



MEDICAL CONDITIONS AND ADMINISTRATION OF MEDICATION PROCEDURE (FDC)

Document Number	EYL-FDC-04-13-PROD		
Document Hierarchy	Operational Procedure		
Business Division Owner	Education Youth and Leisure		
Document Owner	Executive Manager EYL		
This Version	Approved By	Date Approved	Date Effective
v4.0	EM EYL	27/02/2024	27/02/2024
Document Due for Review: 27/02/2027			



MEDICAL CONDITIONS AND ADMINISTRATION OF MEDICATIONS PROCEDURE FDC

1.0 PURPOSE

This procedure sets out the steps for safe, supportive, and effective management of medical conditions and administration of medication for children attending Y WA Family Day Care (FDC) services.

This procedure should be read in conjunctions with *The Y WA Medical Conditions and Administration of Medication Policy and Procedures ELC OSHC FDC*.

The Y WA has a legal and moral obligation to ensure that the ongoing or preventative health needs of individual children and young people are met and supported. The Y WA acknowledges that this responsibility is shared with families, and FDC Educators.

2.0 SCOPE

This procedure applies to Y WA People including FDC educators, relief FDC relief educators, FDC assistants, FDC service staff members, FDC family members, regular visitors, students, parents, children (including visiting children) and volunteers.

3.0 ROLES AND RESPONSIBILITIES

Role	Responsibility
FDC Educator	Displaying the <i>Medical Management (Action) Plan</i> in a private area that is easily accessible to Y People. Displaying a notice in the entry to the premise if there is a child at risk of anaphylaxis. Communicating with the Parent about the child's medical condition and the Y WA policy and procedures.

Parent	<p>Provide a <i>Medical Management (Action) Plan</i> signed by a medical practitioner prior to the commencement of care Provide authorisation to administer medication for every day that their child requires medication.</p> <p>Advise the FDC of any medication being given to the child or young person at home, its purpose, and any possible side effects it may have for the child.</p> <p>If their child is diagnosed at risk of anaphylaxis, providing a working, in date, adrenaline auto-injection device every time their child attends.</p> <p>Providing in-date, labelled, medication and any additional medical essentials whenever their child is in care.</p>
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4.0 ENROLMENT

The FDC Educator must provide a copy of the Y WA FDC Service's *Medical Conditions Policy* and *Procedures* to the parent at time of enrolment.

A parent seeking enrolment of a child who has a known medical condition, allergy, or other health care need is required to provide Y WA and the FDC Educator with a *Medical Management (Action) Plan* from their child's medical practitioner.

Children will not be accepted into the FDC Educator's service if the FDC Educator or the service believe the medical needs of a child cannot be met or that medication cannot be administered correctly. Care will not be provided and where possible the family will be referred to another service.

The FDC Educator must follow the *Medical Management (Action) Plan* and *Risk Minimisation and Communication Plan* which includes plans for emergencies and communications.

5.0 MEDICAL MANAGEMENT (ACTION) PLAN

The *Medical Management (Action) Plan* will provide details of:

- the medical condition of the child,
- correct dosage, timing, and name of any prescribed medication
- any other treatment
- how the condition is to be managed in an emergency.

The FDC Educator will inform the FDC Service Staff, FDC assistants and volunteers of the requirements within the *Medical Management (Action) Plan* and *Risk Minimisation and Communication Plan*.

In the case of *Risk Management Plans* for any chronic medical condition it is the FDC Educator's responsibility to ensure they:

- Facilitate communication with the parent, so parents can communicate any changes to the *Medical Management (Action) Plan* and *Risk Minimisation and Communication Plan* for the child.
- Assess and minimise any risks relating to the child's specific health care need or medical condition.
- Where relevant, ensure that practices and procedures in relation to the safe handling, preparation, consumption, and service of food are developed and implemented.
- Can identify the child.
- Know the location of the child's *Risk Minimisation and Communication Plan* and medication.

The parent is required to inform the FDC Educator of any changes to their child's restrictions and provide an updated management medical plan from their medical practitioner.

6.0 ADMINISTERING MEDICATIONS

Medication must never be put into a baby's bottle or drinking cup/bottle, or food.

Where the medication requires administration via other than an oral or topical application, only those FDC Educators who have received specific instruction from a

health care professional and feel confident with the procedure, will administer the medication.

The FDC Educator reserves the right to contact a health care professional or investigate further training if they are unsure about administering medication to a child.

