**MEDICATION AND MEDICAL CONDITION POLICY**

**Rationale**

TQEHCCCC Medications and Medical Conditions Policyensures that clear procedures exist to support the health, wellbeing and inclusion of all children enrolled at the centre and supports the enrolment of children and families with specific health care and requirements.

TQEHCCCC is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements through implementing and maintaining effective hygiene practices for all children enrolled at the centre with a chronic illness or medical condition while they are in attendance.

TQEHCCCC will inform educators, staff, volunteers, children and families on the importance of adhering to the Medications and Medical Conditions Policy to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service.

All educators will have the necessary training to support the inclusion of children with additional health needs and all educators hold current approved first aid qualifications.

TQEHCCCC will liaise closely with families and professional medical practitioners to develop a Medical Management Plan for any ongoing medical conditions such as Asthma and Anaphylaxis, which will be reviewed annually.

A child cannot attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition.

A Risk Minimisation Plan and Communication Plan will be developed in consolation with the Nominated Supervisor or Assistant Director to ensure the condition is managed effectively.

The Risk Minimisation plan is designed to outline the condition and its symptoms, possible causes, action and treatment and risks of the medical condition.

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.1.1 | Health - Each child’s health and physical activity is supported and promoted. |
| 2.1.2 | Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented. |
| 2.2.1 | Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regulations | 85 | Incident, injury, trauma and illness policies and procedures |
|  | 86 | Notification to parents of incident, injury, trauma and illness |
|  | 87 | Incident, injury, trauma and illness record |
|  | 88 | Infectious diseases  |
| Regulations | 89 | First Aid Kits |
|  | 90 | Medical Conditions Policy |
|  | 90(1)(iv) | Medical Communications Plan |
|  | 91 | Medical Conditions policy to be provided to parents |
|  | 92 | Medication Record |
|  | 93 | Administration of Medication |
|  | 94 | Exception to authorisation requirement- asthma or anaphylactic emergency |
|  | 95 | Procedure for administration of medication |
|  | 97 | Emergency and Evacuation Procedures |
|  | 161 | Authorisations to be kept in enrolment record |
|  | 162 | Health information to be kept in enrolment record |
|  | 168 | Education and care Service must have policies and procedures |
|  | 174 | Prescribed information to be notified to Regulatory Authority |
|  | 176 | Time to notify certain information to Regulatory Authority |

**EYLF**

|  |  |
| --- | --- |
| LO3 | Children are happy, healthy, safe and connected to others. |
| Educators promote continuity of children’s personal health and hygiene by sharing ownership of routines and schedules with children, families and the community  |
| Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all  |

**Related Policies**

Administration of First Aid Policy

Administration of Medication Policy

Exclusion and Infectious diseases Policy

Child and Educator Immunisation Policy

Significant Incident, Injury, Trauma & Illness Policy

Privacy and Confidentiality Policy

**Scope**

This policy applies to children, families, educators and management of the Service.

**Definitions**

**Communication plan**

A plan that forms part of the policy and outlines how the service will communicate with parents, legal guardians and staff in relation to the policy.

The communication plan also describes how parents, legal guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.

**Medical condition**

In accordance with the Education and Care Services National Regulations 2011, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

**Medical management plan**

A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child’s specific medical condition, and includes the child’s name and a photograph of the child.

**Risk minimisation plan**

A service-specific plan that details each child’s medical condition and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies.

The risk minimisation plan should be developed by families of children with specific medical conditions that require medical management plans, in consultation with staff at the service upon enrolment or diagnosis of the condition.

