

CCCS CH POL MEDICAL CONDITIONS POLICY

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LEGISLATIVE REFERENCES	EDUCATION AND CARE SERVICES NATIONAL LAW (QLD) ACT 2011 EDUCATION AND CARE SERVICES NATIONAL REGULATIONS 2011 EDUCATION AND CARE SERVICES NATIONAL AMENDMENT REGULATIONS 2017 AUSTRALIAN CHILDREN'S EDUCATION & CARE QUALITY AUTHORITY: NATIONAL QUALITY FRAMEWORK 2011 GUIDE TO EDUCATION AND CARE NATIONAL LAW AND THE EDUCATION AND CARE SERVICES NATIONAL REGULATIONS 2011 QLD HEALTH (DRUGS AND POISONS) REGULATION 1996 THERAPEUTIC GOODS ACT 1989 NSW POISONS AND THERAPEUTIC GOODS ACT 1966 NSW POISONS AND THERAPEUTIC GOODS REGULATIONS 2008

1. PURPOSE

1.1 Centacare Child Care Services (CCCS), a Directorate of Centacare under the Corporation of Trustees of the Roman Catholic Archdiocese of Brisbane is committed to achieving and maintaining the highest practical standards of workplace health and safety for its workers, visitors and children in the care of CCCS.

1.2 This policy has been developed to outline CCCS' commitment to identify and provide a supportive environment for children with medical needs and comply with Chapter 4, Part 4.2 Division 3 Regulations 90 to 96 of the Education and Care National Regulations 2011.

2. SCOPE

2.1 This policy applies to staff members as defined in the Education and Care Services National Law.

3. POLICY

3.1 This policy has been developed to assist CCCS to comply with the following Education and Care Regulations –

- 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 requirements
- Regulation 95 – Procedure for administration of medication
- Regulation 96 – Self administration of medication

WHAT IS MEDICATION

3.2 The Education and Care Regulations (Chapter 1 Regulation 4 Definitions) provide the following definition of ‘medication’ – *“medication means medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth”*

3.3 The Therapeutic Goods Act provides the following definition of medicine –

medicine means: (a) therapeutic goods (other than biologicals) that are represented to achieve, or are likely to achieve, their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human; and (b) any other therapeutic goods declared by the Secretary, for the purpose of the definition of therapeutic device, not to be therapeutic devices.

3.4 CCCS recognise that school age children may self-administer products that are considered ‘cosmetic goods’ and not therapeutic goods and thus do not apply under this policy as they are not considered medication and/or medicine.

RESPONDING TO REQUESTS TO ADMINISTER PRESCRIPTION AND/OR NON PRESCRIPTION MEDICATION

3.5 Services are not obligated to adhere to a request from a Parent/Carer to administer medication however CCCS actively encourage that requests from Parent/Carers are accommodated as far as reasonably practical.

3.6 When a Parent requests the Service administers prescription and/or non-prescription medication to their child whilst in the care of CCCS, the first question that should be asked by the Service is whether child is experiencing an acute illness or has a diagnosed medical condition.

3.7 If responses indicate the child is experiencing an acute illness, discussions should be held as to whether the child is fit for care.

3.8 If responses indicate the child has a diagnosed medical condition, the Service is required to ensure the following is completed –

- If responses indicate the child is experiencing an acute illness but has a diagnosis, discussions should be held as to whether the child is fit for care.
- Discuss with the Parent the expected length of the diagnosed medical condition
- Completion of a CCCS CH FORM Risk Minimisation Plan (including implementation of the contained communication plan requirement)
- Request an Action Plan is provided (if relevant)
- Request a Medical Management Plan is provided to the Service
- Completion of the CCCS CH FORM Authorisation to Administer and CCCS CH FORM Medication Administration (contained within the CCCS CH FORM Medication Record)
- Ensure any provided Action Plan and/or Medical Management Plan is reviewed annually and updated if required
- Ensure the completed CCCS CH FORM Risk Minimisation Plan is reviewed and updated at periods no greater than annually

PRESCRIPTION MEDICATION V NON PRESCRIPTION MEDICATION

3.9 For the purposes of this policy CCCS do not differentiate between prescription and non-prescription (over the counter etc.) medication and consider both to be 'medication' and/or 'medicine'.

