Medications & Medical Conditions Policy

1. INTRODUCTION

To ensure that all relevant information regarding a child's medical condition is made available to LSA Camp staff. All staff working with children have knowledge of the required procedures surrounding those medical conditions, as well as staff being adequately trained to be able to manage medical conditions.

The processes are required in order to:

- Ensure adequate health and wellbeing of children
- Ensure that children are not at risk of harm or hazard
- Ensure that all staff working with children are adequately trained and informed
- Ensure that all required information is provided to the service in order to properly care for children

2. POLICY

Upon enrolment, it is the child's parents or nominated guardian's responsibility to ensure that children who attend the camp with a medical condition fully disclose this information on the enrolment form and throughout the enrolment process.
When a diagnosed medical condition is disclosed, it is the Nominated Supervisor's responsibility to ensure the following;

- All staff (including relief staff and volunteers) are familiar with all children diagnosed with medical conditions.
- Children with a specific health care need, allergy or relevant medical condition that requires a medical management plan, are provided the medical management plan by the parent or guardian upon enrolment or before first attending the camp.
- Children who require a medical management plan will not be able to stay at the camp if the plan is not available or is out of date (more than 12 months old).
- Colour photo identification of the child is provided with the medical management plan to assist staff in identifying the child.
- In the event of an incident relating to the specific health care need, staff will follow the child's individual medical management plan and will can an ambulance if symptoms accelerate or become life threatening.
- Where relevant, develop and implement local safe work practices to ensure that the child does not attend the camp without medication prescribed by the child's medical practitioner in relation to the child's specific health care need or medical condition
- Develop a communication plan to ensure that relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child
- Food that has been prepared for individual children due to dietary restrictions is prepared under current food health and safety regulations. This food will be cooked and served individually and where necessary, clearly labelled with the child's name.
- Upon completion of the required registration form, any child with a medical condition, allergy, or health care need must have all relevant materials submitted to the camp including:
    - Medical Management Plan (Allergies, Asthma and Anaphylaxis) with photo ID

- Risk Minimisation Plan
- Authority to provide medication (one form to be submitted per program and include all attendance dates)
- Details surrounding all other medication needs (ie. Ritalin for ADHD diagnosis)
- Any other relevant documentation on how to administer medication (where applicable)

- All staff must undertake relevant training prior to commencement of employment.
- All staff must familiarise themselves with all children with medical/health care needs.

Risk Minimisation Plans

In the case of Risk Minimisation Plans for any medical condition, it is the designated Camp Leader's responsibility to ensure they:

- include communication plans developed by the camp in consultation with the parent or guardian for those children diagnosed.
- 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
- identify and develop in consultation with the family, any safe work practices, procedures or strategies that can be implemented to minimise any risk of an incident occurring
- Ensure all staff members and volunteers can identify the child, the child's medical management plan, risk minimisation plan and the location of the child's medication
- Facilitate communication with the parents or guardian, so they can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.
- In the case of Anaphylaxis, the risk minimisation plan must include safe practices for food handling, preparation, food consumption, food sharing practices, hand washing and equipment cleaning, communication to parents regarding known allergies that pose a risk to the child, and strategies for minimisation and management of known risk.
- Ensure 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 applicable).
- Parents and guardians are required to inform staff of any changes to their child's restrictions and provide an updated anaphylaxis or other management medical plan from their doctor when applicable.

Medical conditions policy to be provided to parents

Life Skills & Adventures must ensure that a copy of the medical conditions policy document is provided/available to the parent or guardian of a child enrolled at a camp if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition, within a timely manner.

Asthma

It is the designated Camp Leader's responsibility to ensure all families with children who have been diagnosed with asthma:

- Provide the service with a current Asthma Action Plan as authorised (signed) by their General Practitioner.
- All asthma medication must be clearly labelled with the child's name including the child's spacer equipment (if applicable).
- Oversee the safe self-administration of their medication if over pre-school age and the required authorisations and practices are followed, in strict accordance with the *Administration of Medication Policy.*
- Keep a copy of the child's asthma action plan with the medication at all times. In an emergency evacuation, it will be taken by the staff to the evacuation point.
- If at any time a child does not respond to their asthma medication as per the child's individual asthma plan instructions, the emergency asthma procedure will be implemented immediately and parents will be notified.
- In the event of the emergency asthma procedure having no immediate effect an ambulance will be called.
- All asthma and other medication is kept in a clearly labelled medication container out of children's reach.
- Medication that needs refrigeration is kept in an appropriate fridge in a clearly labelled container.

