

Dealing with Medical Conditions in Children, including the matters set out in regulation 90 Policy

Policy Statement and Considerations

The service is committed to ensuring that any child with a permanent medical condition and/or diagnosis is accommodated, by ensuring that measures are taken to provide a caring, nurturing, and inclusive environment. The service is committed to effectively respond to all medical conditions. Each enrolment will be carefully assessed on case-by-case basis to ensure that the physical environment and educators training are adequate to ensure the health and wellbeing of the child can be guaranteed at all times.

All educators are kept abreast of any new technology or treatment for permanent conditions wherever possible. Educators are notified of each child's specific requirements and educators have access to all medical records kept at the service.

The service is required to keep up to date medical records on each child. Families are reminded each fortnight on their statements to update any changes to medical conditions and/or diagnoses or new medical conditions and/or diagnoses. Updates can be sent to admin by email as outlined on the fortnightly statements or spoken directly to the centre Co-Ordinator.

Children who have Medical Action Plans will be reviewed each term for review dates by the centre Co-Ordinator and families will be advised to provide new Medical Action Plans prior to review date.

In accordance with *National Regulation 94* educators are permitted to administer immediate action in the event of a child/children having anaphylactic shock/attack and an asthma attack. Educators are trained in relevant First Aid and keep this training up to date.

The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

Legislation and Government Requirements / National Quality Framework Considerations

Work Health and Safety (WHS) Act 2011

Education and Care Services National Law 2010 s51(1)(a), s166

National Regulations: 77-81, 90, 92-96, 168, 177, 181-184

National Quality Framework: Standard 2.1

Strategies for Policy Implementation

Outlined below are strategies in relation to Regulation 90

(1)

- (a) *the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis;*
- (b) *informing nominated supervisors and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions;*
- (c) *Requirements arising if a child enrolled at the education and care service has a specific health care need, allergy or relevant medical condition:*

Any child enrolled at the Service with anaphylaxis allergies, diagnosed asthma, seasonal asthma, or required medication will not be able to attend the Service without medication prescribed by their Medical Practitioner.

Information that must be provided on Enrolment Form

The Service's Enrolment Form provides an opportunity for parents to help the Service effectively meet their child's needs relating to any medical condition or diagnosis. The following information must be completed on the Enrolment Form, and any information will be attached to the Enrolment Form as necessary and kept on file at the Service:

- Asthma
- Diabetes
- Allergies

- Anaphylaxis
- Diagnosed at risk of anaphylaxis
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner using the Enrolment Form
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner at any point during the child's education and care at the service

Responsibilities

Obligation of the Service

- Ensure Educators and parents/guardians are aware of their obligations and the best practice of Management of asthma, health care need, allergy, medical condition, diabetes, and anaphylaxis.
- Offer annual training by Royal Lifesaving Association
- The Service is responsible for ensuring management of medical conditions are reviewed and updated every 12 months.
- The service is responsible for ensuring educators have easy access to medical records in the event of an emergency
- The service will ensure that a copy of the medical conditions policy document is provided to the parent of a child enrolled that has a specific health care need, allergy or other relevant medical condition, or diagnosis
- The Service will keep current such information as Medicare Card Number, private health cover details, General Practitioner's details, Dentist details, Religious Requirement in Case of Accident
- Ensure that all necessary information for the effective management of children with asthma, health care need, allergy, medical condition, diabetes, and anaphylaxis is collected and recorded so that these children receive appropriate attention when required. Information is provided daily to Educators utilising an Educator Awareness Sheet.
- All educators will directly adhere to individual medical management plans in the event of an incident relating to the child's specific health care need, allergy, or relevant medical condition
- Identifying children with asthma, health care need, allergy, medical condition, diabetes, and anaphylaxis during the enrolment process by Admin and referred to centre Co-Ordinators to complete relevant forms
- Ensure at least one Educator member is on or has qualifications in first aid, Asthma & Anaphylaxis
- Facilitating communication between management, educators, and parents/guardians regarding the services strategies
- Ensure that all Educators are aware of first aid procedures; Educators are trained on induction in methods of evacuating a child/children experiencing any symptoms of anaphylactic shock including calling an ambulance and ensuring an adult remains with the child and other Educators are containing any element thought to have caused the anaphylaxis and alerting the Director/s who will undertake communication with parents/guardians
- Ensure medication is administered in accordance with the Medical Records of the child and that medication administered is from its original container bearing label with all details and is in date
- Medication/s to be carried by Educators on excursions

The Parents/Guardians

- Inform the centre and educators on enrolment or as soon as child receives a diagnosis of medical condition or neurodevelopmental disorder.
- If an existing enrolment and the child receives a new diagnosis of medical condition or neurodevelopmental disorder, it will be at the discretion of the Service for a grace period to receive relevant paperwork completed before future bookings will be put on pause
- Provide specific requirements such as Ventolin, EpiPen or medication where necessary daily. The child cannot attend the Service until medication required is received by the centre Co-Ordinator.
- Supply medication that may be required, if prescribed by a registered medical practitioner must be provided in its original container, bearing the original label with the name of the child, and before the expiry or use by date OR a Webster Pack if applicable. Any other medication must be provided in its original container, bearing the original label and instructions and before the expiry or use by date.
- Provide the Service with a medical management plan or communication signed by a Medical Practitioner that clearly outlines procedures to be followed by educators in the event of an incident relating to the child's specific health care need arises OR triggers to be aware of and how the condition is managed
 - o This includes but not limited to: Asthma, Seasonal Asthma, Anaphylaxis, ADHD/ADD, ASD

