



Medical Conditions Policy

Link to National Quality Standard:

2.1 Health	Each child's health and physical activity is supported and promoted
2.2 Safety	Each child is protected
6.2 Collaborative Partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing

Rationale

Jamestown Community Children's Centre aims to provide safe and consistent health support planning and to ensure that the service is not discriminatory to children with health care needs. It is understood that children's health is a parental responsibility and that staff members are not trained in health management and therefore require supporting information from parents and / or a health care professional.

Strategies, Practices and Procedures

A HEALTH SUPPORT PLANNING

- Both a [Health Support Agreement HSP120](#) and a [Safety and Risk Management Plan HSP121](#) must be completed upon enrolment for all children with any health support needs, whether mild or severe. These must be completed with the child's parents/caregivers.
- Health conditions diagnosed by a health professional e.g. asthma, allergy/anaphylaxis, diabetes, seizures and epilepsy require a health care plan to be completed by the child's doctor and provided to the centre by the parent/caregiver. Where there is a delay in providing the required plan, the service will support the child to attend. Health needs can be managed with standard first aid, for example calling an ambulance. This will be communicated to the family.
- Health care plans have a review date but this is not an expiry date. If a review date has passed, the care plan can still be used until an updated plan is developed.
- Complex and invasive health support needs cannot be provided by education and care staff and will be referred to the [Access Assistant Program](#).
- Children with health support needs will be included in the Medical Conditions display in the staff room and their health support documentation will be stored in the Kindy/Childcare folders. Copies are to be packed in the first aid bag and taken with children whenever they leave the Centre, e.g. for walks and excursions.

B ASTHMA & ANAPHYLAXIS

- All teachers, Diploma qualified educators and contract educators are required to have current, ACECQA approved asthma and anaphylaxis training.
- When a child diagnosed at risk of anaphylaxis is enrolled, all staff will review at staff meeting:

- Signs and symptoms of and response to a mild-moderate allergic reaction
 - Signs and symptoms of and response to severe allergic reaction (anaphylaxis)
 - Use of an adrenaline auto-injector, location of adrenaline auto-injectors in the centre and the requirement to take an adrenaline auto-injector and asthma reliever when leaving the centre with children (i.e. for walks or excursions)
- As applicable, a notice will be displayed at the entrance informing families that a child at risk of anaphylaxis is enrolled and stating the allergen/s. Nuts and foods containing nuts are not to be brought to the centre. Families may be asked not to send other allergens as applicable, depending on the severity of the allergy and practical considerations. Allergen foods will not be used in cooking while the child is present.
- If a child brings nuts/other allergen foods to preschool/childcare, they will eat next to an adult who is responsible for ensuring that the child's lunchbox is packed away, the table cleaned and the child's face and hands washed.
- The curriculum for children will include age-appropriate information about allergies, handwashing and not sharing food.
- Children who have been prescribed emergency medication for asthma and anaphylaxis should provide clearly named medication to be stored at the centre in the kitchen cupboard. If this is not possible (i.e. if they only have one asthma reliever or adrenaline auto injector to use both at home and at preschool/care) the medication can be stored in their bag but the bag must be kept in the office. If a child who has been prescribed emergency medication during bus travel should be considered as part of a risk assessment completed with Jamestown Community School.
- The Centre will store at least 2 in-date, general use asthma relievers (with spacers) and adrenaline auto-injectors at all times.

C MEDICATION

Medication refers to:	Medication does not include:
<ul style="list-style-type: none"> • Prescribed or non-prescribed medication • Over the counter medications • Alternative therapies (vitamins, minerals, supplements) 	<ul style="list-style-type: none"> • Sunscreen, nappy rash cream, moisturising lip balm, lubricating eye drops or moisturiser (emollient) where these are unprescribed • Creon prescribed for cystic fibrosis • Items in hypo kit for diabetes

- Education and care staff can apply un-medicated products, including nappy rash cream, lip balm or moisturiser at the request of the parent or guardian. The parent or guardian must give clear instruction on when and how much (if relevant) to administer and there must be an agreement between staff and parent about whether / how use of the product will be documented.
- Medication cannot be administered without written advice from a legal guardian on a [Medication agreement](#), with the exception of emergency medication for asthma and anaphylaxis. Authorisation from the parent/caregiver is sufficient for medication available in retail outlets such as a supermarket, over the counter pharmacy medication and prescription medication from a doctor or dentist (other than schedule 8 controlled drugs).
- Authorisation from a treating health professional via the agreement section of the Medication agreement is required where the medication is a controlled drug (S8), oxygen, insulin or pain relief (i.e. paracetamol, ibuprofen) that is needed regularly or administered for more than 72 hours (3 days) in a week.

- An [Emergency medication management plan](#) must be completed by a neurology specialist or paediatrician for a child prescribed midazolam as an emergency response to seizures.
- Where a child requires medication and a medication agreement is not available, arrangements will be made for the parent or guardian to attend the site to give the medication.
- With the exception of emergency medication for asthma and anaphylaxis, children should not be given a first dose of a new medication at the Centre in case of adverse reactions.
- Where possible, medication will be administered by the parent/caregiver outside the child's attendance at the Centre; i.e. doses can be staggered so that the medication is not required whilst the child is at the Centre.
- Education and care service staff can only administer medication orally, optically (eye drops), aurally (ear drops), inhaled or topically with the exception of emergency medication (adrenaline auto-injector) for anaphylaxis.
- All medications must be provided by the parent/caregiver in an original pharmacy container and have a pharmacy label with:
 - Child or young person's name
 - Date of dispensing
 - Name of medication
 - Strength of medication
 - Dose (how much to give)
 - When the dose should be given
 - Other administration instructions (such as to be taken with food)
 - Expiry date (where there is no expiry date the medication must have been dispensed within the last 6 months).

NB: Medication labelled "PRN, to be taken as directed", or similar does not provide sufficient information and cannot be administered.

- All medication must be stored in the original container with a pharmacy label. Medication must be stored safely and securely in line with manufacturer's instructions. Generally this will be in the kitchen cupboard. If refrigeration is required, the medication will be placed in a closed plastic container clearly marked "medication". Controlled drugs will be stored in a locked filing cabinet in the office and recorded on the [controlled and restricted medicines register](#).
- Children's medication and general use emergency asthma and anaphylaxis medication is to be packed in the first aid bag and taken with children whenever they leave the centre, e.g. for walks or excursions.
- A [medication log](#) must be completed each time medication is required to be administered. Two staff members must print their names and initial the medication log confirming all details are correct and the [medication rights checklist](#) has been followed.
- A [medication advice form](#) must be completed if:
 - Medication has not been administered (including when the child has refused to take the medication)
 - A medication incident has occurred (including a medication error)
 - Post-administration observations are required to be documented and communicated to the parent or guardian, or treating health professional.
- In case of medication error, follow the [medication error, incident, query or advice flowchart](#).
- Parents should not give sick children Panadol or Nurofen before coming to preschool or childcare as these medications can mask symptoms of infectious illness. Pain relief medication should only be used at the Centre for short term non-infectious conditions when the child is otherwise well (e.g. pain after an injury) and must be authorised via the medication agreement.

Signed: _____

Governing Council Chairperson

Director

Date: _____

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