of chronic conditions, the educator must forward a copy of the form to the service via email in accordance with Regulation 177(1) (c). The original form should be retained by the educator for a period of three (3) years after the child has left the service;
- Self-Administration of Medication – Parents can give permission for children prep, school age and older to self-administer asthma medication and diabetes medication where this has been identified on the health care plan or doctors letter. The educator must note the time and dosage on the Self-Administration of Medication Authorisation form, which must be completed by the parent prior to care.

Risk Minimisation Plan

Educators who have children with specific health or medical conditions which require an Action Plan will need to complete and display a Risk Minimisation Plan. This plan should not contain identifying information about the child, but will inform all other people attending the service of the risks associated with the condition and how they can minimise these risks.

Risk Management Plans must be displayed in an area that is accessible to anyone entering the service. The plan should include (if relevant):

- Any specific risks relating to the child's specific health care need or allergy and how these can be minimised;
- Practices and procedures relating to the safe handling, preparation, consumption and service of food;
- Any known allergens that pose a risk and strategies for minimising risks associated with these;
- The location of the child's identity, medical management plan and medication.

If a child has a medical condition requiring medication prescribed by the child's medical practitioner, the educator must ensure that the child does not attend care without this medication as part of the risk minimisation.

Emergency Plan

If the educator is caring for a child who is suffering from a life-threatening or potentially terminal condition, the educator will have an Emergency Plan in place. This Plan is to be used in the event that the child experiences a severe medical emergency while in care. The emergency plan needs to be followed, unless a medical professional has given different instructions in which case the service should be notified and a new plan created.

Relevant Legislation

Education and Care Services National Law Act 2010 Section 167, 173
Education and Care Services National Regulations 2011
51(1)(a) Conditions on service approval (safety, health and wellbeing of children)
85 incidents, injury, trauma and illness policies and procedures
86 Notification to parents of incident, injury, trauma and illness
87 incidents, injury, trauma and illness record
89 First Aid Kits
90 Medical conditions policy
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
162 Health information to be kept in enrolment record
168 Education and care service must have policies and procedures
169 Additional policies and procedures- Family Day care
170 Policies and procedures to be followed
171 Policies and procedures to be followed
172 Notification of change to policies or procedures
173 (2) (f) prescribed information to be displayed,. For the purpose of section 172 (f) of the Law, the following matter and information are prescribed-
(f) if applicable-
(ii) in the case of a family day care residence or approved family day care venue, a notice stating that a child who has been diagnosed as at risk of anaphylaxis-
 (A) Is enrolled at the family day care service; and
 (B) attend the family day care residence or family day care venue.
177 Prescribed enrolments and other documents to be kept by approved provider
178 Prescribed enrolments and other documents to be kept by family day care educator

National Quality Framework 2011

Queensland Government Health Act 1937 (reprinted July 2010) National Standard 2.1

www.legislation.qld.gov.au/LEGISLTN/CURRENT/H/HealA37.pdf

Key Resources

Department of Education and Children Services, South Australia

<https://www.education.sa.gov.au/sites/default/files/medication-management-in-education-and-care-procedure.pdf>

Family Day Care Australia

www.fdca.com.au

Allergy and anaphylaxis Australia- <https://allergyfacts.org.au>

Diabetes Queensland- <https://www.diabetesqld.org.au/>

Diabetes Australia- <https://www.diabetesaustralia.com.au/>

Guide to the National Quality Framework –<https://www.acecqa.gov.au/nqf/about/guide>

National Asthma Council Australia- <https://www.nationalasthma.org.au/>



ASICA Action Plans for Anaphylaxis- <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

ACECQA newsletter Issue 7 2014- <https://www.cecqa.gov.au/newsletters/cecqa-newsletter-issue-7-2014>