Where specific training is required to administer medication, and the FDC Educator is prepared to undertake the training, any training costs incurred will be borne by the child's parent.

The first dose, at least, of a prescribed medication must have been given or applied to the child by the parent at home at least 24 hours before attending the service. The parent should be able to confirm that the child will not have an unexpected reaction to a prescribed medication.

In FDC settings, where there is only one Educator, there is no requirement for a second adult to check the administration of medication. Medication may be administered by one FDC Educator who holds a current First Aid Certificate, who is trained as necessary, and where the parent has completed and signed the *Authorisation of Medication Form* (Attachment 1).

After the medication has been administered the FDC Educator will complete the following details on the *Administration of Medication Form* (Attachment 3) – date, time, dosage, medication given, person who administered, and that they checked right medication, right dosage, right time/date and right method of administration, right child.

7.0 Self-Administration

Medication must not be self-administered by an enrolled child who is pre-school aged or younger without direct supervision of the FDC Educator, except in the case of a non-prescription asthma inhaler, where the service has received a medical practitioner's letter, advising of the need for the child to carry the inhaler.

With parental authorisation, the FDC Educator will support the self-administration of medication for children over pre-school age.

An Authorisation of Medication Form (Attachment 1) must be completed by the parent prior to any medication being administered to, or self-administered, by the child or young person.

8.0 Exception to Authorisation

Medication can be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency. Emergency services will be contacted immediately. The parent of the child or young person and the FDC Coordinator or Manager must be notified as soon as practicable.

9.0 MEDICATION

Medication must be given directly to the FDC Educator by the parent and not left in the child's bag or locker.

A child cannot attend the FDC if the child's required medication is not available.

10.0 Storing Medication

All medication will be stored with the *Medical Management Plan*, and in accordance with the medication's requirements, safely out of reach of children, but readily accessible to the FDC Educator.

11.0 Prescription Medication

Prescribed medication will only be administered by the FDC Educator if:

- it is in its original, labelled, container, bearing the pharmacist's original dispensing label,
- it is prescribed by a medical practitioner for the child, and
- has the original pharmacist's dispensing label, with the name of the child, the dosage to be given and is within the expiry and use by date, or
- there is a letter from the child's medical practitioner, detailing the child's name, name of medication, dosage, frequency, the way it is to be administered, date of dispensing including how long the medication is to be administered and expiry date, and
- the parent has completed and signed a *Medication Authorisation Form* for the day on which the medication is to be administered.

The child must have had first or at least one dose 24 hours before attending the FDC.

The parent should be able to confirm that the child will not have an unexpected reaction to a prescribed medication.

12.0 Over-the-counter Medications

Any kind of medication including but not limited to cough mixtures, teething gel, eye or ear drops, medicated creams, or herbal remedies will only be given/applied if accompanied by clear written instructions from the child's medical practitioner.

All non-prescribed medication (e.g., Paracetamol, nappy cream) will only be administered for one day in one week.

If a child needs the medication for longer than one day, the parent must provide a medical practitioner's letter confirming that the over-the-counter medicine can continue to be administered for a specified length of time.

The medication must be authorised by the parent and be

- appropriate for the child's age,
- in the original container with the original label,
- have clear dosage instructions, and
- not be expired or after the use by date.

13.0 Ointments and Creams

The FDC Educator will ensure the following items are available for enrolled children: ointments, creams and applications used at the service, such as sunscreen, insect repellent and nappy rash cream.

A parent may substitute their preferred brand of cream or application by making a request in writing and providing the substitute at their own expense.

The FDC Educator will only administer to recommended instructions on the label.

The FDC Educator will not apply ointment, cream, applications, or nappy rash cream to children whose parents have not provided appropriate authorisation.

14.0 Multiple Medications

Where a child is unwell to the point of needing more than one medication, that child will be deemed unfit for childcare, unless the parent provides a medical practitioner's

Clearance Certificate stating the child is “fit for childcare and will not jeopardise the health of other children or the FDC Educator”.

Children on regular drugs for chronic conditions e.g. insulin, anti-epileptic medications etc. may be prescribed more than one medication and be deemed fit for childcare.

15.0 RECORD KEEPING

The *Y WA Incident Injury Trauma and Illness Record form* must be kept by the FDC Educator until the child is 25 years of age or handed over to the Y WA on winding-up of business.

