

# CEEC CH PRO DEALING WITH MEDICAL CONDITIONS IN CHILDREN PROCEDURE

Policy Sponsor	GOVERNANCE
Document type	PROCEDURE
Applicable to	CATHOLIC EARLY EDCARE
Approved by	DIRECTOR, CATHOLIC EARLY EDCARE

## POLICY AND PHILOSOPHY

Our educators support children to feel physically and emotionally well while attending our services. We ensure children and families feel safe in the knowledge that children’s wellbeing and individual health care needs will be met when they have a medical condition or are unwell.

At all times educators will act in the best interests of the children. This procedure provides consistent approaches to monitoring and managing children’s medical conditions, the administration, storage, and disposal of medications at services.

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## 1. Seven 'Rights' (7Rs) for Safe Medication Administration

1.1 Educators administering medication to children must follow the seven 'rights' (7Rs) for safe medication administration. Educators will:

- Ensure the medication is for the **right person**,
  - Check that the name, date of birth, gender and/or address on the medication label matches the child's medication documentation and the child waiting for the medication to be administered.
- Ensure the administration of the **right medication**,
  - Cross check the medication name in the documentation with the medication label, that the medication has been stored correctly and is not expired.
- Ensure the **right dose** is being administered,
  - Confirm the dose to be administered, and frequency, is consistent with what is documented on the pharmacist's label.
- Ensure medication is taken as close as possible to the **right time**,
  - Confirm the time that has lapsed since the last dose is appropriate and any further instructions e.g. 'with food', 'half hour before food'.
- Ensure medication is taken or applied via the **right route**,
  - Follow instructions for the specific route authorised in the Medication Record e.g. oral, topical, or inhaled.
- Ensure the **right documentation** is complete,
  - Ensure that medication record is signed by the administering educator, the witness and the parent on collection, and all medication documentation and relevant care plans are in date.
- Recognise a child's **right to refuse**,
  - If a child refuses their medication, this must be recorded on the Medication Record,
  - The Responsible Person in Charge should contact the child's Parent/Guardian and follow their instructions as soon as practical (see Section 22: Child Refusal of Medication).

## 2. Medication Administration

2.1 On receipt of a request to administer medication, the Service Leader will:

- Discuss with the child's Parents/Carers the expected length of and reason for administration,
- Request completion of the [CEEC CH FORM Medication Record](#),
- Request an Action Plan (if relevant),
- Request a Medical Management Plan (if relevant),
- Complete the [CEEC CH FORM Risk Minimisation Plan](#) in consultation with the Parent/Carer (if relevant),
- Save the completed documentation on the child's Xplor profile as per the [Enrolment Documents Naming Conventions](#),
  - Add the expiry date as per the length of the administration/review date.
- Save a photograph of the medication provided on the child's Xplor profile as per the [Enrolment Documents Naming Conventions](#), ensuring that the pharmacy label is clear,
  - The expiry date in Xplor should match the medication expiry date.

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- Ensure all relevant documentation is stored in a manner that is easily accessible to all educators in an emergency e.g., colour coded or labelled folders.

## 2.2 When administering medication educators must ensure:

- a current [CEEC CH FORM Medication Record](#) has been completed by Parent/Carers,
- medication is administered by an educator on shift deemed competent, who holds current first aid qualifications and any training required to administer,
- they understand the reason the child is taking each medication and how the medication is administered,
- they are familiar with the location of all first aid equipment and how to use it,
- the dosage is in accordance with any labelling, pharmacist label or accompanying letter from a registered medical practitioner, and instructions on the Medication Record Form,
- medication is administered to one child at a time, immediately after it is removed from its package,
- medication is administered by the educator who removes it from the original packaging and prepares it for administration,
- medication administration is completed by two staff as a confirmation of the process and steps;
  - one educator administering, and
  - one educator witnessing and confirming the dosage given.