**The Nominated Supervisor is responsible for:**

* Ensuring all staff and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within.
* Developing and implementing a Communication Plan and Risk Management Plan and facilitating ongoing communication between parents, legal guardians and educators regarding the current status of the child’s specific health care needs, allergy or other relevant medical condition, this policy and its implementation.
* Organising training as required for educators in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs.
* Ensuring at least one educator who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service.
* Identifying specific training needs of educators who work with children diagnosed with a medical condition, that educator’s access appropriate training.
* Ensuring families and educators understand and acknowledge each other’s responsibilitiesunder these guidelines.
* Ensuring families provide information on their child’s health, medications, allergies, their medical practitioner’s name, address and phone number, emergency contact names and phone numbers, and a medical management plan signed by their medical practitioner, following enrolment and prior to the child commencing at the service.
* Ensuring that a Risk Minimisation Plan and Communication Plan are developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed annually or as required.
* Parents or legal guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies.
* Emergency contact numbers are current and accessible for all staff.
* Communicating with centre cook and educators, including volunteers and casual staff, regarding children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service’s procedures for dealing with emergencies involving allergies and anaphylaxis.
* Ensuring a copy of the child’s medical management plan is visible and known to staff in the service. Prior to displaying the medical management plan, the Nominated supervisor, must explain to parents or legal guardians the need to display the plan for the purpose of the child’s safety and obtain their consent.

**Educators are responsible for:**

* Being aware of individual requirements of children with specific medical conditions.
* Appropriate supervision during mealtimes to ensure children do not swap or share food or food utensils.
* Communicating any relevant information provided by parents and legal guardians regarding their child’s medical condition to the Nominated Supervisor, Responsible Person, and other educators to ensure all information held by the centre is current.
* Administering medications as required, in accordance with the Administration of Medication Policy.
* Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor.
* Ensuring opportunities for a child to participate in any activity, exercise or excursionthat is appropriate and in accordance with their risk minimisation plan.
* Notifying parents or legal guardians if medication needs to be replaced and ensure medication, prescribed by their medical practitioner in relation to their specific medical condition, is kept at the centre at all times.

**Parents or legal guardians are responsible for:**

* Informing the service of their child’s medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition.
* Developing a Risk Minimisation Plan and Communication plan with the Nominated Supervisor.
* Providing a Medical Management Plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This Medical Management Plan must include a current photo of the child and must clearly outline procedures to be followed by educators in the event of an incident relating to the child’s specific health care needs
* Notifying the centre of any changes to the status of their child’s medical condition or medication and providing a new medical management plan in accordance with these changes.
* Informing the Nominated Supervisor or Responsible Person of any issues that impact on the implementation of this policy by the service.

**Asthma**

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma symptoms include wheezing, cough, chest tightness or shortness of breath.

Educators and staff will implement measures to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack.

**Asthma Management**

To minimise exposure of susceptible children to triggers which may cause asthma, educators will ensure children’s exposure to asthma triggers are minimised.

All Educators at TQEHCCCC have current First Aid (HLTAI004) training which includes Asthma and Anaphylaxis training.

When a child enrolled at the TQEHCCCC is diagnosed with asthma, families are required to provide an Asthma Action Plan for their child in consultation with their medical practitioner and then consult with the Nominated Supervisor to create a Risk Management Plan and Communication Plan.

**Asthma Medication and Action Plan**

Only prescribed and approved asthma medication will be administered in accordance with the information on the Child’s Asthma Action Plan.

All medication will be inaccessible to children and all educators and staff members will be advised of the location.

All medication will be clearly labelled with child’s name and stored individually with a copy of the Child’s Action Plan.

No medication prescribed for anyone other the child it is approved for will be administered.

Medication to be administered must be recorded accurately by the parent or legal guardian in relation to the time and dosage and educators will follow the administration of medication procedures.

In a medical emergency TQEHCCCC **emergency first aid asthma medication** will be administered, which is located in the Centre store room labelled ‘Asthma emergency kit’.

**Asthma Action Plans are to be updated annually. Children will be unable to attend unless current Action Plan is in place.**

**In the event of a child having an Asthma attack whilst at the centre**

1. The child will be positively reassured, calmed and moved to a quiet area under the direct supervision of a qualified staff member who holds a current first aid certificate.
2. Asthma medication will be administered as outlined in the Child’s Asthma Action Plan and Risk Minimisation Plan.
3. The parent or legal guardian will be contacted by phone immediately **if educators become concerned about the child’s condition.**
4. Medication maybe administered without parental consent in and emergency situation, in this case parents will be notified immediately or as soon as it is safe to do so.
5. In the event of a severe Asthma attack an Ambulance will be contacted on 000 immediately and step 4 of the Asthma First Aid Plan will be implemented until Ambulance Officers arrive.
6. If the child is experiencing symptoms of having an asthma attack whilst at the centre and does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined in the National Asthma Council Australia Action Plan:
* Sit the child comfortably upright, stay with the child and be calm and reassuring
* Give 4 separate puffs of a reliever inhaler (blue/grey)
* Use a spacer if available
* Shake puffer
* Give 1 puff at a time with 4 breaths after each puff
* Wait 4 minutes - If there is no improvement, give 4 more puffs as above
* If there is still no improvement call an ambulance on 000
* Keep giving 4 puffs every 4 minutes until the ambulance arrives

**Anaphylaxis**

Anaphylaxis is a severe, life-threatening allergic reaction. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications.