- Provide a medical action plan with recent photo of the child. From Dec 22, action plans are preferred to be from ASCIA, Asthma Australia, and AS1Diabetes.
 - o Allergy (ASCIA)
 - o Anaphylaxis (ASCIA)
 - o Asthma (Asthma Australia)
 - o Diabetes (AS1Diabetes)
- Complete relevant forms for medical condition or diagnosis prior to commencing care with centre Co-Ordinator
 - o Risk Minimisation Plan and Communication Plan
 - o Medication Record
 - o If applicable, Behaviour Support Plan or Executive Function Behaviour Triggers Profile
- Inform the Nominated supervisor of any changes to their current management and communication plan
- In case of a medical emergency an authorised person may remove a child from the centre without written permission provided they are specified as lawfully authorised person
- Parents are responsible for updating their children's health and medical conditions information and contact details. Families are reminded fortnightly on their statements to update Admin via email of any changes to medical conditions or diagnosis.
- At OOSH we regularly have spontaneous celebrations (birthday's) and occasional food rewards. To ensure your child's participation please supply a "treat box" or safe cupcakes to be stored in the freezer with your child's name
- Parents to be responsible for reading the menu and ingredients in food supplied by the service. Parents to provide alternatives if not suitable

Risk Minimisation Plan

If your child needs additional strategies (to what is outlined below) to minimise an allergic reaction, please speak to the centre Co-Ordinator or Admin staff. These extra triggers will be placed on our Medical Quick Reference that is used to make our daily Educator Awareness Sheet.

Outlined below are strategies in relation to Regulation 90

(1)

(c) (iii) A risk minimisation plan will be developed in consultation with the parents/guardians of a child:

- (a) to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
- (b) if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption, and service of food are developed and implemented; and
- (c) if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
- (d) to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
- (e) if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented

Communication Plan

Outlined below are strategies in relation to Regulation 90

(1)

(c) (iv) the development of a communications plan to ensure that:

- (a) relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child; and
- (b) a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.

A communication plan will be discussed and incorporated into the Induction and Orientation of new and existing staff of the Medical conditions Policy, the medical management plan and risk minimization plan for children. The purpose of the communication plan is to ensure All educators and volunteers have access and are informed of each child's requirements or needs and where necessary, the service will ensure training is undertaken where specific needs are required such as the use of an EpiPen, ventilator for asthmatics. The service will display 'emergency procedures' for incidents such as epilepsy, accidents, and minor incidents. The service retains information on medical conditions such as Asthma and Anaphylaxis guidelines. A DRSABCD chart is actively displayed. Parents are encouraged to provide specific requirements for their child's needs.

The communication plan includes providing several avenues for parents to communicate any changes to the medical management plan or emergency contact details. This can be done via email, phone, verbally to the centre Co-Ordinator. Upon enrolment, parents will be advised of how to and the importance of updating the medical information. Parents record known allergens or triggers on enrolment form. This is used to make the daily Educator Awareness sheet that is viewed by the Educators on shift on the day of the child's attendance.

Asthma

The service will undertake to minimise triggers of asthma by:

- Minimising plants containing pollens and promoting a low allergen garden
- Keep the service as dust free as possible
- Enforcing no smoking rules in accordance with new laws of January 2014
- Keep abreast of back burning operations in the areas
- Ask parents to identify detergents and soaps being used at the service that may cause allergy
- Ensure kitchen/food areas are kept clean and practices are promoted such as washing hands immediately after food preparation and eating

Diabetes

The service acknowledges that students with diabetes can do everything their peers can do, but due to their diabetes they may require:

- Special consideration
- Extra consideration if unwell
- Special provisions when sitting exams
- Special provisions for privacy if testing blood glucose levels and injecting insulin at school □ Extra toilet privileges
- Close supervision
- To eat at additional times, especially with physical activity

Anaphylaxis

The strategies outlined below will only apply to the child/ren that has been identified as suffering from allergies. At least one educator will hold a current approved First Aid, Anaphylaxis and Asthma training certificate.

