

# Medical Conditions and Administration of Medication Policy



Quality Area 2

## 1. Purpose

MACSEYE is committed to providing an environment that fosters the growth, independence and development of children while protecting their health, safety and wellbeing. This includes the implementation of policies and procedures for children with medical conditions.

The purpose of this policy is to ensure that the health, wellbeing and inclusion of all children enrolled at the service are supported, and to support the enrolment of children with specific healthcare requirements.

## 2. Scope

This policy applies to children, families, staff, volunteers and visitors to this service.

## 3. Background

An approved service must have a policy for managing medical conditions that includes the practices to be followed.

## 4. Principles

MACSEYE is committed to:

- providing a safe and healthy environment for all children, early childhood teachers, educators, staff and other persons attending the service.
- responding appropriately to the needs of a child who is ill or becomes ill while attending the service.
- ensuring all staff are informed where medication is stored and/or any specific dietary restrictions relating to their health care needs or medical condition.
- ensuring all children with diagnosed medical conditions have a current risk minimisation plan and communication plan that is accessible to all staff.
- ensuring all staff are trained in the administration of emergency medication.
- ensuring safe and appropriate administration and storage of medication in accordance with legislative and regulatory requirements.
- protecting child privacy and ensuring confidentiality.
- maintaining a duty of care to children at the service.
- ensuring that educators will act in the best interests of the children in their care at all times and meet the children's individual healthcare needs.
- communicating with families about their children's health requirements in a culturally sensitive way.

## 5. Roles and Responsibilities

The Approved Provider and/or the Nominated Supervisor of the Service will ensure that:

- obligations under the Education and Care Services National Law and National Regulations are met and educators, staff and families are aware of and adhere to this policy
- children or staff with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergies or relevant medical conditions as detailed in medical management plans, Asthma or Anaphylaxis Action Plans
- medication provided by the child's parents must adhere to the following guidelines:
  - the administration of any medication is authorised by a parent or guardian in writing either via the administration of medication record or via the medical management action plan provided upon enrolment.
  - medication is prescribed by a registered medical practitioner (with instructions either attached to the medication or in written form from the medical practitioner)
  - medication is from the original container/packaging
  - medication has the original label
  - medication is clearly labelled with the child's full name
  - medication is before the expiry/use-by date
- it is recommended that two educators oversee the administration of medication to children where possible, for single staff operating models of care, the educator will hold current first aid, anaphylaxis and asthma training, and may administer medication alone, checking the required dosage and documenting any medication administered in the administration of medication record. .
- if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency the parent/guardian of the child is notified as soon as practicable.
- if the incident presented an imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident by the approved provider.
- in the case of a child with a medical condition that requires invasive clinical procedures, or support is accepted by the service, prior arrangements are to be negotiated with the parents/guardians, authorised nominees or registered medical practitioner to prepare for the child requiring a procedure while in attendance at the service.
- medical management plans do not expire, however if they are outside of the recommended review date, a notification to parents is made as a reminder to seek an update from the child's medical practitioner.
- a medical management plan signed by the child's medical practitioner is in possession of the service prior to the child commencing at the service.
- the medical management plan includes the specific details of the diagnosed health care need, allergy or medication condition, a recent photo of the child, current medication and dosage, any triggers for the allergy or medical condition, the first aid/emergency response that may be required, any medication that may be required to be administered in the case of an emergency, any further treatment if the child does not respond to initial treatment when to contact an ambulance, the contact details of the medical practitioner who signed the plan, any other supporting documentation, and the date of when the plan should be reviewed.
- a communication plan is developed and implemented between parents/guardians and staff regarding the status of a child's specific health needs, allergy or other relevant medical condition, and the implementation of this policy.

- ongoing monitoring of signs and symptoms of specific medical conditions in children is carried out
- service staff follow the required reporting procedures in the event that a child is ill or involved in a medical emergency or incident at the service
- all staff receive regular training in managing the specific health care needs of the children at the service including asthma, anaphylaxis, diabetes, epilepsy, and other medical conditions, including training in the management of specific required procedures
- at least one staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times
- all staff have a clear understanding of their roles and responsibilities when caring for children with a specific medical condition
- any staff involved in the preparation or service of food are informed of any children or staff who have specific medical conditions or food allergies, the nature of those conditions or allergies, and the service's procedures for dealing with emergencies involving those allergies or conditions
- a copy of a child's medical management plan is accessible and visible to staff in the service, and explain this requirement to parents/guardians and obtain their consent for the medical management plan to be visible
- opportunities for children to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan
- information is provided to families, volunteers, staff and visitors about resources and support for managing specific medical conditions while respecting the privacy of families enrolled in the service
- ongoing communication between staff and parents/guardians is maintained in accordance with the developed communication plans to ensure current information is shared about specific medical conditions within the service
- adequate supervision of all children is in place
- a child's medical management plan and medication is taken on any excursion or emergency evacuation from the service involving that child
- when medication is administered, an Administration of Medication record is completed.