CCCS CH FORM AUTHORISATION TO ADMINISTER

3.10 It is recommended any CCCS CH FORM Authorisation to Administer (contained within the CCCS CH FORM Medication Record) is reviewed for relevance/accuracy frequently by Service staff. For short term courses of medication for 'acute' illnesses etc. the form should only be considered as 'current' for the duration of the period the Parent/Carer/Medical practitioner identifies as the period for that course of medication. For long term medication administration, the form should be reviewed at periods no greater than per term however the form can be in place for the full operating year at a Service for a child with a diagnosed medical condition requiring long term medication administration or medication to be administered in the event of an emergency (e.g. asthmas/anaphylaxis).

3.11 A new CCCS CH FORM Authorisation to Administer (contained within the CCCS CH FORM Medication Record) must be completed upon enrolment for the following year for a child with a diagnosed medical condition.

LABEL REQUIREMENTS FOR PRESCRIPTION and NON PRESCRIPTION MEDICATION

3.12 Prescription and non-prescription medication provided to the Service is required to be labelled as per Regulation 95 – Procedure for administration of medication –

(a) the medication must be administered—

(i) if the medication has been 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; or

(ii) from its original container, bearing the original label and instructions and before the expiry or use by date; and

(b) the medication must be administered in accordance with any instructions—

(i) attached to the medication; or

(ii) any written or verbal instructions provided by a registered medical practitioner.

3.13 CCCS require that all prescription medication is labelled by a pharmacist/chemist and/or accompanied by a letter from a registered medical practitioner.

3.14 CCCS do not require non-prescription medication to be labelled by a pharmacist/chemist and/or accompanied by a letter from a registered medical practitioner, if the original manufacturer's product label is clear and provides a recommended dosage, and expiry or use by date.

3.15 In the event non-prescription medication is provided to the Service for administration without a pharmacist/chemist label and/or accompanied by a letter from a register medical practitioner, CCCS staff will only be able to provide a dosage as per the guidelines on the original manufacturer's product label.

3.16 Directors and Coordinator may request Parent/Carers provide a pharmacist/chemist label and/or a letter from a register medical practitioner for non-prescription medication; at their discretion.

ASTHMA AND/OR ANAPHYLAXIS MEDICATION

3.17 For children with a diagnosed medical condition that requires an adrenaline auto injector and/or other specific prescription medication including but not limited to an asthma puffer for allergic reactions and/or anaphylaxis, it is requested the Parent/Carer provides this medication to the Service, to be held on site for their child. It can be that, as per the CCCS CH FORM Risk Minimisation Plan, agreement is reached as to the location of the medication (adrenaline auto injector, asthma puffer etc.) and what steps will be taken to ensure it is brought to the Service for each and every attendance of the child.

3.18 Flexibility can be applied to the above request for OSHC Services as a school age child may be permitted to carry their adrenaline auto injector and/or asthma puffer etc. with them in their school bag and thus avoid having to provide an adrenaline auto injector to the school, to the OSHC etc. It can be that a child is determined by the Parent/Carer to be able to self-administer their asthma puffer etc. It is important however that the staff members at the Service are aware the child's adrenaline auto injector and/or asthma puffer is not held by the OSHC but accessible in the child's school bag if required and this would be detailed in the CCCS CH FORM Risk Minimisation Plan.

3.19 If a child has a diagnosed medical condition that requires an adrenaline auto injector and/or other specific prescription medication including but not limited to an asthma puffer for allergic reactions and/or anaphylaxis and a Parent/Carers declines to provide such medication to the Service or declines to provide access to this medication (i.e. it is not held by the child) this can bring into question the enrolment of the child and such circumstances will need to be brought to the attention of the Area Supervisor for further discussion with the Parent/Carer.

3.20 In circumstances where a Parent/Carer indicates on an enrolment form that their child has an allergy or anaphylaxis but declines to provide an adrenaline auto injector or other prescribed medication, further discussions should be held with the Parent/Carer. It could be that the child has a diagnosed medical condition but it does not require an adrenaline auto injector (or other medication) as a 'treatment' or response. It can be that further discussion identify the child has not been diagnosed by a registered medical practitioner. In either instance, a Service may request further information in writing from a registered medical practitioner confirming the child has an allergy or anaphylaxis and that it doesn't require an adrenaline auto injector or other medication etc.