*Services operating a one educator model of care, will inform parent/carers no witness is available, and they are required to sign acknowledging the administration on the next collection.*

## 2.3 Educators must not administer medication if:

- the Seven “Rights” for Safe Medication Administration have not been met,
- a prescription only medication has not been prescribed by a medical practitioner,
- the medication is not contained in the original packaging (as dispensed),
- the original packaging of the medication is damaged, or the label is unclear,
- the medication is past its use by date or has been damaged or contaminated,
- tablets are required to be cut, split, or crushed, at the service
- required to mix medication with food products for administration
- the medication is subcutaneous insulin injections,
- the child has previously had an adverse reaction,
- the child is unable to safely ingest the medication, such as if they are asleep, unconscious, drowsy, vomiting or having a seizure,
- the medication has been spilt on the floor,
- the educator has not completed the medication training, has uncertainty about their competency to administer the medication, or is uncertain about the prescriber’s instructions (escalate immediately to the Responsible Person in Charge).

## 3. Self-Administration of Medication

### 3.1 On receipt of a request for a child to self-administer medication the Service Leader will:

- establish an administration routine with Parent/Carers and the child, and ensure it is documented on the [CEEC CH FORM Risk Minimisation Plan](#).

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- remind the child administering to inform an educator in charge prior to administering medication and administer in the presence of an educator.
- ensure Parent/Carers have provided written notice of self-medication as soon as practicable via the [CEEC CH FORM Medication Record](#).

#### 4. Asthma and/or Anaphylaxis Medication

4.1 When informed a child has been prescribed medication for asthma, allergic reactions and/or anaphylaxis the Service Leader will:

- request the medication is provided to the service and be held on site,
  - if the medication is not kept at the service, record the steps to ensure it is brought every time the child attends on the [CEEC CH FORM Risk Minimisation Plan](#).
- follow Section 2: Medication Administration Process,
- record the location of the medication on the [CEEC CH FORM Risk Minimisation Plan](#).

#### 5. Risk Minimisation Plans

5.1 Service Leaders will collaborate with Parents/Carers to ensure [CEEC CH FORM Risk Minimisation Plans](#) contain:

- risk assessments relating to the child's specific health care need, allergy or relevant medical condition;
- service specific practices and procedures in relation to the safe handling, preparation, consumption and service of food (if relevant);
- service specific practices and procedures to ensure Parents/Carers are notified of any known allergens posing a risk to a child and strategies for minimising the risk are developed and implemented (e.g. child with grass allergy will be provided with alternative options for outdoor play, if mowing is taking place the child will be encouraged to play indoors);
- service communication plan ensuring all educators and volunteers are able to identify the child, the child's Medical Management Plan and the location of the child's medication; and
- service specific practices and procedures ensuring that the child does not attend without medication prescribed.

5.2 Ensure [CEEC CH FORM Risk Minimisation Plans](#) are kept in the relevant room the child occupies whilst ensuring confidentiality is maintained.

#### 6. Service Communication Plan

6.1 Service Leaders will collaborate with Parents/Carers to implement a service communication plan which:

- requests regular communication in writing in regard to any changes to the child's medical condition or medication requirements,
- informs Parents/Carers that changes will require updates to the [CEEC CH FORM Risk Minimisation Plan](#),
- communicates internally to all Educators:
  - the child's individual needs,

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- the location of Medical Management Plans, Action Plans, Risk Minimisation Plans, and children’s medication,
- the Dealing with Medical Conditions in Children Policy, Procedures, supporting documents, and any changes and updates to these documents.

**7. Children Diagnosed with Complex Medical Conditions**

7.1 Children diagnosed with a complex medical condition may require higher levels of supervision and individualised health support while in attendance at services. In some circumstances, a Reasonable Adjustment form may be required (see Section 8). For some complex medical conditions, a *Specific Medical Condition Management Plan* will be required instead of the standard *Risk Minimisation Plan*. Examples of complex medical conditions include, but are not limited to:

- Diabetes management and care tasks (please complete a *Medical Conditions Management Plan – Diabetes*),
- Epilepsy management and care tasks (please complete a *Medical Conditions Management Plan – Epilepsy*),
- Percutaneous Endoscopic Gastrostomy (PEG) tube management and care tasks,
- Tracheostomy management and care tasks,
- Stoma management and care tasks,
- Rectal Suppository.

