

DUNCRAIG EARLY LEARNING CENTRE INC.

MEDICATION POLICY

POLICY

Duncraig Early Learning Centre (DELC) is committed to providing a safe and healthy environment and has a responsibility where possible to prevent exposure to illness within the Centre for the benefit of all children and educators that attend the Centre.

This policy is to be read in conjunction with the Management of Unwell Children Policy.

1. Wherever possible medication should be administered by parents.
2. Parents should consider whether their child who requires medication is well enough to be at the Centre, and to keep them at home if they are unwell.
3. It is the parent or carer's responsibility to notify the Centre of any relevant changes to health conditions or medications as soon as practically possible, in between regular updates.
4. Medication may be defined as either prescribed or over the counter.
5. Medication will only be administered at the Centre by educators if:
 - Prescribed and written instructions are provided by a **Registered Medical Practitioner ("RMP")** via the medication bottle dispensary label or a written signed letter on the relevant RMP's business letterhead.
 - **Under the Health Practitioner Regulation National Law (WA) Act 2010, RMP's include Doctor, Pharmacist, Dentist, Chiropractor, Nurse, Optometrist, Physiotherapist, Podiatrist and Psychologist.**
6. Medication needed for life threatening or chronic illnesses including, but not limited to, anaphylaxis, epilepsy, asthma and eczema will be administered to a child without prescription for a period of a day if required. Any further administration must be under the written direction of a Registered Medical Practitioner.
7. Parents of those children with allergies and who have allergic reactions must prepare an action plan on a form prescribed by and a letter from the child's doctor which explains what the child's reaction is likely to be and what actions educators should take if an allergic reaction occurs.
8. Where medication for long term conditions is required, the child's parent must provide a **completed continuous medication form**, an action plan on a form prescribed by DELC and a letter from the child's specialist or doctor.
9. DELC will keep an EpiPen Junior, asthma medication and spacer on the premises in case of emergencies.
10. Medication must be given **directly to an educator** and not left in the child's bag or locker.

11. Before medication is given to a child, the educator will verify the entire Authority to Give Medication form and the correct dosage measured with another member of staff. After giving the medication, the educator will complete all relevant sections of the Authority to Give Medication form and both educators will sign their names. The following steps should be checked by two educators: correct medication, correct child, time, dosage, route and documentation.
12. At the end of the day, parents will be asked to sign acknowledgement of being told that their child's medication had been administered, the time and dosage given.
13. If children are receiving medication at home but not at the Centre, the Centre should be advised of the nature of the medication and its purpose.
14. If a child wakes up with a temperature or ailment overnight, and is medicated with over the counter medications such as Paracetamol, Ibuprofen and like medicines from 12am onwards prior to coming to the Centre, the child must not attend the Centre that day. The discretion will be used when determining whether to allow the administration of pain relief for noncontagious incidents without written instructions by a RMP. E.g. A broken arm
15. Antibiotics that are administered for noncontagious conditions such as ear infections will require a 24-hour minimum on the medication prior to returning to DELC.
Any antibiotics for conditions such as lower respiratory conditions or school sores and impetigo will require a 48-hour minimum on the medication prior to returning to DELC.

Notwithstanding the above, medication will not be administered to a child at the Centre if:

- It is out of date;
- The incorrect name appears on the bottle.
- The bottle has no label.
- It is not in the original container.
- Correct forms have not been completed by parents; and /or
- Educators have not been previously informed of medication administration.

In the above circumstances where medication is not to be administered, a staff member will contact the child's parent (or emergency contact) to advise.

MEDICAL CONDITIONS CHILDREN WITH SPECIAL HEALTH NEEDS

- On application of the waiting list form parents will be required to fill in details about their child's medical and health needs.
- Long term medical conditions that require medication, or children that have special medical needs, will be required to obtain a support plan or action plan from their medical practitioner. Plans will need to detail the child's health support needs, including administration of medications and any other information deemed necessary to manage the child's condition.

- Consultation between DELC and the family will occur to develop a risk minimisation plan.
- The ability of DELC to continually meet the child's additional needs will be assessed every 6 months.
- A new action/support plan will need to be prepared if a child's status changes, including whether DELC can provide appropriate care and training for educators.
- Families with children with special health needs will be provided with a copy of the Medication and Medical Conditions Policy on enrolment, or when their child is diagnosed with specific health needs or medical conditions.
- If an enrolled child with special health needs does not have their medication on arrival, they will not be accepted into care until their prescribed medication is available.