ADMINISTERING MEDICATION

3.21 Services must ensure that medication (whether prescribed medication or over the counter medication) is not administered to a child being educated and cared for by a Service unless—

- The administration is authorised by a Parent/Carer; and a CCCS CH Form Authorisation to Administer Medication (contained within the CCCS CH FORM Medication Record) has been completed by a Parent/Carer
- The medication is administered in accordance with regulation 95 or 96 of the Education and Care Regulations by the Service.
- The Parent/Carer request for dosage etc. is in accordance with any labelling, pharmacist/chemist label or accompanying letter from a registered medical practitioner (for prescription medication only)
- The Parent/Carer request for use and dosage is in accordance with any original manufacturers label on the non-prescription medication
- The product is in date (before expiry or use by date)

3.22 Services must ensure that written notice is given to a Parent/Carer or other family member of a child as soon as practicable if medication is administered to the child by a staff member under an authorisation (via the CCCS CH FORM Medication Administration contained within the CCCS CH FORM Medication Record). Services are also responsible for communicating to Parents/Carers any issues relating to fading or missing labelling on medication provided to the Service, *content/level/number etc* of medication remaining, the need to replace/replenish medication etc. And where applicable ensuring medication is returned to Parents/Carers upon collection of their child from care.

SELF ADMINISTERING MEDICATION

3.23 Services will acknowledge that children (over preschool age) in the care of CCCS may be deemed able to self-administer medication (or be assisted in the self-administration).

3.24 Services are required to liaise with the Area Supervisor to arrange for staff members to receive relevant training in the administration of medication, where required or deemed necessary.

3.25 Administer medication according to the following practice –

- In accordance with a Medical Management plan or Action Plan provided to the Service
- For prescription medication, follow instructions on the pharmacy label and/or provided registered medical practitioner notes/plan
- For non-prescription medication, follow instructions on the pharmacy label or provided medical practitioner notes/plan (if provided); or the instructions present on the original manufacturers label
- Check the medication label (either pharmacist/chemical label and/or manufacturers label as relevant) prior to administration and confirm the contents match the label
- Seek the advice of emergency services should the medication be out of date, unreadable or label is missing
- Administer medication with the authority of the Person in Day to Day Charge and in the presence of a witness
- Consider contacting the emergency services should it be determined their attendance is required i.e. asthma, anaphylaxis/emergency administration of medication etc.
- Complete the CCCS CH FORM Medication Administration form (contained within the CCCS CH FORM Medication Record)

3.26 Services must ensure that written notice is given to a Parent/Carer or other family member of a child as soon as practicable if medication is self-administered by a child under an authorisation (via the CCCS CH FORM Medication Administration contained within the CCCS CH FORM Medication Record).

3.27 The self-administration by school age children of products identified as cosmetic does not apply to this section

ADMINISTERING MEDICATION IN AN EMERGENCY

3.28 As per Regulation 94, Services may administer medication to a child without an authorisation in case of an anaphylaxis or asthma emergency, commensurate with the level of training the staff member has received. If medication is administered under this regulation, the Service must ensure that the following are notified as soon as practicable—

- Emergency services
- A Parent/Carer of the child

MEDICAL MANAGEMENT PLAN

3.29 It is a requirement under Regulation 90 that Approved Providers have a medical conditions policy that states the requirements for a Medical Management Plan. The position of CCCS is to request Parents/Carers provide a Medical Management Plan for their children if they have a medical condition diagnosed by a registered practitioner.

3.30 If a Parent/Carer declines to provide (or fails to provide) a Medical Management Plan for their child, this is to be brought to the attention of the Area Supervisor. A Parent/Carer does reserve the right to refuse to provide a Medical Management Plan.

3.31 In these circumstances, the Service should document, preferably in writing (via email etc.) the refusal/decision from the Parent/Carer not to provide a plan and keep a copy of this on the child's enrolment file for record keeping.

RISK MINIMISATION PLANS

3.32 Services (in collaboration with Parents/Carers) should complete individual Risk Minimisation Plans for children in the care of CCCS in accordance with Regulation 90 (Education and Care National Regulations); that is for children with diagnosed medical conditions including but not limited to asthma, anaphylaxis etc. However, Risk Minimisation Plans can also be developed for children without a diagnosed medical condition, if there is an identified need for the implementation of risk minimisation practices at the Service.

