Mawson Lakes School OSHC

Dealing with Medical Conditions in Children Policy

POLICY STATEMENT

Children and young people are provided with a safe and supportive environment in which they are given the opportunity to participate equally in all experiences and feel physically and emotionally well. Families of our service can feel safe in the knowledge that the wellbeing and health care needs of their children are being looked after by our educators as we encourage all children to be freethinkers with an inquisitive and confident nature. We act in the best interests of the children to ensure that, if they have a medical condition or are unwell, they are cared for and nurtured at our service. We administer medication at the request of our families, acting within the instructions of an Action Plan written by the child's general practitioner.

BACKGROUND

As educators we have the responsibility to ensure that our policies and procedures are safe and act to protect the wellbeing of children and young people within our service, in line with the Education and Care Services National Regulation. We use close attention to detail when dealing with medical conditions in children and believe that meticulous record keeping, and careful considerations aid us in providing a safe environment for children and young people with medical conditions within our service.

LEGISLATIVE REQUIREMENTS

Regulation	Description	Implementation
89	First aid kits	First aid kids are suitably equipped relative to the number of children at the service and are easily recognisable and accessible to educators.
90	Medical conditions policy	Policies are in place to manage children's medical conditions
91	Medical conditions policy to be provided to parents	The parents of the child with health care needs will have access to the medical conditions policy
92	Medication record	A medication record is kept for each child who have received medication administered by the service
93	Administration of medication	Medication is only administered to a child when it is authorised in accordance with legislative requirements
136	Procedure for administration of medication	All educators follow procedures for the administration of medication, as well as using the medication rights checklist
162 (c) (d)	Health information to be kept available	Details of any health care needs, including medical conditions are kept in an enrolment record along with health support agreements and medication agreements
168	Education services must have policies and procedures	Policies and procedures are in place for the safe running of our service
170	Policies and procedures are to be followed	Policies and procedures are followed by our educators at all times
171	Policies and procedures are to be kept available	Policies and procedures are kept available to all educators and families in the office cupboard

PURPOSE

Dealing with Medical Conditions in Children Policy outlines the requirements for managing children's medical conditions, including asthma, allergies, diabetes and anaphylaxis. It also outlines the responsibilities of the Director, medication officers and educators in following appropriate practices for managing these conditions and ensuring relevant medical action plans and medication are accessible. The policy applies whenever a child with specific health care needs, allergies or medical conditions is being cared for by Mawson Lakes School OSHC.

When a child is enrolled who has a specific health care need, severe allergy, or relevant medical condition, an Action Plan and Health Support Agreement must be prepared for each child. When a child with severe allergies or anaphylaxis is enrolled in the service, educators will be informed of the child's name and possible allergens and location of their medication. New educators are made aware of children with medical conditions at their induction into the service. A list of all children with medical conditions and relevant information about their health care needs is made available for all educators and located in the OSHC office, policies and procedures are located on the sign out bench in TR 9 and on the school website.

RESPONSIBLITES OF PARENTS AND GUARDIANS

- Advise educators of the health care needs of their children, including medical conditions and allergies
- Action Plans must be current and reviewed in accordance with the dates documented by the child's general practitioner. If an Action Plan does not include a review date or has passed its recommended review date, the Nominated Supervisor will work with the family to obtain an updated plan. Children will not be permitted to attend the service until an updated Action Plan has been provided to ensure their medical needs can be appropriately managed and their safety supported
- Medication officers, in consultation with the child's family, develop a Health Support Plan that includes a Safety and Risk Management Plan and a Medication Agreement to support the safe management of the child's medical needs while attending the service
- Notify if there are any changes in the medical condition of the child
- Supply the required medication in its original packaging with the dispensing label attached with the dosage
- Ensure that the child is listed on the medication as the prescribed person and the medication is not expired
- Families must provide the required medication
- Parents should confirm that the child was given the required medication by speaking to the Nominated Supervisor on collection of the child

