

## D-11 DEALING WITH MEDICAL CONDITIONS AND MEDICATION ADMINISTRATION POLICY

### INTRODUCTION

Tanderra Out of School Hours Care service is owned and operated by Springwood Neighbourhood Centre Co-operative Ltd (SNCC).

SNCC requires all permanent staff to be appropriately trained in:

- General First Aid
- CPR
- Anaphylaxis and Asthma

The SNCC Board relies on the training, skill and experience of staff to implement the attached procedures. The Board also relies on management and senior Tanderra staff to remain up to date with all regulations and changes to best practice management of Medical Conditions and Medication Administration.

It is the family's responsibility to provide timely advice to Tanderra staff of any recent changes to their child's medical condition and/or medication administration.

### POLICY STATEMENT

Tanderra will work closely with children, families and where relevant schools and other health professionals to manage medical conditions of children attending the service. We will support children with medical conditions to participate fully in the day to day program in order to promote their sense of wellbeing, connectedness and belonging to the service (*"My Time, Our Place"* 1.2, 3.1). Our educators will be fully aware of the nature and management of any child's medical condition and will respect the child and the family's confidentiality (*"My Time, Our Place"* 1.4). Medications will only be administered to children in accordance with the National Law and Regulations.

Medical conditions in many cases, if not managed appropriately, can be life threatening.

Medical conditions include (but are not limited to):

- Asthma
- Anaphylaxis and Allergy
- Diabetes

The attached Appendix A commencing at page 5 provides procedures and information relating to the management of these three specific medical conditions.

## PROCEDURE

### a) Dealing with medical conditions

- Families will be asked to inform the service of any medical conditions the child may have at the time of enrolment. This information will be recorded on the child's enrolment record.
- In accordance with Regulation 90 our service will set out practices for the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis.
- In accordance with Regulation 91, a copy of this policy is available to all families via our service website and is emailed to families upon notification that their child has a medical condition and as changes are made to this policy.
- Specific or long-term medical conditions will require the completion of a **Medical Management Plan** signed by a registered Medical Practitioner. A new plan should be provided by the family if/when the expiry date is reached on the existing plan.
- Epi-pens, asthma or any medication detailed on a Medical Management Plan must be supplied and available at the service on every occasion that the child is in attendance.
- It is a requirement of the service that a **Risk Minimisation Plan** is developed in consultation with the child's family. The Nominated Supervisor will meet with the family and possibly any relevant health professionals as soon as possible prior to the child's attendance to determine the content of the plan to assist in a smooth and safe transition of the child into the service.
- Content of the Risk Minimisation Plan will include:
  - ✓ Identification of any risks to the child or others by their attendance at the service.
  - ✓ Identification of any practices or procedures that need adjustment at the service to minimise risk e.g. food preparation procedures.
  - ✓ Process and timeline for orientation or training requirements of educators (if applicable).
  - ✓ Methods for communicating between the family and educators if there are any changes to the child's medical management plan.
  - ✓ Strategies to ensure other families are informed of specific allergens that need to be avoided in the centre.
  - ✓ Strategies to ensure staff, volunteers can identify the child, location of child's medication.
- The Risk Minimisation Plan will be updated if/when the service is informed by the family or by means of an updated medical management plan that the child's medical needs have changed necessitating the development of a new plan.
- A **Communication Plan** for each child with a specific or long-term medical condition will be kept on the child's enrolment record. This will be used to record communication between the family and service in relation to the child's medical needs.
- child's specific health care need, allergy or relevant medical condition. All educators including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated regarding the necessary management. In some cases specific training will be provided to educators to ensure that they are able to effectively implement the Medical Management Plan.

- Details of children with medical conditions will be placed in the First Aid cabinet. It is deemed the responsibility of every educator at the service to regularly read and refer to the list.
- All educators, including relief educators will be informed of the list on initial employment and provided orientation on what action to take in the event of a medical emergency involving that child and will be shown the location of the Medical Management Plans, Risk Minimisation and Communication Plans.
- All Medical Management Plans will be kept in the Medical Management Plan folder in the first aid area. Risk Minimisation and Communication Plans will be kept in the child's enrolment record.
- Where a child has a life-threatening food allergy, the service will endeavour to keep that allergen out of the Centre. However, this cannot be guaranteed and it is recommended that children with anaphylaxis be supported to recognise and respond to the triggers and symptoms of their allergy. The service will avoid serving foods that children are known to be allergic to where possible and will advise other families with children in attendance not to provide that food for their own children. If a child has a particularly complex set of allergies or for whom catering to their allergen requirements is difficult, the family may be asked to supply a particular diet if required.
- Where it is necessary for other children to consume the particular food allergen (e.g. milk or other dairy foods) the Risk Minimisation Plan will be the means by which strategies are worked out to manage and minimise the risks.
- Where medication for treatment of long-term conditions such as asthma, epilepsy or anaphylaxis is required, the service will require an individual medical management plan from the child's medical practitioner or specialist detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition is to be managed in the service environment.
- In the event of a child having permission to self-medicate, this must be detailed in the risk minimisation plan or in the medical management plan. As with all medications administered whilst at the service, the details of the administration must be recorded in the Medication Administration Folder.