The service considers obligations for child/ren at risk of anaphylaxis include:

Insect sting allergy

Strategies that reduce the risk of insect stings vary depending on the insect the person is allergic to. Strategies both at OOSH and on excursions will include:

- Consider plant allergies when gardening or planting
- Where practicable, wear shoes outdoors near ant mounds and wear gloves when involved in outdoor gardening activities
- Parents/guardians are asked to supply and apply insect repellents that contain DEET (Diethyltoluamide, N, N-diethyl-3-methylbenzamide)
- Educators will be aware around bodies of water eg Chlorinated pools attract bees; stagnant water attracts mosquitoes
- Have mounds/nests removed during regular maintenance
- Keep grass mowed
- Educate children about stings, insects and not aggravating mounds or nests and report any found to educators

Food/beverages/Canteen practices

- Practices and procedures in relation to safe food handling, preparation, consumption, and service of food are contained in the Educators Handbook
- Practices promoted with the children on a regular basis
- Parents to be responsible for reading the menu and ingredients in food supplied by the service. Alternatives provided by parent if not suitable
- All medical records are noted where a food allergy is diagnosed and all Educators sight medical records after parents/guardians have updated information to be contained on those records. This Action Plan must include a recent photo of the child, indicate allergy triggers, treatment/medication required and signed by a medical practitioner. ASCIA action plans are the preferred formats.
- Medical Action Plan to be displayed for Educators to recognize the child. To be kept on the service premises and in medication box.
- Ensure that practices and procedures are available to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimizing the risks are developed and implemented

Allergies

- Where allergies are identified by parents/guardians the service will endeavour to remove or contain those elements e.g., peanuts or foods containing peanuts will not be provided and children will be encouraged not to bring into the service and share with other children food/s brought from home.

Self-administration of Medication

- Permission for a child to self-medicate will be administered with the families written permission only, or with the verbal approval of a medical practitioner or parent/guardian in the case of an emergency
- Parents are required to complete a medication record prior to the child self-administering medication
- Parents are required to complete relevant paperwork to medical condition or diagnosis
- Medication must be given directly to an authorised educator and not left in the child's bag
- Where a child intends to self-medicate, they must:
 - o Inform an educator of their intention to take medication
 - o Collect the medication from the educator
- Educators will then:
 - o Supervise the child who is self-administering medication/s
 - o Ask the child when medication was last administered (and record this information)
 - o Record details on Medication Record

Administration of Medication

- Parents who need medication to be administered to their child at the service will complete the medication record providing the following information:
 - Name of medication
 - Date, time, and dosage to be administered
 - Signature.
- Medication must be given directly to an authorized educator and not left in the child's bag.
- Parents and educators are to ensure the details on the form are clear and clarify any questions.
- Educators will store the medication in the designated secure place, clearly labelled
- Educators will ensure that medication is kept out of reach of the children at all times
- Medication will only be administered from its original packaging and by authorised educators

- Prescription medication will be administered only to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date
- Medication will only be administered in accordance with any instructions attached to the medication or instructions provided by a registered medical practitioner
- Non-prescription medication will not be administered at the service unless authorized by a parent and must be provided in its original container, bearing the original label and instructions and before the expiry or use by date
- Medication will be administered with the parent's written permission only (or verbal over the phone in an emergency) or with the approval of a medical practitioner in the case of an emergency
- Authorisation from anyone other than the parents/guardians cannot be accepted
- If anyone other than the parent is bringing the child to the service, a written permission note from the parent, including the above information, must accompany the medication
- Before medication is given to a child the authorised educator (usually the educator with First Aid Certificate) who is administering the medication will verify the correct dosage with another educator
- A second educator is to witness the administration of the medication
- After the medication is given the authorised educator will record the details on the medication form including Name of medication, date, time, dosage, name of person who administered and name of person who verified and witnessed
- Where medication of long-term conditions such as asthma, epilepsy, or neurodevelopmental disorders is required, the Service will require a letter from the child's Medical Practitioner or Specialist detailing the medical condition of the child, correct dosage as prescribed and how the condition is to be managed
- If children are receiving medication at home or school but not at the service parents/guardians should inform the service of the nature of the medication and its purpose and of any side effects it may have for the child so that educators can properly care for the child
- If a child is prescribed medication during the school term for the conditions such as ADHD/ADD or ASD or another medical condition, it is expected that medication will be continued to be administered whilst the child is in the Service's care for the safety of the child and others
- Parents will need to supply a letter from the child's Medical Practitioner if medication is to go on pause that outlines the potential side-effects or risk
- Parents will need to supply a letter from the child's Medical Practitioner if medication is no longer required
- Children will be held to the same behaviour management policy standards whether on medication or not
- Where children have medication in their school bags, children will be asked to place the medication in a secure place in the service. Parents are to ensure that the medication is taken home each afternoon

Excursions

While the service aims to provide a range of activities for children of all ages the service is unable to cancel or re-book activities to accommodate one child with, for instance, an allergy. For example, if an activity of horse riding has been planned by the service and a child is allergic to horse hair, the service reserves the right to continue with that activity. Parents/guardians can utilize other services of COOSH to accommodate their child, is to make arrangements to have their child dropped off at another service in the area (e.g., PCYC, Korora, Fun Factory and Woolgoolga). The service apologizes for any inconvenience but endeavours to promote a wide range of activities for all children in accordance with legislation of the Australian Children's Education and Care Quality Authority Framework.

Links to other policies

Enrolment and Orientation Policy

Management of incident, Injury, Illness and Trauma policy

Providing a Child Safe Environment Policy

The acceptance and refusal of authorisations Policy

Date Endorsed 01/11/22

Date for Review and Evaluation November 2023