ASTHMA

- Individual asthma reliever medications will be stored out of reach in the medication box found in each room's store cupboard..
- A reliever medication, spacer and mask will be included in the Centre's first aid kit in case of a life threatening episode.
- If a child attends the Centre and uses the Centre spacer and mask, parent will be invoiced for a replacement spacer and mask.
- It is a requirement that at least one employee is trained in Emergency Asthma Management and is present at all times children are present.
- Each child with asthma will need to get a medical practitioner to complete an Asthma First Aid Plan. The plan will be updated in January and July of each year, or as necessary.
- In the event of a child with severe allergies being enrolled at DELC a communication plan will be developed to notify educators of:
 - Child's name and room
 - The child's risk minimisation plan and where the Action plan will be displayed
 - Who is responsible for administration of the medication
- In compliance with the Education and Care Services National Regulations, DELC will display a notice that children that attend the Centre have been diagnosed as at risk of anaphylaxis and the related allergens.
- DELC will remind parents of the related allergens to avoid bringing into the Centre in newsletters throughout the year.

ANAPHYLAXIS

- Children with anaphylaxis will be required to provide an action plan completed by a medical practitioner – by the Australian Society for Clinical Immunology and Allergy (ASCIA). An individual health care plan will be developed in consultation with DELC, the parents and relevant health professionals. The plan will be updated in January and July of each year, or as necessary.
- Refer to Anaphylaxis Policy for further details.

ASTHMA OR ANAPHYLAXIS EMERGENCIES

- In the event of an asthma or anaphylaxis emergency, medication may be administered to a child without written permission from parents or guardians. Parents will be contacted as soon as practical when medication is administered.
- Emergency Action plans will be followed for those children that have them. If a child does not have an adrenaline auto injector and is having a severe reaction, the centre's adrenaline auto injector will be used. An ambulance will be called. The used Adrenaline auto injector will be given to the paramedics when they arrive.
- Another child's adrenaline auto injector will NOT be used.
- A child not known to have asthma that appears to be in respiratory distress will be given the Centre reliever medication as per the National Asthma Council guidelines:
 - Call an ambulance
 - Give 4 puffs of reliever medication and repeat if no improvement
 - Keep giving 4 puffs every 4 minutes until the ambulance arrives
- Parent/Guardians will be contacted at the earliest opportunity for all emergency situations.
- The incident, injury, trauma and illness records will be recorded and shown to the relevant parent/s within 24 hours of the event occurring. (Regulation 86 and 87 .4)

DIABETES

- In the event of a child with diabetes being enrolled at DELC, care would not be able to commence until a relevant number of educators had completed specific training on the management of diabetes.
- A communication plan will be developed to notify all educators of:
 - awareness of hypoglycaemia symptoms a child may display
 - food planning
 - blood glucose testing
 - recognising and treating hypoglycaemia as outlined in the training provided
 - strategies if the person becomes unwell

- when to call for help
- Each child with Diabetes will need to get a medical Practitioner to complete a Diabetes Care Plan.
- EPILEPSY
- In the event of a child with epilepsy being enrolled at DELC, a seizure First Aid Plan will be developed with the child's Doctor and brought to the Centre.
- Seizure First Aid

What to do when someone has a seizure depends on the kind of seizure, they are having . . .

The general rule for all seizures is to remain calm. Note the time the seizure starts and how long it lasts and protect [rather than restrain] the person from injury. Roll the person onto their side [coma position] if they have fallen and establish supportive communication as the seizure ends. Check for injuries and stay with the person until they are sufficiently recovered, reassuring them that they are safe.

- Parent/Guardians will be contacted at the earliest opportunity for all emergency situations.
- The incident, injury, trauma and illness records will be recorded and shown to the relevant parent/s within 24 hours of the event occurring. (Regulation 86 and 87 .4)
- When to call an ambulance
 - When the seizure activity lasts 5 or more minutes
 - When the person has lost consciousness for 5 minutes or more
 - If another seizure starts shortly after the first one finishes.
 - Where the person has sustained an injury.
 - Where you know, or believe it to be the person's first seizure.

TRAUMA PROCEDURE

- After a serious event has occurred, educators will be offered support and counselling
- Resources and support will also be offered to children and families where it is deemed appropriate.

Duncraig Early Learning Centre endeavours to ensure that all policies and practices are inclusive.

References

<http://www.epilepsywa.asn.au> Accessed 06/06/2017

www.pscalliance.org.au Medication and Medical Conditions. Accessed: 06/06/2017

Diabetes: Planning and support guide for education and childcare services (2002) The State of South Australia, Department of Education and Children's Services Retrieved from http://www.decd.sa.gov.au/speced2/files/pages/chess/hsp/Pathways/DIABETES_BOOK.pdf


Advice from Dr M Beckett and Dr A Milligan. August 2016. Advice from Dr A Firkin. June 2017.

Approved at Committee Meeting
Monday 18th July 2022

REVIEWED: July 2022

NEXT REVIEW: July 2023

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SIGNED 

NAME Rebecca Allum POSITION Director

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