7.2 Asthma and anaphylaxis individually are not considered complex medical conditions, unless combined with another medical condition.

7.3 During enrolment, and/or prior to the child’s next attendance, Service Leaders will:

- Inform Parents/Carers that until strategies can be implemented and relevant training can be sourced completed with educators,
  - the child’s start date may be delayed for **new enrolments**.
  - Pause Care Arrangements may need to be put in place for **continuing enrolments**.
- Request current action plans, medical management plans, and specialist reports,
- Schedule a meeting with the child’s Parents/Carers to discuss,
  - the child’s medical diagnosis,
  - what support the child may need when attending the centre,
  - medication and specialised health procedures (if relevant),
  - and develop the [CEEC CH FORM Risk Minimisation Plan](#), and
  - and develop the [CEEC CH FORM Medication Record](#).
- Consult with the Portfolio Manager where:
  - a medical management plan is unclear,
  - the child has one or more complex medical conditions,
  - the child requires a specialised health procedure administered while attending the service.
- Follow the Reasonable Adjustments for Inclusion process below,

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- Save all documentation in the child's Xplor profile as per the Enrolment Documents Naming Conventions.

#### 7.4 Parents/Carers will:

- Indicate on enrolment, or prior to your child's next attendance if:
  - your child has been diagnosed with a medical condition,
  - requires long term medication, and/or
  - a specialised health procedure to be administered while they attend the service,
- Provide current action plans, medical management plans, and specialist reports (if relevant),
- Meet with the Service Leader prior to your child commencing care to discuss and develop:
  - a [CEEC CH FORM Risk Minimisation Plan](#)
  - a [CEEC CH FORM Medication Record](#)
- Understand your child's start date or continued attendance may be delayed until the procedure is complete,
- Share information about your child's current health needs and medical condition,
- Inform the service if you or your authorised nominees details change,
- Regularly meet with the Service Leader to provide updates on your child's needs,
- Provide any new or updated information (in writing). For example:
  - Medical Management Plan
  - Specialists Reports
  - Medication
  - Specialised equipment.

### 8. Reasonable Adjustments

8.1 If it is identified a child with a disability or complex medical condition requires [reasonable adjustments](#) to enable them to access and participate in the service on the same basis as children without a disability, the Service Leader will:

- Collaborate with Parents/Carers to identify challenges to inclusion,
- Refer to the child's medical documentation, reports or diagnosis, outlining specific considerations (if available),
- Develop adjustment considerations or requirements (e.g. cost, risk assessment, approvals) in consultation with:
  - Portfolio Manager
- Provide the completed CEEC Reasonable Adjustments Form to General Manager, Governance for review and endorsement of the reasonable adjustments proposed.
- Where required, the General Manager, Governance may seek further advice from the Practice Governance Unit within Centacare.

### 9. Pause and Cessation of Care

9.1 Service Leaders must ensure children with medical conditions do not attend care without:

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- a current, or updated, [CEEC CH FORM Risk Minimisation Plan](#), Action Plan, Medical Management Plan, and [CEEC CH FORM Medication Record](#) completed by Parent/Carers (where relevant),
- sufficient quantity of required medication, prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date.

9.2 In the event of non-compliance with policies and procedures Service Leaders will:

- Refer to the Enrolment, Orientation & Booking Procedure

## 10. Administering Medications when Child is off-site

10.1 When required to administer medication to children offsite (e.g. excursions, regular outings), the Responsible Person in Charge must ensure:

- the medication in its original packaging and a copy of current medication documentation signing sheet accompanies the child, and is placed in a suitable container to prevent loss or damage to medications,
- an appropriate supply of medication and signing sheets accompanies the child to ensure continuity of medication administration for the time the child is away,
- the Seven Rights of Medication is adhered to medication is administered as per the appropriate process below.

