



Medical Conditions & Administration of Medication Policy

Aim

We understand that children will occasionally have the need for medical conditions to be monitored and responded to whilst at the service. We aim to do this in a method that maintains the dignity and wellbeing of the child and minimises impact on the other children in the service.

We recognise the need for medication or medical intervention may be from a sudden onset of a condition or illness, medication prescribed for an illness or disease, or an ongoing medical condition that requires ongoing support and attention. There are specific requirements of families in this policy and therefore we provide this as part of the enrolment process.

In the case that a child is enrolled who has a severe allergic reaction to specific substances (e.g. nuts, strawberries, eggs) all possible precautions will be made to prevent contact with these items through removal, substitution and clear procedures.

Definitions:

Illness - This refers to a short term illness that may impact a child's health or wellbeing such as cold, flu, ear infection etc.

Medical condition - This refers to an ongoing medical condition that may require regular treatment or as-needed treatment if the condition is triggered or the child is having a flare up, such as asthma, allergies, eczema, diabetes etc.

Policy

Medication in response to an illness:

1. If a child has any signs or symptoms of an illness prior to arriving at the service it is the responsibility of the family to notify staff so that they may monitor accordingly. Please note we may refuse care if we feel the condition may worsen or impact the health and safety of the other children in the service (please see illness and infectious disease policy for more information).
2. If a child becomes unwell while in the service and has not been diagnosed with an ongoing medical condition staff will respond to this as an illness and act in accordance with the illness and infectious diseases policy.
3. **If a child has been on prescription medication for less than 24 hours they will not be allowed to attend care for that day. In addition to this if a child has been on Nurofen or Panadol because they have been unwell they may not be allowed to attend care for that day. We reserve the right to make this decision** (please see illness and infectious disease policy for more information).



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4. Should a child need additional medical support from a dentist, doctor or hospital this will be arranged. All enrolment forms will contain the name of the family's dentist and doctor and permission to seek medical care.

5. Medication provided to children will be done following the medication procedure and recorded on a medication form.

Medication in response to an Ongoing Medical Condition:

- If a child has an ongoing medical condition a plan must be provided, completed by a doctor, outlining the signs and symptoms of the condition and the appropriate treatment methods. This plan must be current (less than 12 months old) and must be made available to the preschool prior to the child's first day.
- **It is the responsibility of the family to ensure that any medications required to treat ongoing medical conditions are kept at the service at all times that a child is present in the service. These medications must be clearly labelled, checked for expiry dates and stored in a safe location. The responsibility of ensuring the upkeep of these medications falls on the child's family.**
- **Prior to commencing enrolment, or within 1 week of the diagnosis of a medical condition made after enrolment, a meeting is to be held with the family where the Medical Conditions, Risk Minimisation Plan & Communication Plan must be completed.**

Asthma

- Parents/guardians of an asthmatic child must provide an Asthma Action Plan at enrolment or when child has been diagnosed as having asthma. This action plan will list the procedure if the child has an attack whilst at the service, or shows any of the symptoms listed in their plan. See attached for copy of plan.
- Parent/guardian is to sign an ongoing medication permission form, as with other medications.
- Parent/guardian will be encouraged to keep a spare puffer/spacer at the service for their child in case of an asthma attack. Puffer and spacer should be clearly labelled with the child's name.
- The responsibility for the management of the child's condition lies with the child's family and the child's doctor. Under no circumstances should staff members change the dosage of medication without referring to the child's family first. It is the responsibility of staff members to advise parents of any observations made regarding a change in the child's condition.
- All staff members, as part of their first aid training, are trained in asthma and anaphylaxis and therefore confident and capable of administering the medication appropriately.
- An Asthma First Aid Poster will be displayed in the ??? and an Asthma First Aid Kit containing reliever medication, appropriate spacer device and instruction on their use and maintenance will be kept in first aid cabinet. An Asthma First Aid Kit will also be taken on excursions.
- Once medication has been given the family will be notified by phone and provided the option to collect their child – depending on the child's condition.



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- The family will then be provided the medication form to sign. It will also be advised that the parent/guardian ensure the medication and equipment is still suitable in amount and within the expiry date.
- Should a child need additional medical intervention such as an ambulance this will be arranged as per the plan and the family contacted.