## **b) Administration of Medication**

- Prescription medication will only be administered to the child for whom it is prescribed, from the original container bearing the child's name and within a current use by date. Non-prescription medication will not be administered at the service unless authorised by a doctor.
- Educators will only administer medication during service operating hours.
- Permission for a child to self-medicate will be allowed with the family's written permission only, including via the risk minimisation plan, or by the signed approval of a medical practitioner via a medical management plan or letter.
- In the event that a case of emergency requires verbal consent to approve the administration of over-the-counter medication, the service must firstly seek approval from the parent/guardian to administer such medication. This approval may be verbal or in writing. If verbal consent cannot be obtained, an educator will administer an age/weight appropriate dose of medication (such as a fever reducing agent) and provide written notice to the family

as soon as practical after administration of the medication with details of medication, dosage, time, date and method of administration and parent authorisation (Medication Administration form).

- An authorisation is not required in the event of an asthma or anaphylaxis emergency however the authorisation must be sought as soon as possible after the time the parent and/or emergency services are notified.
- Families who wish for medication to be administered to their child, or have their child self-administer their medication, while at the service must complete the Medication Administration form providing the following information:
  - ✓ Name of child
  - ✓ Name of medication
  - ✓ Details of the date, time and dosage to be administered. (General time, e.g. lunchtime will not be accepted.)
  - ✓ Where required, indicate if the child is allowed to administer the medication themselves or have an educator do it.
  - ✓ Signature of parent/guardian or authorised nominee.
- Medication must be given directly to an educator and not left in the child's bag Educators will store the medication in a designated secure place, clearly labelled and ensure that medication is kept out of reach of children at all times.
- An exception to the procedure is applied for asthma medication for asthmatics and epi-pens for those with life-threatening allergic reactions in which case the child may carry their own medication on their person or in their bag with parental permission (given via a medical management plan signed by a doctor). Where a child carries their own asthma medication, they should be encouraged to report to an educator their use of the puffer as soon as possible after administering and the service maintain a record of this medication administration including time, educator advised and if the symptoms were relieved.
- Before medication is given to a child, the educator (with current First Aid Certificate) who is administering the medication will verify the correct dosage for the correct child with another educator who will also witness the administration of the medication.
- After the medication is given, the educator will record the following details on the Medication Administration form: Name of medication, date, time, dosage, name and signature of person who administered and name and signature of person who verified and witnessed.
- Where a medical practitioner's approval is given, educators will complete as detailed above and write the name of the medical practitioner for the authorisation.

## Appendix A

### 1. Medical Condition – Anaphylaxis and Allergy Management

#### **Anaphylaxis Definition:**

Anaphylaxis is a severe and life-threatening allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually foods, insects or medicines) to which a person is allergic. Not all people with allergies are at risk of anaphylaxis (ASCIA 2019).

#### **Procedures in relation to Anaphylaxis:**

- Tanderra will ensure that its policies and procedures maintain and encourage an inclusive and participative environment.
- Tanderra will keep current information on anaphylaxis displayed in a prominent place so that all users of the service can have access to this information.
- Tanderra will display First Aid procedures for anaphylaxis for staff to refer to.
- The auto-injection device (EpiPen) or any medication detailed on a Medical Management Plan must be supplied and available at the service on every occasion that the child is in attendance.
- As part of the enrolment process, all families will be asked to advise if their child has allergies. This will be documented in the enrolment record. If the child has allergies which require medication, the family will be asked to provide a medical management plan signed by a registered medical practitioner. This must be provided prior to the child's commencement at the service.
- Where a family advises that their child has an allergy that is not deemed to be life-threatening, is not at risk of anaphylaxis and does not require medication in the management of the allergy, the service will note the allergen and endeavour to support the child to avoid the allergen (such as in mosquito bites, food intolerance). In such a case the family will not be required to provide a medical management plan.
- The family of a child at risk of Anaphylaxis will be provided with a copy of this policy upon notification of the diagnosis.
- The child's Anaphylaxis Medical Management Plan will be available for all staff to access in the first aid area in a folder marked Medical Management Plans, stored in a confidential manner.
- In the event of an allergic reaction which may progress to an anaphylactic reaction, the plan will be enacted by an educator who holds a current first aid certificate which includes anaphylaxis management training.
- The auto-injection device (EpiPen) will be stored in a location that is known to all educators, including relief educators; will be easily accessible to adults (not locked away) and away from direct sources of heat or protected from them.
- Educators will practice adrenaline auto-injection device (EpiPen) administration procedures using an EpiPen trainer and anaphylaxis scenarios on an annual basis. This can be undertaken by a registered provider of first aid.

