

Dealing with Medical Conditions & Medication for Children Policy

Policy Statement & Commitments

Brunswick East Primary School Outside School Hours Care Service (BEPS OSHC Service) promotes all aspects of children's health, ensuring that their individual health requirements are met, where possible, to ensure that children are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.

Educators responsible for administering medications will be trained in the administration of medications. They will also know what first aid measures to take should an adverse reaction to the medication occur. Administering medication to a child is considered a high risk practice, and legislative requirements contained within the *Education and Care Services National Law Act 2010* (including the Education and Care Services National Regulations) are to be strictly adhered to by BEPS OSHC Service, including educators, students and volunteers.

Families that utilise BEPS OSHC Service place a high level of trust and responsibility on educators in the belief that, in their absence, their children will be kept safe and secure, and their wellbeing will be protected. Families can expect that educators will act in the best interests of the children in their care at all times in meeting the children's individual health care needs, maintaining continuity of medication for their children when the need arise, and providing information on administering any medications according to policy requirements.

BEPS OSHC Service is committed to:

- the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
- informing the School Council and OSHC Management Sub-committee, educators (including students and volunteers), families and their children of the practices in relation to managing those medical conditions
- the requirements arising if a child enrolled at BEPS OSHC Service has a specific health care need, allergy or relevant medical condition.

Please refer to the BEPS OSHC Service Anaphylaxis Policy and Asthma Policy for children with these conditions.

It's important to note that children under six years of age will not be administered medication to treat cough and cold symptoms, in accordance with the Therapeutic Goods Administration review of the safety and efficacy of registered over-the-counter cough and cold medicines (15 August 2012).

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Definitions

Medication – A medicine within the meaning of the *Therapeutic Goods Act 1989* of the Commonwealth.

Registered medical practitioner – A person registered under the Health Practitioner Regulation National Law to practice in the medical profession (other than as a student).

Trained Educator – For the purposes of this policy, this refers to those educators who have received relevant professionally-run training in the treatments or techniques required to administer medication, and hold first aid training, anaphylaxis management training, and emergency asthma management training qualifications approved by the Australian Children’s Education and Care Quality Authority (ACECQA), as prescribed in the *Education and Care Services National Law Act 2010* in accordance with regulation 137 (1) (e).

Procedures for Dealing with Medical Conditions

Educators at BEPS OSHC Service are not medically trained and therefore cannot diagnose appropriate treatment.

Consequently, educators will not perform the following:

- administering medications to children without written parental/guardian authority
- administering non-prescribed medications that are required for more than one day without written medical authority
- administering any treatments without first receiving appropriate professional training
- providing education and care to children who require a care regime that uses medical procedures, before they are appropriately and professionally trained, and feel confident and comfortable with that training and the process for administering any required medication
- providing education and care to a child with special health needs without an individual medical plan and a **Risk Minimisation Plan** being completed on enrolment of the child
- accepting a child for education and care without their prescribed medication.

Whenever possible, medication should be administered by parents or guardians at home. However this will not always be feasible. Therefore, to ensure children’s safety and welfare, the giving of medication at BEPS OSHC Service will be strictly monitored.

- Parents/guardians should consider whether their child who requires medication is well enough to be at BEPS OSHC Service, and to keep the child at home if unwell.

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- If children are receiving medication at home, but not at BEPS OSHC Service, the parent/guardian should advise the educator about the nature of the medication and its purpose, and any possible side effects it may have for the child.
- Only prescribed medications or medications accompanied by an **Action Plan** or an **explanatory letter from the child’s doctor**, together with the Medication Authority form, will be administered by educators for any period longer than one day.
- Educators must be fully trained to meet all requirements contained within action and support plans.

BEPS OSHC Service promotes all aspects of children’s health, ensuring that their individual health requirements are met, where possible, through implementing the following general service procedures with regard to dealing with the administration of medication, and dealing with medical conditions.

