# MEDICATION AND MEDICAL CONDITIONS POLICY

## Aim:

To ensure the correct procedure in relation to administering medication occurs.

To clarify which medications can be administered to children and under what circumstances.

##  Explanation:

It is imperative that children are administered medication in the safest way possible and that staff are able to follow procedure in handling medication

## Implementation:

* Only medications that have been prescribed by a Medical Doctor will be administered by educators.
* “Over the Counter” Medication is not administered unless it has been prescribed by a medical practitioner (and therefore has prescription label) or there is a letter from the doctor explaining the purpose of the medication and all details of how it is to be administered. Medication may mask the symptoms of other, more serious illnesses and our educators are not qualified medical professionals.
* Teething gels and cough lozenges and cough medicines are considered medications and need to meet requirement for prescription label (because they are ingested).
* However, we will administer nappy cream, sunscreen, lip balms, alternate hand cleansers and moisturisers or insect repellent without prescription by a doctor, if a parent or authorised person authorises this on an “Administration of Authorised Medication by the Service for every occasion the child is in care”. See attached. These products need to be labelled clearly with the child’s name and be accompanied by a safety data sheet, or have a dispensing label from the chemist giving all administration details.
* It is routine that the service uses Sudocrem Healing Cream (Zinc Oxide15.25% w/w), for nappy changes or eczema and irritations etc, Coles EVERYDAY Sunscreen SPF 50+, and Coles Comfy Bot Baby Wipes. As we have the MSDS sheets for these products they can be used as needed without any additional documentation by families. Parents should advise if their child has adverse reactions to any of these products.
* A child being administered with antibiotics must have had a full 24 hours’ worth of antibiotic

treatment prior to returning to the Service.

* Parents need to complete a “Medication Record” for any prescribed medication they

wish educators to administer to a child.

* A separate form is to be filled out for each medicine.
* Medication must have original container clearly marked showing child’s name, name of medication, dosage amount, administration method, the times medication is to be given and expiry date.
* All medication must be handed directly to a staff member who must then ensure medication is placed in a locked container which is kept in the refrigerator. If medication is “non refrigeration” it must be kept in a locked cupboard. The key is to be placed out of reach of children. No medication is to be left in children’s bags.

## Every aspect of the administration of medication must be checked by the educator administering medication and by the witness.

* Staff must make sure there is someone to witness the administration of medication.
* Both staff (the one administering and the one witnessing) must then sign to say the medication was administered and witnessed.
* All medication must be returned to the locked container before returning to parents on collection of child.
* Children on long-term medication must provide a letter from their Doctor stating reasons for medication. This letter must be updated regularly.
* An Asthma Action Plan is to be filled out on each child suffering from Asthma

National Quality Standard:

NQS 2.1.1, 2.1.4, 2.3.2

See Appendix 1-National Law (section) and National Regulations (regulation 90-96)

# ASTHMA

**NOTE:** This policy is to be used with the Medication Policy.

* Every child that is known to have Asthma or who is to be treated with any form of Ventolin or asthma treatment (puffer or liquid) must have an Asthma Record Card which is updated annually.
* The Asthma First Aid Plan is on the Asthma Record Card.
* The Asthma First Aid Plan Poster is displayed next to the First Aid Asthma Kit.
* If a child is not known to have Asthma but is experiencing difficulty breathing, staff will, if deemed necessary, follow the Asthma First Aid Plan.
* Parents will be notified by staff of any need for the above use of Asthma First Aid on their child.
* Any equipment used from the Asthma First Aid Kit is to be cleaned in accordance with NSW Health Department recommendations.
* It is the responsibility of the parents to notify the staff of any changes to their child’s

Asthma medication.

* The child’s records are to be kept up to date with any changes to medication or

preventives.

* All parents and staff are to be made aware of the Asthma Policy and procedures, along with information/training made available.
* This policy is to be monitored every 12 months and procedures updated when deemed necessary.

National Quality Standard:

NQS 2.1.1, 2.1.3, 2.1.4

# DIABETES

## Aim:

To ensure safety for children with Diabetes.

## Explanation:

Children with diabetes need to be tested and treated using appropriate methods and discretion.