- The EpiPen and copies of medical management plan will be taken on all excursions and outings that the child attends, including walking to and from the bus stops in before and after school care.
- The EpiPen expiry date will be regularly checked on a minimum basis of once per term. The manufacturer will only guarantee the effectiveness of the medication to the end of the nominated expiry month.
- The service will keep an in-date EpiPen in the first aid cupboard in the event of an emergency dose being required to be administered to a child with or without a diagnosis of anaphylaxis. Educators will always endeavour to administer a child's own EpiPen in the first instance, should it be required.
- Educators will be aware of the potential means of exposure to allergens (ie cross contaminations, traces of known allergens, hygiene practices etc) to children at risk of anaphylaxis whilst at the centre. These will be detailed in the Risk Minimisation Plan.
- Tanderra is a nut aware service and provides food for children that is free from nuts, to minimise the risk of an anaphylactic reaction. However, Tanderra cannot guarantee that all food is nut-free and can only follow the manufacturer's information. Food served at Tanderra may also have traces of nuts. For this reason, we will consult with families individually on enrolment and during the process of completing the risk minimisation plan, to determine whether a family will provide their own food or whether the child has permission to eat food at Tanderra.
- Educators, volunteers, students are not to bring nuts, peanuts or food contaminated with nuts into the centre for their own consumption.
- Children at Tanderra will be alerted to the importance of not sharing food, utensils and containers with others at mealtimes. Such information will be shared with all children in a sensitive manner.
- Children will be expected and reminded to wash their hands before eating. Staff will model this behaviour.
- The service will prominently display a sign in the front room at Tanderra that states a child diagnosed at risk of anaphylaxis could be present at the service.
- It is the parent/guardian's responsibility to ensure any changes to the medical management plan and risk minimisation plan for their child are effectively and efficiently communicated to the service.
- Tanderra will ensure all permanent staff have up to date asthma and anaphylaxis training and will ensure that a staff member is always present with this training whenever children are present in the service and at all locations where they are present (ie at the bus stops).

### **Anaphylaxis First Aid Management:**

In all cases of an allergic reaction for a child diagnosed as having an allergy or being at risk of anaphylaxis, follow the child's individual medical management plan.

For a child without a diagnosis of an allergy or anaphylaxis, who appears to be having an allergic reaction, commence first aid treatment.

## **Mild to moderate allergic reaction**

- Swelling of face, lips, eyes
- Hives or welts on skin
- Tingling mouth
- Stomach pain, vomiting (signs of mild to moderate allergic reaction to most allergens, however in insect allergy these are signs of anaphylaxis)

## **Action**

- For insect allergens, flick out the sting if it can be seen but do not remove ticks
- Stay with the person and call for help
- Give medication (if advised in medical management plan)
- Locate adrenaline autoinjector (instructions are included in the medical management plan for anaphylaxis)
- Contact parent/guardian or other person to be notified in the case of illness if parent cannot be contacted.

## **Anaphylaxis (severe reaction)**

Continue to watch for any one of the following signs of anaphylaxis (severe allergic reaction)

- Difficulty/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persisten dizziness or collapse
- Pale and floppy (in young children)

## **Action**

- Lay the person flat – if breathing is difficult, allow to sit – do not allow them to walk or stand
- Give adrenaline auto injector (instructions are included with the action plan for anaphylaxis)
- Call an ambulance (000 or 112 from a mobile)
- Contact the parent/guardian or other emergency contacts designated to be contacted if parent cannot be reached
- If in doubt give the adrenaline autoinjector

Commence CPR at any time if a person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector first then asthma reliever.

## EpiPens

### If the EpiPen is staying at the service:

- The EpiPen will be taken by educators when walking to and from the bus stop if the child attends before and after school care and on excursions and outings during vacation care or at any time.
- The EpiPen will be placed in the first aid cupboard in a bag or case of some kind, clearly marked with the child's name.

