Medical Conditions Policy

POLICY STATEMENT

To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical condition our service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency situation should they arise.

PROCEDURE

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Our service is committed to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical conditions.

There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled at the service. Key procedures and strategies must be in place prior to the child commencing at the Service to ensure their individual health, safety and wellbeing. It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

THE APPROVED NOMINATED SUPERVISOR WILL ENSURE:

- ensure obligations under the *Education and Care Services National Law and National Regulations* are met
- all educators, staff, students and volunteers have knowledge of and adhere to this policy
- all staff, educators, students, visitors and volunteers have knowledge of and adhere to this policy
- all enrolment forms are reviewed to identify any specific health care need, allergy or medical condition
- existing enrolment forms are reviewed annually, and parents contacted to confirm if the existing diagnosed health care need, allergy or relevant medical condition still applies and whether any new needs have been diagnosed
- parents/guardians are provided with a copy of the service's *Medical Conditions Policy* and any other relevant medical conditions
- a child is not enrolled at, nor will attend the service without a medical management plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma, anaphylaxis

or diabetes must be provided to the service each day [e.g., asthma inhalers, adrenaline auto injection devices or insulin]
- all medication provided to the service, including over the counter medication that forms part of the child's medical management plan, must be clearly labelled with the child's name and prescribed dosage
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition that may be ongoing or acute/short term in nature
- new staff members are provided with induction and ongoing training to assist managers, educators and other staff effectively
- all aspects of operation of the service must be considered to ensure inclusion of each child into the program
- a communication plan is developed in collaboration with the nominated supervisor and lead educators to ensure communication between families and educators is on-going and effective
- communication regarding children's health requirements is delivered to families in a culturally sensitive and respectful manner
- staff are provided with annual ASCIA anaphylaxis e-training to provide consistent and evidence-based approaches to prevention, recognition and emergency treatment of anaphylaxis
- at least one staff member or nominated supervisor is in attendance at all times and is available immediately in an emergency with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA)
- educators and staff have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy or relevant medical condition
- families provide required information on their child's health care need, allergy or relevant medical condition, including:
  - medication requirements
  - allergies
  - medical practitioner's contact details
  - medical management plan
- a medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the OSHC Service and/or
  - an individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner e.g.: (ASCIA) or National Asthma Council of Australia
  - an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner
- a risk minimisation plan and communication plan has been developed in consultation with parents and management prior to the child commencing at the OSHC Service
- educators and staff will be informed immediately about any changes to a child's medical management plan, risk management plan

- to record any prescribed health information and retain copies of medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- educators have access to emergency contact information for the child
- casual staff are informed of children and staff members who have specific medical conditions, food
  allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis
- a copy of the child's medical management plan is visibly displayed (in an area not generally available to families and visitors) but known to staff in the OSHC Service with authorisation to display obtained from parent/guardian
- risk minimisation plans and communication plans for individual children are accessible to all staff
- procedures are adhered to regarding the storage and administration of medication at all times as per the *Administration of Medication Policy*
- educators are informed of specific medication requirements for children with medical management plans, including where medication is stored and/or any specific dietary requirements
- administration of medication record is accurately completed and signed by the educator and witnesses
- medication self-administered by a child over preschool aged, is only permitted with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication
- a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service and providing details of the allergen/s (Reg. 173).
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent is provided in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation

FOLLOWING AN INCIDENT-EDUCATORS WILL ENSURE:

- in the event that a high-risk scenario where a child suffers from a reaction, incident, situation, or event related to a medical condition the service and staff will follow the child's emergency medical management plan as per Reg. 90(1)(c)(ii)
- the first aid responder will commence first aid measures immediately as per the child's medical management plan, *Incident, Injury, Trauma and Illness policy and procedures and Administration of First Aid Policy* and *Procedures*
- urgent medical attention from a registered medical practitioner is contacted if required
- an ambulance is called by dialling 000 if the child does not respond to initial treatment
- the nominated supervisor or responsible person will contact the child's parent/guardian or emergency contact when practicable, but as soon as possible
- the approved provider/nominated supervisor will ensure the *Incident, Injury, Trauma and Illness Record* is completed in its entirety

- the approved provider/nominated supervisor will notify the regulatory authority (within 24 hours) in the event of a serious incident (Reg. 12)
- the approved provider/nominated supervisor will conduct a review of practices following a medical emergency at the service, including an assessment of areas for improvement.

