



# my OSHC Blair Athol North Out of School Hours Care



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## POLICY DOCUMENT

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# DEALING WITH MEDICAL CONDITIONS IN CHILDREN



## **DEALING WITH MEDICAL CONDITIONS IN CHILDREN POLICY AND PROCEDURES**

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DOCUMENT APPROVED BY: Phil Paterson Approved provider.		

### **POLICY STATEMENT**

my OSHC has a duty of care to ensure that all persons are provided with a high level of protection during our hours of operation. Staff will assist children to manage medical conditions and assist with medication if that medication is prescribed by a doctor and has the original label detailing the child's name, required dosage and storage requirements and is accompanied by a medication plan. Legally staff are not allowed to administer medication unless these requirements are met. This policy is formed in conjunction with the Enrolment and Orientation Policies and Procedures, Child safe Environments Policies and Procedures, Incidents, injury, trauma and illness Policies and Procedures, Nutrition, Food and Beverages, Dietary Requirements Policies and Procedures and the Administering First Aid Policies and Procedures.

### **BACKGROUND**

The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place for dealing with medical conditions in children. Effective management of children's medical conditions is heavily reliant on good communication with families. Families have a responsibility to provide current medical information to the service so that educators can effectively respond to and manage medical conditions. The administration of medication is considered a high-risk practice and as such carry's obligations for both the staff and parent/guardians. The administering requires attention to detail, meticulous record keeping, teamwork and common sense. While families place a high level of trust and responsibility on staff when administering medication to children, they must feel confident that the process is carried out responsibly. Staff must also feel they are protected against any possibility that instructions have been misunderstood. Thus, parents are expected to properly document their requirements and staff must ensure this has been done before any medication is administered. A Medical Management Plan and a Communication Plan will be developed in consultation with parents / guardians and the Director (or a Responsible Person assigned by the Director) which will be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition. This will need to be filled in and signed BEFORE the child can attend the service. All relevant staff members and volunteers will be informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child.

Dealing with Medical Conditions in Children Policy and Procedures will be located within the policy folder at the service plus Kinderloop and HR Bright for staff.

### **PRINCIPLES TO INFORM POLICY**

Information regarding medical conditions including asthma, diabetes, and the diagnosis of a child at risk of anaphylaxis should be documented in the medical section of the enrolment form. During the families interview with the service this information will be discussed and further clarification about the medical condition will be sought.

All decision-making should be carried out in accordance with the principles of the service's Dealing with medical conditions in children policy.



- ⇒ All staff are informed of any children diagnosed with a medical condition or specific health care need and the risk minimisation procedures in place. This is during the induction process and updated through staff communication avenues and staff meetings.
- ⇒ All staff are informed where medication is stored and/or any specific dietary restrictions relating to their health care need or medical condition.
- ⇒ All children with diagnosed medical conditions have a current risk minimisation plan and communication plan that is accessible to all staff.
- ⇒ Staff are trained in the administration of emergency medication.
- ⇒ Families can expect that educators will always act in the best interests of the children in their care and meet the children's individual health care needs.
- ⇒ We will partner with families of children with diagnosed medical conditions to develop a risk minimisation plan to ensure that the risks relating to the child's specific health care need or relevant medical condition are assessed and minimised. In conjunction with the risk minimisation plan, a communication plan will be developed setting out how communication occurs if there are any changes to the medical management plan or risk minimisation plan for the child. The communication plan ensures all staff are informed of the child's medical condition and relevant documentation.
- ⇒ We will communicate with families about their children's health requirements in a culturally sensitive way.

## ROLES AND RESPONSIBILITIES

### **Approved provider – The Trustee for Allison & Phil Family**

The Approved provider will:

- ⇒ ensure the Dealing with medical conditions in children policy and procedures are met, the appropriate medical management plans and risk assessments are completed, and all relevant actions are managed to minimise the risks to the child's health (regulation 90) ensure families of children that have a specific medical condition have been given a copy of the Dealing with medical conditions in children policy (regulation 91) and any other relevant policies in consultation with families, develop risk minimisation plans for children with medical conditions or specific health care needs.
- ⇒ ensure all educators and staff have training as part of the induction process and ongoing training for the management of medical conditions (e.g., asthma, anaphylaxis and specific requirements for the enrolled child in your care)
- ⇒ ensure a written plan for ongoing communication between families and educators is developed as part of your risk minimisation plan, relating to the medical condition and any changes or specific needs. It should be in place before a child commences at the service, or as soon as possible after diagnosis for children already attending.