## 11. Administration of Liquid Medication

11.1 When administering liquid medication, educators must:

- Wash and dry hands thoroughly,
- Follow the 7Rs checking process,
- Check the label on the bottle against the child's medication documentation to ensure that the name of the medication, strength, volume, and time is correct for that child and that the medication is in date,
- Shake the bottle to mix ingredients (or as per label instructions),
- Measure the required amount of the liquid,
  - If using a medicine measuring cup - always check the measurement at eye level and with the measuring cup held flat or on a flat surface for the most accurate reading,
  - Pour from the bottle with the label uppermost to avoid staining the label,
  - If using a syringe, draw up the required amount of the liquid,
- Another educator (witness) is to check the medication and dosage prior to administering the medication
- Administer the medication to the child ensuring that there is no spillage and that all the medication has been swallowed,
- Clean the neck of the bottle with a cloth (not water) and firmly close the lid,
- Replace the bottle in medication storage area or fridge if required,
  - If applicable, lock the medication storage.

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- Ensure the [CEEC CH FORM Medication Record](#) is signed by educator administering and witness,
- Wash and dry hands thoroughly.

## 12. Administration of Oral Solid Dose Medications

12.1 When administering oral solid dose medications, educators must:

- Wash and dry hands thoroughly,
- Follow the 7Rs checking process,
- Check the pharmacist's label on the original packaging against the child's medication documentation to ensure that the name of the medication, strength, amount, and time is correct for that child and that the medication is in date,
  - If required, mix ingredients as per label instructions (e.g. peg feeding).
- Remove the correct dose (or number) of tablets/capsules according to the child's medication documentation and pharmacist label,
- Administer the medication to the child ensuring that there is no spillage and that all the medication has been swallowed,
- Ensure the [CEEC CH FORM Medication Record](#) is signed by educator administering and witness.
- Return medication to medication storage or fridge if required,
  - If applicable, lock the medication storage.
- Wash and dry hands thoroughly.

## 13. Administering Oral Medications from a Dose Administration Aid (DAA)

13.1 When administering oral medications from a dose administration aid (DAA, i.e. a Webster Pack), educators must:

- Wash and dry hands thoroughly.
- Take DAA, medication documentation (and water if required) to the child,
- Follow the 7Rs checking process,
- Check that the child details on the DAA matches the child waiting for medication ,
- Check the child's medication documentation against the information on the DAA that it matches and is correct,
- Check the name(s) of the medication, the number of tablets to be administered, the description of each of the tablets, and any special instructions e.g., to be taken with meals,
- Check DAA for the correct day, time, and expiry,
- Remove the contents of the DAA into a pill cup or similar container,
- Check the number of medications in the cup corresponds to the number of medications that were in the DAA,
- Avoid handling the medication.
- Check that all medications have been removed from the DAA.
- Re-check that the recipient of the medication is the correct child.

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- Administer the medication strictly according to the treating medical practitioner's instructions and/or assist the child to take their medication as required, in accordance with their needs and documented level of medication assistance.
- Check that the child has swallowed all the medications.
- Ensure the [CEEC CH FORM Medication Record](#) is signed by educator administering and witness.
- Re-check the DAA to ensure that all medications have been correctly administered.
- Return DAA to the medication storage.
  - If applicable, lock the medication storage.
- Dispose of any waste products associated with medication administration.
- Wash and dry hands thoroughly.

#### **14. Administration of Topical on Skin, Eye, Ear, Nasal or Sublingual Medications**

14.1 When administering Topical on Skin, Eye, Ear, Nasal or Sublingual medications, educators must:

- Wash and dry hands thoroughly,
- Apply gloves,
- Follow the 7Rs checking process,
- Check the label on the medication against the child's medication documentation to ensure that the name of the medicine, strength, amount, and time is correct for that child,
- Check expiry,
- Administer the medication as per the medical practitioner's instructions, follow any specific medication or health care plans, if required,
- Ensure the [CEEC CH FORM Medication Record](#) is signed by educator administering and witness,
- Remove gloves and dispose with any waste products associated with medication applications/administration,
- Return the medication to the appropriate medication storage area as per manufactures instructions,
  - If applicable, lock the medication storage.
- Wash and dry hands thoroughly.

