



# Victor Harbor Community Kindergarten

## QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

### Medical Conditions Policy

Updated 21-2-2023

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#### Purpose

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Victor Harbor Community kindergarten is committed to ensuring the appropriate management of medical conditions for the safety and wellbeing of all children at this service. Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. All educators hold a current First Aid Certificate and are equipped with the basic knowledge and skills to manage medical situations so as to ensure all children receive the appropriate level of care and their needs are considered at all times. This policy provides clear directions for staff and parents to ensure their child's health, safety and wellbeing is managed appropriately while at the centre.

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#### Procedure

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All Educators must read and be familiar with and must safely and effectively manage a child or young person's medication in accordance with the Medication management procedure.

The Director will make sure that any parent with a child enrolled at the service that has a specific health care need, allergy or other relevant medical condition is provided with a copy of the Medical Condition's Policy. All other families will be emailed a copy.

Medication cannot be administered in an education or care service without a medication agreement that has been completed by a treating health professional/ pharmacist (controlled drugs) and authorised by the parent or legal guardian, except for an asthma puffer or EpiPen® when this is used as an emergency response medicine.

In the case of EpiPens, Education and care services must also:

- complete a review of adrenaline autoinjectors – (HSP322 )every 6 months
  - send out an information sheet for parents to inform parents and guardians of the general use of EpiPens®.
1. **Medical history** - upon enrolment, a complete medical history will be collected of individual care recommendations for any child with an identified health condition that may need intervention from staff. Treating health professionals provide this information through care plans, management plans, action plans, first aid plans and medication agreements. These plans will inform staff how they can assist children with various health conditions such as:
- Allergies
  - Anaphylaxis
  - Asthma
  - Seizures
  - Diabetes
  - Eczema
  - Toileting issues
  - Sun Screen allergies

- Any other medical or health concerns

The plans provide details of emergency and routine health and personal care support for the child.

2. **Severe medical conditions** - an Action Plan will need to be completed by a General Practitioner. Forms are to be collected from the centre, completed and signed by the GP then returned to the centre prior to the child commencing. These forms are imperative in cases of **emergency** and must be kept on site for staff to access.
3. **Medication** will only be administered by staff if the points below are followed:
  - Medication is in the original container, labelled with the child's name and GP instructions.
  - The parent / caregiver has a signed Health support agreement HSP 120 as well as a Safety and risk management plan HSP121 and has provided instructions on what to do in the case of an emergency.
  - A Medication agreement for Educational and care must be filled out by the parent/guardian. If the drug is a controlled drug, a registered health professional also needs to complete the form along with the parents/guardian.
  - For controlled medicines, an Authorisation to administer controlled medicines form must be filled out by the Director and also staff Members that may be required to administer medication.
  - Staff will Follow Health Support Plans, Health Care Plans and Medication Plans as necessary and Complete the First Aid Log each time first aid is given.
  - Staff when administering medication need to wear disposable gloves
  - Two staff members must check all medication before being administered to the child. The Medication Record is to be signed by the staff member administering the medication and the staff member who has witnessed and cross-checked that the correct medication and dose has been given.
  - Staff **WILL NOT** administer a medication at a different dosage or frequency other than that recommended on the medication label, unless alternative written advice is received from a medical practitioner.
  - Medication that is labelled for another person or is past it's 'use by' date **WILL NOT** be administered. Parents will be notified and up to date medication will need to be supplied.
  - Parents / caregivers will view the medical form at the end of the session and sign to confirm the required actions have been completed by staff.

Please note: for some medical conditions, **medical equipment** such as Epipens, puffers or insulin are required and will need to be kept at the centre at all times. For ease of access, these will be stored safely in plastic envelopes in the medical cupboard in the kitchen area and will include the name and photo of the child. Parents / caregivers are advised to ask if unsure as to where these are kept.

Controlled drugs will be locked in the safe and managed by the Director. If the Director is away a Responsible Person and a member of staff who is authorized to give medication will manage the prohibited drugs.

All medical forms along with medication will be kept in the Medical/Health tub in the cupboard in the kitchen. Children's photographs and a brief description of their medical condition will be displayed in the kitchen, Staff Room and TRT folder to ensure staff are aware.

4. **Allergies**
  - **Food** – all food allergies must be declared and documented to ensure the safety and wellbeing of the child during fruit time, lunch and cooking experiences.
  - **Insects** – parents/caregivers must notify staff if a child has any allergies to insects.
  - **Environmental** - parents/caregivers must notify staff if a child has any known environmental allergies such as (but not limited to) pollen, dust or animal dander.

- **Sun Screen** – if a child has an allergy to certain products, it is requested that the parent / caregiver notifies staff and provides an appropriate alternative. This will need to be named and kept on site, on the top shelf in the sunscreen basket.
- **Known triggers** – parents / caregivers are requested to provide staff with details of any known triggers that may cause a reaction of any kind.

