



Medication and Medical Conditions Policy

The Rumpus Room Children's Centre is a Child Safe Organisation.

Aims:

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:

- As per Regulation 90 in the National Regulation - Early Childhood Education and Care, we will ensure that a Risk-minimisation and a Communication plan, is completed in consultation with the parents/carer of a child with a diagnosed medical condition to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised. 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 a 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 medicines are considered medications and need to meet requirements for prescription labels (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 authorised 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.
- We provide Sun safe approved 50+ sunscreen and have the SDS's for these products and therefore 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 if they haven't previously had that particular antibiotic before, prior to returning to the Service.
- Parents need to complete a "Medication Record" on OWNA 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 the original container clearly marked showing the 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.
- **If a child that is in attendance requires medication, they cannot attend if their medication is not on the premises.**



- 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 the 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

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 Action Plan which is updated annually.
- The Asthma First Aid Plan is on the Asthma Action Plan.
- 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.



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.



ALLERGY and ANAPHYLAXIS

Aim:

To clearly communicate that The Rumpus Room is a nut free and egg aware service we have a large sign in our foyer that clearly states that we are nut free and egg aware. Although we are nut free and egg aware our Educators must be skilled at recognising signs of allergy or anaphylaxis as a child's first anaphylactic reaction may occur in the service.

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 the Doctor has signed an action plan.
- Ensure the parent has supplied Epi-Pen with appropriate use by date.
- Ensure that all staff are aware of the 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 counteract 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 the child until ambulance officers arrive.

Notification to ACECQA is required via NQAITS



This policy links to:

National Quality Standard:

NQS 2.1.1, 2.2.1 See Appendix 1-National Law (section) and National Regulations (regulation)

National Quality Standards:

NQS 2.1.1, 2.2.1

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

National Quality Standard:

NQS 2.1.1, 2.1.3, 2.1.4

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)

Resources: Best practice guidelines for Anaphylaxis prevention and management in children's education and care services 2022