RESPONSIBILITES OF MEDICATION OFFICERS AND EDUCATORS

- The medication officers will keep families up to date when medication and action plans are expiring
- All educators are trained in first aid in an education and care setting
- Any medication given to a child is recorded as part of the Medication Records regulation and filed with the child's enrolment record
- Keep ongoing communication a priority with families of children with specific health and medical needs
- Are up to date with children that have additional medical needs or food and environmental allergies and are aware of the procedures or risk minimisation
- Keep families up to date with medication expiry dates and inform families at the earliest opportunity if the child's medication or action plans needs replacing
- Educators must understand their responsibilities for food safety and undertake appropriate training in managing food allergies and providing meals for children with allergies. This includes following appropriate procedures to prevent cross-contamination during the storage, handling, preparation and serving of food
- Educators are informed of the location of the asthma emergency kit, spare EpiPen and defibrillator
- Complete the Medication Rights Checklist when administering medication
- Minimise the risk of children being exposed to known allergens through supporting our 'No Nut' policy

ADMINISTRATION OF MEDICATION

We are committed to supporting the health and wellbeing of all children and young people. We acknowledge that parents and guardians retain primary responsibility for their child's health care. This includes responsibility for providing accurate, up-to-date, relevant information for educators regarding children's routine and emergency health care needs. This will occur with respect for the child's age and stage of development.

- A medication log is kept for each child to whom medication is to be administer by the service, the record must include the authorisation to administered medication, signed by a parent
- In the case of an emergency, authorisation may be given verbally by a parent of a person named in the child's enrolment record as authorised to consent to administer of medication or, a registered medical practitioner, or an emergency service
- Medication may be administered to a child without an authorisation in the care of an anaphylaxis or asthma emergency
- Educators ensure that parents have completed the authorisation of controlled medications form authorising qualified educators to administer the medication prior to administer it
- Qualified educators will ensure that the medication is administered promptly at the prescribed intervals
- All medication must be checked by another educator before being administered
- The controlled medicines register log needs to reflect the medication the service has obtained for the child's medication
- The medication log is to be signed by the qualified educator administering the medication and the educator who has cross checked that the correct medication and dose has been given to the correct child at the right time according to the form. Our educators will not administer medication that is past its use by date or prescribed for another child
- In the event of medication being administered incorrectly the Nominated Supervisor is to call the "Poison Information Centre 13 11 26

KEY TERMS

Key Term	Meaning
ACECQA	The independent body that works with all regulatory authorities to administer the National Quality Framework
Approved first aid qualifications	A first aid qualification that includes training in areas that relates to children and has been approved by ACECQA
Health support Agreement	A form created by the Department for Education that outlines a child's medical and health care needs, whilst also outlining requirements for supervision and risk minimisation
Medication agreement	A form created by the Department for Education that gives specific information about the medication for a specific child, including dosage, strength, and administration information
Action plan	A form created by the child's doctor that outlines that child's health care needs, potential asthma and allergy triggers and response for emergencies
Medical Condition	A condition that has been diagnosed by the child's doctor
Risk minimisation	A document prepared by educators in consultation with a child's family to outline and minimise the risks to the child's health

ACTION PLAN PROCEDURE

If a child is enrolled in the service with a medical condition, the family must provide the service with an Action Plan, created by the child's General Practitioner, for the child. The Action Plan must detail the following:

- The details of the specific health care need, allergy, or medical condition including the severity of the condition
- Any current medication that is prescribed for the child
- The response that is required from the service in relation to emergency symptoms or reactions
- Any medication that is required to be administered in an emergency
- The response that is required if the child does not respond to initial treatment
- When to call an ambulance for assistance

HEALTH SUPPORT AGREEMENT PROCEDURE

A Health Support Agreement must be developed through an in-person consultation with the parents of the child to ensure:

- That the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised
- If relevant, that practices and procedures are in place including the safe handling, preparation, consumption and serving of food are developed and implemented
- Systems are put in place to monitor the health needs of the child
- The child is supervised in a way that is suitable to their health care needs and adjustments are made to the service to include all children
- All educators are informed of their responsibilities with the child's medical condition. All educators can access the child's information, Action Plan and Health Support Agreement through the Medication Records Book
- Ensure that practices are met, and that the child does not attend the service unless their relevant medications are in date