Allergy Management

It is the designated Camp Leader's responsibility to ensure all families with children who havebeen diagnosed with an allergy;

- disclose on enrolment if there are any environmental or food intolerances and any allergic reaction signs and symptoms that they are aware of
- provide the camp with a current medical plan from their doctor outlining the nature of the allergy, any subsequent reaction identification information and first aid details required for an allergic reaction.
- All staff (including relief staff) are informed of individual children's requirements, copies of individual management plans are kept with the medication, on display in an appropriate staff area, and with the child's enrolment form for staff information.

If a child has an allergic reaction whilst at the camp, staff will follow the child's individual allergy action plan and will call an ambulance if symptoms accelerate or become life threatening.

Anaphylaxis Management

Anaphylaxis is the most serious form of allergic reaction and can be fatal. The designated Camp Leader or Person with Management or Control will ensure:

- All staff have undertaken anaphylaxis management training
- All staff (including relief staff) are informed of any children at risk from anaphylaxis. Photographic identification may be provided to enable clear identification of children at risk of anaphylaxis.
- The anaphylaxis management plans are kept; on display in an appropriate staff area, with the child's medication and with the child's enrolment form for staff information.
- Each child's individual Epipen or other Auto-injection device kit and anaphylaxis

management plan is located within the program area and is taken with the first aid kit on excursions and during emergency evacuation practices.

- Parents supply a current Epipen or other Auto-injection device for each camp. Where possible it remains at the camp at all times the child is at the camp. Parents are required to monitor the expiry date of the child's Epipen or other Auto-injection device and replace it prior to expiry.
- Children diagnosed at risk of anaphylaxis will not be able to stay at the camp if the Epipen or other Auto-injection device is not available or is out of date.
- Meet all other requirements as outlined in the Anaphylaxis policy

Diabetes

It is the designated Camp Leader's responsibility to ensure all families with children who have been diagnosed with diabetes:

- Provide the camp with a current (created no more than 12 months ago) medical plan, signed and authorised by the child's doctor. This must include any subsequent reaction, identification information and first aid details.
- When specific written authority has been provided by the parent or guardian or authorised nominee, the child may administer medication themselves. The child must do so under the requirements of the LSA Administration of Medication Policy.
- In an emergency, the child's Diabetes Management Plan will be followed and if symptoms accelerate an ambulance will be called.
- Camp Leaders will undertake education and training on management, sharps disposal and any handling of medication as deemed appropriate by LSA in collaboration with the child's family.
- The education and training may be provided by the parent or guardian of the child, if deemed appropriate. Any training will be documented and signed by all attending staff members and/or Management.
- In the event that no staff member is able to be present to confidently administer the insulin or other medication, arrangement will be made between the child's parents to ensure they are, or other nominated person permitted in writing, able to visit the camp at an agreed time to administer the medication. This may be a community nurse or other authorised person as per the enrolment form. The administration of medication form is required to still be completed in its entirety.

Required Documentation

- Families must comply with registration requirements and submit all documentation in order for processing to occur. A child with Asthma requires and Asthma Management Plan as well as Risk Minimisation Plan. A child diagnosed at risk of Anaphylaxis requires an Anaphylaxis Management Plan as well as a Risk Minimisation Plan. A child with an allergy requires an Allergy Action Plan as well as a Risk Minimisation Plan.
- If a child has other medical conditions or requires prescribed or non-prescribed medication, parents must provide adequate information in the space provided within the registration form (i.e. Children with a diagnosis of ADHD requiring medication such as Ritalin)
- Where medication for treatment of long term conditions or complaints such as epilepsy or ADHD is required, the Centre will require a letter or medical plan from the child's Doctor or specialist detailing the medical condition of the child, correct

dosage as prescribed and how the condition is to be managed.

- ALL medications must have a 'Medication Authorisation Form' to accompany it upon sign in each day, and must be submitted to staff at the service. It will include the name of the child, date of birth, parent authorisation to administer medication, name of medication, time and date medication was last administered, time and date or circumstances under which the medication should next be administered, dosage requirement, manner in which it is to be administered.
- Staff to complete Medication Authorisation Form each time medication is administered to the child which will include the name of the medication, the dosage that was administered, the manner in which it was administered, time and date that it was administered, name and signature of the person administering medication and name and signature of witness to staff administering medication.
- All prescribed medications must come in their original packaging including the dispensing label detailing the child's name, name of medication, dosage, frequency, method of how it is to be administered, date of dispensing and expiry date.
- Staff taking possession of medication must check to ensure all details of the authorisation form have been complete, label the medication with the provided labels which include having checked for expiry dates, and store medication in the child's corresponding pouch in provided medication bags.
- Any kind of medication including cough mixtures, eye or eardrops, medicated creams, herbal remedies will only be given/applied if accompanied by clear instructions from the child's Doctor.
- If children are receiving medication at home but not at the camp, the camp should be advised of the nature of the medication and its purpose, and any possible side effects it may have for the child.
- All documentation pertaining to any medical or health conditions of a child must be communicated to staff and made readily available. Staff must at all times be familiar with all medical requirements of children at the camp.
- All forms are to be readily available in registration packs and possibly the LSA website.

