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MEDICAL CONDITIONS POLICY

Background

To support the wellbeing of children who attend OSHC effective management of medical conditions is a priority of the service. Effective management is heavily reliant on good communication with families. Services have a responsibility to share information with families in relation to medication. Health Support Planning in Education and Children's Services is a reference point and educators must undertake only those procedures and support for which they have current training.

Policy statement

The Stradbroke School OSHC service (**the service**) staff will assist children to manage medical conditions and assist with medication if that medication is prescribed by a doctor and has the original label detailing the child's name, required dosage and storage requirements and is accompanied by the required documentation.

Relationship

Regulations	National Quality Standard	Other policies / Service documentation	Other legislation / Guidelines
168	2.1		
90-96 162		Enrolment form	Health Support Planning in Education and Children's Services
		Excursions Policy	

Medical Condition Management

Medical conditions include asthma, diabetes, allergies and the diagnosis of a child at risk of anaphylaxis. This information should be included on the enrolment form and communicated in writing as part of the enrolment process between the service and the enrolling guardian. Upon enrolment the service must receive medication/s or access to the medication/s outlined in the child's medical management plan as well as a copy of the child's medical management plan which has been completed by a medical professional. This is critical in ensuring staff are informed about the required procedures to be followed to manage the condition and required first aid responses. It is the responsibility of the enrolling parent / caregiver to ensure the plan is renewed every 12 months and the medication supplied is in date at all times of attendance.

Services will:

- Set up a process for informing all staff (including volunteers) of the needs of the individual children and the agreed management practice. This must be done in a way that protects the rights and dignity of the child.
- Undertake a risk assessment to develop a risk-minimisation plan to identify what will be needed to support the inclusion of children with medical conditions. Guardian input should be sought. During this process caregivers will be notified of any known allergens that pose a risk to the child.
- Implement identified strategies and processes to support children with identified health care needs.
- Implement practices to ensure that guardians are kept fully informed.
- It is the responsibility of services to minimise the risk of exposure to an allergen. Food-safe practices need to address any identified food allergies.
- Caregivers must advise in writing any changes to the medical management plan or risk management plan for the child as soon as practical to ensure the best outcomes for the child.
- A copy of the Medications and Medical Conditions Policy must be provided to the child's caregiver.

In South Australia, medication for the treatment of an asthma emergency by a bronchodilator (eg Ventolin) via a puffer can be administered without written authority. The use of a bronchodilator is considered a standard first aid response. Educators must be trained in asthma emergency first aid before administering a bronchodilator (eg Ventolin) via a puffer. In this circumstance the approved provider must ensure that emergency services and a parent of the children are notified of this as soon as practicable.

In South Australia, the use of an adrenaline auto injector for the treatment of an anaphylaxis emergency requires an anaphylaxis plan and a prescribed auto injector. Educators must be trained in emergency anaphylaxis first aid before administering adrenaline via an auto injector. In this circumstance the approved provider must ensure that emergency services and a parent of the children are notified of this as soon as practicable.

Where medication is required for the treatment of long-term conditions or complaints such as diabetes, epilepsy or ADHD, the service will require a health care plan or 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. This can be requested for over-the-counter medication as well as prescription only medication. If a medication authority is not provided, staff should have written instructions from the parent/guardian (recommended in cases of short-term medication only). The instructions must match those on the pharmacy label. In all cases a medication record must also be completed by the child's guardians.

Where midazolam has been prescribed as an emergency medicine for seizures an intranasal midazolam (INM) medication agreement from www.education.sa.gov.au must be completed by the treating health professional and authorised by the parent or legal guardian:

- [INM medication agreement \(1 seizure type\) – HSP153](#)
- [INM medication agreement \(2 seizure types\) – HSP153](#)
- [INM medication agreement \(3 seizure types\) – HSP153](#)

Medication

The director is responsible for all medication on site regardless of whether it is administered by educators or parents or self-administered by the child. A medication record must be completed by the child's guardian before medication can be administered and is then to be completed by the administering educator and their witness.