## Implementation:

* An Individual Management Plan needs to be provided which gives specific guidance to be followed in response to children’s tested blood sugar levels. Levels lower than 5 may need food, levels higher than 7 may need water, exercise or medication.
* Specific training needs to be provided to educators to ensure they are prepared to assist in the management of the condition.
* Close communication with families will be maintained.
* Testing should be done using the same method for giving medication i.e. two staff – one to implement and one to witness
* Testing equipment should be written up in medication book on arrival
* If child becomes unconscious call ambulance immediately.
* Children are not to share food in any form during preschool hours. Staff will monitor food intake at all times and record so that intake is in line with Management plan.

National Quality Standards:

NQS 2.1.1, 2.2.1

See Appendix 1-National Law (section) and National Regulations (regulation)

# HIV/AIDS

## What is Aids?

Aids is short for Acquired Immune Deficiency Syndrome and is the end of a stage of a viral infection in which the normal body defences against infections are so weakened that the infected person cannot fight off these infections. This results in some form of pneumonia and cancer that is fatal. The virus is known as Human Immunodeficiency (HIV 1).

## The Policy

* **NON-EXCLUSION:**

Being infected with the AIDS virus is not grounds for exclusion of a child, a child’s parent or another staff member. This policy reflects those of the Australian College of Pediatrics, the Department of Community Services and the Health and Education Departments of New South Wales.

## CONFIDENTIALITY:

If a staff member is told that a child, or a child’s parent, or another staff member, is infected with the AIDS virus, this information *must* remain confidential. If it is considered that other member of the staff should be informed, this can only occur with the consent of the AIDS infected person or the parents/guardians of the child concerned. This policy reflects the law in NSW.

## ANTI-DISCRIMINATION:

Employees, prospective employees, parents and children shall not be discriminated against on the grounds of having, or being assumed to have the AIDS virus infection. This policy reflects the law in NSW and Victoria that makes such discrimination unlawful.

* **INFORMING PARENTS OF COMMON INFECTIOUS DISEASES IN THE SERVICE:** All parents will be notified of any common infectious diseases in the service by way of signs placed in strategic positions. This will help pregnant women, AIDS infected children and other children who have lowered immunity to infectious diseases.

## SCREENING FOR HIV INFECTIONS IS NOT NECESSARY:

To date, there is no evidence of the AIDS virus being transmitted by social contact such as that found in the classroom or playground.

National Quality Standard:

NQS: 4.2.1, 2.1.1, 6.1.1, 5.1.1, 5.1.2, 5.1.3, 5.2.3

See Appendix 1-National Law (section) and National Regulations (regulation)

# ALLERGY and ANAPHYLAXIS

## Aim:

To clearly communicate that The Rumpus Room is a nut free zone.

The Rumpus Room is not egg free but as some children may be anaphylactic to eggs it is important that educators are allergy aware and should act as though there are allergens in the environment.

Educators must be skilled at recognising signs of allergy or anaphylaxis as a child’s first

anaphylactic reaction may occur in the service.

Staff will monitor the intake of food by children due to the increased percentage of children suffering from food induced allergies.

## Procedure:

Educators may administer medication to a child in an anaphylaxis or asthma emergency without authorisation. (Reg 94 (1))

Parents are to fill out the appropriate section in the enrolment form in regards to ALL allergies.

* + Staff are to read all enrolment forms and write up the list of allergies including the

child’s name and the days in attendance. (this is an ongoing process).

* + The Nominated Supervisor must ensure a list of children’s names and their allergies

under the days they attend is written up in an allergy chart with easy access for staff referral.

* + If by accident, a child does eat a food type that they are allergic to, then the parents are to be notified, the incident is to be documented and the Nominated Supervisor notified.
	+ Seek medical aid if necessary (per accident policy).
	+ Ensure action plan for anaphylaxis documentation is completed and regularly updated.
	+ Ensure a photo is placed on anaphylaxis documentation.
	+ Ensure Doctor has signed action plan.
	+ Ensure parent has supplied Epi-Pen with appropriate use by date.
	+ Ensure that all staff are aware of child’s allergy.
	+ Staff training. All staff need to be educated about food allergies in general and anaphylaxis. They require first aid training for food allergy reactions including the administration of an Epi-Pen. Educators are trained in First Aid and Asthma and Anaphylaxis management.