3.33 A Risk Minimisation Plan is to be implemented for any situation requiring a Medical Management Plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition. Risk Minimisation Plans can be and should be developed for children who don't have/don't require a Medical Management Plan if there is an identified need for the implementation of risk minimisation practices relating to a child. Additionally, a Risk-Minimisation Plan is required to be developed in consultation with the Parents /Carers of a child-

- to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
- if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
- if relevant, to ensure that practices and procedures to ensure that the Parents/Carers are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
- to ensure that practices and procedures requiring that all staff members and volunteers to identify the child, the child's Medical Management Plan (if provided) and the location of the child's medication are developed and implemented; and
- to ensure that practices and procedures ensuring that the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented

3.34 Services will utilise the CCCS CH FORM Risk Minimisation Plan form –

- For the management of medical conditions including but not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
- When a Parent/Carer provides a Medical Management Plan
- When a Parent provides an ‘action plan’ to the Service
- Following notification in a child’s enrolment forms of a diagnosed medical condition
- Following the provision of a Medical Management Plan or verbal or written notification that the child has been provided with a Medical Management Plan
- Upon request to administer medication by a Parent/Carer (for prescribed medication and/or over the counter medication)

3.35 Services are required to implement practices that ensure all staff members and volunteers can identify children with risk minimisation plans/medical conditions/medication requirements. It is recommended the risk minimisation plan is displayed in the relevant room the child occupies whilst ensuring confidentiality is maintained.

3.36 Completed CCCS CH FORM Risk Minimisation Plan(s) are to be reviewed and updated as required at periods no greater than annually. It is a requirement that a new Risk Minimisation Plan should be developed for a new enrolment year.

FORMS

3.37 Services will maintain the following completed forms (when required)-

- CCCS CH FORM Medication Administration [*for all prescribed and non-prescribed medication administered at the Service*] (contained within the CCCS CH FORM Medication Record)
- CCCS CH FORM Authorisation to Administer Medication (contained within the CCCS CH FORM Medication Record)
- CCCS CH FORM Medication Record
- CCCS CH FORM Risk Minimisation Plan

SERVICE COMMUNICATION PLAN

3.38 CCCS Services will implement a communications plan for all Parents/Carers by reviewing enrolment forms and consulting with Parents/Carers to -

- Identify children in the care of CCCS with a medical condition
- Provide Parents/Carers a copy of the CCCS CH POL Medical Conditions Policy
- Ascertain and implement a Medical Management Plan provided by a registered practitioner
- Identify children in the care of CCCS who require medication and for whom authorisation to administer medication is required to be provided by a Parent/Carer
- To develop Risk Minimisation Plans specific and individual to the child
- Request Parents/Carers regularly attend and/or communicate in writing to the Service any changes to the medical conditions/medications requirements for their child and update the risk minimisation plan accordingly
- Communicate internally to all staff members the individual needs of children in the Service

STORAGE OF MEDICATION

3.39 Services will safely store all medications (prescribed and/or non-prescribed medication) provided by Parents/Carers that may require administration, in a manner that is inaccessible to children. The location of medications must be known, supervised and accessible to all staff members trained to administer; and stored in accordance with the manufacturers requirements/labelling.

3.40 Services are required to ensure medications provided by Parents/Carer are within date, *labelled* and advise Parents/Carers when the medication is approaching expiry and request replacement.

MEDICATION TO BE AVAILABLE

3.41 Services are required to monitor that children for whom a Parent/Carers has requested that medication been administered to their child, do not attend the Service without the medication and/or that sufficient quantity of medication has been provided to the Service by the Parent/Carer. Service staff should undertake to remind the Parent/Carer when additional/replacement medication is required.

3.42 Should a child require medication in an emergency and the Parent/Carers has not provided the medication or it has expired, the Service will immediately contact the emergency services or a register medical practitioner for advice and/or direction.

UNUSED MEDICATION

3.43 Services must ensure that all unused medication is returned to the Parent/Carer upon collection of the child; or if agreement has been reached to retain the medication at the Service, it shall be returned when expired or when no longer required (i.e. child no longer requires the medication or has departed the care of CCCS).

PARENT/CARERS

3.44 Parents/Carers are requested to -

- Respect that Services are not obligated to adhere to a request from a Parent/Carer to administer medication
- Adhere to the CCCS CH POL Medical Conditions Policy
- Hand over medication in person to a staff member on arrival at the Service
- Ensure all medication provided to a Service is *labelled* and where relevant, in its original packaging
- Inform the Service if their child has a diagnosed medical condition(s)
- Provide a Medical Management Plan for their child if they have a diagnosed medical condition (including but not limited to asthma and/or anaphylaxis)
- Provide an 'action plan' to the Service upon request (if this is not included in the Medical Management Plan)
- Assist CCCS to implement any Medical Management Plan provided by a medical practitioner via the completion of CCCS CH FORM Risk Minimisation Plan to develop plans specific and individual to their child
- Assist with the completion of CCCS CH FORM Risk Minimisation Plan as required by CCCS
- Provide a completed CCCS CH Form Authorisation to Administer Medication form (contained within the CCCS CH FORM Medication Record) as required by this policy for all prescription and non-prescription medication

