

Medical Conditions and Medication

National Law: Section 167, 173

National Regulations: Regulation 90-96, 100-102, 168, 178, 181-184

National Quality Framework: Standard 2.1

Policy Statement

The service's Medication Policy reflects the following principles

- safe principles and practices to administer medication
- the maintenance of accurate records
- how the service manages medical conditions
- up to date professional development knowledge of administering techniques
- first aid qualifications
- licensing and legislative requirements
- recommended advice and practices from a medical source
- open communication between educators, families and children
- how a risk management plan will be implemented

Strategies and Practices

Definition of medication

The term 'medication' can be defined either as prescribed or non-prescribed. For the purpose of this policy, 'prescribed' medication is

- authorised by a health care professional
- dispensed by a pharmacist with a printed label, which includes the name of the child being prescribed the medication, the medication dosage and expiry date.

Examples of prescribed medication include

- Antibiotics.
- Ventolin for Asthma.
- Ritalin for Attention-Deficit Hyperactivity Disorder.
- EpiPen for Anaphylaxis.

Any medication that does not meet the criteria for prescribed medication can be considered non-prescribed. This includes

- Over the counter medication.
- Medication dispensed by a naturopath/homeopath.
- Considered complementary or alternative such as vitamins and cultural herbs or remedies.

Examples of non-prescribed medication include

- Topical or antifungal creams for nappy rash or eczema.
- Paracetamol.
- Ibuprofen.
- Antihistamine.
- Teething gel.

Administering Medication

The basic principles of medication administration will be adhered to at all times in the service. The five principles are

Do you have the right

- child.
- medication.
- dose.
- method.
- date and time.
- expiry date of the medication.

These basic principles are the first steps in ensuring that medication is administered safely to any person and should be documented by the parent or legal guardian before administering medication to a child.

- Medication can only be administered when the service's **Medication Form** has been completed and signed by the child's parent or legal guardian.
- The service will endeavour to ensure that educators are witnessed by another person when administering medication to children.

Working with Parents

The service understands that there is a shared responsibility between the service, children and families when dealing with medical conditions and medication. Children who have specific health care needs will require a **Medical Management Plan** to be completed with our Nominated Supervisor. Families who communicate openly about their children's health will ensure better outcomes are provided for their child. Families can also supply details about their child's medical history

- Upon enrolment.
- On child background information sheets.
- In communication books or Centre feedback forms.
- Speaking directly with staff.

The service reserves the right to contact a health care professional if educators are unsure about administering medication to a child, even if the parent or legal guardian has requested the medication to be administered.

The Medical Management plan will include

- A **risk minimisation plan** where parents and staff can identify the potential risks for their child and outline any precautions or procedures that may minimise these risks.
- A **communication plan** where parents can identify how and when communication will occur.



Authorising the Administration of Medication

If it is necessary for medication to be administered to a child while in attendance at the service, it is the parent/caregiver's responsibility to ensure that staff are aware of this fact and the appropriate Medication Forms are completed.

This form must state

- The child's name
- The name of the medication
- The time and date the last dosage was given
- The date and time it is to be administered by the service
- Dosage to be administered
- Method of administration
- Signature of Parent/Guardian.

When medication is administered it must be

- From its original container.
- In accordance with any instructions attached to the medication or provided by a registered medical practitioner
- Only to the child whose name appears on the label.
- Witnessed by a second person checking the dosage and its administration.
- Signed off on the medication authorisation form.

It is the responsibility of all parents/guardians to ensure that when your child arrives at our centre that all medication is handed to an educator or placed in each room's locked medication box. All medication must be collected at the end of the day.

The same conditions apply in respect of natural/herbal medicines. Such medicines will not be administered by our educators unless you have a letter from your child's naturopath to accompany the medication and have completed the medication form as above indicating that educators has been given permission to administer this medication.

The Naturopath also needs to include a **Dispensing Label** on the medication.

Time Frame for administration of medications:

- Two times a day = 12 hourly
- Three times a day = 8 hourly
- Four times a day = 6 hourly
- If medication is stated at 3 or 4 times a day, then medication can be administered 6 hourly

Once the appropriate authority has been completed, the educator/s in your child's room will be responsible for administering the medication to your child. Each dose given to your child will be recorded on the Medication Form and this will be signed and witnessed by the two educators who administer the medication. Cough drops/lollipops or vitamin tablets and the first dose of any medication **WILL NOT** be administered under any circumstances.