The Service provides an additional Junior Epipen in its first aid kit to be used if an anaphylactic reaction is suspected in a child who does not have an anaphylaxis plan.

## If a child requires medication to counter act an allergic reaction-

* + Staff will administer Medication (Epi-Pen);
	+ Ambulance to be rung immediately;
	+ Parent/guardian to be notified;
	+ Staff member is to stay with child until ambulance officers arrive.

Notification to ACECQA is required via NQAITS

National Quality Standard:

NQS 2.1.1, 2.2.1

See Appendix 1-National Law (section) and National Regulations (regulation)

**Administration of Authorised Medication by the Service for every occasion the child is in care.**

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| --- |
| **Parent to complete this section** |
| **Date request initiated** | **Child’s Name:** | **D.O.B.** |
| **Parent Name:** | **Parent Signature** |
| **Name of Medication** | **Expiry or****Use-By Date** | **Reason for Administration** | **Dosage Required** | **Method of****Administration Instructions** |
| * **Original Container**
* **Original Label**
* **Child’s Name on Label**
 |  |  |  |  |
| **Any Additional Instructions (if necessary)** |
| **Storage Instructions including Location of Storage (eg refrigerator)** |
| **This medication was last administered** | **Date:** | **Time:** |
| **This medication is to be next administered** | **Date:** | **Time:** |
| **Staff to complete this section** |
| **Date Medication Administered** | **Time** | **Dosage** | **Name and Signature of person who Administered the medication** | **Method that was used to administer the medication.** |
| **Witness Date** | **Time** | **Dosage** | **Name and Signature of person who witnessed administration of medication** | **Was the identity of the child checked*** **Yes**
* **No**
 |
| **Date Medication Administered** | **Time** | **Dosage** | **Name and Signature of person who Administered the medication** | **Method that was used to administer the medication.** |
| **Witness Date** | **Time** | **Dosage** | **Name and Signature of person who witnessed administration of medication** | **Was the identity of the child checked*** **Yes**
* **No**
 |
|  |  |  |  |  |
| **Child’s name** | **Expiry date checked** | **Name of Medication** | **Page number** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Medication Administered** | **Time** | **Dosage** | **Name and Signature of person who Administered the medication** | **Method that was used to administer the medication.** |
| **Witness Date** | **Time** | **Dosage** | **Name and Signature of person who witnessed administration of medication** | **Was the identity of the child checked*** **Yes**
* **No**
 |
| **Date Medication Administered** | **Time** | **Dosage** | **Name and Signature of person who Administered the medication** | **Method that was used to administer the medication.** |
| **Witness Date** | **Time** | **Dosage** | **Name and Signature of person who witnessed administration of medication** | **Was the identity of the child checked*** **Yes**
* **No**
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| **Date Medication Administered** | **Time** | **Dosage** | **Name and Signature of person who Administered the medication** | **Method that was used to administer the medication.** |
| **Witness Date** | **Time** | **Dosage** | **Name and Signature of person who witnessed administration of medication** | **Was the identity of the child checked*** **Yes**
* **No**
 |
| **Date Medication Administered** | **Time** | **Dosage** | **Name and Signature of person who Administered the medication** | **Method that was used to administer the medication.** |

**The Rumpus Room** **Medication Record**

Name of Child: D.O.B:

I hereby authorize staff members of The Rumpus Room to administer medication to my child providing the medication is prescribed by a doctor or pharmacist, is in its original packaging, and has my child’s name clearly labelled on the medication, and it is before the medications use by date.

Parent/Guardians name:

Signature: Date:

Name of Medication: Use by date

Time and date the medication was last administered:

Time/s and date of when the medication should next be administered:

Dosage amount required:

Manner in which to be administered (e.g. by mouth):

Storage requirements of medication (eg refrigeration) How long does the medication need to be administered \_ Today

 From / /

 to / /

Staff member receiving the medication Signature

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Dosage | Time medication | Name and signature of | Name and signature | Parent or |
|  |  | was given | staff administering | of witnessing staff | guardian |
|  |  |  | medication | member checking | signature |
|  |  |  |  | administration | when |
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