QMPOL-FDC-002	**Medical Conditions, Managing Responding & Administration of Medication Policy**

All families will be provided with a copy of this policy upon enrolment and will be notified of any changes made to this policy

SECTION 1 - INTRODUCTION

1.1 BACKGROUND

Administering medication is an important component of assisting a child to recover fully from an illness or as a part of maintaining the wellbeing of children with additional health considerations. Providing a safe healthy environment in child care requires systems to ensure all medication is given safely, appropriately and in accordance with the recommendations from the child's medical practitioner as well as ongoing communication with children's families.

1.2 PURPOSE

We recognise that children enrol in our services with identified medical conditions as well as from time to time may present spontaneous medical conditions which require prompt Educator action and response. Clear procedures are therefore required to support health, wellbeing and inclusion of all children at the service and to manage the spontaneous conditions that may arise from time to time.

1.3 SCOPE

Ensuring individual action plans are created in consultation with medical professionals assists Educators in FDC services to ensure that the best care can be provided for children, in line with their individual requirements and needs.

1.4 DEFINITIONS

Word/Term	Definition
Relievers	Fast acting medications that give quick relief of asthma symptoms (wheeze, cough, shortness of breath). They relax the muscles around the outside of the airway, which opens the airway.
Preventatives	Medications make the airways less sensitive, reduce redness and swelling and help to dry up mucus. Preventers need to be taken every day to reduce symptoms and asthma attacks, and it may take a few weeks before they reach their full effect.
Allergy	When a child or adult reacts to something which is ingested, inhaled, injected or placed on the skin.
Anaphylaxis	A severe reaction to an allergy causing closure of the airways. **** Note that anaphylactic reactions most often occur within 20 minutes of exposure to an allergen and symptoms can progress rapidly. Administering adrenaline is the only method of reversing the symptoms of anaphylaxis and can be given to a child via use of an adrenaline auto injector. The adrenaline auto injector is a disposable, preloaded automatic injecting devise that contains a measured dose of adrenaline.*
Insulin	Is the hormone that controls blood glucose levels
Type 1 Diabetes	Severe deficiency in an individual's insulin. It occurs mostly in childhood and cannot be contracted from one individual to another. It is commonly controlled by insulin injections and other medications.
Type 2 Diabetes	Usually occurs later in adulthood and is associated with risk factors such as being overweight, genetics and physical inactivity. Individuals with type two diabetes are able to make insulin but are unable to make it work effectively causing high blood glucose levels
Epilepsy	A condition where normal brain activity is disrupted resulting in seizures

Focal Seizures	60% of people with epilepsy have focal (partial) seizures. These seizures can often be subtle or unusual, and may go unnoticed or be mistaken for anything from intoxication to daydreaming. Seizure activity starts in one area of the brain and may spread to other regions of the brain.
Generalised Seizure	Result of abnormal activity in both hemispheres of the brain simultaneously.

1.5 LEGISLATIVE CONTEXT

Relevant National Regulations:

Part 4.2 – Children's Health and Safety	
Division Three	Medical Conditions Policy Regulation 90-91
Division Four	Administration of Medication Regulation 92-96
Part 4.7 – Leadership and Service Management	
Division Two	Policies and Procedures Regulation 168
Subdivision Four	Confidentiality and Storage of Records Regulation 181-184

Relevant National Law:

Part 6 – Operating an Education and Care Service	
Section 173	Offence to notify certain circumstances to Regulatory Authority

Relevant National Quality Standards:

Standard 2.1	Each child's health is promoted
Standard 2.3	Each child is protected

1.6 STAKEHOLDERS

This document applies to all Children and Family Services Managers and Coordinators, Nominated Supervisors, FDC Educators, and Administrators. Stakeholders also encompass Family Members and their Child/ren, Community Professionals (Health and Safety), who attend services or have involvement with the children enrolled in Fairfield City Council Children and Family Services.