- ⇒ if a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service.
- ⇒ take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures.
- ⇒ ensure copies of the policy and procedures are readily accessible to nominated supervisors, educators, staff and volunteers, and available for inspection.
- ⇒ notify families at least 14 days before changing the policy or procedures if the changes will:
  - affect the fees charged or the way they are collected or
  - significantly impact the service's education and care of children or
  - significantly impact the family's ability to utilise the service.

### **Nominated Supervisor – Director**

The Nominated Supervisor will:

- ⇒ implement the Dealing with medical conditions in children policy and procedures and ensure all the action plans that are in place are carried out in line with these.
- ⇒ ensure any changes to the policy and procedures or individual child's medical condition or specific health care need, and medical management plan are updated in your risk minimisation plan and communicated to all educators and staff.
- ⇒ notify the approved provider if there are any issues with implementing the policy and procedures.
- ⇒ display, with consideration for the children's privacy and confidentiality, their medical management plan (from the doctor) and ensure that all educators and staff are aware of and follow the risk minimisation plans (developed by the service) for each child.
- ⇒ ensure communication is ongoing with families and there are regular updates as to the management of the child's medical condition or specific health care need.
- ⇒ ensure educators and staff have the appropriate training needed to deal with the medical conditions or specific health care needs of the children enrolled in the service.
- ⇒ ensure inclusion of all children in the service
- ⇒ ensure all educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens.
- ⇒ alerts families to the need for health care plans if children or students need individual support.
- ⇒ helps families understand health support planning procedures at the service.
- ⇒ calls for an ambulance to attend should a medical intervention be required, in accordance with the health care plan provided to the service, for all high risk, life-threatening conditions including, but not limited to,



anaphylaxis and severe asthma. All associated costs are to be borne by the enrolling child's legal guardian or, in the case of an adult with an identified medical condition, that individual.

- ⇒ provides a copy of the Medical Conditions Policy upon enrolment to all families.
- ⇒ provides a copy of the Medical Conditions Policy to all adults engaged as educators, staff, students and /or volunteers.

### **Responsible Person - appointed.**

The Responsible Person will:

- ⇒ ensure communication is ongoing with families and there are regular updates as to the management of the child's medical condition or specific health care need.
- ⇒ ensure inclusion of all children in the service
- ⇒ ensure all educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens.
- ⇒ alerts families to the need for health care plans if children or students need individual support.
- ⇒ helps families understand health support planning procedures at the service.
- ⇒ calls for an ambulance to attend should a medical intervention be required, in accordance with the health care plan provided to the service, for all high risk, life-threatening conditions including, but not limited to, anaphylaxis and severe asthma. All associated costs are to be borne by the enrolling child's legal guardian or, in the case of an adult with an identified medical condition, that individual.

### **Educators**

All Educators will:

- ⇒ ensure all the action plans are carried out in line with the Dealing with medical conditions in children policy and procedures.
- ⇒ ensure you monitor the child's health closely and are aware of any symptoms and signs of ill health, with families contacted as changes occur.
- ⇒ ensure that two people are present any time medication is administered to children (except for permitted services) (regulation 95(c))
- ⇒ ensure communication with families is regular and all educators and staff (including the nominated supervisor) are informed of any changes to a child's medical condition.
- ⇒ understand the individual needs of and action plans for the children in your care with specific medical condition.



- ⇒ ensure a new risk assessment is completed and implemented when circumstances change for the child's specific medical condition.
- ⇒ ensure all children's health and medical needs are taken into consideration on excursions (first aid kit, personal medication, management plans, etc)
- ⇒ maintain current approved first aid, CPR, asthma, and anaphylaxis training.
- ⇒ undertake specific training (and keep it updated if required) to ensure appropriate management of a child's specific medical condition.
- ⇒ ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are adhered to.
- ⇒ ensure all changes to child's medical management plan or risk minimisation plan are implemented immediately within the menu preparation.
- ⇒ offer alternative programs where participation in the planned program could place children with health issues at risk.
- ⇒ report to parents and guardians any observations which could indicate health-related concerns.
- ⇒ must not administer medication to any child who attends the Service without medication prescribed by the sufferer's medical practitioner in relation to the sufferer's specific health care need, allergy or relevant medical condition.
- ⇒ accept responsibility for safe working conditions within their control. This includes the responsibility to notify their employer (where the worker is not self-employed) should their own health, including their infection status, pose any risk to others.
- ⇒ safeguard the privacy of health information, using privacy principles.
- ⇒ assist with the maintenance of clean and safe equipment and premises.