Before School Care Procedures	After School Care Procedures
If a child attends before school, and has medication they need to take during school hours, parents should give it to a staff member with a completed Medication Authority form (available from the service and on the OSHC page of the website). The staff will take the child’s medication and the form to the school office at 9.00a.m. If a child also attends after school, an OSHC staff member will collect their medication from the school office at 3.30p.m.	If a child attends after school only and will need to take medication during the program, the parent/guardian will need to access a Medication Authority form (available from the service and on the OSHC page of the website). The OSHC staff will be unable to administer the medication without a Medication Authority form. OSHC staff request that the parent/guardian also email the Coordinator, or leave a message on the answering machine that their child has medication at the school office.

Training & Authority to Treat

Medication requirements and authority will always be treated with confidentiality to ensure the privacy of the child and their family is maintained at all times.

- Educators at BEPS OSHC Service will complete first aid training, anaphylaxis management training, and emergency asthma management training qualifications as approved by the ACECQA, as prescribed in the *Education and Care Services National Law Act 2010* in accordance with regulation 137 (1) (e).
- Medication will only be administered by an educator who holds a current First Aid Certificate, who is trained (see definitions in this policy), and where the:
 - conditions listed above are met
 - the parent/guardian has completed and signed a **Medication Authorisation** form on the day on which the medication is to be administered.

- In some circumstances where specific training is required in relation to medical procedures or medication administration, where an educator is prepared to undertake the training, any costs incurred will be borne by the child’s parent/guardian.
- Where BEPS OSHC Service cannot provide sufficient numbers of adequately and appropriately trained educators who feel comfortable and confident to perform medical procedures or administer medication to the child, it may be agreed that the parent will come to BEPS OSHC Service to administer the medication, or arrangements be made for a health professional to attend BEPS OSHC Service and administer the medication. **Without one of these strategies in place, education and care at BEPS OSHC Service will not be possible.**
- In accordance with regulation 93 of the Education and Care Services National Regulations, the administration of medication to a child is authorised if an authorisation to administer the medication:
 - is recorded in the medication record for that child
 - in the case of an emergency, is given verbally by a parent or a person named in the child’s enrolment record as authorised to consent to administration of medication
 - is administered by a registered medical practitioner or an emergency service, if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances.

Procedures for Administration of Medications

No prescription medication can or will be given to a child unless that child’s name appears on the chemist’s label, and all labels are legible and undamaged, and contents are still within their expiry date. All labels must be clearly written with nothing crossed out or covered up; if it looks like a label has been taken off or changed in any way, the medication cannot be administered. This applies to both prescription and over-the-counter medications, even if the appropriate authority form has been filled out and signed.

Refer to BEPS OSHC Service’s Anaphylaxis Policy, Asthma Policy and Diabetes Policy for information on how the risk of anaphylaxis, asthma and/or hyperglycaemia will be minimised at BEPS OSHC Service, and how BEPS OSHC Service will respond to children at risk, including first aid, the administration of preventative or reliever medication, including an adrenaline auto-injector, and contacting medical emergency services assistance.

- Families are required to fill out the Medication Authorisation form before educators will give any medication to a child.
- A separate entry must be made in full if there are two or more medications to be given on the same day, including two doses of the same medication.
- Parents/guardians are responsible for verbally informing educators that medication is required during the day.
- Educators cannot administer any medication that is not in its original container, does not have the child’s name on it, or is past its expiry date.

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- As it is important for medication to be administered accurately, medication will only be given with written authority.
- Any over-the-counter medication must be labeled with the child’s name, the date, the dosage, and the time to be administered.
- To reduce/prevent inappropriate use of medication, educators will only administer over-the-counter medication for one day in any one week, unless a doctor’s note is provided supporting the use of the medication.
- Any consent received from a doctor must be updated each time it is required – that is, the note must be dated to coincide with the date the medication is required.
- In the case of children who suffer a chronic condition, such as asthma, a general authority to administer medication as required may be given. It is the responsibility of the parents/guardians to inform educators of their child’s condition and to ensure educators have a thorough understanding of the management of their child’s condition.
- Families are required to dispose of any empty medication containers and any out-of-date medication.
- Before medication is given to a child, the trained educator will verify the correct dosage and child with another educator known to the child.
- After giving the medication the educator will complete the following details on the Medication Authorisation form: date, time, dosage, medication given, person who administered, person who verified, and signed by both educators.
- For each child who is being educated and cared for, and who requires the administration of medication, the following details must be recorded:
 - the name of the child
 - the authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child’s enrolment record as authorised to consent to administration of medication
 - the name of the medication to be administered
 - the time and date the medication was last administered
 - the time and date, or the circumstances under which, the medication should be next administered
 - the dosage of the medication to be administered
 - the manner in which the medication is to be administered
 - if the medication is administered to the child:
 - the dosage that was administered
 - the manner in which the medication was administered
 - the time and date the medication was administered

