

### **DEALING WITH MEDICAL CONDITIONS NQS 2.1.1 Regulation 168 (2) (d) Version 1.11**

Keithcot Farm Children's Centre is responsible for maintaining a safe and hygienic environment for families, children and staff, including preventing the spread of infection. This responsibility extends to ensuring that children attending the Children's Centre are healthy and therefore able to engage in appropriate play based experiences. Children who are unwell can quickly become unsettled and unhappy. Educators are not qualified to care for sick children and are not responsible for administering medication unless under the authority of a Medication Plan filled out by a Health Practitioner. If symptoms occur while the child is at the Children's Centre they will be documented on the 'Incident, Injury, Trauma and Illness' form and then this form will be kept in the child's file.

Parents / carers are asked to keep their mobile phone on / accessible at all times to ensure that they are contactable, and in the event of an illness or emergency, parents / carers will ensure that they or their child's nominated carer is able to collect the child.

### **COMMON COLDS**

Children with a common cold can still attend the Children's Centre. There are circumstances where the child will be excluded and these are:

- If the child becomes feverish or seems unwell and is not coping with the program
- If the nasal secretion is discoloured (thick and greenish) for several days.

A medical clearance certificate will be requested, with information regarding whether the discharge is infectious and if the child is fit to attend the Children's Centre.

### **VOMITING AND DIARRHOEA**

Children who are suffering from vomiting and / or diarrhoea should not attend the Children's Centre. Parents / guardians will be contacted and asked to collect their child within an hour from the Children's Centre if their child vomits and / or has diarrhoea. **The child will not be able to return to the Centre until all vomiting and / or diarrhoea has ceased for a period of at least 24 hours from the last episode, and the child is feeling well, as directed in 'Staying Healthy' 5<sup>th</sup> Edition.**

### **EYE / EAR DISCHARGE**

**Parents / guardians will be contacted if their child has a discharge from their eyes or ears and must collect their child within one hour as directed in 'Staying Healthy' 5<sup>th</sup> Edition.** A medical clearance certificate will be requested, with information regarding whether the discharge is infectious and if the child is fit to attend the Children's Centre.

### **CHILDREN WITH HIGH TEMPERATURE READINGS**

If an educator believes that a child's skin feels warm and / or clammy, or the child seems unwell, they will use a thermometer to gain an accurate reading of the child's temperature. The child's temperature will be taken by an electronic thermometer which is placed gently in the child's ear or an electronic forehead thermometer. An 'Incident, injury, trauma and illness record' will be completed to record details for a child with a high temperature, and the parent will be asked to sign it when collecting their child.

**Educators have been trained in First Aid and will perform only what they are trained to do.** Educators will use a tepid flannel to help reduce a high temperature, may undress the child to their underclothes, and offer water, but will not use a cold compress or bathing an infant due to the risk of febrile convulsions. Educators are not qualified to diagnose symptoms when a child shows signs of sickness, and therefore, they will not administer any non-prescribed medication e.g. paracetamol to reduce high temperatures. Referral to a Doctor will be recommended.

**If a child has a temperature above 38°C, the parents or emergency contact person/s, will be phoned and the educator will inform the parent or emergency contact person that they must make arrangements for the child to be collected within one hour.** If the child's temperature increases and s/he does not respond to the undressing to underclothes and the parent / guardian / emergency contacts have not arrived in an appropriate timeframe or they cannot be contacted at all, then the educator will phone the SA Ambulance Service for advice and / or transportation to the nearest hospital if required. Educators will make their decision regarding appropriate action to be taken, based on 'duty of care' and the best interest of the child's well-being, health and safety. If an educator is advised by the SA Ambulance Service to transport the child to hospital, the Centre will arrange this and costs will be incurred by the family.

## **MEDICATION**

**NO MEDICATION OF ANY TYPE WILL BE ADMINISTERED TO CHILDREN UNLESS AUTHORISED BY A DOCTOR AND ACCOMPANIED BY A WRITTEN MEDICATION PLAN.**

Emergency contact numbers will be displayed at all telephones e.g. Ambulance, Poisons Information Unit, Women's and Children's Hospital.

### **PRESCRIBED MEDICATION**

A written Medication Plan must be authorised by a Doctor and written on their surgery letterhead. A bottle / tube may be labelled by a Pharmacist, with the child's name, the dosage amount and the exact time to administer. Medication must be handed directly to an educator.

### **MEDICATION MUST NOT BE LEFT IN A CHILD'S BAG.**

### **ONGOING CONDITIONS**

Where medication is required for the treatment of long term conditions or complaints, such as Asthma, Epilepsy or Diabetes, the Children's Centre will require a Medication Plan from the child's medical practitioner or medical specialist detailing the medical condition of the child, the name and correct dosage of medication required and how the condition is to be managed. This should be reviewed annually. If a child's medication needs are irregular, the parent or carer is required to communicate directly with an Educator on arrival regarding their child's needs to ensure a consistent management approach. The Educator will record this information against the child's Medication Plan and ensure that other relevant Educators are aware of the child's needs for that particular day. In the case of children with chronic conditions that may be life threatening, alternative fast-acting oral medications, such as Ventolin for Asthma or an Epi-Pen for Anaphylaxis must be supplied by parents with the Medication Plan and then kept in a named snap-lock bag in the first aid cupboard. The enrolment form / medical forms completed by parents / guardians should disclose immediate measures to be taken in a life-threatening situation and educators will be informed of this at staff meetings or as appropriate. Children with ongoing health issues will have their photo, name and relevant information displayed on the outside of the first aid cupboard and in the Star Room. Children who are Anaphylactic, will also have their photo and Action plan displayed in the Staff room.

### **NON-PRESCRIPTION MEDICATION**

Non-prescription medications e.g. paracetamol, teething gel, anti-histamine, nappy cream etc. will not be administered by Educators unless supported by a written medication plan authorised by a Doctor and written on their surgery letterhead or a Pharmacist label specific to the child.

**Educators will not:**

- administer medication from a container that has another person's name on it
- administer medication that is past the "use by" date
- administer injections ( except for an Epi-Pen )
- perform any task deemed a medical procedure

**Educators will administer medication:**

- if the child's medical practitioner has completed a Medication Plan
- if the medication is prescribed by a doctor and has the original label detailing the child's name, required dosage, storage requirements and current date
- when it has been given directly to an educator and stored in the first aid cabinet or the fridge.
- after the educator has verified the correct dosage with another educator. After giving the medication, the educator will complete the necessary details on the Medication Day Sheet and have another educator co-sign it

**Parents will:**

- fill in the appropriate medication forms as requested by an educator
- not leave medication in a child's bag
- notify educators if children are taking any medication that may have possible side effects
- keep the Centre informed of any health and medical issues relating to their child
- ensure that they or their nominated carers are contactable at all times

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**TO BE REVIEWED:** July 2018

**SOURCED:** Adelaide Women's & Children's Hospital  
Staying Healthy in Child Care 2013  
"You've Got What?" Prevention and control of notifiable and other  
Infectious diseases in children and adults. 3<sup>rd</sup> Edition 2005  
Children's Services (Child Care) Regulations 1998  
CHESS Website: [www.chess.sa.edu.au](http://www.chess.sa.edu.au)  
Anaphylaxis Australia Website