#### **15. Administering Medication in an Emergency**

15.1 When a child is experiencing a suspected anaphylaxis or asthma emergency, the Responsible Person in Charge will:

- direct another educator to retrieve the child's medication (if prescribed), or the service's emergency medication,
- contact Emergency Services and the follow the directions provided,
- only administer emergency medication as directed by emergency personnel, and in line with the level of training held by the educator,
- contact a Parent/Carer of the child as soon as practicable,
- contact the Portfolio Manager as soon as practicable,

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- if a child is to be transported to hospital by emergency services prior to the arrival of Parent/Carers service staff may accompany the child provided the service remains in appropriate staff to child ratios,
- Complete incident report on Guardian

## 16. Handling of 'spoiled' medication

16.1 In the event that medication is 'spoiled' (e.g. dropped on the floor) the educator administering will:

- wrap the medication in a tissue and place it in a clearly marked zip-locked plastic bag or envelope marked 'Medication for Disposal', including the name of the medication and dosage, and store in a location inaccessible to children (e.g. medication storage),
- return the spoiled/dropped medication in zip-locked plastic bag or envelope to the child's Parent/Carer for replacement and disposal,
- document the spoilage on the [CEEC CH FORM Medication Record](#).

16.2 Where unable to immediately administer the medication (e.g. no medication remaining) the Responsible Person in Charge will:

- contact the child's Parent/Guardian, to determine whether or not the dose is critical and hence needs to be replaced and administered, or the child collected.

## 17. Responding to a Medication Error

17.1 In the event of any medication error, educators should:

- Remain calm and identify the error (e.g. wrong medication given, wrong dose given, medication administered to wrong child),
- Inform the Responsible Person in Charge,
- If life threatening or an emergency call 000 and perform first aid if required,
- Stay with the child until advised that it is safe to leave them e.g. do not leave a child that has been given or taken an overdose of medication,
- Continue to observe the child for changes in behaviour or well-being,
- Complete an incident report in Guardian; include name and dose of medication,
- Ensure other educators are aware of the incident and provide information about the incident when handing over to other educators.

17.2 The Responsible Person in Charge will notify the child's Parent/Carer as soon as possible and describe the incident (including medications involved).

17.3 The Responsible Person in Charge will contact their Portfolio Manager immediately to verbally report the matter to verify all appropriate actions have been taken.

## 18. Storage of Medication

18.1 The Responsible Person in Charge will:

- ensure medications remain in their original packaging, are stored and transported according to the manufacturer's recommendations,
- ensure medications requiring refrigeration are stored separately to food, and not stored in the door of the fridge,

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- communicate the storage location to educators and children required to administer, and record this location in [CEEC CH FORM Risk Minimisation Plan](#),
- ensure medication is accessible to educators trained to administer, and children self-administering,
- ensure medication is inaccessible to children **not** self-administering,
- conduct regular checks of stored medications to confirm amounts and use by dates,
- store medications separately to disinfectants and other chemicals.

18.2 When a child transports medication to the service the medication will be:

- given to the Responsible Person in Charge when the child arrives at the service, (The Responsible Person in Charge must confirm the medication is in the container or bag provided).
- stored in a location that has been communicated and recorded on [CEEC CH FORM Risk Minimisation Plan](#).
- returned to the Parents/Carers on collection of the child.

## 19. Storage of Schedule 8 medications

19.1 When storing children's Schedule 8 medications (e.g. Dexamphetamine, Concerta, Ritalin), Services Leaders must:

- ensure the medication is in a locked safe or locked secure enclosure (e.g. metal filing cabinet), separate from other medications,
- check stock levels when provided by the child's Parent/Carer and after administration.

## 20. Medication to be Available

20.1 Service Leaders will:

- conduct regular checks on medication stored at the Service,
- conduct regular checks on medication transported to the Service by children self-administering,
- contact Parent/Carers in writing when additional/replacement medication is required,
- inform Parent/Carers in writing when medication is nearing its expiry date,

20.2 In an emergency where medication is unavailable or expired (e.g. anaphylaxis or asthma attack), the Responsible Person in Charge will immediately contact the Emergency Services for advice and direction.

