



WOODSIDE PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE

Medical Conditions Policy

Policy Statement

The Woodside Primary School OSHC service staff will assist children to manage medical conditions and assist with medication if that medication is prescribed by a doctor and has the original label detailing the child's name, required dosage and storage requirements and is accompanied by a medication plan.

Families that utilise our 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 well-being protected. This is particularly important in the case of administration of medication to children. 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(SA) and Education and Care Services National Regulations, and any other relevant legislation, is to be strictly adhered to by OSCHC educators/staff.

Background

Children who attend OSCHC services are frequently able to self-medicate a diagnosed medical conditions and, where possible, carers should encourage and support this. Effective management of medical conditions is heavily reliant on good communication with families. Services have a responsibility to share information with families in relation to medication. The Approved Provider must determine the service policy and procedures in relation to medical conditions and medication. Health Support Planning in Education and Children's Services is a reference point (<https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning>) and educators must undertake only those procedures and support for which they have current training.

Medical conditions

Medical conditions include asthma, diabetes and the diagnosis of a child at risk of anaphylaxis. This information should be included on the enrolment form and discussed as part of the enrolment interview with the family. The service should receive a medical management plan to ensure that the educators and other staff are informed of the required procedures and understand that the plan must be followed by providing regular interventions as detailed (eg blood glucose monitoring) or emergency first aid as described in the event of an incident involving the child.

Services will:

- Set up a process for informing all staff (including volunteers) of the needs of the individual children and the agreed management practice. This must be done in a way that protects the rights and dignity of the child.
- Undertake a risk assessment to identify what will be needed to support the inclusion

- of children with medical conditions. Family input should be sought.
- Implement identified strategies and processes to support children with identified health care needs.
 - Implement practices to ensure that families are kept fully informed.

Medication

The Director, or the Responsible Person, is responsible for all medication on site regardless of whether it is administered by educators or parents or self-administered by the child. Where medication is required for the treatment of long-term conditions or complaints such as asthma, epilepsy or ADHD, the service will require a letter from the child's medical practitioner or specialist detailing the medical condition of the child, the correct dosage and how the condition is to be managed.

This can be requested for over-the-counter medication as well as prescription only medication. If a medication authority is not provided, staff should have written instructions from the parent/guardian (recommended in cases of short-term medication only). In all cases, the instructions must match those on the pharmacy label.

If children are receiving medication at home but not at the service, the service should be advised on the nature of the medication, its purpose and of any possible side effects it may have on the child.

Medication management strategies need to include plans for excursions and other off-site activities, for example, who is going to organise and manage the medication.

Storage

When educators are to assist with a child's medication, the medication should be given directly to the Director, or the Responsible Person, not left in the child's bag or locker. Medications must be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Some families supply thermal carry packs to maintain safe temperature storage and for ease of transport on excursions.

Medication must be within the expiry date and delivered to educators as a daily supply (or a week's supply at the most). This might require the family to organise a separate labelled container from the pharmacy for safe storage at home.

Storage should be secure with clear labelling and access limited to the educators responsible for medication storage and supervision.

Supervision of Medication

Everyone supervising medication needs to ensure that:

- the right child has the right medication and the right dose - by the right route (eg oral or inhaled) at the right time, and that they record the details on the service's Request to Administer Prescribed Medication Form.
- A child should not take his/her first dose of a new medication while attending the service. The child should be supervised by the family or a health professional in case of an allergic reaction.
- In South Australia, medication for the treatment of an asthma emergency by a bronchodilator (eg Ventolin) via a puffer can be administered without written authority. The use of a bronchodilator is considered a standard first aid response.
- Educators must be trained in asthma emergency first aid before administering a bronchodilator (eg Ventolin) via a puffer.

- In South Australia, the use of an adrenaline auto injector for the treatment of an anaphylaxis emergency requires an anaphylaxis plan and a prescribed auto injector. Educators must be trained in emergency anaphylaxis first aid before administering adrenaline via an auto injector.
- It is strongly recommended that staff administering medication undertake medication management training.

Self-management of Medication

Services should have an explicit procedure about medication carried and self-managed by children. This should include:

- The provision of a written medication authority (and clear direction from the family and doctor that the child is able to self-manage).
- The requirement that medication be in the original pharmacy labelled container.
- The medication is stored according to the manufacturer's instructions.
- Limitations on the quantity brought to the service (daily requirement preferred).
- The option for the service to stop children storing their own medication should there be any concern about the safety of the individual or others on the site.
- An understanding that if staff members observe a child apparently self-medicating, they can sensitively and privately ask to see the original pharmacy container and check with the parent/guardian.
- The responsibility of all people on the site to respect others' medication and to keep one's own medication secure to minimise risk to others.

