

Medical Conditions Policy

Statement: The school will minimise risk by providing a safe and supportive environment for all children and families. Staff will be trained and supported to respond to and manage medical conditions to ensure the safety and wellbeing of children, staff and visitors.

Background: We will support children and families with acute, existing or emerging medical conditions and needs in a safe, secure and confidential environment. Some of the medical conditions might include but are not limited to asthma, diabetes, allergies, anaphylaxis, etc.

Relevant Legislation: Commission for Children and Young People Act 1998(NSW); Work Health and Safety Act 2012 (NSW); Anti-Discrimination Act 1977 (NSW); Disability Discrimination Act 1992; *Privacy Act 1988*; Children and Young Persons (Care and Protection) Act 1998; Education and Care Services National Law Act 2010; Education and Care Services National Regulations 2011; Work Health and Safety Act 2011.

Key resources: *Staying Healthy: Preventing infectious diseases in early childhood education and care services, 2013*

National Quality Standards

QA2	2.1	Each child's health and physical activity is supported and promoted.
	2.2	Each child is protected.

National Regulations

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91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception of authorised requirements – anaphylaxis or asthma emergency
95	Procedure for administration of medication
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EYLF

LO3	Children are happy, healthy, safe and connected to others
	Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community
	Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.

Before Enrolment

1. Families are asked to provide medical information about their child to ensure that the school is aware of any existing medical conditions, including anaphylaxis, asthma, allergies, food intolerances, etc.
2. The enrolment officer will input this information into the student database and update our *Allergies and Special Needs List*. This is updated each term and distributed to all staff.
3. If a child has anaphylaxis or asthma, their doctor must provide the school with their management plan.
4. If a child has another medical condition (other than asthma or anaphylaxis) a [Medical Management and Minimisation Plan](#) must be filled out with the Teacher during the

orientation interview with the family, before the child starts. This form must be updated as the needs change, or reviewed yearly. This form is discussed by the whole team that works with the child.

5. All management plans (asthma, anaphylaxis and Medical Management and Minimisation Plan) must be displayed in the classroom environment for all staff (including casual staff).
6. Families are to be directed to the School Website where they can find a copy of this policy.

On going

1. It is the responsibility of parents to ensure all medication (asthma puffers, anaphylaxis EpiPen's, anti-histamines; to be in transparent, sealed container or bag, clearly labelled with the child's name and up to date).
2. It is the responsibility of the Teacher to ensure that the medication is kept in an accessible location, known to casual staff and out of reach of children.
3. Teacher's check the use by date of any medication (asthma inhaler, epi-pen, etc) at the beginning of each term.
4. Parents will be reminded by the school to provide updated medical information at the beginning of each school year.
5. If an educator becomes aware of an immerging medical condition, or if a current condition changes, the Teacher/Directress member should meet with the family to develop a Medical Management and Minimisation Plan.
6. All staff are to maintain their First Aid Certificate (every 3 years) including anaphylaxis and asthma training.
7. The Medical Management and Minimisation Plan, Medical Authority Form, and Medical Register must be kept in the child file when complete.

Record Keeping

1. All medical records must be kept in the front office (medication authority form, medication register, asthma plan, anaphylaxis plan, medical management and minimisation plan). A copy can be retained by the classroom teacher or service.
2. When medication is administered
 - a. If it is a short-term medication the 'medication authority form' is to be given to the front office once the course of medication is completed. A copy can be retained by the classroom teacher or service.
 - b. If it is a long-term medication the 'medication authority form' is given to the front office when the form is complete, and the parents are requested to sign a new form. A copy can be retained by the classroom teacher or service.

Excursions

1. There is a checklist for all excursions, some items include:
 - Roll with columns for allergies, anaphylaxis and other medical conditions highlighted
 - All asthma and anaphylaxis management plans.
 - All Medical Management and Minimisation plans.

2. All medication is to be collected on the camp/ excursion by the teacher and kept in a clear plastic container. The medication is to be clearly labelled with the child's name and dosage as per the Medication Authority Form.
3. The only exception to the above is for asthma puffers and EpiPen's which the student are required to have on their persons at all times if the student is of suitable age and maturity.

Administration of Medication

1. Only teachers and Early Childhood educators are to administer medication according to the administration of [Medication Authority Form](#).
2. If a student has been given verbal permission to take a medication that has not been provided on the Medication Authority Form (i.e. from the anaphylaxis or asthma action plan, or due to a medical emergency), this is to be recorded on the [Medication Register](#). Parents must be contacted at once.
3. Parents may give verbal permission for children to be administered Panadol, this must be recorded on the Medication Register.
4. No child is allowed to self-administer medication, all children must take the medication in the presence of a teacher.
5. The only exception to the above is where the student is of suitable age and maturity (for example high school children).

Notification to Parents

- Parents and carers are to be notified 14 days before any changes are made to a policy or procedure as referred to in regulation 168 or 169 of the Education and Care Services National Regulations.

Document Control

Original release date:		May 2018			
This version of the guidelines will replace the following version:		Medication Process/procedures			
Document owners (initial sign off requirements):					
Head of School					
Process owners (final sign off requirements):					
Revision and status:					
Rev. No.	Date	Change Description	Prepared by	Reviewed by	Approved by
1.0	29.05.2018		Deputy		
1.1	10.04.2019	Small modification to wording	Deputy	Nido, Stage 1	EMS Board
1.2	07.05.2019	Small modification to medication authority form	Deputy		

1.3	02.03.2020	Update parent notification and record keeping	Deputy	Principal	
1.3.1	04.06.2020	Included 'circumstances' to medication authority form	Deputy	Principal	
Current status of this guideline:			Current		
Next review required:					

Medical Management and Minimisation Plan

Child's Name:	Stage:	photo
What is the medical condition that this assessment addresses?		
Does the child need any dietary modifications?		
Risk – what are the issues and/ or the actual/ potential situations that could lead to a medical emergency?		
Strategy – What can be done to reduce these risks? What resources are needed?		
Who – Who needs to be included in the process?		
Medications – Are there any medications that the child may need? Where are these kept?		
Food/Allergens – are there any processes in relation to the safe handling, preparation, consumption and service of food that need to be developed and implemented? Are there any other allergens that can be minimised?		

Educator's name and signature: _____ Date: _____

If the information in this document changes, please let the educators know as soon as possible.

Parent/ guardian's name and signature: _____ Date: _____

Nominated supervisor signature: _____ Date: _____

Date discussed at staff meeting: _____

Proposed (yearly) review date: _____

Medication Authority Form

Short Term
 Long Term

Date: _____
 Child's Name: _____ D.O.B.: _____
 Name of medication: _____ Dosage: _____
 Condition which requires medication: _____
 Medication to be administered from (date) _____ to (date) _____
 The time and date the medication was last administered _____
 Time and date, or the circumstances under which, the medication should be next administered: _____
 Method of administration: _____
 Name of prescribing Doctor: _____ Telephone: _____
 Parent Name: _____ Signature: _____
 Staff Name: _____ Signature: _____

Medication Record

To be completed by the staff member upon administration of medication								
Name of medication	Time of administration		Dosage	Method of administration	Name of staff administering	Staff Signature	Name of Witness	Witness Signature
	Date	Time						

