



# MSS & WAABINY OSHC MEDICATION AND MEDICAL CONDITIONS POLICY



## PURPOSE

Montessori Stepping Stones (MSS) aims to provide a safe environment for all enrolled children and ensures that the high risk practice of administering medications to children is carefully monitored to reduce any risk to the health and well-being the child.

Educators/employees are not medically trained and therefore cannot diagnose appropriate treatment. Consequently, **educators/employees will not:**

- administer medications to children without written parental/guardian authority
- administer non-prescribed medications that are required for more than one day without written medical authority
- perform any treatments without first receiving appropriate professional training
- accept children into the service who require a care regime which uses medical procedures, before employees are appropriately and professionally trained, and feel confident and comfortable with that training and the process for administering any required medication
- accept a child with special health needs without a risk minimisation plan being completed on enrolment of the child
- accept a child for care without their prescribed special needs medication

## SCOPE

All people involved in providing a healthy and safe environment, which includes medication and the administration thereof at MSS – as well as children, families, educators and employees who assist in the continuous improvement and implementation of relating quality practices.

## DESCRIPTION/GENERAL

Families that utilise MSS's services 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 well-being protected. This is particularly the case in the administration of medication to children, or the supervision of older children self-administering medication.

Those educators/employees responsible for administering medications must be trained in the administration of medications and also know what first aid measures to take should an adverse reaction to the medication occur. The service is cognisant of the fact that educators are not qualified medical practitioners and will therefore never attempt to diagnose a child's illness or decide on the dose of medication to be given.

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### LEGISLATION AND GOVERNMENT REQUIREMENTS

Laws relating to protection of privacy and confidentiality; duty of confidentiality arising from contract with parent; to whom and when information must be disclosed;

- Health (Food Hygiene) Regulations (WA) 1993
- Food Standards Australia New Zealand Act 1991
- Education and Care Services National Law (WA) Act 2012;
- Education and Care Services National (WA) Regulations 2012.

### DEFINITIONS/PRINCIPLES/STRATEGIES FOR POLICY IMPLEMENTATION

Administering medication to a child is considered a high risk practice, and legislative requirements contained within the Education and Care Services National Law (WA) Act 2012 and Education and Care Services National (WA) Regulations 2012, and any other relevant legislation, is to be strictly adhered to by educators/employees.

### CHILDREN'S NEEDS

To feel physically and emotionally well, and to feel safe in the knowledge that their well-being and individual health care needs will be met when they are not well. School age children to be given greater responsibility for their own health care as appropriate e.g. asthma inhaler.

### FAMILIES' NEEDS

Families expect that employees will:

- act in the best interests of the children in their care at all times
- meet their children's individual health care needs
- support and supervise competent primary school age children during the self-administration of medications e.g. asthma inhaler
- maintain continuity of medication for their children when the need arise and provide information with regard to MSS' policy on administering any medications

### EDUCATOR AND EMPLOYEES NEEDS

In caring for children, employees need to:

- feel competent to perform their duties
- understand their liabilities and duty of care requirements
- be provided with sufficient information and training regarding the administration of medications and other treatments appropriate to the child care service environment

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### MANAGEMENT NEEDS

In operating a facility for the care of children, management needs to:

- have confidence in educators and employees and trust them to meet their duty of care and liability as prescribed by law
- ensure clear policies are in place which are implemented by all educators/employees and have practices in place that enable educators/employees to feedback to management when policies are not clear inadequate or unworkable
- provide educator/employees training by suitably qualified professionals and have clear administrative procedures to identify when employee qualifications and clearances need renewing
- facilitate clear communication with families
- be consistent in policy implementation and application with all families

## ADMINISTRATION OF MEDICATION

### GENERAL CONSIDERATIONS

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

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

If children are receiving medication at home but not at the service, the parent/guardian must advise the educator of 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 Emergency Action Plan, a Special Health Needs Support Plan or an explanatory letter from the child's doctor will be administered by educators for any period longer than one day. Educators must be fully trained to all requirements contained within Action and Support Plans.

### STORAGE

Medication must be given directly to the educator and not left in the child's bag or locker.

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 and 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/employees, and in accordance with the medication requirements

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## NON-PRESCRIBED MEDICATIONS — OVER THE COUNTER MEDICATIONS (OTCS)

Non-prescribed medications (other than those applications 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.

