



DEALING WITH MEDICAL CONDITIONS POLICY

POLICY STATEMENT

Our service will work closely with children, families and schools and other health professionals to manage medical conditions of children attending the service. We will support children with medical conditions to participate fully in the day to day program in order to promote their sense of wellbeing, connectedness and belonging to the service (My Time, Our Place 1.2, 3.1). Our educators will be fully aware of the nature and management of any child's medical condition and will respect the child and the family's confidentiality (My Time, Our Place 1.4). Medications will only be administered to children in accordance with the National Law and Regulations.

Children with specific medical needs must be reassessed in regard to the child's needs and our service's continuing ability to manage the child's health considerations, on a regular basis, depending on the child's medical condition.

If a child's medical, physical, emotional or cognitive state changes the family will need to complete a new Medical Management Plan and our service will re-assess its ability to care for the child, including whether educators are appropriately trained to manage the child's ongoing specific needs.

PROCEDURE

Dealing with Medical Conditions:

Families will be asked to inform the service of any medical conditions the child may have at the time of enrolment. This information will be recorded on the child's enrolment form.

Upon notification of a child's medical condition, the Nominated Supervisor will ensure the family is directed to this policy in accordance with Regulation 91.

Parent/Guardian Responsibilities

Provide a current medical management plan developed in consultation with the child's doctor and family for specific or long-term medical conditions.

- Where a child has an allergy, the family may be asked to supply information from their doctor explaining the effects if the child is exposed to whatever they are allergic to and to explain ways the educators can help the child if they do become exposed.
- Provide completed Medication authorisation form.
- Provide/Replace (within expiry) the necessary medication and equipment required to manage their child's medical condition. Children can NOT attend the service without medication.
- Prior to the child's attendance, consult relevant health professionals and meet with the Nominated Supervisor, to discuss risk minimisation strategies and develop a risk minimisation plan for their child's medical condition/s.
- Families of children with an allergy or intolerance may be asked to supply a safe alternative food if required (e.g. soy milk, gluten free bread).
- Where medication for treatment of long-term conditions such as asthma, epilepsy, anaphylaxis or diabetes is required, the service will require an individual Medical Management Plan from the child's medical practitioner or specialist detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition is to be managed in the service environment.



Nominated Supervisor Responsibilities

The Nominated Supervisor will ensure a meeting is initiated with the family and relevant health professionals prior to the child's attendance, to discuss the content of the medical management plan and risk minimisation plans. The Nominated Supervisor is required to ensure the child's medical condition and risk minimisation strategies are communicated to all educators, volunteers and administrative support.

• Content of the Risk Minimisation plan will include:

- Identification of specific risks to the child or others by their attendance at the service;
- Identification of any practices or procedures that need adjustment at the service to minimise risk e.g. food preparation procedures;
- Process and timeline for orientation or training requirements of educators; and
- Methods for communicating between the family and educators if there are any changes to the child's medical management plan.
- Communication plan

• The medical management plan will be followed in the event of any incident relating to the child's specific health care need, allergy or relevant medical condition. All educators including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated regarding the necessary management. In some cases, specific training will be provided to educators to ensure that they are able to effectively implement the medical management plan.

• Where possible the service will endeavour to not have that allergen accessible in the service.

• Services will keep a record of expiry dates for medications of children with serious medication conditions. Services will check regularly to ensure all medications are in date and follow up with families to request medications are replaced as required.

• All Medical Management Plans including for anaphylaxis/ severe food allergies will be placed in an area easily referenced by Educators and volunteers. It is deemed the responsibility of the nominated supervisor to communicate location of medical management plans and risk minimisation strategies to every educator at the service to encourage them to stay current with the displayed Medical Management Plans.

Communication Plan

• In relation to communication plans, 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

• A child's parent/guardian can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.

• Parents/guardians can communicate any changes to the medical management plan via email, phone, verbally to Admin staff or during the annual review of the risk minimisation plans.

• A communication plan is discussed and incorporated into the Induction and Orientation of new and existing staff (as required), this includes the Medical conditions Policy, medical management plans and risk minimisation plans 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.