SECTION 2 - POLICY

2.1 OBJECTIVE AND GOALS

- To ensure children are supported to ensure their wellbeing and individual health care needs are catered for
- For all children with a diagnosed medical condition, including those diagnosed with a medical condition after enrolment, to have an individual action plan in place and has been developed in consultation with the families General Practitioner/specialist
- Collaborate with families of children with a diagnosed medical condition to maintain an up to date and current action plan for their child
- To ensure that at the time of enrolment, or as soon as possible if diagnosed after enrolment, a QMF-CS-003 Risk Minimisation Plan and Communication Plan is developed to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised, and communicated to all appropriate stakeholders.

- To ensure that the Communication Plan includes the communication of risk minimisation strategies to FDC educators Coordination unit staff and relocation FDC educators including (but not limited to)
    - Ensuring that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented, and that the educators is aware of these.
    - Ensuring that practices and procedures which ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented, and that Educators are aware of these.
    - Ensuring that that practices and procedures ensuring that all educators / relocation educators can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented, and that all educator's/relocation educators are aware of these.

- To ensure that children that do not have the required documentation and medication are unable to attend the service.
- All staff and FDC educators are informed and have a clear understanding of children's individual medical conditions and their individual action plan and risk minimisation plan
- Educators are provided with sufficient information and training in managing specific medical conditions and regarding the administration of medication and other appropriate treatments
- Educators will ensure appropriate hygiene practices are followed when managing medical conditions and administering medications
- To ensure FDC Educators provide a copy of all medication forms, reports and plans to the coordination unit for record retention
- That children with Action Plans complete new QMF-CS-003 Risk Minimisation Plan and Communication Plan if they are relocating to another FDC educator

2.2 POLICY STATEMENT

This policy aims to ensure individual children's health needs are met during the administration of medications and when dealing with identified medical conditions.

2.3 APPLICATION & IMPLEMENTATION

2.3.1 All children with a diagnosed medical condition or allergy that requires management with medication must have an approved action plan developed by their GP, and a Risk Minimisation & Communication Plan developed in consultation with the child's family. **A child cannot be present at the FDC service without these** and Council has the right to refuse an enrolment if this is not strictly adhered to

2.3.2 Educators will not administer medication to a child who has not previously been given any previous doses. This is in the event that a child may have an allergic reaction. Preferably a child must have had at least two doses of any medication prior to returning to care.

2.3.3 Educators will check and be responsible to maintain medication including;

- The age appropriate Paracetamol and emergency asthma puffer is within it's used by date
- If more Paracetamol/Asthma puffer needs to be purchased

- There are sufficient single use syringes

2.3.4 Educators will ensure that any medication being administered to children has the required documentation completed and the administration is authorised.

2.3.5 Each educator will set up an ***Asthma, Allergy and Diabetes Management Folder / file***
This will contain:
- A copy of a generic Asthma First Aid Poster
- A copy of a generic Action plan for anaphylaxis (general chart) for use with Epipen
- A copy of a generic Action plan for anaphylaxis (general chart) for use with autoinjectors

Where there is a child enrolled that has a diagnosed medical condition requiring the administration of medication the folder will also include;
- A copy children's individual Asthma Action Plan (the originals will be kept in the child's file and at the coordination unit saved in Hubworks and objective)
- A copy of children's individual allergy or anaphylaxis plan (the originals will be kept in the child's file and at the coordination unit saved in Hubworks and objective)
- A copy of children's individual Diabetes action plan (the originals will be kept in the child's file and at the coordination unit saved in Hubworks and Objective)
- A copy of children's individual Epilepsy action plan
- A copy of the child's Risk Minimisation Plan and Communication Plan

2.3.6 Laminate and display the following charts/posters on your notice board;
- Asthma First Aid Poster
- A sign detailing where Asthma Report Folder/file is located

2.3.7 Each service who has a child enrolled with anaphylaxis will;
- Have a sign on display at the entry of the service advising there is a child enrolled with anaphylaxis while maintaining the privacy of the child
- Complete QMF-CS-005 Anaphylaxis Family Letter and ensure all families enrolled at the service receive a copy
- Adhere to the Risk Minimisation Plan and Communication Plan for each child with a specific health care need, allergy or relevant medical condition