If for any reason medication is to be administered outside these guidelines, you will be notified immediately. Such guidelines help us to provide a quality environment that ensures continuing, proper care and safety of your child through the supervision and maintenance of each child's health.

Storage and Disposal of Medication

Medication must be handed to an educator, who will then place this medication in the locked medication box in the designated medication fridge. Medication that is required urgently such as Epipens / Anti convulsing medication will be stored within each groups store room which will remain locked.

Administering Medication to a Child

- Collect medication from medication box in the fridge.
- Collect the medication form completed by the parent.
- Wash hands before opening medication.
- All medication is to be given by two educators before being administered to children. The medication form is to be signed by the educators administering the medication and the educator who cross checks that the correct medication and dose has been given.
- Medication should **immediately** be returned to the fridge.
- Empty medication bottles will be disposed of into the kitchen or laundry bin or returned to the parent.
- Please remind parents to collect medication upon leaving the service.

Documenting Medication and Medical Conditions

Maintaining records

- Documenting the medical conditions and the administration of medication is important so that educators can communicate to families about the child's health needs.
- Medication documentation is kept until the end of 3 years after the child's last attendance.
- Documentation will be archived upon the completion of the child's enrolment and then archived until the prescribed date.

Monitoring after the Administration of Medication

Children who have received medication at the service will be closely monitored for any adverse effects. Should the child display any symptoms of being unwell it will be reported to the Nominated Supervisor, who will inform parents. Children who become acutely ill will have first aid procedures administered.

Prolonged use of medication

Children who are on long term medication will need to have a long term medication form filled out.

Asthma

Children with asthma will need to have an *Asthma Medical Management Plan*. Parents/guardians will need to make sure it is updated at least six monthly. Indicators that a child is having difficulty breathing include

- Dry, irritating, persistent cough that worsens with play.
- Complaining of a sore stomach.
- Tightness of the chest.
- Shortness of breath, which often shows as tummy breathing (abdomen looks more swollen than usual)
- A wheeze/whistling sound that can sometimes be heard when the child is breathing out.

If the child does not have a formal asthma diagnosis then Queensland legislation prevents a Child Care Service from administering blue reliever puffers such as Asmol or Ventolin.

If a child should present with breathing difficulties and does not have a diagnosis of Asthma then educators will

Step One	Step Two
Sit the child upright. Be calm and reassuring.	If there is no improvement call 000 immediately.

If the child is diagnosed with Asthma and is having difficulty breathing then educators will follow the child's Action plan as outlined on their Asthma Medical Management Plan or

Step one	Step Two	Step Three	Step Four	Step Five
Sit the child upright. Be calm and reassuring	Without hesitation give 4 separate puffs of reliever medication via spacer or face mask. Ensure that between each puff of reliever medication the child takes 4 breaths.	Wait four minutes.	If there is little or no improvement repeat Steps 2 and 3.	If there is still no improvement call an ambulance immediately (000). Continue repeating Steps 2 and 3 while waiting for the ambulance to arrive.

The service will no longer use Nebulisers without written consent from the doctor and parental demonstration of their use to educators.

Educators will be given opportunities to attend yearly training in regards to Asthma management. The service will ensure educators are familiar with the first aid management of an asthma attack and how to use a puffer, spacer and facemask.

Diabetes

Children in the service with Diabetes will need to have a *Diabetes Medical Management Plan*. Parents/Guardians will need to ensure that they are updated at least six monthly.

Children with diabetes in the service will require educators to monitor their food intake. Generally children will not be able to delay their meals and educators will need to account for this in their activity planning.

There are two main types of diabetes.

Type 1

This used to be called insulin dependent diabetes or juvenile diabetes. However this was confusing as many mature people with Type 2 diabetes need insulin to manage their diabetes well. While Type 1 diabetes can and does occur at any age, it's usually diagnosed in children and young adults. In Type 1 diabetes, the pancreas cannot produce enough insulin because the cells that actually make the insulin have been destroyed by the body's own immune system. This insulin must be replaced. Therefore people with Type 1 diabetes must have insulin every day to live. The timing of injections and food intake is most important. Carbohydrate foods are essential and raise blood glucose levels while insulin and exercise lower them.