Parents/guardians are required to complete the MSS.F42 Authority to Administer Medication form to confirm their child has had the non-prescribed medication before on at least 3 occasions, and has not had a previous allergic reaction to the medication. They must also print the child's name clearly on the medication to ensure the correct medicine is given to the correct child.

## MULTIPLE MEDICATIONS

Where a child is unwell to the point of needing more than one medication, that child will be deemed unfit to attend our services, unless a medical clearance from a registered GP is provided, stating the child as "fit for child care, and will not jeopardise the health of any other infants and/or toddlers, educators or employees".

Children on regular drugs for chronic conditions i.e.: insulin, anti-epileptic medication, adrenaline auto-injector etc. may be prescribed more than one medication and be deemed as fit for child care.

The definition of 'trained educator/employee' in this policy refers to those educators/employees who have received relevant professionally run training in the treatments or techniques required to administer medication. Medication will only be administered by an educator/employee who holds a current Senior First Aid Certificate, who is trained as defined above, and where the:

- conditions listed above are met, and
- the parent/guardian has completed and signed MSS.F42 Authority to Administer Medication form on the day on which the medication is to be administered.

Where specific training is required, and an educator is prepared to undertake the training, any costs incurred will be borne by the child's parent/guardian.

Where MSS cannot provide sufficient numbers of adequately and appropriately trained educators or employees 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 the service to administer the medication, or arrangements made for a health professional to administer the medication at the service. Without one of these strategies in place, care at our service will not be possible.

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### ADMINISTRATION OF MEDICATIONS

Before medication is given to a child the trained educator/employee will verify the correct dosage and child with another educator/employee and against the completed Authority to Administer Medication form. After giving the medication the educator/employees member will complete the following details on the Authority to Administer Medication form:

- date, time, dosage, medication given, person who administered, person who verified,
- and signed by both educators/employees.

**Medication must NEVER be put into a baby's bottle or drinking cup.**

### APPLICATION OF OINTMENTS OR CREAMS

MSS will provide a list of ointments, creams and applications used at the service, such as sun screen, insect repellent, antiseptic cream, nappy rash cream, teething gel, band aids etc., that it provides for first aid, or to offer protection from the sun or biting insects, or to soothe nappy rash or sore gums during teething, to families during enrolment.

When choosing ointments, creams and applications for use at the service, every attempt will be made to choose a product that is appropriate to the age of the children, and contains no additives that may cause allergic reactions in some children. The advice of a pharmacist will be sought where necessary.

At enrolment families will be required to confirm that to their knowledge their child is not allergic to the service's brands, and to sign their consent that these preparations can be applied to their child, or may opt to provide us with an alternative brand for their child's use. Whenever a family provides their own brand the parent/guardian will be required to complete an MSS.F42 Authority to Administer Medication form on the day on which the medication is to be administered.

Educators/employees will not apply ointments, creams or applications to children whose parents/guardians have not provided written consent.

Other creams or ointments not listed by the service as being regularly applied to children, must be detailed on an Authority to Administer Medication form, and will only be applied by eligible educators/employees for one day within the week, unless prescribed by the child's doctor.

## SELF-ADMINISTRATION OF MEDICATION

### GENERAL CONSIDERATIONS

School age children with long term medical conditions such as asthma or diabetes, may be used to managing their own medication, and be competent to self-administer their medication whilst at MSS under the supervision of an educator.

Children will always be supervised when self-administering medication and the educator/employee will record details of the administration of medication.

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The child's ability to self-administer medication and any assistance the child may need to do this, will be discussed with the family at enrolment or when the condition is first diagnosed, and details will be written on the child's Special Health Needs Support Plan.

When considering the child's ability to self-administer medication the following criteria will be applicable:

- age of the child
- period of time over which the child has self-administered
- child's competence to self-administer
- level of support required for the child to self-administer
- route by which the medication is taken
- the medication to be administered
- child's doctor's recommendations on the Special Health Needs Support Plan; parent/guardian and child's desires

### STORAGE

Medications that are to be self-administered must be given directly to an educator/employee and not left in the child's bag or on their person, and must adhere to all other requirements for the storage of medications.

Medications that are to be self-administered must have the original pharmacist's dispensing label, be clearly identified with the child's name, name of medication, dosage, frequency and way it is to be administered, date of dispensing and expiry date.