Anaphylaxis

1. Parents role:

- Parents have a duty to include all information pertaining to the child's health on the enrolment form.
- Parents of a child who suffers from allergies has a duty to meet with staff before their child is due to start at the preschool. The parents will provide an Action plan for anaphylaxis (see attached) and photo of their child.
- The parents will explain what to do in case of a reaction.
- The action plan is to be written by the child's treating Doctor.
- The parents will demonstrate how to use an EPIPEN
- Please remember medications e.g. antibiotics, vaccinations may also have serious side effects. Always inform the staff of any medications used as per the Medication Policy.

2.Action Plan and Photo

- The action plan and photo are to be displayed in a prominent part of the classroom. All staff, volunteers, parent helpers will be made aware of the child. Staff will follow the action plan in case of a reaction.

3.Staff Training

- As part of their first aid qualifications all staff will be trained in anaphylaxis and know how to use an epipen and recognise signs and symptoms.

4.Prevention for a Food Allergy

- As nuts are the most common allergen there will be no nut products allowed on the premises.
- Families will be notified of key allergens to be avoided being brought into the centre through newsletters and notices should a child with anaphylaxis be enrolled.
- On arrival to the service all children and staff are to wash their hands to remove any external contact with allergens.
- Children and staff are not to share food.
- All food prepared at the service is done so in a manner that avoid cross contamination and minimises risks of contact with allergens.



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Additional medical treatment required:

In the rare occurrence that additional medical treatment is required please refer to the First Aid Policy for specific details.

Medication Procedure:

- All medication provided by the family must meet the following criteria:
 - Has not expired – expiry date must be visible
 - Is in the original packaging
 - Has a dispensing label containing the child's name and instructions for use such as dose and time(s) to administer. NOTE: If the medication is over the counter a chemist can still put a dispensing label on the medication with this information on it.
 - **If the medication is a prescription from the doctor the date on the label must show that it has been a full 24 hours since being prescribed AND that it is a current prescription specifically for that child.** Previous prescriptions will not be administered unless in the case of an ongoing medical condition.

Prescription and over the counter medications:

1. Medication must meet the criteria outlined above.
2. Parent/guardian must complete a medication form stating the date, dosage, name of medication, reason for medication, and time of dose.
3. Staff member to check the date of purchase, and name on the medication label, and expiry date. Must not have been prescribed within 24 hours (see Illness and Infectious Diseases Policy).
4. Medication will then be given to a staff member to put in either the locked medication box in the fridge, or the medication cupboard if they don't need refrigeration.
5. The child's medication form will be held at our staff management area and an alarm will be set for the medication administration time.
6. As all staff hold a current first aid certificate, medication can be administered by any staff member.
7. The dosage must be witnessed by a second staff member.
8. Gloves will be worn when there is a risk of contamination when administering medication (Staying Health in Child Care, 5th Ed).
9. Both staff members will sign the medication sheet, noting the exact dose administered and the time.
10. Medication will be stored back in the fridge or cupboard, locked away from children.



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11. Staff will return medication to parent/guardian at the end of the day, seeking their signature on the medication form to confirm it was administered. If medication is ongoing and is stored at the service then this will not be returned.
12. Medication form to be stored in the child's personal folder.

Note: In the case of administration of non-oral internal medications such as injections (excluding epi-pens) and suppositories, Sutherland Presbyterian Church Preschool cannot guarantee that we can take responsibility for the administration of these medications as part of enrolment in our preschool. If a child requires the administration of non-oral medications as part of their treatment, we will work with families to negotiate the safest outcome for the child on a case by case basis, which may or may not result in enrolment in the preschool.

Source

- Education and Care Services National Regulations
- National Asthma Council Australia
- Australian Society of Clinical Immunology and Allergy
- Staying Healthy: Preventing infectious diseases in early childhood education and care services 5th Edition

Compliance evidence

Education and Care Services National Regulations (2023) 85, 86, 87, 88

National Quality Standard 2.1.2, 2.2.1, 6.1.2, 6.1.3, 6.2.2, 7.1.2

Supports Child Safe Standards: 8

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Approved by: Barbara Black, Preschool Management Committee.



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