While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.

**Definitions**

**Anaphylaxis**

Is a severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly the breathing or circulation system.

**Anaphylaxis Action Plan**

Is a medical management plan prepared and signed by a Registered Medical Practitioner providing the child’s name and allergies, a photograph of the child and clear instructions on treating an anaphylactic reaction.

TQEHCCCC is a nut aware centre.

**Anaphylaxis Management**

TQEHCCCC recognises the importance of all staff members responsible for the child/ren at risk of anaphylaxis, undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device.

All staff members will undertake Anaphylaxis training a least every three years as required by the ACECQA.

When a child enrolled at the TQEHCCCC is diagnosed with Anaphylaxis, families are required to provide an Anaphylaxis Action Plan for their child in consultation with their medical practitioner and then consult with the Nominated Supervisor to create a Risk Management Plan and Communication Plan.

The Anaphylaxis Action Plan will include the child’s name and photograph, confirmed allergies, symptoms of mild, moderate and severe reactions and clear instructions of action to take when an allergic reaction occurs.

Action Plans and medication will be stored in a location that is known to all staff, including relief staff, easily accessed when an emergency response is required, inaccessible to children and away from direct sources of heat.

A coloured photo will be attached to the Anaphylaxis Plan by the educators and will be displayed in each child’s room, food preparation room and the Staff room and will include information regarding their specific allergies and which room they are in and days of attendance.

**Anaphylaxis Action Plans are to be updated annually. Children will be unable to attend unless current Action Plan is in place.**

**To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, the Nominated Supervisor and Educators will:**

* Ensure children do not share food or utensils during mealtimes.
* Prepare food in line with a child’s medical management plan and family recommendations.
* Organise training for food preparation staff regarding appropriate measures to prevent cross contamination between foods during the handling, preparation and serving of food.
* Request families to label their child’s milk bottles and formulas.
* Reflect on whether it is necessary to change or restrict the use of food products in craft, science experiments and cooking experiences so children with allergies can participate.
* Supervise all children at meal and snack times to ensure food is eaten in specified areas and children are seated during mealtimes.
* Closely supervise children during this time if there is a child diagnosed at risk of anaphylaxis from a milk allergy in their room.
* Prevent accidental exposure to an allergenic food the centre by advising families not to bring food into the centre, for their child, to minimise the potential risk of child/ren accessing the foods or cross contamination.

**Anaphylaxis Medication and Action Plan**

All medication will be clearly labelled with child’s name and stored individually with a copy of the Child’s Action Plan.

Only prescribed and approved Anaphylaxis medication will be administered in accordance with the information on the Child’s Action Plan.

**In the event of a child having an anaphylactic reaction whilst at the centre:**

The child will remain under the direct supervision of a qualified staff member who holds a current First Aid Certificate.

Anaphylaxis medication will be administered, as outlined in the Child’s Anaphylaxis Plan, by a First Aid trained educator with approved anaphylaxis training.

A staff member will contact the Ambulance on 000.

Parents will be condition and reassure them. Ensure they are comfortable by either laying them flat or elevating notified immediately of the child’s condition and what further action has been taken.

A staff member will stay with the child and monitor the child and if breathing is difficult allow to them to sit up but not stand.

**Reporting Procedures:**

After each emergency the following will need to be carried out the Nominated Supervisor will:

* Seek feedback from everyone affected by the policy regarding its effectiveness.
* Monitor the implementation, compliance, complaints and incidents in relation to this policy.
* The Nominated Supervisor will inform Management about the incident.
* Staff will be debriefed after each serious medical incident and the child’s Individual Anaphylaxis and Asthma Health Care Plan evaluated and discuss the effectiveness of the procedures that were in place.

