



## MANAGEMENT OF ILL CHILDREN AND MEDICATION POLICY

### Introduction

The major focus for effective Management of Ill Children is to provide an environment that maintains high standards of hygiene and health practices. With the extra demands that ill children place on Educators, to help control the spread of infection, the service cannot be expected to provide care for ill children.

As Educators are familiar with and know how the children in their care look when they are healthy, they will be able to notice quickly when a child is ill or appears unwell. This way, the Educator will be able to act in a swift and appropriate manner for the health, safety and well-being of all persons.

### Goals - What are we going to do?

#### **Our care and education service will ensure:**

- Effective care and health management of ill children;
- Safe administration and documentation of medications;
- All Educators and Coordinators must hold a current first aid qualification, anaphylaxis and asthma management training; and
- Good hygiene habits are always adhered to, including teaching children and babies about when and how to wash their hands.

### Strategies - How will it be done?

#### **Nominated Supervisor will endeavour to:**

- Ensure that all children that require medication to be administered while in care, receive their medication according to the Education and Care Services National Regulations 90, 91, 92, 93, 94, 95 & 96 for administering medication;
- Ensure that Educators and Coordinators hold a current first aid qualification, anaphylaxis and asthma management training; and
- Complete the Medication Record and Authorisation (attachment # 1) or Medication Record and Authorisation (for continual use of one medication) (attachment # 2) required by statutory legislation.

### **Educators and staff will:**

- Ensure that all children that require medication to be administered while in care, receive their medication according to the Education and Care Services National Regulations 90, 91, 92, 93,94,95 & 96 for administering medication;
- **Ensure that no child is provided with child care, if they do not have their medication with them;**
- Complete the Medication Record and Authorisation required by statutory legislation in conjunction with the parent/guardian or authorised nominee, prior to administering medication. In some cases, the Educator may receive verbal authorisation from the parent/guardian or authorised nominee, in which case, follow the points as per the managing children that display illness whilst at the service section;
- Ensure that medication is in the original container, and if prescribed medication, it must have the name of the child on that container, expiry date and instructions for administration example: before meals, with food etc. and use by date;
- **Ensure that all medication (not only prescribed medication) is in the original container, and it must also be labelled, with the name of the child on the container, expiry date and instructions for administration and use by date. The label with the child's name displayed, must be from a Pharmacy and not just written by the parent;**
- Check that the dosage to be given is stated on the container and is the same dosage on the Medication Record and Authorisation record;
- Check that the time the medication is to be administered is consistent with the instructions on the medication container; and
- Ensure that the medication is stored out of reach of children in care and if it needs to be kept in the refrigerator that it is also out of reach of children in an appropriate childproof container.

### **General signs and symptoms of illness**

- Severe, persistent or prolonged coughing (child goes red or blue in the face, and makes a high – pitched croupy or whooping sound after coughing);
- Breathing trouble (particularly in babies under 6 months old);
- Yellowish skin or eyes. Conjunctivitis (tears, eyelid lining is red, irritated eyes, followed by swelling and discharge of pus from eyes);
- Unusual spots or rashes.
- Patch of infected skin (crusty skin or discharging yellow area of skin);
- Feverish appearance. Listless;
- Unusual behaviour (child is cranky or less active than usual, cries more than usual, seems uncomfortable or just seems unwell);
- Frequent scratching of the scalp or skin;
- Grey or very pale faeces;
- Unusually dark, tea-coloured urine;
- Sore throat or difficulty in swallowing;
- Headache, stiff neck;
- Vomiting. Loss of appetite;
- Diarrhoea (an increase in the frequency, runniness or volume of the faeces); and
- Mucus discharge from the nose (thick, green or bloody);

## Managing children that display illness whilst at the service

- Ensure that all children that display signs of illness whilst at the service are attended to immediately;
- Take action as per your first aid, anaphylaxis and asthma management training;
- Dial 000 if it is life threatening and perform CPR if required;
- Contact the parent/guardian or authorised nominee, to advise them of the child's illness;
- Arrange for the child to be collected and taken home if the child has a contagious illness or is too ill to participate in the Educators program;
- If the child is well enough to stay in care but requires medication (that the child has had before in care) gain verbal permission from the parent/guardian or authorised nominee to administer the medication. For example; panadol for fever, cream for a rash. The Educator MUST then complete the Medication Record and Authorisation documentation and gain a signature from the parent/guardian or authorised nominee as soon as possible thereafter;
- Asthma or anaphylaxis medication may be administered without an authorisation and notify the parent and / or emergency services (Reg 94); Thereafter, the Educator MUST complete the Medication Record and Authorisation documentation and gain a signature from the parent/guardian or authorised nominee as soon as possible;
- Calm and comfort the child. Separate the ill child from the other children *if possible* until the child is collected;
- The Educator will inform the person collecting the child of the child's current state of health and a timeframe or conditions that must occur before the child can return into care;
- Advise families that when children have commenced treatment with a medication the child should not attend care for at least 24 hours to ensure the child is recovering and is not having side effects from the medication;
- Educators must complete an Incident, Injury, Trauma and Illness Record ensuring that the parent/guardian or authorised nominee has signed the record to acknowledge that the Educator has informed them of the child's illness. Forward the Incident, Injury, Trauma and Illness Record to AFDC as per the Incident, Injury, Trauma and Illness Record Policy; and
- If the illness is confirmed as an 'Infectious Disease', refer to the Management of Infectious Diseases Policy.

## Clearance for a child to be in care

- When a child arrives at the service or during childcare and in the opinion of the Educator is unfit to be in care the parent/guardian or authorised nominee will be asked to take the child home; and
- If the Educator and family disagree about the child's health and ability to be in care, the Educator may request that the Family obtain a medical certificate from their doctor who specifically states the child is fit and well to attend Family Day Care.

## Documentation

- Educators must ensure that the Medication Record and Authorisation documentation is stored to ensure confidentiality of all persons involved;
- The Mediation Record and Authorisation records MUST be retained for 3 years after the child's last attendance (Reg 177c, 178c, 183.2d); and
- If an Educator leaves the service during this time the Mediation Record and Authorisation records must be given to AFDC for storage.

## Policy availability and review

This policy will be readily accessible to all staff, Educators, families and visitors, and ongoing feedback on this policy will be invited. Management, staff and Educators will monitor and review the effectiveness of this policy regularly. Updated information will be incorporated as needed.

## References

Education and Care Services National Law Act 2010:

<https://www.legislation.vic.gov.au/in-force/acts/education-and-care-services-national-law-act-2010/013>

Education and Care Services National Regulations:

<https://www.legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653>

Guide to the National Quality Framework - (NQS)

<https://www.acecqa.gov.au/national-quality-framework/guide-nqf>

Early Years Learning Framework - Belonging, Being and Becoming:

[www.acecqa.gov.au/sites/default/files/2023-01/EYLF-2022-V2.0.pdf](http://www.acecqa.gov.au/sites/default/files/2023-01/EYLF-2022-V2.0.pdf)

Framework for School Age Care – My Time Our Place.

[www.acecqa.gov.au/sites/default/files/2023-02/MTOP-2022-V2.0.pdf](http://www.acecqa.gov.au/sites/default/files/2023-02/MTOP-2022-V2.0.pdf)

Staying Healthy in Childcare – 5<sup>th</sup> addition

<https://www.nhmrc.gov.au/sites/default/files/documents/attachments/ch55-staying-healthy.pdf>

## ATTACHMENTS

- a. Medication Record and Authorisation
- b. Medication Record and Authorisation (for continual use of one medication)