2.3.8 Services will incorporate aspects of asthma, allergy and diabetes education into the program. Examples of ways this can be achieved include;
- ✓ Projects based on asthma and allergy awareness and prevention are developed, recorded and displayed for children and families
- ✓ Projects developed could include exploring and discussing asthma and allergy triggers
- ✓ Recognising World Asthma Day and Asthma Week (www.asthmaaustralia.org.au)
- ✓ Recognising Allergy awareness week (www.allergyfacts.org.au)

2.3.7 Where there is a need identified by the educator or coordination unit staff, additional training will be sourced for educators who have children enrolled with distinct medical conditions. This may include but is not limited to children with diabetes and epilepsy and managing their individual medication and care requirements.

2.3.8 Resources referred to in this section can be found at the following websites and should be referred to each time they are required to ensure the most recent and up to date version I being using;

Australian Society of Clinical Immunology and Allergy (ASCIA) for allergy and anaphylaxis
http://www.allergy.org.au/health-professionals/anaphylaxis-resources

Asthma Foundation Australia
www.asthmaaustralia.org.au/nsw/about-asthma/resources

Diabetes Australia
www.diabetesaustralia.com.au

SECTION 3 – GOVERNANCE

3.1 RELATED POLICIES/PROCEDURES

Policy Number	QMPOL-FDC-189 Health and Safety Policy QMPOL-FDC-104 Dealing with Infectious Diseases Policy QMF-CS-005 Anaphylaxis Family Letter QMF-CS-003 Risk Minimisation and Communication Plan QMF-CS-061 Medication / Lotion consent and dispensing form QMF-FDC-185 Incident, Injury, Trauma and Illness Report QMF-FDC-216 Monitoring and Illness report

3.2 RESPONSIBILITY

Policy Owner	Children and Family Services

3.3 VERSION CONTROL AND CHANGE HISTORY

Version Number	Approval Date	Approved by	Amendment
02	Feb 2015	Children and Family Services Policy Committee	Previous CS-063
03,04	October 2017	Children and Family Services Management	Review of procedures to be clearer and concise as well as review inclusion of regulation 90 – dealing with diabetes. Review of inclusion of 90(1)(c)(iii)(iv) Risk minimisation and communication plan
05	August 2019	Team leader	Review to reflect modified forms and Reg 90(iii)(e)

The management of Council reserves the right to cease, modify or vary this Policy and will do so in accordance with Council's established consultation processes.

3.4 REVIEW DATE

Every 2 years as required quality management processes or when a change to governing legislation occurs, whichever sooner.

SECTION 4 – PROCEDURES

4.1 PROCEDURE

	PROCEDURE STEPS	RESPONSIBILITY
1.	**Administering Prescribed and Non-Prescribed Medication**	
1.1	• Details of ANY prescribed and non-prescribed medications and lotions must only be administered when a QMF-CS-061 Medication, Lotion and Consent Dispensing Form is completed. • In the interest of children's safety and well-being, the FDC Educator shall only administer medication if it is in its original container with the dispensing label attached listing the child as the prescribed person, strength of drug and the frequency it is to be given. • This form applies to **all medications**, regardless of whether they are non-prescribed (such as teething gels, nappy creams, cough medicines, etc.) or prescribed (antibiotics etc.), homeopathic, naturopathic or over the counter. Medication must only be given to children if the family have completed and signed a QMF-CS-061 Medication, Lotion and Consent Dispensing Form	Families to complete Educator to verify
1.2	• Medication must be stored in a locked out of reach of children.	Educator
1.3	• Medication that requires refrigeration should be stored at the back of the top shelf, in a child proof container.	Educator
1.4	• All Medication will be given to children with the measuring cup/ syringe provided by their family or if not available, Educator will use single use syringes which are kept in the service first aid kit (these will be disposed of after use).	Educator
1.5	• QMF-CS-061 Medication, Lotion and Consent Dispensing Form will be completed once the medication has been given to the child.	Educators families
1.6	NOTE: • ***Cough Medicines*** are not recognised by health authorities as assisting children to recover from coughs and specifically not recommended for children under 2 years of age and only recommended by Doctors for children aged up to 6 years. ➢ Due to this, Educators will not administer cough medicines at all to a child unless **a letter from the child's doctor is supplied detailing;** ○ Name of medication ○ Reason for medication ○ Dosage ○ How many times the medication is required in a 24-hour period	Families/Doctors Educators

