



# East Adelaide School Out of School Hours Care

## Medical Conditions Policy.

East Adelaide School  
Out of School Hours Care

Last Review Oct 2021

Next Review: Oct 2024

### 1. Background

Effective management of medical conditions is heavily reliant on good communication with families. Services have a responsibility to share information with families in relation to medical conditions and medication. *Health Support Planning in Education and Children’s Services* is a reference point and educators must undertake only those procedures and support in which they have current training. Children who attend OSHC services are frequently able to self-medicate and manage medical conditions and, where possible, carers should encourage and support this.

### 2. Policy/Regulation

<u>Regulations</u>	<u>National Quality Standard</u>	<u>Other Policies / Service Documentation</u>	<u>Other Legislations / Guidelines</u>
<u>168</u> <u>90-96</u> <u>162</u>	2	Enrolment Form Excursion Policy	Health Support Planning in Education and Children’s Services

### 3. Definitions

- ACECQA Australian Children’s Education and Care Quality Authority
- DfE Department for Education
- My Time, Our Place Framework for School Aged Care in Australia
- Responsible Person (RP) Educator with Leadership at the service.

### 4. Policy Statement on Medical Conditions

East Adelaide OSHC service staff will assist children to manage medical conditions and assist with medication. Medication must be prescribed by a doctor and have the original label detailing the child’s name, required dosage and storage requirements and be accompanied by a medical plan.

#### 4.1 Medical Conditions:

Medical conditions (include asthma, diabetes and the diagnosis of a child at risk of anaphylaxis) should be included on the enrolment form and discussed as part of the enrolment interview process with family. The service should receive a medical management plan to ensure that the educators and other staff are informed of the required procedures and understand that the plan must be followed by providing regular



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interventions as detailed (eg blood glucose monitoring) or emergency first aid as described in the event of an incident involving a child.

The service will:

- Set up a process for informing all staff (including volunteers) of the needs of individual children and the agreed management practice. This must be done in a way that protects the rights and dignity of the child.
- Undertake a risk assessment to identify what will be needed to support the inclusion of children with medical conditions. Family input should be sought.
- Implement identified strategies and processes to support children with identified health care needs.
- Implement practices to ensure that families are kept fully informed.

### 4.2 Medication:

The Director is responsible for all medication kept onsite and must ensure they are within date at all times. RP's, Assistant Director and Director are responsible for ensuring that any administration of medication is witnessed and noted.

**All** medication that is required should be given to a Responsible Person at OSHC at the **start** of each session to be kept safe in a medication cupboard in case of emergency. Children who are able to self-administer medication must collect their medication as they go home. Children must be supervised whilst receiving or self-administering any medication as well as a RP noting the sequence of events.

When medication is required for the treatment of conditions of complaints such as asthma, epilepsy or ADHD, the service will require a letter from the child's medical practitioner or specialist detailing the medical condition of the child, the correct dosage and how the condition is to be managed. This can be requested for over the counter medications as well as prescription only medication. If a medical authority is not provided, staff should have written instructions from the parent/guardian (recommended in cases of short-term medication only). In all cases, the instructions must match those on the pharmacy label.

If children are receiving medication at home but not at the service, it is recommended that the service be advised on the nature of the medication, it's purpose and of any possible side-effects it may have on the child.

The service always keeps 2 generic EpiPen's as well as generic asthma kits on site in the case of emergency.



### **4.3 Storage:**

- When educators are to assist with a child's medication, the medication should be given directly to the a Responsible Person (RP) or the director, not left in the child's bag or locker
- Medications must be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Some families supply thermal carry packs to maintain safe temperature storage and for ease of transport on excursions.
- Medication must be within the expiry date and delivered to educators as a daily supply (or a week's supply at the most). This might require the family to organise a separate labelled container from the pharmacy for safe storage at home.
- Storage should be secure with clear labelling and access limited to the educators responsible for medication storage and supervision.

### **4.4 Supervision of Medication**

Everyone supervising medication needs to ensure that:

- The right child
- Has the right medication
- And the right dose
- By the right route (eg oral or inhaled)
- At the right time, and that they
- Record the details on the service's Request to Administer Prescribed Medication Form

A child should not have his/her first dose of a new medication while attending the service. The child should be supervised by family or a health professional in case of an allergic reaction.

In South Australia, medication for the treatment of an asthma emergency by a bronchodilator (eg Ventolin) can be administered without written authority. The use of a bronchodilator is considered a standard first aid response. Educators must be trained in asthma emergency first aid before administering a bronchodilator (eg Ventolin) via a puffer.

The use of an auto injector for the treatment of an anaphylaxis emergency requires an anaphylaxis plan and prescribed auto injector or general emergency auto injector.

It is strongly recommended that staff administering medication undertake medication management training.



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### 4.5 Self-management of medication:

Services should have an explicit procedure about medication carried and self-managed by children. This should include:

- The provision of a written medical authority (and clear direction from the family and doctor that the child is able to self-manage)
- The requirement that medication be in the original pharmacy labelled container.
- The medication is stored according to the manufacturer's instructions.
- Limitations on the quantity brought to the service (daily requirement preferred)
- The option for the service to stop children storing their own medication should there be any concern about the safety of the individual or others on site.
- An understanding that if staff members observe a child apparently self-medicating, they can sensitively and privately ask to see the original pharmacy container and check with the parent/guardian.
- The responsibility of all people on site to respect others' medication and to keep one's own medication secure to minimise the risk to others.

### 4.6 Medication Error:

If a child takes the wrong medication, the wrong amount of medication, or takes medication via the wrong route, the following steps should be followed:

- Ring the Poisons Information Centre 13 11 26 and give details of the incident and the child.
- Act immediately upon advice given (eg if advised to call an ambulance) and notify the child's emergency contact person.
- Document your actions.
- Generally, the employer will require completion of a critical incident report and an accident and injury report form.

### 4.7 Allergies:

Where a child has a known allergy, it should be recorded on the enrolment form and all staff made aware of it. Where an allergy requires specific medication or treatment, there must be a current medication plan for the child in accordance with the requirements set out in Health Support Planning in Education and Children's Services.

It is the responsibility of the service to minimise the risk of exposure to an allergen. Food-safe practices need to address any identified food allergies.



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## 5. References

1. Health Support Planning in Education and Children's Services at <https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning/managing-health-education-and-care/health-support#health-support-planning-in-education-and-care>
2. Department for Education, Anaphylaxis and Severe Allergies at <https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning/managing-health-education-and-care/physical-health/anaphylaxis-and-severe-allergies>
3. Department for Education, Anaphylaxis Guidelines for Schools at: <https://www.education.sa.gov.au/doc/anaphylaxis-and-severe-allergies-education-and-care-procedure>
4. ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, Preschools and Childcare at <https://www.allergy.org.au/hp/papers/prevent-anaphylaxis-in-schools-childcare>