If the FDC Educator leaves the service or ceases to operate, the medical records must be sent to the Y WA at least 5 business days before ceasing operation.

16.0 Authorisation of Medication

The parent must complete the *Authorisation of Medication Form* (Attachment 1).

Any medication administered must be recorded by the FDC Educator on the *Medication Administration Record* (Attachment 3) and signed by the parent.

17.0 FEEDBACK

See details in *The Y WA Managing Medical Conditions and Administration of Medication Policy*.

18.0 SUPPORTING PROCEDURES, POLICIES AND OTHER DOCUMENTS

See details in *The Y WA Managing Medical Conditions and Administration of Medication Policy*.

MEDICAL CONDITIONS

1. ALLERGY

children with allergies require a Risk Minimisation and Communication Plan and a *Medical Management (Action) Plan* containing information from their medical practitioner which

- explains the allergen,
- what the child's reaction is likely to be, and
- what action staff should take if an allergic reaction occurs.

If a child enrolled has a diagnosed allergy the parent will be required to provide a *Medical Management (Action) Plan* signed by a medical practitioner prior to commencement of care.

1.1 Communication

The Responsible Person will ensure the *Medical Management (Action) Plan* is displayed in a private area which easily accessible.

The Responsible Person will advise assistants, volunteers and students of the requirements of the *Medical Management (Action) Plan*.

1.2 Excursion Requirements

When an enrolled child diagnosed with an allergy is attending an excursion the responsible person will ensure the relevant medication and management plan is transported with the child.

1.3 Managing an Allergic Reaction

If an enrolled child, diagnosed with an allergy, has an allergic reaction the suitably qualified Family Day Care Educator will

- follow the Medical Management (Action) Plan and
- implement immediate first aid
- stay with the child at all times
- notify the parent of the child's condition
- continue to monitor the child's condition and administer treatment according to the Medical Management (Action) Plan

- contact the FDC Service and follow the *Critical Incident Reporting Procedure*

2. ANAPHYLAXIS

2.1 Communication

All precautions are taken to ensure that children are safe. This involves effective communication between families and staff on which foods the child can have or has been exposed to.

If an enrolled child is diagnosed at risk of Anaphylaxis the Family Day Care Educator and service will ensure a notice is displayed prominently in the main entrance stating an enrolled child is at risk of Anaphylaxis.

The parent of the child or young person can communicate any changes to the medical management plan and risk minimisation plan for the child by speaking with or emailing the Educator.

The parent will be provided with the Medical Conditions and Medications Policy and Procedure.

2.2 Adrenaline Auto-injection Device

The parent is responsible for

- providing an adrenaline auto-injection device any time their child attends FDC.
- transporting the device to and from the Responsible Person at the service.

The adrenaline auto-injection device will be stored at the FDC in a location that is known to all staff and easily accessible to adults but inaccessible to children,

- away from direct sources of heat.
- with a copy of the Medical Management (Action) Plan for each child at risk of anaphylaxis.

2.3 Managing and Anaphylactic Reaction

In the event of an enrolled child diagnosed at risk of Anaphylaxis experiencing an allergic/anaphylactic reaction, the Family Day Care Educator trained in Anaphylaxis Management will

- follow the Medical Management (Action) Plan and immediately implement First Aid.
- stay with the child at all times.
- immediately call an ambulance (dial 000).
- The Family Day Care Educator will contact
- the child's parent or emergency contact,
- the service per the Critical Incident Reporting Procedure.

2.4 Excursion and Regular Journey Requirements

When an enrolled child at risk of Anaphylaxis is attending an excursion or a regular journey the Family Day Care Educator will be required to transport the adrenaline auto-injection device and *Medical Management (Action) Plan*.

3. ASTHMA MANAGEMENT

3.1 Communication

The parent will be required to provide an *Asthma Medical Management (Action) Plan* signed by a medical practitioner. It is the parent's responsibility to ensure the correct medication is available for the child whenever they attend the FDC.

The child's medication will be stored by appropriately with the *Medical Management (Action) Plan* by the Family Day Care Educator in accordance with the Medication Procedure.

A Risk Management Minimisation and Communication Plan is to be completed by the Family Day Care Educator in conjunction with the parent/guardian.

The Family Day Care Educator will forward a copy of the *Medical Management (Action) Plan Risk Minimisation and Communication Plan* to the service and advise assistants, volunteers and students of the requirements of the *Medical Management (Action) Plan*.