### **Families**

All Families will:

- ⇒ advise the service of the child's medical condition and their specific needs as part of this condition.
- ⇒ provide regular updates to the service on the child's medical condition including any changes, and
- ⇒ ensure all information required is up to date.
- ⇒ provide a medical management plan from a doctor on enrolment or diagnosis of the medical condition and provide an updated plan as required
- ⇒ collaborate with the service staff to develop a risk minimisation plan.
- ⇒ conveying clear information to staff regarding details of the medical condition, known triggers (if appropriate) and provision of a medical treatment plan and any specific plan for long term illnesses, allergies and reactions



that may require medication, completed, and signed by your registered health care professional. This plan is to be updated annually or earlier as necessitated by the condition.

- ⇒ assist children or students for whom they are responsible to self-manage, as much as is safe and practical, their health and personal care needs.
- ⇒ for each new prescription, Medication must refer to the child in question, be in its original container and prescribed by a medical practitioner.
- ⇒ children who have been sick the previous night or in the morning should be kept home and cared for to prevent further spread of illness.
- ⇒ parents are responsible for the collection of medication at the end of each year and returning it at the start of the following year with an updated copy of a medical care plan from the child's medical practitioner.
- ⇒ ensure medication must not be beyond the expiry date.

### **Children**

All children will:

- ⇒ wherever possible, children and students should be supported to learn responsibility for their own health and personal care needs in non-emergency situations.
- ⇒ children in the early years will need supervision of their medication and other aspects of health care management.
- ⇒ older children can take responsibility for their own health care, in line with their age and stage of development, capabilities, nature of the health condition and medication involved.
- ⇒ self-management should follow an agreement between the student, the family, the service and the treating health professionals and should only be allowed where there is a follow-up letter from a health professional advising that self-administration of medication is suitable.

### **MEDICATION**

The director is responsible for all medication on site regardless of whether it is administered by educators or parents or self-administered by the child.

Where medication is required for the treatment of long-term conditions or 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 medication as well as prescription only medication. If a medication 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, the service should be advised on the nature of the medication, its purpose and of any possible side effects it may have on the child.

Although staff will make all possible endeavours to ensure that the child has the requested medication on time, no responsibility will be taken by OSHC or its staff for missed medication, given the busy and unpredictable schedules of OSHC.

## **Supervision of Medication**

Staff supervising medication needs to ensure that:

- ⇒ that medication is prescribed by a doctor and has the original label detailing the child's name and required dosage.
- ⇒ they have the right child.
- ⇒ they have the right medication.
- ⇒ they administer the right dose.
- ⇒ they administer by the right route (e.g., oral or inhaled)
- ⇒ they administer at the right time, and that.
- ⇒ the medication administered is recorded with time, date and signed by two First Aiders

A child should not take his/her first dose of a new medication while attending the service. The child should be supervised by the 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 (e.g. Ventolin) via a puffer 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 (e.g. Ventolin) via a puffer.

In South Australia, the use of an adrenaline auto injector for the treatment of an anaphylaxis emergency requires an anaphylaxis plan and a prescribed auto injector. Educators must be trained in emergency anaphylaxis first aid before administering adrenaline via an auto injector.

Staff administering medication will undertake appropriate training regarding administration of the particular medication for the condition involved.

## **Self-management of Medication**

Children can only carry and self-manage their medication when.

- ⇒ they have a written medication authority (and clear direction from the family or doctor that the child can self-manage)
- ⇒ their medication is in the original pharmacy labelled container.
- ⇒ the medication is stored according to the manufacturer's instructions.





It is the responsibility of all people on the site to respect others' medication and to keep one's own medication secure to minimise risk to others.

If possible, families should limit the quantity of medication brought to the Service. A daily requirement is preferred to avoid over medicating.

Staff will stop children storing their own medication should there be any concern about the safety of the individual or others on the site.

If staff members observe a child apparently self-medicating, they will sensitively and privately ask to see the original pharmacy container and ensure the service has been provided with the required authorisation.

## **Storage**

When educators are to assist with a child's medication, the medication should be given directly to a staff member, not left in the child's bag.

Medications will be stored strictly in accordance with product instructions (paying note to temperature) and in the original container in which dispensed. Medication provided from home is stored in a locked cupboard or refrigerator and OSHC will maintain a register of medication kept at OSHC. Medication must be within the expiry date.

