

Medical Conditions Policy and Procedure

Policy Title:	Medical Conditions Policy and Procedure		
Last Reviewed:	October 2015	Next review due:	September 2018
NQF Reference:	National Law section 167 National Regulations 90 - 96, 168 2.1.2; 2.2; 2.2.2;		

Policy

Where medication is administered to a child at Blackmans Bay Childrens Services, the nominated supervisor, staff members and volunteers hold a duty of care to ensure that the medication is administered in accordance with the *Education and Care Services National Law*, the *Education and Care Services National Regulations* and the *Tasmanian Poisons Regulations*.

To ensure effective communication strategies are implemented, the nominated supervisor, staff members and volunteers are to be aware of and understand the content of the Medical Conditions Policy and Procedure, medical management plans and risk minimisation plans of a child enrolled at the service. This practice supports staff members and volunteers to identify children, their medical management plan and the location of medication.

Where possible, medication is to be administered at home. Medication will only be administered at Blackmans Bay Childrens Services where absolutely necessary to ensure a child's continued health and well-being.

As the administration of paracetamol may mask the symptoms of a serious illness or delay medical attention, paracetamol will not be administered without the written authorisation of a registered medical practitioner.

Procedure

Where a child with a known medical condition² is enrolled at the Blackmans Bay Childrens Services, the approved provider will:

- ensure a copy of the medical conditions policy is provided to parents³;
- notify the parents³ of any known allergens and strategies to be implemented to minimise any identified risks;
- develop, in consultation with parents³, a risk-minimisation plan;
- require the parents³ to provide a current medical management plan, including practices to be followed relating to the child's specific medical condition²; and
- require medication prescribed by a registered medical practitioner¹ be available at all times (This means a child is unable to attend the service without their prescribed medication).

A medical action plan is required to be completed and signed by a registered medical practitioner¹ and include the details of the on-going medication requirements, emergency details and a photo of the child, for the management of known medical conditions² including asthma, diabetes or anaphylaxis.

Medical action plans must be reviewed annually or as conditions alter. To ensure the currency of a medical action plan, parents³ will be given every opportunity to communicate any changes or updates. This may include the review or update of written authorisations.

Who is authorised to administer medication

At Blackmans Bay Childrens Services, the nominated supervisor authorises senior staff⁴ to administer medication if, in line with the requirements of the *Education and Care Services National Regulations*, they:

- hold a current approved first aid qualification;
- have undertaken a current approved asthma qualification;
- have undertaken current approved anaphylaxis qualification; and
- hold the specific knowledge to administer the medication in the form it is required to be administered in (e.g. orally, via injection, rectally).

A senior staff member⁴ must also witness and verify that the correct medication and dosage has been administered, by completing the relevant section of the *Medication Consent Form*.

Administration of medication

On arrival at the service, all medication must be given directly to a staff member to ensure it is stored in line with the manufactures instructions, remains out of reach of children (i.e. not left in bags or lockers) and accessible to staff (refer to *self-administration* procedure).

Medication requiring refrigeration must be stored in a separate, childproof container in the fridge.

Before administering medication, staff must ensure the instructions on the *Medication Consent Form* are consistent with any instructions from the registered medical practitioner¹. Where there is any doubt or inconsistency regarding the administration of medication, staff must seek confirmation from the parent³, the Senior Management Team or the registered medical practitioner¹.

Medication will only be administered:

- in accordance with the registered medical practitioner's instructions relating to the administration of the medication;
- to a child to whom it has been prescribed;
- from the original container, bearing the original label with the child's name;
- before the expiry or use by date.

When administered, staff must ensure the *Medication Consent Form* is completed to record:

- the name of the child;
- the authorisation to administer the medication (signed by the parent³. To avoid signing a new consent form each day, the parent³ may write 'until course complete' and specify the relevant, concurrent dates);
- the name 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 next be administered;
- time and date the medication was actually administered;
- the dosage administered;
- the manner in which the medication was administered;
- name and signature of both the person who administered and the person who checked the dosage and administration of the medication.