Storage

- All medications, including Ventolin and spacers, must be submitted to staff at the camp at the time or prior to drop off.
- Staff will place all medications (where able to) into a zip lock back with an identifiable label.
- Staff will then place all medication in the child's corresponding pouch of the medication bags as displayed in the reception office area with all other confidential/ important materials.
- Medication bags are transportable for excursion purposes, however where children are separated into smaller groups on these occasions the Supervisor on Duty/ Camp Leader will designate a staff member for one or more children with medication, and each staff member responsible for these children will carry their corresponding medications with them at all times.
- Medication is only to be removed from storage area when administering to children, when taking on excursion, when engaging in evacuation procedures or when returning to the parent at the conclusion of the camp.
- Children should not have medication in their personal belongings.

Non-Prescribed Medication

- Non prescribed medications, other than those applications listed on the enrolment form, that are authorised by the child's parent/guardian and are applicable to the child's age, in the original packaging with clear dosage instructions, and within the expiry date of the medication, will be administered by staff only if accompanied by required Medication Authorisation Form.
- If a child requires non-prescribed medications for a long period of time, the parent must take their child to the Doctor to obtain prescribed medication or the Doctor's letter confirming that the over the counter medicine can continue to be administered for a specific length of time.

Multiple Medications

- Where a child is unwell to the point of needing more than one medication, that child will be deemed unfit for camp, unless a Doctor's Clearance Certificate Form stating the child is "fit for camp, and will not jeopardise the health of other children or carers", is provided.
- Children on regular drugs for chronic conditions, E.g. insulin, anti-epileptic medications, etc., may be prescribed more than one medication and be deemed as fit for camp.
- Medication will only be administered by a staff member who holds a current First Aid Certificate, who is trained as defined above, and there the:
    - Conditions listed above are met, and
    - The parent/guardian has completed and signed a Medication Authorisation form on the day on which medication is to be administered. (*Children's Services Regulations 2006, Reg. 68 (2) and 97 (1)*).
    - Where specific training is required, and a staff member is prepared to undertake the training, any costs incurred will be borne by the child's parent/ guardian.
    - Where the Camp cannot provide sufficient numbers of adequately and appropriately trained staff members who feel comfortable and confident to perform medical procedures or administer medication to the child, it may be agreed that the parent will come to the Camp to administer the medication, or arrangements made for a health professional to administer the medication at the Camp. Without one of these strategies in place, attendance to the camp willnot be possible.

Asthma Relievers

- Asthma reliever medications (Ventolin, Asmol, Airomir, Epaq) will be stored out of reach of children, in an easily accessible central location.
- Reliever medications together with a spacer, will be included in the Centre's First Aid kit in case of an emergency situation where a child does not have their only reliever medication with them.
- The Asthma Foundation provides training in Emergency Asthma Management (EAM) which instructs on all aspects of asthma management and administration of asthma reliever medications. Staff who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care should attend an Asthma Education in-service or EAM course.
- The Asthma Foundation produces recommended guidelines on asthma management within the child camp setting, including the Asthma First Aid Plan and Asthma Record Card, which should be completed for each child diagnosed with asthma. Contact Asthma Foundation of Victoria on 1800-645-130 or visit their website.

- The National Asthma Council (NAC), which is the national governing body for best practice asthma management, recommends that should a child not known to have asthma, appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately. The following steps are recommended:
    - "If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma.
    - Give 4 puffs of a reliever medication and repeat if no improvement.
    - Keep giving 4 puffs every 4 minutes until the ambulance arrives.
    - No harm is likely to result frm giving reliever medication to someone who does not have asthma".
    - For further information contact your State Asthma Foundation office, or the National Hotline on 1800 032 495

Anaphylaxis Epipens

- All Epipens must be submitted to staff prior or upon drop off at the start of the camp, alongwith a Medication Authorisation Form. An Ananphylaxis Action Plan and Risk Minimisation Plan should have already been submitted and made readily availableto staff.
- Epipens to be stored in a secure, central location that is accessible to staff, and must be stored with the corresponding child's information.
- All staff must have the proper training in order to administer medication, and only staff who are trained and responsible will administer medication.
- Parents will be notified if their child's Epipen has been administered and proper emergency procedures are followed.