Medication error

If a child takes the wrong medication, the wrong amount of medication, or takes medication via the wrong route, the following steps should be followed:

- Ring the Poisons Information Centre 13 1126 and give details of the incident and child.
- Act immediately upon the advice given (eg if advised to call an ambulance) and notify the child's emergency contact person.
- Document your actions.
- Generally, the employer will require completion of a critical incident report and an accident and injury report form.

Allergies

- Where a child has a known allergy, it should be recorded on the enrolment form and all staff made aware of it. Where an allergy requires specific medication or treatment, there must be a current medication plan for the child in accordance with the requirements set out in the Health Support Planning in Education and Children's Services.
- It is the responsibility of services to minimise the risk of exposure to an allergen. Food-safe practices need to address any identified food allergies. Educators/staff are not medically trained and therefore cannot diagnose appropriate treatment. Consequently, educators/staff will not:
 - administer medications to children without written parental/guardian authority;
 - administer non-prescribed medications without a pharmacy

dispensing label.(e.g. creams, drops authorised by pharmacist)

- perform any treatments without first receiving appropriate professional first aid training;
- accept children into the service who require a care regime which uses medical procedures, before staff 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.

General Considerations

- Parents/guardians should 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 should 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, 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/staff must be fully trained to all requirements contained within Action and Support Plans
 - Any non-prescribed medications must have a pharmacy dispensing label with the child's name on it (See Non- Prescribed Medications in this policy)

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. These medications should have a dispensing label from the pharmacist with child's name on it.
- If a child needs medication for a longer period, the parent 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 confirm their child has had the non-prescribed medication before on at least two (2) 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 for child care, unless a Doctor's Clearance Certificate Form stating the child as "fit for child care, and will not jeopardise the health of other children or educators", is provided.
- Children on regular drugs for chronic conditions e.g. insulin, anti-epileptic medication, adrenaline auto-injector etc. may be prescribed more than one medication and be deemed as fit for child care.

Administration of medications

- Before medication is given to a child the trained educator/staff member will verify the correct dosage and child with another educator/staff member. **Medication Form**. After giving the medication the educator/staff member will complete the following details on the **Medication Form** – date, time, dosage, medication given, person who administered, person who verified, and signed by both educators/staff.
- Where the medication requires administration via other than an oral route or external application, only those educators/staff who have a current First Aid Certificate and have received specific instruction from a health care professional, will administer the medication.
- The details on the medication packaging should be checked with details filled out by parent on the medication form. If there is a discrepancy the parent will be contacted and medication may still, be administered as according to pharmacy or doctor's prescription on medication packaging.

Application of ointments or creams

- 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 the service with an alternative brand for their child's use. Whenever a family provides their own brand the parent/guardian will be required to complete and sign an Authority to Administer on the day on which the medication is to be administered.

- Educators/staff 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 a **Medication Form**, and will only be applied by educators/staff for one day within the week, unless prescribed by the child's doctor.

Children with special health needs

- On application for enrolment families will be required to complete full details about their child's medical needs. The service will assess whether educators/staff 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 service 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/staff/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 and the 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/staff are appropriately trained to manage the child's ongoing special needs.
- The family will be provided with a copy of the Medications and Medical Conditions 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 the service without their medication, they will not be accepted by the nominated supervisor until their prescribed medication is available.

Further sources

For additional and specific health plans for diagnosed conditions and others go to [For parents and families \(education.sa.gov.au\)](https://www.education.sa.gov.au/parents-and-families)

Anaphylaxis Australia – Schools and Child Care Centres State Guidelines –

<https://allergyfacts.org.au/allergy-management/schooling-childcare/childcare-resources>

Asthma Australia – Information about asthma management and links to state/territory Asthma Foundations – from <https://asthma.org.au/what-we-do/how-we-can-help/resources/>

Asthma health support for children and young people:

<https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning/managing-health-education-and-care/physical-health/asthma-health-support-children-and-young-people>

Australian Society of Clinical Immunology and Allergy – Action Plan for Anaphylaxis –

<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Australian Society of Clinical Immunology and Allergy – ASCIA guidelines for prevention of food anaphylactic reactions in schools, preschools and childcare – <https://www.allergy.org.au/hp/papers/prevent-anaphylaxis-in-schools-childcare>

National Asthma Council of Australia – First Aid for Asthma –

<https://www.nationalasthma.org.au/>