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- the name and signature of the educator who administered the medication
- the name and signature of the educator who checked the identity of the child, the dosage and administration.
- **Medication will NEVER be put into a child's drink bottle.**
- Where the medication requires administration via a method other than an oral one, or an external application, those educators who have a current First Aid Certificate and have received specific instruction from a health care professional, will administer the medication.
- See BEPS OSHC Service Anaphylaxis Policy, Asthma Policy and Diabetes Policy for information on how the risk of anaphylaxis, asthma and hypoglycaemia will be minimised at the Service, and how BEPS OSHC Service will respond to children at risk, including first aid and the administration of an adrenaline auto-injector, insulin, and/or asthma reliever medication, including what to do in case of emergency.
- Other medical conditions and ongoing medication for the prevention and/or treatment of other medical conditions that fall outside of this policy and other special conditions policies will be dealt with as the need arises, on a case by case basis, informing the review and development of relevant policies and procedures.

Self-administration of Medication

- The Service Coordinator will consult with the child and their enrolling family member to determine the circumstances by which the child could self-administer their medication.
- Ideally, the self-administered medication will be stored by the Service; however, where immediate access is required by the child such as in cases of asthma, anaphylaxis or diabetes, the medication must be stored in an easily accessible location.
- Children with asthma, and in some cases anaphylaxis, may carry their own medication on them at the request of the family.
- An authorisation for the child to self-administer medication must be provided in accordance with regulation 96 of the *Education and Care Services National Regulations (2011)*.
- Medication that is self-administered will be recorded as per regulation 92 of the *Education and Care Services National Regulations (2011)*.

Procedures for Children with Special Health Needs

Refer to BEPS OSHC Service's Anaphylaxis Policy, Asthma Policy and Diabetes Policy for information on how the risk of anaphylaxis, asthma and/or hyperglycaemia will be minimised at the Service, and how BEPS OSHC Service will respond to children at risk, including first aid, the administration of

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preventative or reliever medication, including an adrenalin auto-injector, and contacting medical emergency services.

- On application for enrolment families will be required to complete full details about their child’s medical needs. BEPS OSHC Service will assess whether educators are appropriately trained to manage the child’s special health needs at that time.
- Where children require medication or have special medical needs for long-term conditions or complaints, the child’s doctor or allied health professional and parent/guardian must complete a **Special Health Needs Support Plan** and/or an **Emergency Action Plan**. Such a plan will detail the child’s special health support needs including administration of medication and other actions required to manage the child’s condition.
- The OSHC Coordinator will also consult with the child’s family to develop a **Risk Minimisation Plan**. This plan will assess the risks relating to the child’s specific health care needs, allergy or medical condition; any requirements for safe handling, preparation and consumption of food; notification procedures that inform other families about allergens that pose a risk; procedures for ensuring educators, students and volunteers can identify the child, their medication and the **Emergency Action Plan**.
- Each child with specific medical needs must be reassessed with regard to their needs and BEPS OSHC Service’s continuing ability to manage those needs, on a regular basis, depending on the specific child’s medical condition.
- If a child’s medical, physical, behavioural or cognitive state changes, the family will need to complete a new **Special Health Needs Support Plan** and the Service will re-assess its ability to care for the child, including whether educators are appropriately trained to manage the child’s ongoing special needs.
- The family will be provided with a copy of BEPS OSHC Service’s Dealing with Medical Conditions & Medication Policy on enrolment or when their child is first diagnosed with a specific health need or other medical condition.
- If an enrolled child with special health needs presents for a session of care at BEPS OSHC Service without their medication, they will not be accepted until their prescribed medication is available.