## 21. Unused Medication

21.1 The Service Leader will ensure:

- unused medication is returned to the Parent/Carer upon collection of the child,
- Long term medication stored at the service will be returned when it;
  - expires, or
  - is no longer required.
- Expired service medication (i.e. asthma and anaphylaxis emergency medication) is to be taken to the pharmacy for correct disposal, and replacement.

## 22. Child Refusal of Medication

22.1 If a child refuses to take their medication, educators will:

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- Discuss with the child why they are refusing to take the medication,
- Explain to the child that their medication is to keep them well,
- If the child still refuses, contact the Responsible Person in Charge and inform them of which medication has been refused and why (if you know the reason),
  - Note the time the medication was offered and refused on the child's [CEEC CH FORM Medication Record](#).
- Follow instructions given by the Responsible Person in Charge,
- Observe the child for any changes to their general wellbeing, condition and/or behaviour.

22.2 Responsible Person in Charge will:

- contact the child's Parent/Carer to inform them of the child's refusal, note the time parents were informed and document any signs to be aware of on the child's [CEEC CH FORM Medication Record](#).
- If the child's condition or behaviour changes, or it is suspected that the child is displaying a decline in their health, the Responsible Person in Charge will contact the child's Parent/Carer to report the changes and to arrange for the child to be collected,
- If a sudden decline in health is observed or the situation becomes life threatening call an ambulance on 000 and report it to the Portfolio Manager,
  - If the service is attended by emergency services, follow the incident reporting procedure in the CEEC HS PRO Incident, Injury, Trauma, and Illness Procedure.