- Respect the right of a Director/Coordinator to request a pharmacist/chemist label be placed on non-prescription medication at their discretion
- Communicate any changes to the medical conditions/medications requirements for their child and risk minimisation plan
- Provide in writing any request for a child (over preschool age) to be responsible for self-administering medication. This request requires the Parent/Carer to identify the guidelines and procedure for self-administration including storage location of medication, where and how it is to be administered and a completed the CCCS CH Form Authorisation to Administer Medication (contained within the CCCS CH FORM Medication Record). This request may also require the completion of a risk minimisation plan (CCCS CH FORM Risk Minimisation Plan). Consideration must be given by the Service in these instances to the risks approval may pose to others in the Service and generally it is not permitted that a child may carry the medication on their person.
- Acknowledge that any completed CCCS CH FORM Risk Minimisation Plan(s) is to be reviewed and updated as required at periods no greater than annually. It is a requirement that a new Risk Minimisation Plan should be developed for a new enrolment year.

4. SUPPORTING DOCUMENTS COMPLIANCE

4.1 CCCS CH FORM Medication Administration (contained within the CCCS CH FORM Medication Record)

4.2 CCCS CH FORM Authorisation to Administer Medication (contained within the CCCS CH FORM Medication Record)

4.3 CCCS CH FORM Medication Record

4.4 CCCS CH FORM Risk Minimisation Plan

5. COMPLIANCE

5.1 Non-compliance with CCCS policies and procedures may result in further action in accordance with the CCCS Staff Separation, Counselling & Discipline Policy and relevant Centacare/AOB policies.

6. IMPLEMENTATION

6.1 CCCS will display this policy/procedure on the Archdiocesan Intranet (AI).

6.2 Area Supervisors and Directors/Coordinators are responsible for ensuring the appropriate communication of policies/procedures and supporting documents to staff members and Parents/Carers.

6.3 All staff members are responsible for understanding and complying with this policy/procedure.

7. DEFINITIONS

Staff Member	In relation to an education and care service, means any individual (other than a volunteer) employed, appointed or engaged to work in or as part of an education and care service, whether as an Educator Director/Coordinator Nominated Supervisor; Or otherwise.
Educator	Educator means an individual who provides education and care for children as part of an education and care service.
Medication	Medication means medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. The Therapeutic Goods Act provides the following definition of medicine – <i>medicine means: (a) therapeutic goods (other than biologicals) that are represented to achieve, or are likely to achieve, their principal intended action by pharmacological, chemical, immunological or metabolic means in or on the body of a human; and (b) any other therapeutic goods declared by the Secretary, for the purpose of the definition of therapeutic device, not to be therapeutic devices.</i>
Responsible Person	A Responsible Person is - <ul style="list-style-type: none"> • The Approved Provider, or • A person with management or control, or • A Nominated Supervisor, or • A Person in Day to Day Charge of a Service (PIDTDC)
Nominated Supervisor	Workers who have consented to the nomination by the Approved Provider to take on the responsibility and obligations under the National Law and National Regulations to manage a Kindergarten, Long day care, Outside school hours care Service.
Person in Day to Day charge (PIDTDC)	The PIDTDC is placed in day-to-day charge by the Approved Provider or a Nominated Supervisor of the education and care service; and the person consents to the placement in writing.
Approved Provider	Approved Provider is a person who holds a provider approval. A provider approval authorises a person to apply for one or more service approvals and is valid in all jurisdictions.

8. RECORD KEEPING

8.1 CCCS will maintain all records as required by AOB and Centacare policies and procedures relating to record keeping.

8.2 All CCCS Services are required to maintain all records in their Service folder on the L:\\ drive.

8.3 All CCCS Services will adhere to Division 3 – Information and Record Keeping Requirements, Education and Care Services National Regulations; specifically Subdivision 4 – Confidentiality and Storage of Records (181, 182, 183, 184).

8.4 CCCS will ensure all privacy provisions are implemented in relation to record keeping in accordance with the Archdiocese of Brisbane (AOB) privacy statement and AOB privacy policy available on the AI portal this extends to storing records in a secure and confidential manner.

8.5 Service records will be maintained (stored and preserved) in conditions suitable to the length of time they need to be kept and made available for use. This applies regardless of the format of the records or the media they are stored on.

8.6 CCCS will coordinate the removal, archiving and disposal of records as required.