EMERGENCY ANAPHYLAXIS PROCEDURE

- All educators are trained in first aid procedures and are available in an emergency
- The child's Action Plan is placed in the Medication Records folder and in the child's medication pouch. This will ensure it can be regularly accessed by educators. The need to display the child's Action Plan will be fully discussed with the child's family and their authorisation obtained for this
- The child's individual anaphylaxis health care plan must include clear instructions on recognising the signs and symptoms of anaphylaxis and when to administer the prescribed Epi-pen and seek emergency medical assistance
- All information on the child's individual anaphylaxis health care plan is reviewed annually with the child's general practitioner and family to ensure information is current to the child's developmental level
- In case of emergency the child's family is contacted
- Educators follow the emergency anaphylaxis procedure:
    - Lay the child flat. If breathing is difficult, allow the child to sit with their legs outstretched. Do not allow the child to stand or walk
    - Administer the prescribed EpiPen by removing the blue safety release, holding the child's leg still and placing the orange end firmly against the outer mid-thigh. Hold in place until a click is heard and keep pressed for 3 seconds, following the device instructions
    - Call 000 and request an ambulance
    - If symptoms persist and a second Epi-pen is available, administer it after 5 minutes, as directed by the ASCIA Action Plan
    - Contact the child's family or emergency contact
    - Stay with the child and monitor their breathing and responsiveness until emergency services arrive

- The child's medication must be labelled with the name of the child and recommended dosage
- If a child is known to have been exposed to their specific allergen but has not developed symptoms, the family will be contacted and advised seeking medical advice and collect the child from the service. Educators will closely monitor the child for any signs or symptoms of an allergic reaction while awaiting the family's arrival. If symptoms develop, educators will immediately follow the child's individual ASCIA Action Plan and the service's emergency procedures, including administering the prescribed medication and calling 000 when indicated
- If educators suspect a child with no known history of anaphylaxis is experiencing an anaphylactic reaction, they must administer an adrenaline autoinjector immediately, if available, and call 000 for an ambulance
- Educators will implement appropriate risk minimisation strategies before children attend excursions or participate in special activities, considering their individual medical needs and potential allergen exposure
- Following an anaphylaxis emergency, the child's Individual Anaphylaxis Health Care Plan and the service's emergency response procedures will be reviewed to identify any improvements needed to support the child's safety

EMERGENCY ASTHMA PROCEDURE

- All educators are trained in first aid procedures and are available in an emergency
- The child's Action Plan is placed in the Medication Records folder and medication pouch
- Medical Action Plans must be current and reviewed in accordance with the dates documented by the child's general practitioner. If an Action Plan does not include a review date or has passed its recommended review date, the Nominated Supervisor will work with the family to obtain an updated plan. Children will not be permitted to attend the service until an updated Action Plan has been provided
- In case of an emergency the child's family is contacted
- The child's medication must be labelled with the name of the child and recommended dosage
- If a child is experiencing an asthma attack, educators must follow the approved asthma first aid procedure:
    - Sit the child upright and reassure them. Do not allow them to lie down
    - Give 4 separate puffs of the child's reliever puffer, one puff at a time, using a spacer. Ask the child to take 4 breaths through the spacer after each puff
    - Wait 4 minutes. If there is no improvement, give another 4 separate puffs using the same method
    - If there is still no improvement, call 000 for an ambulance.
    - If the child's breathing does not return to normal, call 000 immediately and continue administering 4 puffs every 4 minutes until emergency assistance arrives. Do not wait to call 000 if the child's symptoms are severe or worsening
    - An educator must remain with the child, monitor their condition and follow the child's individual Asthma Action Plan where applicable
- If educators believe a child with no history of asthma may be having an asthma attack, educators follow the 4 by 4 by 4 emergency asthma method and call the child's family or emergency contact
- Risk minimisations are considered by educators before the child attends any excursions
- After each emergency incident, the Individual Asthma Care Plan will be evaluated to determine if the service's emergency response could be improved

REPORTING PROCEDURE FOR INCIDENT, INJURY, TRAUMA, AND ILLNESS

- Educators will be debriefed after each emergency medical situation to discuss their own thoughts and feelings about what happened
- Educators that have been involved in the emergency are to complete an incident, injury, trauma, and illness record which is then to be signed by the reporting educator and the parent upon collection of their child
- Educators file a copy of the incident report into the child's enrolment file
- The Nominated Supervisor will inform the principal in the event of an emergency service attending the site where they will complete an IRMS report through the portal