**Educators will:**

- administer medication in line with this policy
- not administer any form of prescribed or over the counter medication without the written authorisation of a parent or person with authority, except in the case of an emergency, when the written consent on an enrolment form, verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted.
- ensure medications are stored as stipulated on the medication label, in a location away from children but easily accessible to service staff (i.e. an allergy buddy).
- ensure adrenaline autoinjectors and asthma medication are kept out of reach of children and stored in a cool dark place at room temperature. They must be readily available when required and not locked in a cupboard. A copy of the child's medical management plan should be stored with the adrenaline autoinjector or asthma medication.
- discuss any concerns or doubts about the safety of administering medications with management to ensure the safety of the child (checking if the child has any allergies to the medication being administered).
- seek further information from parents/guardians, the prescribing doctor or the Public Health Unit before administering medication if required.
- ensure that the instructions on the Administration of Medication Record are consistent with the doctor's instructions and the prescription label and if there are inconsistencies, medication is not to be administered to the child.

- ensure that the Administration of Medication Record is completed and stored correctly including name and signature of witness, time and date of administration
- not use restrictive practices to make a child take medication at any time if the child refuses to take medication.
- over the counter medication including creams, gels, lotions and oral medication not prescribed by a medical practitioner must be clearly labelled in the original container with the child's name, expiry date, dosage and frequency.
- Panadol should only be administered to a child with the written permission of a parent or guardian.
- ensure that a registered medical practitioner is contacted if urgent medical attention is required
- call an ambulance if the child does not respond to initial treatment.

**Those persons responsible for cooking and handling food will:**

- keep up to date with professional training to help manage food allergies in the service
- implement practices in relation to safe food handling, and the preparation and handling of food
- implement immediately any changes to a child's medical management plan or risk minimisation plan.

**Families will:**

- provide management with accurate information about their child's health needs, allergies, medical conditions and medication requirements on the enrolment form
- acknowledge receipt of the service's Medical Conditions Policy at the time of enrolment
- provide the service with a medical management plan prior to the enrolment of their child
- consult with management to develop a risk minimisation plan and communication plan
- notify the service if any changes occur to the medical management plan per the communication plan and/or meetings with the nominated supervisor
- provide adequate supplies of the required medication and medical authorisation on the Administration of Medication Record
- provide an updated copy of the child's medical management plan annually or evidence from a medical practitioner to confirm the plan remains unchanged
- provide enrolment documentation of any medical condition annually
- provide written consent for their child's medical management plan to be displayed in the service

## 6. Related policies

- Administration of First Aid Policy
- Anaphylaxis Management Policy
- Asthma Management Policy
- Dealing with Infectious Diseases Policy
- Diabetes Management Policy
- Incident, Injury, Trauma and Illness Policy
- Privacy Policy
- Supervision Policy

## 7. Legislative requirements

### NATIONAL QUALITY STANDARDS (NQS)

Quality area 2	Children's Health and Safety
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### EDUCATION AND CARE SERVICES NATIONAL LAW REGULATIONS

Regulations 12	Meaning of a serious incident
Regulations 85	Incident, injury, trauma and illness policy
Regulations 86	Notification to parent of incident, injury, trauma or illness
Regulations 87	Incident, injury, trauma and illness record
Regulations 89	First aid kits
Regulations 90	Medical Conditions Policy
Regulations 90(1)(iv)	Medical Conditions Communication Plan
Regulations 91	Medical conditions policy to be provided to parents
Regulations 92	Medication record
Regulations 93	Administration of medication
Regulations 94	Exception to authorisation requirement—anaphylaxis or asthma emergency
Regulations 95	Procedure for administration of medication
Regulations 136	First Aid qualifications
Regulations 162(c) and (d)	Health information to be kept in the enrolment record
Regulations 168	Education and care services must have policies and procedures
Regulations 170	Policies and procedures are to be followed
Regulations 173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
Regulations 174	Time to notify certain circumstances to Regulatory Authority

### RELATED LEGISLATION

Health Records Act 2001 (Vic)
Occupational Health and Safety Act 2004 (Vic)
Public Health and Wellbeing Act 2008 (Vic)
Public Health and Wellbeing Regulations 2009 (Vic)