### If the EpiPen is not staying at the service:

- The EpiPen must be stored in the child's bag in a marked location.
- The child's bag will be placed in the bag area in a pigeon-hole marked with red paint. This denotes that bags with emergency medication are kept there.

### If a child is in attendance at the service and does not have an EpiPen (EMERGENCY CASE):

- If the EpiPen is not with a child and they have an allergic reaction while at the centre, the service's EpiPen will be used. The device will be replaced within 24 hours or as soon as practicable by the service.

## 2. Medical Condition – Asthma Management Procedure

Asthma is a disease in which the airways can narrow too easily and too much in response to a wide range of triggers. Asthma symptoms include wheezing, chest tightness, difficulty in breathing, shortness of breath and sometimes coughing.

- Tanderra will ensure that its policies and procedures maintain and encourage an inclusive and participative environment.
- Tanderra will keep current information on asthma displayed in a prominent place so that all users of the service can have access to this information.
- Tanderra will display First Aid procedures for anaphylaxis for staff to refer to.
- As part of the enrolment process, all families will be asked to advise if their child has any medical conditions, including asthma. This will be documented in the enrolment record. If the child has asthma the family will be asked to provide a medical management plan signed by a registered medical practitioner. This must be provided prior to the child's commencement at the service.
- A parent/guardian who has indicated that a child has a diagnosis of asthma will be required to complete a Risk Minimisation with the Nominated supervisor. This must be completed prior to the child's first date of attendance. The plan will set out the potential for known asthma triggers and means of managing the risks to the child while at the service. The Communication Plan will be available to record and support communication between the family and service staff regarding the child's needs and wellbeing.



- Asthma medication and/or a spacer or any medication detailed on a Medical Management Plan must be supplied and available at the service on every occasion that the child is in attendance.
- The family of a child with asthma will be provided with a copy of this policy upon notification of the diagnosis.
- The child's asthma Medical Management Plan will be available for all staff to access in the first aid area in a folder marked Medical Management Plans.
- In the event of the child suffering an asthma medical emergency, the plan will be enacted by an educator who holds a current first aid certificate which includes asthma management training.
- The asthma medication and/or spacer will be stored in the first aid cupboard and will be easily accessible to adults (not locked away). Alternatively the medication and/or spacer may be kept in the child's bag and stored in the bag area in the designated pigeonholes marked red to indicate that emergency medication is stored in the bag.
- At all times while children are present, there will be an educator on duty in all locations where children are, who holds a current first aid certificate including for the management of asthma.
- The asthma medication and/or spacer and copies of medical management plan and risk minimisation plans will be taken on all excursions and outings that the child attends, including walking to and from the bus stops in before and after school care.
- All asthma medication stored on the premises will be checked on a minimum basis of once per term. Families will be asked to replace the medication once it has exceeded its expiry date.
- It is the responsibility of parents/guardians to ensure that asthma medication that stays with a child in their bag is up-to-date and has not exceeded its use-by date.
- The service will keep asthma reliever medication and a spacer in the first aid kit to be used in emergency cases where a child does not have his/her medication or where a child suffers from an asthma emergency who does not have a diagnosis of asthma. This does not negate a parent/guardian's requirement to provide asthma medication on each occasion their child is at the service, but is a back-up measure for emergencies.
- Educators will be aware of the potential for exposure to asthma triggers while children are at the service, detailed in the risk minimisation plan.
- There will be a list of children with medical management plans and risk minimisation plans located on the inside of the first aid cupboard door. Educators are expected to familiarise themselves with this list on a regular basis.
- It is the parent/guardian's responsibility to ensure any changes to the medical management plan and risk minimisation plan for their child are effectively and efficiently communicated to the service.

### **Asthma First Aid Management:**

In all cases of an asthma medical emergency for a child diagnosed as having asthma, follow the child's individual medical management plan.

For a child without a diagnosis of asthma who appears to be having an asthma medical emergency, commence first aid treatment.

### The most common symptoms of asthma:

- Persistent cough, irrespective of sound it makes.
- Wheezing – high pitch whistling sound made by narrowing of airways
- Breathing difficulties – sometimes the signs of airways tightening does not result any sounds (silent asthma) we are familiar with such as wheezing and coughing.
- Tightening of chest / Chest pain

### Action

For a child with a diagnosis of asthma:

- o Follow their individual action plan
- o Contact the parent/guardian.
- o Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.