Type 2

Type 2 diabetes is accelerated by lifestyle. Obesity, little exercise and overeating can lead to Type 2. People with Type 2 diabetes are usually insulin resistant. This means that their pancreas is making insulin but the insulin is not working as well as it should. The pancreas responds by working harder to make more insulin. Eventually it can't make enough to keep the glucose balance right and blood glucose levels rise.

High Blood Glucose- Hyperglycaemia

Can be caused by

- Not enough insulin
- Too much food
- Common illness
- Stress

If levels are high enough educators may see

- Frequent urination
- Excessive thirst
- Weight loss
- Lethargy
- Change in behaviour

Low Blood sugar- Hypoglycaemia

A blood glucose level of below 4mmol/L is regarded as being low. Causes include

- Too much insulin
- Exercise
- Not enough food

If levels are low educators may see

- Sweating, paleness, trembling, hunger, weakness.
- Changes in mood and behaviour
- Inability to think straight, lack of co-ordination.

Educators noting any of these signs should notify the Nominated Supervisor and any medical management plan is to be followed. Should symptoms worsen then educators will perform their usual first aid.

<http://www.diabetesqueensland.org.au/>

Anaphylaxis

Children in the service with known Anaphylactic Allergies will need to have an *Anaphylaxis Medical Management Plan*.

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen to which they are sensitive. The most common allergens are peanuts, tree nuts, fish, shellfish, egg, cow's milk, sesame, soy, insect stings, latex and some medications.

Anaphylaxis signs

- Difficulty noisy breathing.
- Swelling of the tongue.
- Swelling/tightness of the throat.
- Difficulty talking or a hoarse throat.
- Wheeze or persistent cough.
- Loss of consciousness.
- Pale or floppy.
- Swelling of the face, lips and eyes.
- Hives or welts on the skin.
- Vomiting or stomach pain.

For students with an Anaphylaxis Medical Management Plan

- Provide treatment where the child is located.
- Follow the emergency action plan.
- If the action plan indicates the use of adrenaline auto injector trained staff will inject the pen.
- Call for an ambulance letting the dispatcher know of the medical condition.
- If unconscious commence CPR.
- Contact parents.
- Closely monitor child while waiting for the ambulance.

For students without an Anaphylaxis Medical Management Plan

- Call an ambulance, letting the dispatcher know of the medical condition.
- If the child is dizzy or confused lie them flat and elevate the legs.
- Ensure the child does not stand or walk.
- Perform the usual first aid.

www.allergyfacts.org.au

Excursions

- On an excursion medication shall be given to the Certified Supervisor with the medication form and dispensing materials. This shall be kept in the portable locked medication box . It shall be administered according to the medication form.
- Educators should wash hands before administering medication.
- Preventative medication shall also be taken on excursions with copies of the child's medical management plan.
- A first aid kit shall always be taken on excursions.
- The Certified Supervisor will carry all emergency contact details for every parent.
- A risk management plan will also be formulated and be taken on the excursion.

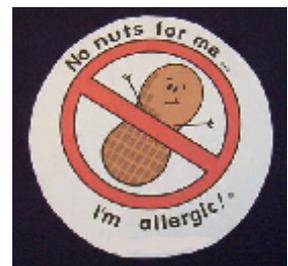
First Aid Qualification Requirements

At all times during the centre's operational hours there must be the following in attendance and immediately available in case of emergency

- At least one educator who holds a current first aid qualification.
- At least one educator who has undertaken anaphylaxis training.
- At least one educator who has taken emergency asthma management training.

Community

The service will promote community links by establishing networks with community organisations, such as the doctor or nurse to visit the service and talk about the safe use of medications. This may be particularly important for children who have ADHD or who see adults use medications consistently in the home.



Sources and Further Reading



National Health and Medical Research Council. (2005). *Staying healthy in child care: Preventing infectious disease in child care* (4th ed.). Canberra: Author.

Qld Poisons Information Centre. Retrieved November 25, 2011 from <http://www.health.qld.gov.au/PoisonsInformationCentre/>

Diabetes Queensland, (2010) *What is Diabetes?*. National publications: QLD <http://www.diabetesqueensland.org.au/> retrieved January 2012

Department of Health and Ageing. Therapeutic Goods Administration. (2011). *Poisons Standard 2011*. Retrieved November 25, 2011 from <http://www.comlaw.gov.au/Details/F2011L01612>

Policy Created Date: January 2012

Policy Review Date: January 2014