## ROLES AND RESPONSIBILITIES

Roles	Responsibilities
Approved Providers (including Leadership and Management teams)	<ul style="list-style-type: none"> <li>▪ Ensure all obligations under the Education and Care Services National Law and National Regulations are met.</li> <li>▪ Ensure all families receive a copy of the Dealing with Medical Conditions in Children Policy and Procedures (<a href="#">Reg 91</a>) and any other relevant policies.</li> <li>▪ Ensure medication is administered in accordance with <a href="#">regulation 95</a> or <a href="#">96</a> of the Education and Care Regulations.</li> <li>▪ Ensure all educators and staff have training as part of the induction process and ongoing training for the management of medical conditions (e.g. annual first aid, CPR, asthma, anaphylaxis and specific requirements for children enrolled in the service)</li> <li>▪ Understand services may administer medication to a child without an authorisation in case of an anaphylaxis or asthma emergency, consistent with the level of training the educator has received (<a href="#">Reg 94</a>).</li> <li>▪ Ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service if a child is diagnosed as being at risk of anaphylaxis,</li> <li>▪ Ensure service staff develop risk minimisation plans for children with medical conditions or specific health care needs in consultation with families.</li> <li>▪ Ensure a written plan for ongoing communication between families and educators is developed as part of risk minimisation plans, relating to the medical condition and any changes or specific needs. It should be in place before a child commences at the service, or as soon as possible after diagnosis for children already attending.</li> <li>▪ Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow policy and procedures.</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Ensure copies of policy and procedures are readily accessible to nominated supervisors, educators, staff and volunteers, and available for inspection.</li> <li>▪ Notify families at least 14 days before changing the policy or procedures if the changes will: <ul style="list-style-type: none"> <li>○ affect the fees charged or the way they are collected or</li> <li>○ significantly impact the service’s education and care of children or</li> <li>○ significantly impact the family’s ability to utilise the service.</li> </ul> </li> </ul>
Nominated Supervisors and Responsible Persons	<ul style="list-style-type: none"> <li>▪ Implement the Dealing with Medical Conditions in Children Policy and Procedures and procedures and ensure all the action plans that are in place are carried out in line with these.</li> <li>▪ Ensure any changes to the policy and procedures, individual child’s medical conditions, specific health care needs, and medical management plans are updated in your risk minimisation plan and communicated to all educators and staff.</li> <li>▪ Ensure all educators and staff have training as part of the induction process and ongoing training for the management of medical conditions.</li> <li>▪ Notify the approved provider if there are any issues with implementing the policy and procedures.</li> <li>▪ Ensure educators and staff have the appropriate training needed to manage the medical conditions or specific health care needs of the children enrolled in the service.</li> <li>▪ Ensure children who require medication to be administered do not attend the service without the medication, and sufficient quantity of medication.</li> <li>▪ Ensure all <a href="#">CEEC CH FORM Medication Records</a> are current for the course of medication.</li> <li>▪ Ensure <a href="#">CEEC CH FORM Medication Records</a> held for medication stored at services (e.g. epi pens, asthma inhalers): <ul style="list-style-type: none"> <li>○ are reviewed each term,</li> <li>○ are in place for the full operating year for a child requiring long term medication administration or medication to be administered in the event of an emergency (e.g. asthmas/anaphylaxis).</li> </ul> </li> <li>▪ Ensure educators do not cut, split or crush tablets to administer to children.</li> <li>▪ Ensure educators do not administer subcutaneous insulin injections to children.</li> <li>▪ Ensure that all educators and staff are aware of the child’s medical management plan (from the doctor) and follow the risk minimisation plans (developed by the service) for each child.</li> <li>▪ Create individual <a href="#">Risk Minimisation Plans</a> for children in the care of Catholic Early EdCare in accordance with Regulation 90, in consultation with the Parents/Carers: <ul style="list-style-type: none"> <li>○ for the management of medical conditions</li> <li>○ when provided a Medical Management Plan, Action Plan or notified that a child has been provided with a plan,</li> <li>○ on enrolment and when a medical condition is indicated,</li> <li>○ when requested to administer medication.</li> </ul> </li> <li>▪ Review, update and sign <a href="#">CEEC CH FORM Risk Minimisation Plans</a> in consultation with service staff, and Parents/Carers: <ul style="list-style-type: none"> <li>○ as required, at periods no greater than annually,</li> <li>○ for a new enrolment year,</li> <li>○ after a change in medical condition,</li> <li>○ after a medical event while in the care of the Service.</li> </ul> </li> <li>▪ Ensure a written plan for ongoing communication between families and educators is developed as part of your Risk Minimisation Plan, relating to the medical condition and any changes or specific needs.</li> <li>▪ Ensure communication is ongoing with families and there are regular updates as to the management of the child’s medical condition or specific health care need.</li> <li>▪ Ensure risk assessments are updated and implemented when circumstances change for the child’s specific medical condition.</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Ensure all educators and volunteers can identify children with risk minimisation plans/medical conditions/medication requirements.</li> <li>▪ Ensure all educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens.</li> <li>▪ Ensure <a href="#">emergency response posters</a> for incidents such as asthma, choking, and first aid are made available on site at services.</li> </ul>
Educators	<ul style="list-style-type: none"> <li>▪ Ensure that two people are present any time medication is administered to children (except for permitted services) (<a href="#">regulation 95(c)</a>)</li> <li>▪ Ensure the full completion of the following forms (when required): <ul style="list-style-type: none"> <li>○ <a href="#">CEEC CH FORM Medication Record</a></li> <li>○ <a href="#">CEEC CH FORM Risk Minimisation Plan</a></li> </ul> </li> <li>▪ Maintain current approved first aid, CPR, asthma and anaphylaxis training as per the CEEC CH PRO Administration of First Aid Policy &amp; Procedure.</li> <li>▪ Undertake specific training (and keep it updated if required) to ensure appropriate management of a child's specific medical condition.</li> <li>▪ Ensure that practices and procedures for children with specific health care needs, including a child with medical conditions, allergies, or at risk of anaphylaxis are adhered to at all times.</li> <li>▪ Understand the individual needs of and action plans for the children in your care with specific medical conditions.</li> <li>▪ Ensure all action plans are carried out in line with the Dealing with Medical Conditions in Children Policy and Procedures.</li> <li>▪ Ensure you monitor the child's health closely and are aware of any symptoms and signs of ill health, with families contacted as changes occur.</li> <li>▪ Ensure communication with families is regular and all educators and staff (including the nominated supervisor) are informed of any changes to a child's medical condition.</li> <li>▪ Ensure all children's health and medical needs are taken into consideration on excursions (first aid kit, personal medication, management plans, etc)</li> <li>▪ Be familiar with the individual needs of and action plans for the children in your care with specific medical conditions.</li> <li>▪ Ensure compliance with the CEEC CH POL Dealing with Medical Conditions in Children Policy, Procedures and supporting documents.</li> </ul>
Families	<ul style="list-style-type: none"> <li>▪ Adhere to the CEEC CH POL Dealing with Medical Conditions in Children Policy, Procedures and supporting documents.</li> <li>▪ Respect that services are not obligated to adhere to requests to administer medication.</li> <li>▪ Provide medication in person, to an educator on arrival at the Service.</li> <li>▪ Ensure all medication provided to a service is labelled and in its original packaging.</li> <li>▪ Fully complete a <a href="#">CEEC CH FORM Medication Record</a> for all medication ensuring all entries are listed.</li> <li>▪ Respect the right of a Responsible Person in Charge to request a pharmacist label be placed on non-prescription medication at their discretion.</li> <li>▪ Provide any request in writing for a child (over preschool age) to be responsible for self-administering medication.</li> <li>▪ Provide additional/replacement medication as required.</li> <li>▪ Understand children who require medication cannot attend the Service without the medication, or sufficient quantity of medication.</li> <li>▪ <b>Understand educators are unable to cut, split or crush tablets to administer to children, or to mix medication with food products.</b></li> <li>▪ Understand educators are unable to administer subcutaneous insulin injections to children.</li> <li>▪ Advise the service of your child's medical condition and their specific needs as part of this condition.</li> <li>▪ Provide regular updates to the service on your child's medical condition including any changes, and ensure all information required is up to date.</li> </ul>