## 5. Injuries

- Appropriate **First Aid** procedures will be followed according to basic First Aid procedures
- Parents/caregivers will be notified within 24 hours of any accidents or incidents and these will be documented.
- All incidents, including minor application of bandaids will be logged on the Minor First aid log sheet for children which is kept in the Accident/Incident folder.
- **Minor cuts, bruises and abrasions** will be recorded, and parents / caregivers notified at the end of the session. Staff will provide documentation for the parent / caregiver to sign to confirm they have been made aware of the minor injury.
- In the event of **head injury** (no matter how minor), a bite from another child or any other **serious injury**, the parent / caregiver will be notified immediately and asked to collect their child if necessary. It is then up to the parent / caregiver as to the course of action taken. This may include seeking medical advice from the GP or simply resting at home. All details of the incident will be recorded by staff and if further medical treatment is required the department will be notified.

## 6. Serious or life-threatening injuries / accidents – these situations will be attended to immediately.

- All staff are trained First Aid officers.
- The child will be attended to by the First Aid Officer while an **ambulance** is called. Upon arrival of the paramedics, staff will follow all instructions provided by the officers.
- The parent / caregiver will be notified and asked to attend the centre immediately or alternatively to meet at the hospital. A staff member will support the child on the way to the hospital if the parent / caregiver is unable to arrive at the centre in enough time.
- The centre will document all information regarding the incident and forward the report to both the parent / caregiver and the Department for Education.
- Where possible, it is requested that the centre be kept informed as to the condition of the child.

## 7. Medication errors, incidents and queries

If the incorrect dose or incorrect medication has been administered to a child or young person, do all of the following:

- If the child or young person has collapsed or is not breathing phone 000 (ambulance) immediately and follow standard first aid.
- If there is no immediate adverse reaction phone the Poisons Information Centre on 131 126 and follow the advice given. If the advice indicates the child or young person can remain at the education and care service, ensure additional supervision to monitor for any delayed adverse reactions
- Notify the parent or guardian.
- Document in the [medication log \(Word 203KB\)](#).
- Complete a [medication advice form \(Word 157KB\)](#) and forward to the parent or guardian. Keep a copy in the child or young person's file.
- Report on the [Incident and Response Management System \(IRMS\)](#).
- Review medication management and administration procedures at the education and care service to identify areas for improvement.

The local pharmacy or the Medicines Information service at the Women's and Children's Hospital can help with non-urgent medication information and advice:

*All medical incidents that require medical treatment and all near miss medication administration incidents must be reported within 24 hours*

## **8. Storing controlled drugs**

The storage and security of controlled drugs requires increased governance and accountability to reduce the risk of misuse, abuse and diversion.

Controlled drugs must be stored in a locked cupboard or storage area. Only authorised persons are to have access to controlled drugs. Authorisation to manage and administer controlled drugs must be approved by the principal or director. Complete an [authorisation to administer controlled medicines form \(Word 109KB\)](#).

All controlled drugs at the education or care service must be recorded on the [controlled drugs register \(Word 209KB\)](#). A stock count is required daily, endorsed with the names and signatures of two staff members (or one staff member in single staff settings). This can be done at the same time as the medication is administered. This register does not replace the need to complete the [medication log \(Word 203KB\)](#). Any discrepancies with the medication count this must be reported to the police.

All transactions involving controlled drugs must be recorded on the controlled drugs register. When controlled drugs are delivered to the education or care service or given back to the parent or guardian, they must sign the controlled drugs register.

Reported on [IRMS](#) within 24 hours of the event.

## **Post medication administration and documentation**

### **9. Medication Log**

The [medication log \(Word 203KB\)](#) must be completed each time medication is required to be administered.

One medication log is required for each child, and for each medicine.

Both staff members must print their name and initial the medication log confirming all details are correct and the [medication rights checklist \(Word 136KB\)](#) has been followed. For single staff services a single name and initial is appropriate.

When all rows on the medication log have been completed, or when the medication is no longer required, the log must be closed. Give a copy to the parent/guardian. Keep the original filed in the child or young person's record.

### **10. Medication advice form**

When medication has not been administered the parent or guardian must be notified immediately. They will advise if alternative arrangements are required for administration.

Complete a [medication advice form \(Word 157KB\)](#) for any of the following:

- medication has not been administered (including when the child or young person has refused to take the medication)
- a medication incident has occurred (including a medication error)
- post administration observations are required to be documented and communicated to the parent or guardian, or treating health professional.

The medication advice form must be sent to the parent or guardian, and a copy retained in the child or young person's record.

## **11. Correct dosage of medication**

Medication must be administered to one child or young person at a time.

Medication should be administered in the same room where the medication is kept. Medication can be administered in another location provided it is safe to do so and all medication rights are met.

All medication received at education and care services needs to be received intact. If ½ or ¼ tablets are required pill cutters should be used. Staff administering the medication can cut tablets as stipulated in the Medication Agreement.

Providing medication in a Webster pack is considered best practice for safe medication management. As it is the pharmacist that prepares the webster packs, it is still considered the 'original pharmacy packaging'. In the case of cut tablets it is also best practice to have these provided in Webster Packs as medication must be received intact and not pre-cut by parents/carers. School staff are able to cut tablets if necessary, by asking the parent/carer to supply a pill cutter or alternatively purchase one from a pharmacy.