- The Nominated Supervisor will inform ACECQA about the incident through the NQAITS portal
- The Nominated Supervisor will evaluate the child's Action Plan and Health Support Agreement to discuss the effectiveness of the procedures put in place
- If a child had an unknown diagnosis the Nominated Supervisor will work with the family to put procedures in place to ensure the child's health and wellbeing

SAFE FOOD PRACTICES - NUT FREE SERVICE

We implement safe food practices to support the health, safety and wellbeing of children with allergies and specific dietary requirements. Food provided by the service must be nutritious, adequate in quantity and appropriate for each child's dietary needs, including any health-related requirements. Educators consider potential allergens when selecting and preparing food and provide suitable alternatives for children with allergies or anaphylaxis.

Safe food handling procedures are followed, including the use of separate cooking utensils and appropriate measures to prevent cross-contamination. Children at risk of anaphylaxis must only consume food that has been approved as safe for them and prepared at home or by the service under appropriate supervision. Children are not permitted to swap or share food or food containers.

As we operate as a nut-free service, nuts and nut products are not permitted on the premises. Families must ensure that food brought from home does not contain nuts or nut products.

ROLES AND RESPONSIBILITIES

Roles	Responsibilities
Director	• Ensure the Dealing with Medical Conditions in Children policy and procedures are met, the appropriate medical management plans and safety and risk management plan are completed, and all relevant actions are managed to minimise the risks to the child's health • Ensure families of children that have a specific medical condition have been given a copy of the Dealing with Medical Conditions in Children policy • In consultation with families, develop safety and risk management plans for children with medical conditions or specific health care needs • Ensure all educators are aware of each child's medication • Ensure qualified educators are trained and understand each child's triggers and safety and risk management plan • Ensure a written plan for ongoing communication between families and educators is developed as part of our risk minimisation plan, relating to the medical condition and any changes or specific needs. It must 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 educators follow the policy and procedures • Ensure copies of the policy and procedures are readily accessible to educators and available for inspection • Implement the Dealing with Medical Conditions in Children policy and procedures to ensure all action plans are in place and are carried out • Ensure any changes to the policy and procedures or individual child's medical condition or specific health care needs and medical management plan are updated in your risk minimisation plan and communicated to all educators • Notify the approved provider if there are any issues with implementing the policy and procedures • 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 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 are aware of and follow the risk minimisation procedures for the children, including emergency procedures
Educators	• Ensure all the action plans are carried out in line with the Dealing with Medical Conditions in Children policy and procedures • Educators monitor the child's health and wellbeing closely, remain alert to any signs or symptoms of illness, and inform the family of any changes in the child's condition as they arise • Ensure that two people are present any time medication is administered to children • Ensure communication with families is regular and all educators are informed of any changes to a child's medical condition • Understand the individual needs of an action plan for the children in our care with specific medical conditions • Ensure a new safety and risk management plan 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 • Maintain current approved first aid, CPR, asthma, and anaphylaxis training • Undertake specific training to ensure appropriate management of a child's specific medical condition

CONTINUOUS IMPROVEMENT

Our Dealing with Medical Conditions in Children Policy will be updated and reviewed every three years or earlier if there are changes to legislation, ACECQA guidance or any incident related to our policy. Feedback will be requested from children, families, staff, educators and management and notification of any change to policies will be made to families within 14 days.

REVIEW

POLICY CREATED BY	Lorin & Sue - All educators	Nominated Supervisors	March 2023
POLICY REVIEWED BY	Lorin & Sue - All educators	Nominated Supervisors	March 2024
MODIFICATIONS - Update to NQS layout and reviewed child's action plan date			
POLICY REVIEWED BY	Lorin, Sue, the Governing Council and all educators	Nominated Supervisors	October 2026
MODIFICATIONS - This policy has been reviewed to ensure it remains current, reflects our service's practices, aligns with relevant legislation and regulatory requirements, and continues to support the safety, wellbeing and best interests of children, families and educators.			