The designated first aid officer will periodically check expiry dates of stored medication, but OSHC bears no responsibility for children's medication being out of date. It is the parent's responsibility to ensure medication has not expired.

If medication is needed to be taken on excursions the staff member in charge will keep it secured in the medication storage portal. Parents need to supply cooler bags for medication that is subject to temperature.

If medication is required to accompany the child, the staff member in charge will take the medication and either store it in their bum bag or a secure place at their location.

## **Medication Error**

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

- ⇒ ring the Poisons Information Centre 13 1126 and give details of the incident and child.
- ⇒ act immediately upon the advice given (e.g. if advised to call an ambulance) and notify the child's emergency contact person
- ⇒ notify the family.
- ⇒ document actions taken.
- ⇒ complete an incident report.
- ⇒ notify the regulatory authority online through the NQA IT System (if applicable).



## 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 the Health Support Planning in Education and Children's Services.

Food-safe practices will be put in place to minimise the risk of exposure to identified allergens.

## LEGISLATIVE REQUIREMENTS

<u>Section / regulation</u>	<u>Description</u>
<b>Section 167</b>	Offence relating to protection of children from harm and hazards
<b>Regulation 85</b>	Incident, injury, trauma and illness policy and procedures
<b>Regulation 86</b>	Notification to parent of incident, injury, trauma and illness
<b>Regulation 87</b>	Incident, injury, trauma and illness record
<b>Regulation 89</b>	First aid kits
<b>Regulation 90</b>	Medical conditions policy
<b>Regulation 91</b>	Medical conditions policy to be provided to parents
<b>Regulation 92</b>	Medication record
<b>Regulation 93</b>	Regulation 93 Administration of medication
<b>Regulation 94</b>	Exception to authorisation requirement – anaphylaxis or asthma emergency
<b>Regulation 95</b>	Procedure for administration of medication
<b>Regulation 96</b>	Self-administration of medication
<b>Regulation 136</b>	First aid qualifications
<b>Regulation 162(c) and (d)</b>	Health information to be kept in enrolment record.  (c) details of any –  (i) specific healthcare needs of the child, including any medical condition; and  (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis



	(d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c).
<b>Regulation 168</b>	Education and care services must have policies and procedures
<b>Regulation 170</b>	Policies and procedures to be followed
<b>Regulation 171</b>	Policies and procedures to be kept available
<b>Regulation 172</b>	Notification of change to policies and procedures
<b>Regulation 173 (2)(f)</b>	<p>Prescribed information to be displayed.</p> <p>For section 172 (f) of the Law, the following matter and information are prescribed –</p> <p>(f) if applicable –</p> <p>(i) in the case of a centre-based service, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service;</p>

## KEY TERMS

<u><b>Term</b></u>	<u><b>Meaning</b></u>	<u><b>Source</b></u>
<b>ACECQA – Australian Children’s Education and Care Quality Authority</b>	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.	<a href="http://acecqa.gov.au">acecqa.gov.au</a>
<b>Approved anaphylaxis management training</b>	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations
<b>Approved first aid qualifications</b>	A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Matters are likely to include: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an autoimmune adrenalin device.	National Regulations
<b>Communication plan</b>	A plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of	National Regulations



	any medical condition such as anaphylaxis is enrolled at the service.	
<b>Medication</b>	Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over the counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website ( <a href="http://tga.gov.au">tga.gov.au</a> ).	National Regulations
<b>Medical condition</b>	This may be described as a condition that has been diagnosed by a registered medical practitioner.	Guide to the NQF
<b>Medical management plan</b>	A document that has been prepared and signed by a registered medical practitioner that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child.	Guide to the NQF
<b>Risk minimisation plan</b>	A document prepared by service staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating to the child's specific health care need, allergy or other relevant medical condition.	Guide to the NQF



## RESOURCES AND REFERENCES

Asthma Australia: [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)

Diabetes Australia: <https://www.diabetesaustralia.com.au/school>

Epilepsy Australia: <http://www.epilepsyaustralia.net/>

ASCIA Action Plans: <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Epilepsy Management Plan: <http://www.epilepsyaustralia.net/uploads/74689/ufiles/PDF/emp-epilepsy-australia.pdf>

Health Care Plans: <https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-care-plans>

Poisons Information Centre 13 1126

ACECQA National Quality Framework

Quality Area 2 – Health and Safety

Quality Area 7 – Leadership and Service Management

Education and Care Services National Regulations

Education and Early Childhood Services (Registration and Standards) Act 2011