If more than one medication is in each blister education staff should administer all of the contents of that blister as directed and indicate that they have done this on the medication log under Right dose, Right strength, Right Route. Because the Webster Pack has been prepared by a pharmacist there is not a need to count or identify each individual medication. One medication log for each child can be completed for multiple tablets in a blister of a Webster Pack.

When medication has been administered, education staff should complete the child's [medication log \(Word 203KB\)](#) and, if necessary, the [controlled medicines register \(Word 205KB\)](#) (have 1x controlled drug register for each child – tally the tablets you have for that child on a daily basis).

Hand hygiene and standard precautions should be followed prior to, during and after medication administration for each child and young person.

Two education and care staff (with the exception of single staff services ie family day care, Respite Care program and rural care) are needed to administration medication to a child or young person. This makes sure:

[medication rights \(Word 136KB\)](#) are checked  
the medication administration is supervised  
information documented in the [medication log \(Word 203KB\)](#) is correct.

## **12. Emergency Contacts / Change of Details**

- It is of paramount importance that parents / caregivers provide the centre with up-to-date details regarding the health, safety and wellbeing of the child in the case of an emergency.
- Parents / caregivers are responsible for notifying staff if any changes in the child's medical condition or medication are experienced.
- All phone numbers and emergency contacts must be accurate and kept up to date.
- Parents / caregivers must notify the Director if there are any changes in the child's enrolment details, health or medical conditions.

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### Source

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- Health support planning: Medication Management Procedure. Government of South Australia, Department for Education. Updated 22 March 2021
- National Quality Area 2 Children's Health and Safety
- Australian Red Cross Senior First Aid certificate course information
- Basic Casualty – First Aid course in Education and Children's Services
- Duty of Care Policy (DfE)
- First Aid and Infection Control Standard

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## Supporting Forms and Documents

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- Appendix 1: Medication Agreement (HSP 151)
- Appendix 2: Medication Rights checklist (HSP 156)
- Appendix 3: ASCIA Action Plan for Anaphylaxis (RED) 2021 EpiPen® (This plan is provided to people with allergies who have been prescribed EpiPen® adrenaline autoinjectors.)
- Appendix 4: Safety and Risk Management Plan (HSP 121)
- Appendix 5: Individual First Aid Plan (HSP 124)
- Appendix 6: Asthma Care Plan
- Appendix 7: Medication Log (HSP 155)
- Appendix 8: Continence Care Plan (HSP 230)
- Appendix 9: Continence Management Log (HSP 235)
- Appendix 10: Medication Advice Form (HSP157)
- Appendix 11: Authorisation to administer controlled medicine (HSP159)
- Appendix 12: Health Support Agreement (HSP 120)
- Appendix 13: General use adrenaline autoinjectors (EpiPen®). Information for parents and legal guardians

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## Legislation Requirements

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- Section 167 Offence relating to protection of children from harm and hazards
- Regulation 85 Incident, injury, trauma and illness policy and procedures
- Regulation 86 Notification to parent of incident, injury, trauma and illness
- Regulation 87 Incident, injury, trauma and illness record
- Regulation 89 First aid kits
- Regulation 90 Medical conditions policy
- Regulation 91 Medical conditions policy to be provided to parents
- Regulation 92 Medication record
- Regulation 93 Administration of medication
- Regulation 94 Exception to authorisation requirement – anaphylaxis or asthma emergency
- Regulation 95 Procedure for administration of medication
- Regulation 96 Self-administration of medication
- Regulation 136 First aid qualifications
- Regulation 162(c)
- and (d)
- Health information to be kept in enrolment record
- (c) details of any –
  - specific healthcare needs of the child, including any medical condition; and
  - allergies, including whether the child has been diagnosed as at risk of anaphylaxis
- (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan
- to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c).
- Regulation 168 Education and care services must have policies and procedures
- Regulation 169 Additional policies and procedures – family day care
- June 2021 Dealing with medical conditions in children 3
- Section/regulation Description
- Regulation 170 Policies and procedures to be followed
- Regulation 171 Policies and procedures to be kept available

- Regulation 172 Notification of change to policies and procedures
- Regulation 173 (2)(f) Prescribed information to be displayed
- For the purpose of section 172 (f) of the Law, the following matter and information are prescribed –
- (f) if applicable –
- in the case of a centre-based service, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service; or
- in the case of a family day care residence or approved family day care venue, a notice stating that a child who has been diagnosed as at risk of anaphylaxis –
  - is enrolled at the family day care service; and
  - attends the family day care residence or family day care venue.

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## Approved and Checked

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Review 2024 or as required

Approved and Checked By:

Centre Director

.....Date .....

Governing Council Representative

.....Date .....

POLICY REVIEWED	February 2023	NEXT REVIEW DATE	February 2024
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MODIFICATIONS	<ul style="list-style-type: none"> <li>• Made sure all legislations were included</li> <li>• Deleted a few sentences that weren't relevant</li> <li>• Updated section about controlled drugs</li> <li>• Made two sections more detailed</li> <li>• Minor spelling and grammar edits</li> </ul>	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE