



### **33. Medication and Medical Conditions Policy**

**All Medication** (This includes Teething gels and Medicated creams for nappy rash), must be accompanied by Medical Authorisation. This can be **the prescription label**, or **a letter, written on letterhead from either a doctor or a pharmacist**. Alternatively, the centre can provide **a medication plan pro-forma that your doctor can fill out**. This is often preferred with Long term health conditions such as Asthma and Anaphylaxis.

#### **Letters from the Doctor:**

The centre requests that any letters recommending over the counter medications be given to children, will need to state the reason why the medication is given and any symptoms that may be present.

This information will be treated as confidential, but will also ensure that the centre is able to provide appropriate care to children while in our care.

Doctors letters will be treated as valid for 1 month, unless otherwise indicated by the doctor, or medication is covered by a health care plan (e.g. Asthma)

#### **Health Plans:**

Once a health condition is identified staff and parent will develop a risk assessment and identify and respond to any manageable risks.

**For children with ongoing asthma, anaphylaxis, or ongoing medication, a treatment plan will need to be supplied.**

For further clarification please speak to the Director.

**The *Only* medication exempt is non-medicated Nappy or Barrier creams, Paracetamol (under policy guidelines- see below) and Asthma relievers which are used within the scope of First Aid.**

#### **Medication Administration Guidelines**

- Children must have been taking medication for 24 hours prior to returning to Child Care if it is the first time a child has been administered that particular medication. Parents take responsibility for this by signing a declaration on the medication chart.
- Medicine must be delivered in the original bottle, and handed to a staff member to be stored appropriately.
- The date, child's name, medication prescribed, dosage, administration time, administration route, number of doses already given, parent's signature of consent, and a parent

acknowledgement that the child has the medication before (minimum 24hrs prior to returning to the centre) MUST be recorded on the medication sheet.

- Where non prescribed medication e.g. ventolin, paracetamol is administered, staff will document dose, time, purpose, etc. on the medication register and parents will sign on collection.
- Medication will only be given to the child whose name is recorded on the bottle and medication plan; therefore, siblings cannot share medication.
- Any special health / medication issues your child has e.g. Asthma must be documented on an action plan, which will be kept on file and in the children's section, and displayed on the wall within children's room if it contains potentially lifesaving information.
- Medication and ointments must not be kept in children's drawers or bags. Hand them to a staff member or put them in the fridge if appropriate.
- Qualified staff of the section are responsible for ensuring medication is given appropriately. The qualified staff member and another staff member are required to sign medication off on the medication sheet. Any medication missed or given at a different time stipulated by the parent on the medication sheet, will require an incident report to be completed by the qualified staff member responsible.
- In the event of an emergency or First Aid event parents will be notified as soon as practical.

### **Children with Additional Health Requirements**

Children enrolling with ongoing Health needs, need to provide relevant information prior to commencing at the centre or, as soon as the health need is identified. Health needs may include, dietary, Anaphylaxis, Asthma, Epilepsy and any other condition that may have implications for the child's ongoing health and wellbeing.

The centre reserves the right to delay the enrolment date of a child, while an appropriate Risk Assessment is undertaken and any identified strategies are put in place.

Where particular training is required to meet the needs of the child, the centre reserves the right to delay the child's enrolment date until the training is completed.

### **Asthma:**

Children with Diagnosed Asthma will need to provide the centre with an Asthma care plan (appendix 6). The original Asthma plan must be kept on the child's files. One copy will be supplied to the room in which the child is enrolled, while another will be kept with the Medication in the Kitchen (medication cupboard).

The Centre will maintain staff Training in Asthma management and maintain an asthma emergency pack of Spacer, facemask and Reliever.

### **Asthma First Aid**

Ventolin is considered a First Aid Treatment and the centre maintains Emergency Asthma Packs, for circumstances where staff feels that children may be experiencing Respiratory distress. The centre will ensure staff have been trained in managing Asthma and are in the best possible position to make good decisions about whether children require treatment. In these circumstances quick action may save a child's life or at least prevent further complications occurring.

In July 2012 Asthma Australia implemented a national policy for single person Spacers and Masks in Asthma Emergency Kits. This means that should staff decide that your child requires Ventolin as a

First Aid Measure, you will be charged for the Cost of the spacer and that Spacer then becomes your child's. Costs currently stand at \$13.50 ea.

Should your child have their own Spacer and mask these will be used, if available?

In the permission section of your child's enrolment you are required to sign that you have understood this. Emergency Asthma treatment involves children's respiratory system and is a potentially lifesaving treatment. This is a mandated treatment that LFCCC staff must provide even if parents advise otherwise.

**Should you require further information speak to the Director or contact**

**Asthma SA on 1800 645 130**

**Anaphylaxis:**

Children with Anaphylaxis must have an appropriate Anaphylaxis care plan and medication on site. An Anaphylaxis Action plan should also be displayed, and contain information about treatment and a photo of the child, which should be displayed in every room the child is regularly in. A notice should also be placed in plain sight at the entrance of the service notifying parents that a child with Anaphylaxis and the trigger allergen is enrolled in the service.

Staff is trained in Anaphylaxis Management and First Aid Training.

- If the Epipen is Cloudy or has black particles in, may be expired. In these circumstance ring 000 and seek advice
- The centre will maintain an Emergency Epipen on site.

**Regular/ ongoing Medication:**

Children requiring ongoing Medication Management such as Children with Epilepsy, will be required to have a medication plan authorised by a Doctor and reviewed regularly (copies available from the Centre). Staff will then record daily the administration of this medication on the centre's medication register.

**Food Allergies:**

On Enrolment parents need to notify the centre of all Food Allergies, Intolerances and potential reactions. This should include specific foods or Chemicals (e.g. lactose) that children are unable to tolerate.

Food intolerances will be documented in the child's individual file and recorded on the centres database.

It is the responsibility of the parents to notify the centre of any changes in children's allergies.

Wherever possible the centre will attempt to provide food substitutes for these children.

Staff will ensure that Food Labels are carefully read before food is given to children.

Should staff suspect a child has been given a food that may cause a reaction, an incident report will be made and the child closely observed.

If the child displays any signs of facial swelling or respiratory difficulty an Ambulance will be called and parents notified as soon as practical.

**Maintenance of Medication:**

The Expiry dates of all medications, and integrity of equipment (such as spacers) will be checked as part of the centre's 3 monthly Occupational Health and Safety check. The person completing the check will sign and date on completion of the 3 monthly report.

Children with Medications plans should have these reviewed every 12 months (Max.)

**Excursions:**

Where the centre takes children off-site, first aid kits will include Emergency Asthma medication. Staff will evaluate whether an epipen is necessary as part of their risk assessment.

## **Paracetamol Policy**

***Rationale:***

To maintain the comfort and safety of children.

To support continuity of work attendance for Parents.

Parents may work some distance from the centre and time taken to get to the centre may mean staff are managing a sick child for 1- ½ hours causing greater discomfort to the child.

***Policy***

Le Fevre Community Children's Centre reserves the right to request that a child is collected by the parent if they feel that the child is too unwell to continue at Child Care.

Staff will administer 1 dose of Paracetamol to a child within a 24-hour period, without exceeding the recommended dosage, when a Temperature of 38 degrees or greater is present and permission is given by the parent or Guardian.

It is vital that Parents provide a work landline or emergency office contact number for at least one parent.

If a child has been administered Panadol in the morning, it is their responsibility to notify the centre they have done so. If staff are unsure if a child has had Panadol and are unable to contact parents, they will assume a dose has been given and observe the manufacturers wait between dosages, using the time they were signed in at child care as their time of dose.

Staff will administer Paracetamol as per **weight dosage or Age recommendation depending on which is lower** as per instruction on the manufacturer's directions. The centre will keep a working set of scales for this purpose.

Staff will not administer Paracetamol for more than 2 consecutive days without express permission of an authorised Medical Practitioner.

The centre will have a general permission on enrolment; however, phone contact will be attempted as a secondary measure on the day.

Before administering Paracetamol or contacting the parents, staff will check for obvious signs of infection (such as cough, mucus, lethargy and behavioural variations), measure and record the Pre-paracetamol temperature on the medication chart, and check the child's body for any signs of rash.

Checks and symptoms will be recorded on a child accident/ illness report to be sighted and signed by the parent on collection or sent with the child if referred to hospital.

Temperature will be rechecked within 30-45 minutes after paracetamol has been given. If the temperature has not gone down or if Temperature re-occurs the child will need to be collected by an authorised person or sent to hospital via an Ambulance.

Sources:

**Fever**, Parenting and Child health 2010-05-06

<http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=304&id=1798>

**First Aid in Education and Children's Services**, Department of Education and Children's Services, 2007

[http://www.decs.sa.gov.au/speced2/files/pages/chess/hsp/Information/1092372\\_First\\_Aid\\_final\\_te.pdf](http://www.decs.sa.gov.au/speced2/files/pages/chess/hsp/Information/1092372_First_Aid_final_te.pdf)

**Health Support Planning**, Department of Education and Children's Services, 2006

[http://www.decs.sa.gov.au/speced2/files/pages/chess/hsp/HSP\\_guidelines\\_final\\_text1.pdf](http://www.decs.sa.gov.au/speced2/files/pages/chess/hsp/HSP_guidelines_final_text1.pdf)

**Staying Healthy in Child Care 4<sup>th</sup> edition**, National Health and Medical Research Council, 2005

<http://www.nhmrc.gov.au/publications/synopses/files/ch43.pdf>

**Course Handbook (21886VIC) Emergency Asthma Management**, Asthma SA, 2012

## **APPENDIX**

**Appendix 1. Asthma care plan for Education and Care Services.**

**Appendix 2, Action Plan for Anaphylaxis (ANAPEN)**

**Appendix 3, Action Plan for Anaphylaxis, (EPIPEN)**

**Appendix 4, Action Plan for Eczema**

**Appendix 5, Action Plan for Allergic Reactions.**

**Appendix 6, Medication Authority, (For use with ongoing medications- to be completed by Medical practitioner**