'Medication' includes all prescribed, non-prescribed, over the counter and alternative therapies (vitamins, minerals, supplements) that are administered in an education or care service. Education and care services can only administer medication orally, aurally, inhaled or topically.

To be administered all medication must:

- Be in its original container bearing the original label and instructions.
- Display, and be before its expiry date or best before date.

Medication, if prescribed by a registered medical practitioner, must:

- Bare its original pharmacy label with the name of the child to whom the medication is to be administered

A child should not take his/her first dose of a new medication while attending the service. The child should be supervised by the family or a health professional in case of an allergic reaction.

If children are receiving medication at home but not at the service, the service should be advised on the nature of the medication, its purpose and of any possible side effects it may have on the child.

Medication management strategies need to include plans for excursions and other off-site activities, for example, who is going to organise and manage the medication.

Emergency response medication

In the event of an emergency permission may be given verbally by a parent or persons named in the child's enrolment form as authorised to consent to administration of medication. In the event a person named in the enrolment form cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service may authorise the administration of medication.

Self-administration of medication

The decision as to whether a child or young person can carry their own and/or self-administer medication is made by the director in consultation with the parent and young person by completing a risk assessment. Authorisation for self-medication must be recorded in the medication record for the child. Upon each administration a medication record must be completed.

Storage

- When educators are to assist with a child's medication, the medication should be given directly to the qualified staff member acting as the certified supervisor, not left in the child's bag or locker.
- Medications must be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Some families supply thermal carry packs to maintain safe temperature storage and for ease of transport on excursions.
- Medication must be within the expiry date and delivered to educators as a daily supply (or a week's supply at the most). This might require the family to organise a separate labelled container from the pharmacy for safe storage at home.
- Storage should be secure with clear labelling and access limited to the educators responsible for medication storage and supervision.

Supervision of medication

The following rights are the standard measures used at the Services for safe administration practices:

- the right patient (identification of 'child or young person');
- the right medication to be given;
- the right dose (what is the child or young person's weight? How much medication is to be given?);
- the right strength (administering the same amount of medicine of a different strength will mean either over or under dosing the child or young person);
- the right route (the path the medication is taken – topical, oral or inhaled);
- the right method (are there special instructions for medication administration i.e. to be taken with food);
- the right time; and the right documentation.
- The verbal or written instructions provided by a registered medical practitioner are to be followed.
- The attached medication instructions are followed.

It is strongly recommended that staff administering medication undertake medication management training.

Medication error, incident or query

Where the incorrect dose or incorrect medication has been administered, the Service will do the following:

- If the child or young person has collapsed or is not breathing phone 000 (Ambulance) immediately and follow standard first aid;
- If there is no immediate adverse reaction phone Poisons Information Centre on 131 126 and follow the advice given;
- Where advice indicates the child or young person is able to remain at the education or care service; ensure additional supervision for the child or young person to monitor for any delayed adverse reactions;
- Notify the parent or legal guardian;
- Document on the medication record and complete an incident form;
- The approved provider must report the incident to the regulatory authority using the NQA IT system.
- Review medication management and administration procedures at the education or care service to identify areas for improvement.

Resources/References

It is imperative that educators/staff are fully aware of the content of the Regulations and National Law pertaining to this policy.

1. The National Law and Regulations <https://www.acecqa.gov.au/nqf/national-law-regulations/national-regulations>
2. Health Support Planning in Education and Children's Services at www.chess.sa.edu.au/Pathways/HSPbookinfull09.pdf
3. ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, Preschools and Childcare at www.allergy.org.au/health-professionals/papers/prevent-anaphylactic-reactions-in-schools
4. Information about how to reduce the risk of allergies <https://allergyfacts.org.au/>
5. Information regarding health in South Australia <https://www.sahealth.sa.gov.au/>
6. Information to support the management of asthma <https://asthma.org.au/>

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