1.1 3.2 Asthma Excursion Requirements

When an enrolled child diagnosed with Asthma is attending an excursion the Family Day Care Educator will ensure the relevant medication and management plan is transported with the child.

3.3 Managing an Asthma Attack

If an enrolled child has an asthma attack, the suitably qualified Family Day Care Educator trained in Asthma Management will follow the *Medical Management (Action) Plan* and

- implement immediate first aid
- administer treatment as per the asthma management plan
- Always stay with the child
- continue to monitor the child's condition
- call an ambulance (dial 000) immediately as indicated on the medical management (Action) plan
- notify the parent of the child's condition
- contact the Y WA FDC Service per the Critical Incident Reporting Procedure.
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4. DIABETES MANAGEMENT

4.1 Communication

The Family Day Care Educator will:

- Meet with parents prior to the commencement of care to discuss how the child's diabetes is managed at home.
- Complete a Medical Management (Action) Plan and Risk Management Minimisation and Communication Plan in collaboration with parents.
- Forward to the CS Senior Management Team copies of the Medical Management (Action) Plan and Risk Minimisation and Communication Plan.
- Advise assistants, volunteers and students of the requirements of the Medical Management (Action) Plan.

parents are required to provide a *Medical Management (Action) Plan* signed by a medical practitioner prior to the commencement of care of a child diagnosed with diabetes. This will include all information on how to manage the child's diabetes on a day-to-day basis as well as the emergency management of the child's medical condition. Information should include:

- blood glucose testing - BG meter and acceptable levels
- insulin administration
- food, carbohydrate counting
- timing of meals and snacks
- how to store insulin correctly
- how the insulin is delivered to the child - as an injection or via an insulin pump/ Continuous Glucose Monitoring CGM
- oral medicine the child may be prescribed
- managing diabetes during physical activities and excursions
- how to treat the child for High and Low BGL
- when to call an ambulance
- How the parent will communicate information about the child's condition and recent circumstances and any changes.

4.2 Diabetes Medication

The parent supplies all necessary blood glucose monitoring and management equipment, and any prescribed medications prior to the child's enrolment.

The parent is to ensure that there are emergency foods or drinks available with the child's medications.

4.3 Managing High and Low Blood Glucose Levels (BGL)

The child's *Medical Management (Action) Plan* must always be consulted first.

A diabetic emergency may result from too much or too little insulin in the bloodstream.

Mealtimes, drinks and foods consumed should be observed along with levels of activity and mood.

4.3.1 Low blood glucose level (BGL) – hypoglycaemia

Low blood sugar is usually due to excessive insulin. Some contributing factors might include:

- too much insulin or other medication
- not having eaten enough carbohydrate or other correct food
- missing or delaying a meal or snack
- exertion, unaccustomed or unplanned physical exercise

- the child or young person being more stressed or excited than usual
- If a child is wearing a Continuous Glucose Monitoring (CGM) device, it will sound an alert when they are below their target range.
- Consult the child's Medical Management (Action) Plan.
- Seek Medical advice (Call 000) if the child does not respond or symptoms worsen.

4.3.2 High blood glucose level (BGL) – hyperglycaemia

- Hyperglycaemia is usually due to insufficient insulin.
- Follow the child's Medical Management Action Plan
- Provide adult supervision at all times .
- If the child does not respond to steps within the Medical Management Action Plan, dial 000 ambulance.
- Do not put anything in the mouth of an unconscious child.
- Continue first aid measures and follow instructions provided by emergency services.
- Contact the parent as soon as practicable.
- Notify the FDC Service Staff who will follow reporting procedures and contact the regulatory authority within 24 hours.

3.4 Excursions

When an enrolled child diagnosed with diabetes is attending an excursion, or any event outside the service, the FDC Educator or Responsible Person will ensure the appropriate monitoring equipment, any prescribed medication, and a copy of the diabetes *Medical Management (Action) Plan* are transported with the child.

5. CHRONIC CONDITIONS (ONGOING)

For medical conditions such as Asthma, Anaphylaxis or Diabetes please refer to the *Managing Medical Conditions Procedure*.

Where medication for treatment of long-term conditions such as epilepsy, or ADHD, or chronic medical condition is required, the parent is to provide a *Medical Management (Action) Plan*, and complete a *Risk Minimisation and Communication Plan* with the