For a child without a diagnosis of asthma who appears to be suffering from an asthma medical emergency:

- o Commence the 4 steps of Asthma First Aid (on the health and safety wall in the first aid area).
- o If there's no improvement dial 000 for an ambulance or 112 from a mobile. Follow the operator's instructions.
- o Contact the parent/guardian.
- o Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.

### 3. Medical Condition – Diabetes Management Procedure

Type 1 Diabetes is a lifelong autoimmune disease that destroys the ability to produce insulin, which is vital for life. Type 1 Diabetes occurs when the pancreas is unable to make enough insulin. Insulin is a hormone that acts as a key to let glucose from the food we eat, pass from the bloodstream into the cells to provide energy. It is generally diagnosed in childhood but can arise at any age and is not preventable. The causes of the disease are not fully understood, but scientists believe that a person's genes play a role as well as a variety of identified environmental factors. However, it is certain that going on a diet or cutting down on sugar doesn't stop Type 1 Diabetes. People with Type 1 Diabetes must take up to 6 insulin injections or receive a continuous infusion of insulin through a pump every single day.

Type 2 Diabetes occurs in adults (usually over 40 years), however it is now being seen in adolescents. It may be accelerated by lifestyle factors (obesity, lack of regular exercise, overeating) and is treated by diet, exercise, tablets and occasionally insulin injections.

- As part of the enrolment process, all families will be asked to advise if their child has any medical conditions, including diabetes. This will be documented in the enrolment record. If the child has diabetes, the family will be asked to provide a medical management plan signed by a registered medical practitioner. This must be provided prior to the child's commencement at the service.
- Parents/guardians of children with diabetes will be required to complete a risk minimisation and communication plan with the Nominated supervisor. This must be completed prior to the child's first date of attendance. The plan will set out the potential for conditions and circumstances which can lead to a diabetic episode.
- The family will be asked to ensure their child has an adequate supply of appropriate emergency diabetic management foods, clearly labelled with the child's name and including expiry dates for every occasion that their child is in attendance.
- Any medication or medical kit (such as a hypo kit) detailed on the Medical Management Plan must be supplied and available at the service on every occasion that the child is in attendance.
- The service will display a standard Diabetes Emergency Action Plan Information poster and emergency numbers in the first aid area.
- The family of a child with diabetes will be provided with a copy of this policy upon notification of the diagnosis.
- Educators will be informed about this policy, the medical management plan and risk minimisation plan which will be available for all staff to access in the first aid area and in the child's enrolment record.
- At all times there will be an educator present at all locations where there are children, who holds a current first aid certificate.
- The diabetes medication/kit, emergency foods and copies of medical management plan and risk minimisation plans will be taken on all excursions and outings that the child attends, including walking to and from the bus stops in before and after school care.
- There will be a list of children with medical management plans and risk minimisation plans located in the first aid cupboard in the Medical Management Plans folder. Educators are expected to familiarise themselves with this list on a regular basis.
- Information and support will be made provided to educators to support their understanding of and ability to manage diabetes such as NDSS (National Diabetes Service Scheme) 1800 637 700.
- It is the parent/guardian's responsibility to ensure any changes to the medical management plan and risk minimisation plan for their child are effectively and efficiently communicated to the service.

## **Diabetes First Aid Management**

For emergency management treatment of a child diagnosed as having diabetes:

- Administer emergency management treatment if required as outlined in the medical management plan. If no diabetes record is available, and no other information has been provided by the parent, educators should contact Nepean Paediatric Diabetes Service on (02) 4734 3974 (8:30am – 4:00pm Mon – Fri) or (02) 4734 2000 (after hours) or call 000 for an ambulance or 112 from a mobile. Follow the operator's instructions.

- Contact the parent/guardian.
- Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.

## CONSIDERATIONS

### National Quality Standards

2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
6.2.2	Access and participation	Effective partnerships support children's access, inclusion and participation in the program
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defining, and understood and support effective decision making and operation of the service

### Education and Care Service National Regulations 2011

R90 - 91	Medical Conditions Policy
R92 - 96	Administration of Medication
R177	Prescribed enrolment and other documents to be kept by approved provider
R181 - 184	Confidentiality and storage of records

### Related Policies / Forms

<p>Family Information Booklet</p> <p>Enrolment and orientation policy</p> <p>Providing a Child Safe Environment policy</p> <p>Management of incident, injury, illness and trauma policy</p> <p>Administration of first aid policy</p> <p>D-2 Safe Food Handling Policy</p>
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## ENDORSEMENT AND REVIEWS

Date	Action
12.12.2022	Approved by SNCC Board
21.08.2023	Last Review Date
August 2026	Next Review Date