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	<ul style="list-style-type: none"> <li>▪ Provide a medical management plan from a doctor on enrolment or diagnosis of the medical condition and provide an updated plan as required.</li> <li>▪ Collaborate with the service staff to develop and review of <a href="#">CEEC CH FORM Risk Minimisation Plan</a></li> <li>▪ Understand children cannot attend until all medical management documentation is received (<a href="#">Reg 162 (c) and (d)</a>)</li> <li>▪ Provide an 'action plan' to the service upon request.</li> <li>▪ Assist Catholic Early EdCare to implement any Medical Management Plan provided by a medical practitioner.</li> <li>▪ Acknowledge that any completed <a href="#">CEEC CH FORM Risk Minimisation Plan(s)</a> are to be reviewed and updated annually, or as a child's condition changes</li> <li>▪ Provide an up to date Health Record when completing the online Enrolment Form. The record must be provided prior to the child's attendance.</li> <li>▪ Provide authorisation for the service to seek emergency medical treatment and ambulance transport if the service deems necessary.</li> <li>▪ Ensure all information required is up to date.</li> </ul>
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## MONITORING, EVALUATION AND REVIEW

Centacare will place this policy on the Archdiocesan Intranet (AI). Responsible Person in Charges and Managers are responsible for ensuring that the appropriate communication of policies and supporting documents to staff has occurred.

- All staff are responsible for understanding and complying with this policy.
- Summary information about fees and related procedures will be included in the CEEC information handbooks.
- Educators and families will be invited to participate in the review of this procedure.
- Changes to this document will be shared with families and educators.
- Ongoing training opportunities for Responsible Person in Charges and Responsible Persons in Charge will be provided using a range of learning platforms. Videos of some Xplor processes are available on [AI](#).
- Contact the Policy Sponsor for further interpretation of this policy.

Breaches of this policy will be dealt with under Centacare's misconduct provisions, as stated in the Employment Guidelines Code of Conduct.

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