Administration of Medication

- Before medication is given to a child, the trained staff member will verify the correct dosage and child with another staff member. After giving the medication the staff member will complete the following details on the Medication Authorisation form: Date, time, dosage, medication given, person who administered, person who verified, and signed by both staff. (Children's Services Regulations 2006, Reg. 68 (a), (b), (c), & (d)).
- Medication must NEVER be put into a baby's bottle or drinking cup.
- Where the medication requires administration other than an oral route or external application, only those senior staff who have a current First Aid Certificate and have received specific instruction from a health care professional and feel confident with the procedure, will administer the medication.

Application of creams or ointments

- The camp will provide a list of the brands of ointments, creams and applications used whilst on camp, such as sunscreen, insect repellent, antiseptic cream, nappy rashcream, teething gel, band aides, etc., that it provides for first aid, or to offer protection from the sun or biting insects, or to soothe nappy rash or sore gums during teething, to parents during enrolment.
- When choosing ointments, creams and applications for use at the camp, every attempt will be made to choose a product that is appropriate to the age of the children, and contains no additives that may cause allergic rations in some children. The advice of a pharmacist will be sought where necessary.
- Staff at the service will not apply ointments, creams or applications to children whose parents have not provided consent.

Exception to Authorisation (R 94)

- If authorisation has not been provided and there is a case of an anaphylaxis or asthma emergency, staff may administer medication if required.
- If medication is administered under emergency circumstances, staff must ensure that they:
    - Notify the parent of the child
    - Notify emergency services
    - Report incident to the camp directors.

Self-administration of medication

- A child over pre-school age may be permitted to self-adminsiter medication if authorisation has been provided and recorded or where the medical conditions policy of the camp includes practices for self-administration.
- Medication must not be self-administered by an enrolled child without the direct supervision of a contact staff member, except in the case of a non-prescription asthma inhaler, where the Centre has received a Doctor's letter, advising the need for the child to carry the inhaler.

3. DEFINITIONS

Health Care Need: a health condition that includes asthma, allergy, anaphylaxis, diabetes or other relevant medical condition, that typically requires an Action Plan to effectively manage the condition.

Anaphylaxis: Anaphylaxis is a rapidly progressing, life-threatening allergic reaction to a contagion, typically nuts or tree nuts.

Diabetes: a disease in which there is usually too much sugar in the blood which needs to be regulated by the administration of insulin or other glucose regulator.

Allergy: a hypersensitive state acquired through exposure to a particular allergen, re-exposure bringing to light an altered capacity to react

Asthma: a chronic inflammatory disease of the airways. In those susceptible to asthma, this inflammation causes the airways to spasm and swells periodically so that the airways narrow. Obstruction to air flow either resolves spontaneously or responds to a wide range of treatments.

4. SCOPE

The scope of this policy applies to all approved Camp Programs undertaken by Life Skills & Adventures.

5. ROLES AND RESPONSIBILITIES

Department/Area	Role/Responsibility
Operations	All Carers/Camp Leaders will be provided with this policy annually and are responsible for the daily implementation of the policy when directly supervising children.
Company Director	Is responsible for ensuring suitable resources and support systems to enable compliance with this policy. Drive the consultation process and provide leadership and advice on the continuous improvement of the policy. Responsible for the development, monitoring and review of the Policy and related systems, ensuring all content meets all legislated requirements.
Company Director	Approve the Policy and Provide official sign off on the Policy

6. MONITORING, EVALUATION AND REVIEW

The ongoing monitoring and compliance of this policy will be overseen by the LSA Director. Each program will complete an annual self-assessment against this procedure, associated policy and the legislated standards from which it was drawn.

The evaluation of the policy will be facilitated by the LSA Director using stakeholder feedback to drive continuous improvement and reflect service users' comments where practical.

7. SUPPORTING DOCUMENTS

Safeguarding Children and Young People Policy
National Early Years Learning Framework
Victorian Early Years Learning and Development Framework
The Convention on the Rights of the Child

RELEVENT POLICY:
YMCA Victoria Occupational Health and Safety Policy
Children's Services Regulations 2009:

- Medical Conditions Policy (R 90 and 91)
- Administration of Medication (R 92-96)
- Minimum training (R 60)
- Staff members to have first aid and anaphylaxis management training (R 63)
- Emergency procedures (R 76)

Children's Services Act 1996:

- Protection of children from hazards (section 26)
- Inadequate supervision of children (section 27)