Planning to support children’s health needs

Refer to BEPS OSHC Service’s Anaphylaxis Policy, Asthma Policy and Diabetes Policy for information on how the risk of anaphylaxis, asthma and/or hyperglycaemia will be minimised at BEPS OSHC Service, and how the Service will respond to children at risk, including first aid, the administration of preventative or reliever medication, including an adrenaline auto-injector, and contacting medical emergency services assistance.

Medical Management Plans are required if a child enrolled at BEPS OSHC Service has a specific health care need, allergy or relevant medical condition, in compliance with the National Law. This involves:

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- requiring the parent/guardian to provide a medical management plan for the child completed by a medical professional
- requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.

Risk Minimisation Plans are required to be developed in consultation with the Coordinator and the parents of a child in compliance with the National Law:

- To ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised;
- If relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented;
- If relevant, to ensure that practices and procedures notify and inform the parents of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented;
- To ensure that practices and procedures are in place so that all educators and volunteers can identify the child, the child's medical management plan and the location of the child's medication to ensure that they can be implemented in an emergency
- If relevant, to ensure that practices and procedures ensuring that the child does not attend BEPS OSHC Service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented.

Communication Plans are developed and maintained by BEPS OSHC Service in compliance with the National Law:

- to ensure that relevant educators and volunteers are informed about the medical conditions policy and the Medical Management Plan and Risk Minimisation Plan for the child
- so that a child's parent can communicate any changes to the Medical Management Plan and Risk Minimisation Plan for the child, setting out how that communication can occur.

Children with Ongoing Medical Conditions & Regular Medication

It is important that any child who takes ongoing medication for an illness (such as diabetes, asthma, ADHD, severe allergic reactions) has this information included on their Enrolment Form. Families will be given a Medication Authority form to fill in.

- Parents are expected to advise the OSHC educator of the medical condition, and to keep the staff updated through regular communication.
- Students are expected to take increasing responsibility for their own medical treatment. Where they can't do this and the response requires medical attention (e.g. a blood glucose test), the parent/guardian is responsible.

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- A photo of each child who has a serious, ongoing medical condition, along with the details of the condition, will be displayed in the OSHC office and kitchen. Parental permission is required for this.
- Parents are expected to write full instructions and sign the medication permission form.
- The staff will remind the child of when to take the medication and assist with the administration if required and permitted to do so.
- Parents/guardians of ill children will be contacted and asked to collect them.
- All staff have the authority to call an ambulance immediately in an emergency. If the situation and time permit, staff may confer with others before deciding on the appropriate course of action.
- A member of staff is responsible for ensuring the purchase and maintenance of first aid supplies, first aid kits, ice packs and the general upkeep of the first aid equipment.
- At the commencement of each year, requests for updated first aid information will be sent home, including requests for any Asthma Management Plans, high priority medical forms, and reminders to parents of the policies and practices used by the OSHC program to manage first aid, illnesses and medications throughout the year.
- General organisational matters relating to first aid will be communicated to the staff at the commencement of each year.

Excursions

- All excursions will have at least one Level 2 first aid trained staff member on duty.
- A comprehensive first aid kit will accompany the staff on all excursions along with a mobile phone.
- All children attending excursions will have provided a signed medical form providing medical details and giving staff permission to contact a doctor or ambulance should an instance arise where their child requires treatment. Copies of the signed medical forms are to be taken on the excursion with the originals left at the program.
- All children, especially those with a documented Asthma Management Plan, are expected to carry their own asthma reliever medication. Emergency asthma medication is always available at the OSHC office.
- Staff are responsible for taking each child's anaphylaxis medication on excursions.