**TQEHCCCCC Medical Conditions Communication Plan**

**The Queen Elizabeth Hospital Community Child Care Centre’s communication Plan is designed to assist educators, parents and health professionals to communicate effectively to ensure the health, safety and well-being of children with specific medical conditions.**

 The Nominated Supervisor will implement a medical conditions communication plan to ensure that all educators, staff and volunteers are informed and understand about the medicals condition policy, medical management plan, and risk management plan.

The plan will be signed by parents or legal guardians, the Nominated Supervisor and relevant educators.

This will ensure all educators

* Can easily identify a child with health care needs or medical conditions
* Understand the child’s health care needs and medical conditions and their medical management and risk minimisation plans.
* Aware where each child’s medication is stored
* Updated about the child’s needs and conditions

**The Nominated Supervisor will:**

Ensure the Medical Conditions Communication Plan is current and will advise parents or legal guardians to make necessary their child’s health and medical management and risk minimisation plans, as required.

Ensure any new information is attached to the child ‘s enrolment form and medical plans where relevant and communicated with relevant educators, staff and volunteers.

Ensure all educators are aware of the location of the child’s medication and their individual communication Plan.

Update all staff of children’s medical conditions and communication plans through monthly staff meetings.

Display children’s medical management plans, their photos and medical conditions in their individual rooms and in the staff room, on the individual children’s needs board.

Encourage daily conversations between educators and families.

**Medical Management Plan**

The Enrolment Form provides an opportunity for parents or legal guardians to help the service effectively meet their child’s health and medical needs. All educators and volunteers at the centre will follow a child’s medical management plan, including in the event of an incident related to the child’s specific health care needs or medical condition.

**Families must:**

* Advise Nominated Supervisor of the details of specific health care needs or medical conditions including asthma, diabetes and allergies, and whether the child has been diagnosed at risk of anaphylaxis.
* Provide a Medical Management Plan for medical conditions such as Asthma and Anaphylaxis which will be prepared by the child’s doctor in respect of any specific health care needs or medical conditions. The Plan should:
	+ include a photo of the child
	+ state what triggers the allergy or medical condition if relevant
	+ state first aid needed
	+ contact details of the doctor who signed the plan
	+ state when the Plan should be reviewed
	+ have supporting documentation if appropriate

**Medical Conditions Risk Minimization Plan**

The Nominated Supervisor and relevant educators will prepare and implement a medical conditions risk minimisation plan in consultation with families which is informed by the child’s Medical Management Plan. The Plan will include measures to ensure:

* Any risks are assessed and minimised
* Strategies to minimise the risks
* Practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented if relevant (we will follow all health, hygiene and safe food policies and procedures)
* All parents are notified of any known allergens that pose a risk to a child and how these risks will be minimised
* A child does not attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition.

This plan will be signed by parents, the Nominated Supervisor, parent and Medical practitioner.

The Medical Management and Risk Minimisation plans will be kept in the child’s file and a copy of the plans stored securely with the child’s medication. The medical plans will also be taken on any excursions.

**Please see attached**

* Medical Conditions Management, Risk Minimization and Communication Plan

**References**

**Guide to National Quality Standards**

[**https://www.acecqa.gov.au/sites/default/files/2020-09/Guide-to-the-NQF-September-2020.pdf**](https://www.acecqa.gov.au/sites/default/files/2020-09/Guide-to-the-NQF-September-2020.pdf)

**Education and Care Services National Regulations 2011** [https://www.legislation.nsw.gov.au/#/view/regulation/2011/653/chap1/reg3](https://www.legislation.nsw.gov.au/%22%20%5Cl%20%22/view/regulation/2011/653/chap1/reg3)

**National Health and Medical Research Council (2005), Staying Healthy in Child Care: Preventing infectious diseases in child care, available at**

 [www.nhmrc.gov.au/guidelines](http://www.nhmrc.gov.au/guidelines)

**Unley Community Childcare Centre policy Handbook**

<http://unleycommunitychildcare.com.au/resources>

**Ecrh: Early childhood Resource Hub Policies**

<https://www.ecrh.edu.au/>

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed**  | **Reviewer** | **Approved**  | **Next review**  |
| September 2020 | Daina Prosser, Senka Jelic | The Board  | September 2022 |
|  |  | December 2020 |  |