• Staff are kept informed about the medical conditions policy, medical management plan and risk minimisation plan as updates occur.



Epilepsy

- All families with children enrolled at the service with epilepsy must provide an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan, filed with their enrolment record.
- A Medical Conditions Risk Minimisation plan is completed for each child diagnosed, outlining procedures to minimise the incidence and effect of a child's epilepsy. The plan will cover the child's known triggers and where relevant other common triggers which may cause an epileptic seizure. Nominated Supervisor will follow the communicate plan, informing the team about strategies to manage the epilepsy.
- All staff members are trained to identify children displaying the symptoms of a seizure, and locate their personal medication and Epilepsy Management Plan
- Individual Epilepsy Management and Emergency Medical Management Plans will be displayed in key locations throughout the Service.

Asthma

- All families with children enrolled at the service with Asthma must provide an Asthma Action Plan completed in consultation with, and signed by, a medical practitioner and updated annually or as required. • Families of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the service.
- A Risk Minimisation Plan is developed for every child with asthma, in consultation with parents/guardians.
- All children with asthma have an Asthma Action Plan and Risk Minimisation Plan filed with their enrolment record.
- A medication record is kept for each child to whom medication is to be administered by the service.
- Nominated Supervisor will follow the communicate plan, informing the team about strategies to manage the asthma.
- Individual Asthma Action Plans will be displayed in key locations throughout the service.

Anaphylaxis

- All families with children enrolled at the service with Anaphylaxis must provide an anaphylaxis risk minimisation plan completed in consultation with, and signed by, a medical practitioner and updated annually or as required.
- Families will provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan.
- Where a child has a severe food allergy resulting in anaphylaxis, the service will have in place risk minimisation strategies that keep the children at risk separate from the particular food allergen. Where it is necessary for other children to consume the particular food allergen the child with a food allergy will be seated separately during mealtimes and all children will wash their hands before and after eating.
- Nominated Supervisor will follow the communicate plan, informing the team about strategies to manage the anaphylaxis.
- Nominated Supervisor will ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.

Administration of Medication

- Prescription medication will only be administered to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication will not be administered at the service unless authorised by a doctor.
- Educators will only administer medication during services operating hours.
- Permission for a child to self-medicate will be administered with the families written permission only.



- An authorisation is not required in the event of asthma or an anaphylaxis emergency where First Aid will be applied, and parent notified; and emergency service notified.
- Families who wish for medication to be administered to their child or have their child self administer the medication at the service must complete the Medication Record Form and provide the following information:
 - Name of child
 - Name of medication
 - Details of the date, time and dosage to be administered. (General time, e.g. lunchtime will not be accepted.);
 - Method of Administration (including if the child is to take the medication themselves (self administer); or have an educator give it; and
 - Signature of family member.
- Medication must be given directly to an educator and not left in the child's bag. Educators will store the medication in a designated secure place, clearly labelled and ensure that medication is always kept out of reach of children.
- 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.
- An exception to the procedure is applied for asthma medication for severe asthmatics in which case the child may carry their own medication on their person with parental permission. Where a child carries their own asthma medication, they should be encouraged to report to an educator their use of the puffer as soon as possible after administering and the service maintain a record of this medication administration including time, educator advised and if the symptoms were relieved.
- Before medication is given to a child, the educator (with current First Aid Certificate) who is administering the medication will verify the correct dosage for the correct child with another educator who will also witness the administration of the medication.
- After the medication is given, the educator will record the following details on the Medication Record Form : Name of medication, date, time, dosage, name and signature of person who administered and name and signature of person who verified and witnessed.
- In the event of a child having permission to self-medicate this must be authorised on the Medication Record Form.

This policy links to the following:

National Quality Standards: 2,5,6

Education and Care Service National Regulations 2011: 90-96, 178, 181-184

Law: s167, s173

Disability Discrimination Act 1975

NSW Anti-discrimination Act 1977

Work Health and Safety Act 2011

Individual Medical Management Plans and corresponding resources

My Time, Our Place

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

<https://epilepsyfoundation.org.au/> - Epilepsy Foundation