## 8. Definitions

Term	Meaning
<b>Adequate supervision</b>	Means: <ul style="list-style-type: none"> <li>• an educator can respond immediately, particularly when a child is distressed or in a hazardous situation</li> <li>• knowing where children are at all times and monitoring their activities actively and diligently.</li> </ul>
<b>Approved first aid qualifications</b>	A qualification that includes training in the matters set out below, that relates to and is appropriate to children, and has been approved by ACECQA and published on the list of ACECQA's approved first aid qualifications and training.  Matters are likely to include: emergency life support and cardiopulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device.
<b>Approved provider</b>	A person who holds a provider approval (National Law). A provider approval authorises a person to apply for one or more service approvals and is valid in all jurisdictions.
<b>Education and care service premises</b>	In relation to a centre-based service, means each place at which an education and care service operates or is to operate.
<b>Educational program</b>	A program that: <ul style="list-style-type: none"> <li>• is based on an approved learning framework; and</li> <li>• is delivered in a manner that accords with the approved learning framework; and</li> <li>• is based on the developmental needs, interests and experiences of each child; and</li> <li>• is designed to take into account the individual differences of each child (National Law).</li> </ul>
<b>Excursion</b>	An outing organised by an education and care service or family day care educator, but does not include an outing organised by an education and care service provided on a school site if the child or children leave the education and care service premises in the company of an educator and the child or children do not leave the school site (National Regulations).
<b>MACSEYE</b>	Melbourne Archdiocese Catholic Early Years Education Ltd, a subsidiary of Melbourne Archdiocese Catholic Schools Ltd established to conduct early childhood education and care services.
<b>National Law</b>	Unless otherwise specified, the Education and Care Services National Law Act 2010 This applied law system sets a national standard for children's education and care across Australia. See the ACECQA website for the Application Act or legislation that applies in each jurisdiction.
<b>National Regulations</b>	The National Regulations support the National Law by providing details on a range of operational requirements for an education and care service.
<b>Nominated supervisor</b>	In relation to an education and care service, means a person who: <ul style="list-style-type: none"> <li>• is nominated by the approved provider of the service under Part 3 to be a nominated supervisor of that service; and</li> </ul>

Term	Meaning
	<ul style="list-style-type: none"> <li>unless the individual is the approved provider, has provided written consent to that nomination (National Law).</li> </ul>
<b>Person in day-to-day charge</b>	<p>A person is in day-to-day charge of an education and care service if:</p> <ul style="list-style-type: none"> <li>the person is placed in day-to-day charge by the approved provider or a nominated supervisor of the service; and</li> <li>the person consents to the placement in writing (National Regulations). There are minimum requirements for the person in day-to-day charge.</li> </ul>
<b>Person with management or control</b>	<p>In relation to an education and care service, means:</p> <ul style="list-style-type: none"> <li>if the provider or intended provider of the service is a body corporate, an officer of the body corporate within the meaning of the Corporations Act 2001 of the Commonwealth who is responsible for managing the delivery of the education and care service; or</li> <li>if the provider of the service is an eligible association, each member of the executive committee of the association has the responsibility, alone or with others, for managing the delivery of the education and care service; or</li> <li>if the provider of the service is a partnership, each partner who has the responsibility, alone or with others, for managing the delivery of the education and care service; or</li> <li>in any other case, a person who has the responsibility, alone or with others, for managing the delivery of the education and care service (National Law).</li> </ul>
<b>Risk assessment</b>	A systematic process of evaluating the potential likelihood and consequences of risks that may be involved in a projected activity or undertaking.

## 9. Policy information

Policy information			
<b>Policy title:</b>	Medical Conditions and Administration of Medication Policy	<b>Version:</b>	2.0
<b>Authorised Executive:</b>	Director, Quality Safety and Compliance	<b>Responsible Manager:</b>	General Manager WHS, Wellbeing
<b>Approving authority:</b>	Managing Director	<b>Approval date:</b>	06/09/2024
<b>Effective date:</b>	06/09/2024	<b>Review date:</b>	06/09/2025
<b>Review approval date:</b>	28/01/2026	<b>Next review date:</b>	28/01/2027

## Version control

Version	Date	Changes
1.0	06/09/2024	Policy developed and approved
1.1	07/01/2026	<p>Annual review of Policy undertaken, which includes updates/ amendments which are minor and administrative in nature, focusing on improved clarity, formatting, and alignment with MACSEYE's approved policy standards.</p> <p>The Policy articulates clear operational requirements for the safe administration of medication to children, including provisions that apply to both dual-staff and single-staff operating models of care</p>
2.0	28/01/2026	Policy approved