Procedures for the Storage of Medication

- Medication must be given directly to the OSHC Coordinator and not left in the child's bag.
- All prescribed medications must have the original pharmacist's dispensing label, or details provided by the doctor giving the child's name, name of medication, dosage, frequency, way it is to be administered, date of dispensing and expiry date.
- All medication will be stored safely out of reach of children, but readily accessible to authorised educators, and in accordance with the medication requirements (e.g. in a refrigerator).

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- Families are required to alert educators of their child’s medication requirement and give the medication to an educator on arrival at Before School Care.
- **Under no circumstances is medication to be left in a child’s bag.**
- No child should carry any medication in their school bags except their asthma medication.
- In circumstances where the child’s medication is stored within the school for medication administration during school hours, the child will collect their medication from the school office and give it to an educator on arrival at After School Care.

Multiple Medications

- Children on regular medication for chronic conditions (such as insulin, anti-epileptic medication, adrenaline auto-injector) may be prescribed more than one medication and be deemed as fit for attendance.

Antibiotics

Antibiotics are prescribed to help combat an infection. At times this infection may not be potentially harmful to others; but in all instances of an infection, a child’s immunity to other illnesses is lowered.

- Children are required to be cared for away from BEPS OSHC Service for the first 24 hours upon commencement of a course of antibiotics.
- This should occur unless the child fits the criteria for being ‘well’ AND the condition is not at significant risk of transmission, such as a urinary tract infection, otitis media (ear infections), or prophylaxis (preventative) antibiotic use.

Non-prescribed Medications

Any over-the-counter medication also needs a Medication Authority form, and all labels should be undamaged and contents still within the expiry date.

- Children under six years of age will not be administered medication to treat cough and cold symptoms, in accordance with the Therapeutic Goods Administration review of the safety and efficacy of registered over-the-counter cough and cold medicines (15 August 2012).
- Non-prescribed medications (other than those listed on the enrolment form) that are authorised by the child’s parent/guardian, and are applicable to the child’s age, in the original packaging with clear dosage instructions, and within the expiry date of the medication, will be administered for one day only per week.
- If a child needs medication for a longer period, the parent/guardian must take their child to the doctor to obtain prescribed medication or the doctor’s letter confirming that the over-the-counter medicine can continue to be administered for a specified length of time.

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This policy should be read in conjunction with:

- General Service Information Policy
- Acceptance & Refusal of Authorizations
- Dealing with Medical Conditions & Medications
- Incidents, Injury, trauma & the Administration of First Aid
- Partnerships with Families
- Record Keeping & Confidentiality Policy

Sources & Legislative References

National Health and Medical Research Council, *Staying Healthy in Child Care, 5th Edition 2013*, <https://www.nhmrc.gov.au/guidelines/publications/ch55>

National Professional Support Coordinator Alliance 2012, *Getting started with policies for the NQF: Policies in Practice template – Medication & Medical Conditions*, www.pscalliance.org.au

<i>Education & Care Services National Law Act 2010 (Vic) Sections 167(1)(2)(3) & 175(1)</i>
<i>Education & Care Services National Regulations (2011) – Regulations 4, 90, 91, 92, 93, 94, 95, 168(2)(d), 177, 181, 183 & 184</i>
<i>National Quality Standard for Early Childhood Education and Care & School Age Care (2010) – Standard 4.1; Elements 2.1.1, 2.1.4, 2.3.2 & 7.3.5</i>
<i>Information Privacy Act 2000 (Vic) – Information Privacy Principles</i>
<i>A New Tax System Act 2000 (Cwlth) – Family Assistance Administration</i>
<i>Privacy Act 1988 (Cwlth) – National Privacy Principles</i>
<i>Health Records Act 2001 (Vic) – Management of Private Health Information</i>
<i>Disability Discrimination Act 1992 (Cwlth) – Equal opportunity for people with disabilities</i>
<i>Equal Opportunity Act 2010 (Vic) – Protection against discrimination</i>
<i>Victorian Charter of Human Rights & Responsibilities 2011 (Vic)</i>
<i>Occupational Health & Safety Act 2004 (Vic)</i>
<i>Public Health & Wellbeing Regulations 2009 (Vic) – Immunisation & Exclusion</i>

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