	○ The date range the medication is to be administered. *** *This letter will need to be updated every time cough medicine is to be administered once the date range on the Dr's letter has expired.*	
1.7	• ***Emergency dose of Panadol*** If an Educator must administer an emergency dose of Paracetamol (as per the temperature section of the QMPOL-FDC-104 Dealing with Infectious Diseases Policy), every attempt will be made to contact the child's family before administering the medication. Paracetamol can only be given if the family have signed permission on the enrolment form. A QMF-CS-061 Medication and Consent Dispensing Form will be completed for the single dose and the parent collecting the child needs to sign the completed form.	Families and Educator
2.	**Dealing with Asthma**	
2.1	• All Educators will have an ACECQA – First Aid -004 approved Training Certificate in order to be able to recognise and effectively manage an asthma emergency and administer reliever medication	All Educators
2.2	• The Service will have a reliever puffer and spacer and mask to cater for asthma emergencies at the service and on excursions	All educators
2.4	• Asthma medication is to be kept in the medication cabinet/first aid kit. Ensure medication cabinet/first aid kit is labelled and located out of reach for children but in close proximity for Educators to access quickly	All Educators
2.5	• All children with diagnosed Asthma are to have a completed Asthma Care Plan for Education and Care Services at all times in conjunction with a copy of their individual QMF-CS-003b Risk Minimisation and Communication Plan, and will be kept in the child's file and at the coordination unit	All Educators and family Coordination unit
2.6	• If a child appears to be having an asthma attack; ○ The educator will remain calm and stay with the child ○ The family must be notified immediately ○ If parents can't be contacted emergency contacts will be called ○ The child's asthma management care plan, located in the Asthma Report Folder and on file, will be followed. If they do not have an individual plan, refer to the Asthma First Aid Poster ○ An ambulance will be called if the child's symptoms do not subside in accordance with the child's Asthma Action Plan ○ **The coordination unit or emergency phone will be called MB:0409 904285** ○ If an ambulance is required educators and staff will follow procedures as outlined in the Emergency Health Situations section of the QMPOL-FDC-071Health and Safety Policy and complete any associated documentation	All educators FDC Staff

	○ In all instances of an asthma attack Educators must document this on a QMF-FDC-185 Incident, Injury, Trauma and Illness Report	
2.7	• Educators will work with families to ensure they bring child's asthma medication and spacer each day they attend the service and ensure the medication is not out of date. The asthma medication needs to have the pharmacy label with the child's name. **** FDC EDUCATORS **cannot** administer medication supplied in another person's name. Eg: sibling, parent or grandparents.*	Educators and Family
2.8	• Action Plans and consent forms will need to be updated every **12 months** or each time a child's asthma diagnosis is **reviewed** by their medical practitioner	Family, educator
3.	**Dealing with Allergy & Anaphylaxis**	
3.1	• For children with severe anaphylactic reactions where touching or smelling food will cause an anaphylactic response, that food will not be served at the service at all on the days they attend nor utilised in cooking or craft experiences • Ingredients which have the label 'may contain traces of...' will not be used in services where that identified allergy exists and a substitute will be given where possible.	Educator
3.2	• Discussions will be had between the family, coordination unit and educators at the time of the enrolment interview in relation to triggers and risks of the child's allergy and any action or changes being made to reduce the risk will be documented on the child's Anaphylaxis Action Plan and the child's QMF-CS-003 Risk Minimisation and Communication Plan	Coordination unit, Educators and Family
3.3	• Children who have a proven history of food related allergy, intolerance or anaphylaxis are required to have a Medical management plan completed by their doctor or dietician. • The Medical management plan and a QMF-CS-003 Risk Minimisation and Communication Plan must be completed prior to a child attending care **** This will be kept in the child's file for reference by Educators and at the coordination unit*	Educators and Family Coordination unit
3.4	• Educators will monitor a child with food allergies during meal times to ensure they do not access food they are allergic to.	Educators
3.5	• Families will be notified using QMF-CS-005 Anaphylaxis Family Letter, if a child at the service is enrolled with anaphylaxis and a notice will be displayed at the entry to the service. Families will be provided with an information sheet on food allergies and anaphylaxis and requested not to send their child to the service with food containing the allergen. The child will not be identified in any way, but it is important families in the service are aware of the specific allergy to ensure the safety of the child.	Educators
3.6	• An adrenalin auto injector needs to be stored in a cool, dark place. Due to safety concerns we do need to store the auto injector in a locked cabinet, but the key will be clearly identified	All Educators / families