### AUTHORITY FROM PARENTS/GUARDIANS

The parent/guardian must provide their written authority for their child to self-administer medication by completing and signing an MSS.F42 Authority to Administer Medication form, and if applicable a Special Health Needs Support Plan for their child.

### ADMINISTRATION OF MEDICATION

An educator/employee will supply the medication, confirm the correct dose with the child, and stay with the child while the child self-administers the correct dose. A second educator/employee will check the medication and dose prior to the child's self-administration.

After the child has self-administered the medication, the educator/employee will complete the required details on the Authority to Administer Medication form.

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## **MEDICAL CONDITIONS**

On application for enrolment families will be required to complete full details about their child's medical needs. MSS will assess whether educators/employees 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.

MSS 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/employees/volunteers can identify the child, their medication and Emergency Action Plan.

Children with specific medical needs must be reassessed in regard to the child's needs within our service's continuing ability to manage the child's special needs, on a regular basis, depending on the specific child's medical condition.

If a child's medical, physical, emotional 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/employees are appropriately trained to manage the child's ongoing special needs.

If an enrolled child with special health needs arrives for a session of care at our service without their medication, they will not be accepted by the nominated supervisor until their prescribed medication is available.

### **ASTHMA RELIEVER MEDICATIONS**

Asthma reliever medications (Ventolin, Asmol, Airomir, Epaq) will be stored out of reach of children, in an easily accessible central location.

Reliever medications together with a spacer will be included in MSS' First Aid kit in case of an emergency situation where a child does not have their own reliever medication with them.

Educators/employees who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care, should attend either an Asthma Education in-service or EAM course. It is a requirement that at least 2 educators or other person that is trained in EAM is at MSS at all times children are present.

The Asthma Foundation produces recommended guidelines on asthma management within the early childhood setting, including the Asthma First Aid Plan and Asthma Record Card, which should be completed for each child diagnosed with asthma.

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### ANAPHYLAXIS

Whenever a child with severe allergies is enrolled at the service, or newly diagnosed as having a severe allergy, a communications plan will be developed to inform all relevant educators/employees of:

- the child's name and room
- the child's risk minimisation plan
- where the child's Emergency Action Plan will be located;
- where the child's adrenaline auto-injector is located
- which educators/employees will be responsible for administering the adrenaline auto-injector

MSS will advise families through the posting of a notice in accordance with the Education and Care Services National (WA) Regulations 2012, which states that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Depending on the child's allergens, families will also be advised of allergens to avoid bringing to the service.

It is required that the child with anaphylaxis will have an Australian Society for Clinical Immunology and Allergy (ASCIA) Action Plan. MSS is familiar with this plan and where required will develop an Individual Anaphylaxis Health Care Plan for the child in consultation with the child's parents/guardians and appropriate health professionals. A communication strategy will be developed with parents/guardians to ensure any changes to a child's health care needs are discussed and the health care plan updated as required.

Children may suffer from food intolerances and any dietary requirements, or restrictions, are to be disclosed at the time of enrolment on the enrolment form. Food intolerance may occur in response to a wide range of food components (both natural and artificial). In these cases small amounts of the problem food may be tolerated, but larger quantities result in a reaction that may occur after several hours, or even days, of eating a particular food. Therefore, MSS will work with the family to ensure the child is only offered food that they can tolerate. See Healthy Eating and Food Handling policy for further details.

### ASTHMA OR ANAPHYLAXIS EMERGENCIES

In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.

For anaphylaxis emergencies educators/employees will follow the child's Emergency Action Plan. If a child does not have an adrenaline auto-injector and appears to be having a reaction, the educator/employee will only administer adrenaline via our additional adrenaline auto-injector for general use. Employees administering the adrenaline will follow the instructions on the General ASCIA Action Plan (Orange) stored with the device. An ambulance will always be called. The used auto-injector will be given to ambulance officers on their arrival.

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The National Asthma Council (NAC), which is the national governing body for best practice asthma management, recommends that should a child not known to have asthma, appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately. The following steps are recommended:

- If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma
- Give 4 puffs of a reliever medication and repeat if no improvement
- Keep giving 4 puffs every 4 minutes until the ambulance arrives

No harm is likely to result from giving reliever medication to someone who does not have asthma

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