FOOD HANDLERS WILL ENSURE:

- to keep up to date with professional training to help manage food allergies in ECEC services
- practices and procedures are in place, and adhered to, in relation to safe food handling, preparation and consumption of food
- any changes to children's medical management plans or risk minimisation plans are implemented immediately.

EDUCATORS WILL:

- follow this policy and associated medical policies and procedures
- inform the approved provider/nominated supervisor of communication from families that may impact changes and updates to the individual medical management plan
- notify the approved provider or nominated supervisor of any issues implementing this policy or procedure
- ensure medication is stored and administered in accordance with the *Administration of Medication Policy* and *Procedure,* including ensuring 2 educators are present during the administration of medication
- follow medical management plans at all times, including in the event of a medical emergency
- closely monitor children and ensure any symptoms or signs of illness are responded to immediately, including notifying families as soon as possible
- participate in the review of risk assessments and implement changes as required
- ensure medication and medical management plans are taken on all excursions and during emergency evacuations
- maintain current accredited first aid qualification, emergency asthma management and emergency anaphylaxis management training (as required)
- undertake specific training as required for individual medical conditions.

FAMILIES WILL ENSURE:

- the service enrolment form is completed in its entirety providing specific details about the child's medical condition during the enrolment process
- they acknowledge they have received/or are provided access to the service's *Medical Conditions Policy and Administration of Medication Policy* at time of enrolment
- they provide management with information about their child's health needs, allergies, medical conditions, and medication requirements on the enrolment form and through verbal communication/meetings
- they provide the service with a medical management plan prior to enrolment of their child and/or
    - an individual Asthma or Anaphylaxis Action Plan

  - an individual Diabetes Management Plan
- they consult with management to develop a risk minimisation plan
- they notify the Service if any changes are to occur to the medical management plan or risk minimisation plan through the *Notification of Changed Medical Status* form, email, communication plan and/or meetings with the nominated supervisor
- they provide adequate supplies of the required medication and medication authorisation on an *Administration of Medication Record*
- they provide any updated information relating to the nature of, or management or their child's diagnosed medical condition and associated health care provided by a medical practitioner
- notify the service, verbally when children are taking any short-term medications AND whether or not these medications may be self-administered (only applicable for a child over preschool age)

SELF-ADMINISTRATION OF MEDICATION

A child over preschool age may self-administer medication under the following circumstances:

  - a parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication
  - medication is stored safely by an educator, who will provide it to the child when required
  - supervision is provided by an educator whilst the child is self-administering medication
  - an accurate record is made in the medication record for the child that the medication has been self-administered.

MEDICAL MANAGEMENT PLAN

Any medical management plan provided by a child's parents and/or registered medical practitioner should include the following:

  - specific details of the diagnosed health care need, allergy or relevant medication condition
  - supporting documentation (if required)
  - a recent photo of the child
  - current medication and dosage prescribed for the child
  - if relevant, state what triggers the allergy or medical condition
  - first aid/emergency response that may be required
  - any medication that may be required to be administered in case of an emergency
  - further treatment or response if the child does not respond to the initial treatment
  - when to contact an ambulance for assistance
  - contact details of the medical practitioner who signed the plan
  - the date of when the plan should be reviewed
- a copy of the medical management plan will be displayed in areas for educators and staff to view easily but are harder for the public to view to ensure privacy, safety and wellbeing of the child

- the OSHC Service must ensure the medical management plan remains current all times
- educators and staff are updated immediately about any changes to a child's medical management plan.

RISK MINIMISATION PLAN

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. (Reg. 90(1)(c))

The approved provider/nominated supervisor will arrange a meeting with the parents/guardian as soon as the service has been advised of the diagnosed health care need, allergy or medical condition. During this meeting a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:

- that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised
- that practices and procedures in relation to the safe handling, preparation, serving, and consumption of food are developed and implemented
- that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- practices are developed and implemented to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication
- 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 need, allergy or medical condition
- risk minimisation plan(s) are reviewed at least annually and/or revised with each change in the medical management plan in conjunction with parents/guardians
- all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by educators
- parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed
- appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the *Dealing with Infectious Diseases Policy*.

COMMUNICATION PLAN

The communication plan explains how relevant staff members and volunteers are informed about the medical management and risk management plans and how the parent of the child can communicate any changes to the diagnosed health care need, allergy or medical condition.