	and located in close proximity ****An adrenalin auto injector should not be administered after its expiry date, however ASCIA recommends that an expired adrenalin auto injector is better than no adrenalin auto injector at all as long as the window near the tip of the adrenalin auto injector shows clear fluid not one that is brown or cloudy. All efforts will be made to ensure an adrenalin auto injector is **always within its expiry period***	
3.7	• If a child appears to be having an anaphylactic reaction; ○ The educator is to remain with the child ○ The child's anaphylaxis action plan, located in the Asthma and Allergy Report Folder and on file, will be followed ○ An **ambulance will be called immediately** ○ The coordination unit will be contacted or emergency phone called **MB:0409 904285** ○ The family will be notified as soon as reasonably practical ○ If the parents cannot be contacted, emergency contacts will be called ○ Educators will follow procedures as outlined in the Emergency Health Situations section of the QMPOL-FDC-071 Health and Safety Policy and complete any associated documentation ○ An anaphylactic attack will be documented this on a QMF-FDC-216 Monitoring and Illness Report ○ Once the event is over a follow up must be completed to determine if any follow up action is required to prevent the situation from re-occurring	Educator Coordination unit
3.8	• Action Plans and consent forms will need to be updated, each time a child is reviewed by their allergy specialist or each time a new adrenaline auto injector is prescribed. This will be documented on the	Family
3.9	• Acton plans will be kept in the child's file. A copy of this can also be kept in the asthma, allergy and diabetes management folder/file for easy reference. • A copy will be kept at the coordination unit, in Hubworks and objective	Educators Coordination unit
4.	**Dealing with Diabetes**	
4.1	• All children who have been diagnosed with diabetes are required to have a completed a Diabetes NSW/ACT Action Plan (or other approved plans) from the child's treating practitioner. A QMF-CS-003 Risk Minimisation and Communication Plan also needs to be completed	Educators Families
4.2	The completed Diabetes NSW/ACT Action Plan and A QMF-CS-003 Risk Minimisation and Communication Plan will be kept in the child's file for reference by the Educator *** *Educators who provide children with food will cater for children with diabetes according to the Modified Diet Care Plan*	Educators and Families
4.3	• All children who have been diagnosed with diabetes and who require insulin to be administered by Educators must have an accompanied QMF-CS-061 Medication, Lotion and Consent Dispensing Form	Educators

4.4	• If a child appears to be having diabetic episode; ○ The Educator member will remain with the child ○ The family must be notified immediately ○ The child's diabetes action plan, located in the room Folder and on file, will be followed. ○ An ambulance will be called if the child's symptoms do not subside in accordance with the child's Diabetes Action Plan ○ If an ambulance is required the educator and staff will follow procedures as outlined in the Emergency Health Situations section of the QMPOL-FDC-071Health and Safety Policy and complete any associated documentation ○ In all instances of an diabetic attack Educators must document this on a QMF-FDC-216 Monitoring and Illness Report ○ Once the event is over a follow up must be completed to determine if any follow up action is required to prevent the situation from re-occurring	Educators and Families
4.5	• Action Plans and consent forms will need to be updated every 12 months or each time a child's diabetes diagnosis is reviewed by their medical practitioner	Educators and Families
5.	**Dealing with Epilepsy**	
5.1	• All children who have been diagnosed with epilepsy are required to have a completed Epilepsy Management Plan which has been created in conjunction with the child's medical practitioner.	Educators and Families
5.2	• All children who have been diagnosed with epilepsy and who require medication to be administered by Educators must have an accompanied, QMF-CS-061 Medication/Lotion Consent and Dispensing and Form and QMF-CS-003b Risk Minimisation and Communication Plan	Educators and Families
5.3	• Families must ensure any seizures the child has had in the 24 hours prior to attending care are advised to FDC educator	Family
5.4	• Provide any medication required to be administered to the child, to the service	Family
	• If a child appears to be having an epileptic fit; ○ The educator will remain with the child ○ The family must be notified immediately ○ The child's epilepsy action plan, located in the room Folder and on file, will be followed. ○ An ambulance will be called if the child's symptoms do not subside in accordance with the child's Epileptic Action Plan ○ The ordination unit office will be called or the emergency mobile: **MB:0409 904285** ○ If an ambulance is required educators will follow procedures as outlined in the Emergency Health Situations section of the QMPOL-FDC-071 Health and Safety Policy and complete any associated documentation ○ In all instances of an epileptic fit educators must document this on a QMF-FDC-216 Monitoring and Illness Report ○ Once the event is over a follow up must be completed to	