Medical Consent Forms must be stored in each child's confidential profile for a period of 3 years from the date the child last attended the service. However, if the record relates to an incident, illness, injury or trauma suffered by the child while being educated and cared for at the service, or that may have occurred following an incident at the service, the documentation must be kept until the child is aged 25 years. If the record relates to the death of a child while being educated and cared for at the service, or as a result of an

incident at the service, the documentation must be kept for 7 years after the death of the child.

If a child is administered the wrong medication, the wrong dosage or takes medication via the wrong route, the following steps should be taken:

1. Ring the *POISONS INFORMATION CENTRE 13 11 26*;
2. Give details of the incident and child;
3. Act immediately upon their advice;
4. Notify a member of the Senior Management Team, who will contact the child's parent³;
5. Document actions in a full report;
6. Review relevant medication policy and procedures in light of the incident.

Any concerns regarding the administration of the medication, the type of medication, its prolonged use or effects on the child should be discussed with the Senior Management Team.

Administration of medication in an emergency

As with all medication, medication required in an emergency must be accessible to staff while remaining inaccessible to children (refer to *self-administration* procedure).

In an emergency, where prior written authorisation has not been given, authorisation may be given verbally by a parent³ or if the parent³ cannot be reasonably contacted, authorisation may be sought from a registered medical practitioner¹ or emergency service personnel.

In the event of an anaphylaxis or asthma emergency, medication may be administered without authorisation. The approved provider or nominated supervisor must ensure that the parent³/emergency services are notified as soon as practicable.

Self-administration of medication

Where a child over preschool age self-administers medication, written parental authorisation and instructions from a registered medical practitioner¹ are required, in line with regulation 92, including the expected level of supervision.

Where a child over preschool age self-administers medication, the child will:

- on arrival at the service premises, give the medication directly to a staff member;
- be able to safely access the medication for self-administration;
- possess the ability to administer the medication; and
- notify staff that the medication has been self-administered; to ensure the administration is recorded (in line with regulation 92).

Storage of medication

- Medication, except medication for self-administration, must be stored out of reach of children while remaining accessible to staff.
- Medication must be stored in line with the manufactures instructions (e.g. out of direct sunlight; refrigerated).
- Narcotic substances must be stored apart from other medications in an enclosure (e.g. cupboard) that is securely locked and the key retained by a person who is authorised to administer narcotics. All other medications must be securely stored away from narcotics.
- Adrenaline auto-injecting devices (e.g. epipens/anapens) should be stored in an unlocked, easily accessible place to educators, away from direct heat. Adrenaline auto-injecting devices should not be stored in a freezer or refrigerator. Adrenaline injectors should be clearly labelled with the child's name. A copy of the child's action plan must be kept with the adrenaline auto-injecting device.

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Adrenaline auto-injecting devices should be signed in and out by an educator when taken from the usual place of storage (e.g. excursions).

Disposal of medication

Where a child no longer attends the Blackmans Bay Childrens Services but the child's medication, including narcotic substances, has been left at the service, Blackmans Bay Childrens Services will not to destroy or dispose of medication, but seek advice from a pharmacist regarding the correct disposal of the medication.

¹ **Registered Medical Practitioner** means a person registered under the Health Practitioner Regulation National Law to practice in the medical profession (other than a student).

² **Medical Condition** includes a known health care need, allergy or other relevant medical condition.

³ **Parent** means the child's parent or other person named in the enrolment record as authorised to consent to the administration of medication.

⁴ **Senior Staff Member** as outlined in the *Fair Work Act*.

Links to other policies or documents

- Administration of First Aid Policy and Procedure
- Excursion Policy and Procedure
- Supervision Policy and Procedure

Sources

- NHMRC (National Health and Medical Research Council)
- Staying Healthy (5th edition)
- Department of Health and Human Services, Tasmania
- *Education and Care Services National Law*
- *Education and Care Services National Regulations*
- *Tasmanian Poisons Regulations 2008*