Dealing with Medical Conditions Policy

It is the responsibility of the parents/caregivers to inform the kindergarten of any medical conditions during the enrolment interview or when the parent becomes aware of the condition.

Education and Care Services National Regulation 2011:
Regulation 168 (2) (d)
Related Key Regulations: 90, 91, 92, 93, 94, 95, 96, 162, 169

Links to the National Quality Standards:
National Quality Standard 2.1

Parent Responsibilities:
- It is the parent’s responsibility to get the appropriate plan completed by Medical Practitioners.
- If Medication is needed to be kept on the premises, Parents are responsible for supplying all MEDICATION including an asthma spacer – these are required to be kept at kindy at ALL TIMES.
- Supply the kindergarten with a copy of the plans which are kept with the children’s enrolment forms and a copy is also placed in the ‘Health support plans’ folder in the magazine rack on the kitchen bench and a copy is also keep in the container where their medication is stored in the cupboard next to the fridge.

Staff will:
- Complete a list of children’s allergies or Health needs. This is located on the door of the fridge. A picture of the child and medical condition and treatment is created for each individual and placed on the door of the cupboard, where the medication is kept.
- TRT staff, Volunteers and Students will be made aware of these children.
- Regularly check Medication for use by date and inform parents that the medication is out of date.

Child becoming ill or injured:
In the event of a child becoming ill or injured whilst at the centre, staff will make every effort to ensure the child is comforted and made comfortable. The appropriate first aid will be applied as deemed necessary, (by a trained staff member), according to the injury or sickness.
- For children suffering an Asthma attack, allergic reaction, Epileptic episode, or any other medical condition that is known to the staff, they will implement the child’s health care plan.
- Staff will follow ‘Incident, Injury, Trauma and Illness Policy’.
- If no further medical assistance is needed then the child may return to play.
- If non-emergency medical assistance is needed or the child needs to be taken
home, for monitoring, a staff member will contact parents or caregivers of the child, to explain the situation and request that the child be collected. If these persons can not be contacted, then the designated emergency contact person on the child’s enrolment form will be contacted. At no time will the child be left out of sight of a staff member. If no contact can be made with the child’s family, and the staff have assessed that the child’s health is deteriorating and/or requiring professional medical treatment, they will request an ambulance to transport the child to the nearest hospital. Staff will continue trying to make contact with the child’s family to inform them of the situation. If no contact can be made with the child’s family, and the staff have assessed that the child’s health is deteriorating and/or requiring professional medical treatment, they will request an ambulance to transport the child to the nearest hospital. Staff will continue trying to make contact with the child’s family to inform them of the situation.

- In the event of a child returning to the centre after an illness, (regardless of the length of time) staff will request that the child be fully recovered and rested thus ensuring the child is not stressed or likely to infect others. Please see ‘Dealing with Infectious Diseases Policy’
- Any child that needs medical assistance ON and OFF site will follow the ‘Incident, Injury, Trauma and Illness Policy’.

Administering Medication Procedures:
The following guidelines have been established for the administration of medication. Whenever, possible medication should be administered by a parent. If impossible it’s the parent’s responsibility to advise the preschool staff of any change to the medication such as the child’s dosage/medication along doctor’s new letter or medication plan signed by treating doctor.

Procedures
1. Prescribed Medication will be kept in the container with a copy of their medical plan, in the first aid cupboard.
2. No over the counter medication will be administered
3. Prescribed Medication will not be administered in any circumstances unless the following procedures are under taken: A Health Support Plan developed and signed by the treating doctor eg asthma and allergy plans. A doctor’s approval via a signed proforma—Medication Authority or letter for administering medication. Approval needs to state the medication name, dose, time and name of the child.
4. All prescribed medication must be in the original, correctly named and labelled container.
5. The treating teacher must get the medication dosage and the child ( to make sure it is the correct child) checked by another staff member. After Medication is administrated, the treating teacher completes the Medication log for that child. A medication log is created for all individual children and each type of medication. Both the treating teacher and the checking staff member must sign and date the log.

The Medication logs and Authorisation to administer medication forms are kept either in:
Children with Health Support plans: The logs are kept with their plans in the Individual Health support plans folder and a copy is also keep in the container where their medication is stored in the cupboard next to the fridge.
6: All copies of Medication Logs are archived in the children’s folder after they leave kindy.

All other Children: The logs are kept in the administering medication folder. Please refer to the CHESS website – Medication Procedures, if more information is needed.

Important: The kindergarten CAN’T GIVE the first dose of any new medication to a
This Policy has been developed by the Governing Council.
The policy will be reviewed and evaluated regularly by both the staff and Governing Council and modified as required to ensure continued relevance for the Centre. This policy has been developed by the Preschool director in consultation with staff and the Governing Council endorsed by the Governing Council on September 2014.
Chairperson …………………………………
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