	determine if any follow up action is required to prevent the situation from re-occurring	
	• Action Plans and consent forms will need to be updated every 12 months or each time a child's diabetes diagnosis is reviewed by their medical practitioner	Educators and Families

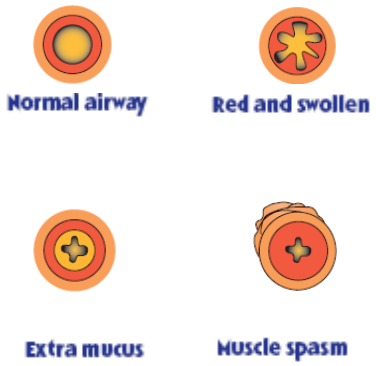
SECTION 5 – OTHER USEFUL INFOMRATION

**** Please refer to organisational websites and information from medical practitioners for more detailed information – this is general and generic information only.*

5.1 ASTHMA

Signs & Symptoms:

- Gasping for breath
- Severe chest tightness
- Inability to speak more than one or two words per breath
- Feeling distressed and anxious
- Little or no improvement after using blue reliever medication (Airomir, Asmol, Bricanyl, Epaq or Ventolin)
- 'Sucking in' of the throat and rib muscles
- Blue colouring around the lips (can be hard to see if skin colour also changes)
- Pale and sweaty



5.2 ALLERGY AND ANAPHALYXIS

Common symptoms of Allergy & Anaphylaxis include:

Mild to moderate allergic reaction (in food circumstances this is usually referred to as food intolerance)	*Severe allergic reaction- ANAPHYLAXIS*
• Tingling of the mouth • Hives, welts or body redness • Swelling of the face, lips, eyes • Vomiting, abdominal pain	• Difficulty and/or noisy breathing • Swelling of the tongue • Swelling or tightness in the throat • Difficulty talking or hoarse voice • Wheeze or persistent cough • Loss of consciousness and/or collapse • Pale and floppy (younger children)

5.3 DIABETES

Signs of hypoglycaemia- <u>low blood glucose</u>:

MILD	MODERATE	SEVERE
• Sweating, paleness, trembling, hunger, weakness • Changes in mood and behaviour (e.g. crying, argumentative, outbursts, aggressiveness) • Inability to think	• Inability to help oneself • Glazed expression • Being disorientated, unaware or seemingly intoxicated • Inability to drink and swallow without much encouragement • Headache, abdominal	• Inability to stand • Inability to respond to instructions • Extreme disorientation • Inability to drink and swallow (leading to danger of inhaling food into lungs) • Unconsciousness or

straight, lack of coordination	pain or nausea	seizures.

Signs of hyperglycaemia- <u>high blood glucose:</u>

- Rapid laboured breathing
- Flushed cheeks
- Abdominal pains
- Acetone smell to breath
- Vomiting
- Severe dehydration

5.4 EPILEPSY

Common signs for Epilepsy

- Diet
- Infectious and illnesses
- Lack of sleep
- Medication
- Photosensitivity

Seizure Classification