A communication plan will be created after the meeting with the parents/guardian to ensure:

- all relevant staff members, students and volunteers are informed about the *Medical Conditions Policy,* the medical management plan and risk minimisation plan for the child; and

- that an individual child communication book/document is created so that a parent can communicate any changes to the medical management plan and risk management plan for the child in writing.

Parents are required to notify the Service if any changes are to occur to the medical management plan or risk minimisation plan through the *Notification of Changed Medical Status* form, email, communication plan and/or meetings with the nominated supervisor. At all times, families who have a child attending the OSHC Service who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child's health management and communication plans.

MANAGEMENT OF ASTHMA, ANAPHYLAXIS AND DIABETES

Medical Conditions Risk Minimisation Plan : Anaphylaxis
While developing the Medical Conditions Risk Minimisation Plan and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, our service will:

- Children will be taught not to share food, utensils or food containers
- Children will wash their hands before and after the consumption of food.
- Children with like allergies may sit together, however not isolated to reduce the risk of contact allergy or air bourne reaction if so determines in consultation with the parents.
- Staff will supervise meal time to reduce the risk on ingestion or cross contamination of foods.
- Request families to label all bottles, drinks and lunchboxes etc.. with their child's name.
- Consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate.
- Request all parents not to send food with their children that contain highly allergenic elements even if their child does not have an allergy.

Allergic reations and anaphylaxis are also commonly caused by:

- All types of animals, insects, spiders and reptiles.
- All drugs and medications, especially antibiotics and vaccines.
- Many homeopathic, naturopathic and vitamin preparations.
- Many species of plants,especially those with thorns and stings.
- Latex and rubber products.
- Band-aids, elastoplast and products containing rubber based adhesives.

Our service will ensure that body lotions, shampoos and creams and the above first aid products used on allergic children are approved by their parents.

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an anaphylactic

reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

The service will display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called Action Plan for Anaphylaxis in the office.

Medical Conditions Risk Minimisation Plan : Asthma

While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- Dust and pollution.
- Inhaled allergens, for example mould, pollen, pet hair.
- Changes in temperature and weather, heating and air conditioning.
- Emotional changes including laughing and stress.
- Activity and exercise.

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

The service will display an Asthma chart called First Aid for Asthma Chart for under 12 years or Asthma First Aid in the office.

Medical Conditions Risk Minimisation Plan : Diabetes

While developing the Medical Condition Risk Minimisation Plan our services will implement procedures where possible to ensure children with Diabetes do not suffer any adverse effects from their condition while at the service. These include ensuring they do not suffer from hypoglycemia, which occurs when blood sugar levels are too low or hyperglycemia, which occurs when blood sugar levels are too high.

Things that can cause a “hypo” include:

- A delayed or missed meal, or a meal with too little carbohydrate
- Extra strenuous or unplanned physical activity
- Too much insulin or medication for diabetes
- Vomiting

Things that can cause a “hyper” include:

- Missing a dose of diabetic medication, tablets or insulin
- Eating more carbohydrates than your body and/or medication can manage
- Being mentally or emotionally stressed (injury, surgery or anxiety)
- Contracting an infection

Our service will ensure information about the child’s diet including the types and amount of appropriate foods is part of the child’s Medical Management Plan and that this is used to develop the Risk Minimisation Plan. Our service will ensure our First

Aid trained Educators are trained in the use of a insulin injection device (syringes, pens, pumps) used by children at the service.

Our service will:

- Ensure the First Aid trained Educator provides immediate First Aid which will be outlined in the child's Medical Management Plan and may include giving the child some quick acting and easily consumed carbohydrates.
- Calling an ambulance by dialling 000 if the child does not respond to First Aid and CPR if the child stops breathing.
- Contact the child's parent/guardian or emergency contact to be notified in the event of illness.

CONSIDERATIONS

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
S.172	Failure to display prescribed information
S. 174	Offence to fail to notify certain circumstances to Regulatory Authority
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical Conditions Policy

90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First Aid qualifications
162	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of Medication Policy Child Safe Environment Policy Dealing with Infectious Diseases Policy Emergency and Evacuation Policy Enrolment Policy	Excursion/ Incursion Policy Communication Policy Incident, Injury, Trauma and Illness Policy Nutrition Food Safety Policy Confidentiality Policy Record Keeping Policy Work Health and Safety Policy

UPDATED AND ENDORSED September 2025

DATE FOR REVIEW AND EVALUATION: June 2028