



Medical Conditions Policy

POLICY STATEMENT

Coowarra OOSH will work closely with children, families and where relevant 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 the service in order to promote their sense of well being, connection 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). The Medical Conditions Policy will be provided to parents who identify that their child has a medical condition and a Medical Plan will be completed for each child that identifies with a medical condition.

PROCEDURE

Parent/guardians will be asked to inform the service of any medical conditions the child may have at the time of enrolment including but not limited to asthma, diabetes allergies or a risk of anaphylaxis. This information will be recorded by the parent on the child’s enrolment form.

Upon notification of a child’s medical condition the service will provide the parent with a copy of the this policy in accordance with Regulation 91.

Specific or long term medical conditions will require the completion of a Medical Management Plan and Action Plan with the child’s doctor and parent. It is a requirement of the service that all Action Plans be dated within the current calendar year and signed by a doctor or medical practitioner.

Where relevant, in accordance with Regulation 90, the service will ensure that a child does not attend the service without the aforementioned completed documentation, permission for the administration of medication and any required medication (related to the child’s specific health care need, allergy or specific medical condition), prescribed by the child’s medical practitioner.

- In the event of a child arriving at Before and After school care or Vacation Care without the above mentioned documentation (or medication where relevant), the child will be denied access to the centre. Parents/guardians or authorised nominees will be unable to leave the child at the service until all of the paperwork and/or medication as set out in the Regulations above is received by the centre.

It is a requirement of the service to meet it’s regulatory obligations that a Risk Minimisation Plan be developed in consultation with the parents. The Nominated Supervisor will meet with the parent/guardians and relevant health professionals as soon as possible prior to the child’s attendance to determine content of that plan to



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assist in a smooth and safe transition of the child into the service, and to assist in assessing and minimising risks associated with the child's health condition. This risk minimisation plan will form part of the Medical Management plan.

- Parents are required to notify the Service should their child's Medical Management Plan change in any way during the current year. This will be documented on the communication plan that also forms part of the child's Medical Management documentation and the relevant Medical Management and Action Plans will be updated.
- Parents are to note that a new Action Plan will be required at the start of each new calendar year.

Content of the Planning will include:

- Identification of any 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 eg. food service,
- Process and time line for Orientation procedures for Educators
- Methods for communicating between parents and Educators any changes to the child's Medical Management Plan

Parents are required to immediately notify the service should the child's Asthma, Anaphylaxis, Allergy and/or Medical Management and Risk Minimisation Plan change in any way, by means of a new action plan signed by the child's Medical Practitioner and a new Health Management 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 (this is in accordance with regulation 90). All Educators including volunteers and administrative support will be informed of any special medical conditions affecting children, the location of the child's medication and orientated to their management. In some cases specific training will be provided to Educators to ensure that they are able to implement effectively the Medical Management Plan, including Asthma and Anaphylaxis training. All Medical Management Plans are easily accessible to all Educators, whilst maintaining the privacy of the affected children and families. Action Plans are kept on the office wall next to the door in the allergy buddy bags.

A list of all medical conditions, including food allergies will be kept in a folder in the kitchen cupboard next to the microwave and also on the office wall under notice board (out of sight of general visitors and children) for easy access by educators. It is deemed the responsibility of every educator at the service to regularly read and refer to the list.



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All relief staff will be informed of the medical/ health conditions list on initial employment and provided orientation on what action to take in the event of a medical emergency involving a child on the list, including which staff member will be responsible for implementing the plan based on training and experience.

Where possible the service will endeavour to not have that allergen accessible in the service. If the Educators recognise an allergen that poses a potential risk to a child, the Nominated Supervisor will be notified and the Nominated Supervisor will notify the parents straight away. The appropriate changes to the child's Medical Management Plan and Risk Minimisation Plan will be made and the services procedures to minimising exposure to allergens will be amended.

Where a child has a life threatening food allergy and the service provides food, the service will endeavour not to serve the particular food allergen and families in the service will be advised not to supply that allergen. Parents of children with an allergy may be asked to supply a particular diet if required (eg soy milk, gluten free bread) although the service will always try to supply items required. The service will ensure that Educators at all times are handling, preparing and serving food in a safe manner and that the children are consuming food in the safest way possible. Please refer to the Service's Food Handling and Storage Policy.

Where it is necessary for other children to consume the particular food allergen (e.g. milk or other dairy foods) the child with a food allergy will be seated separately during meal times and all children will wash their hands before and after eating. It is noted that the Service is nut-free and will not serve any form of nuts to children as part of the food provided by the Service.

In order for staff to properly care for children, the service has an expectation that parents will inform Educators if the child/ren are receiving medication at home or school, the nature of the medication and purpose of the medication and possible side effects it may have for the child. Educators will use this information to support the child's participation in the service.

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 borne 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.



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- 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 reactions 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.



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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.



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- 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.

Supervised Self-Administration of Medication by Children over Preschool Age.

In the event that a child is allowed to self-administer medication, additional forms are required to be filled out. Please refer to the Service’s Administration of Medication Policy.

CONSIDERATIONS

Education and Care Services National Regulations	National Quality Standard	Other Service policies/documentation
<u>National Law</u> 173 Offence to fail to notify certain circumstances to Regulatory Authority 301 National regulations <u>National Regulations</u> 90 Medical Conditions Policy 91 Medical Conditions Policy to be provided to Parents 92 Medication Record 93 Administration of Medication 94 Exception to authorisation requirement- Anaphylaxis and Asthma Emergency 95 Procedure to Administration of Medication 96 Self- Administration of Medication 136 First Aid Qualifications	2.1.2 Health practices and procedures 2.2.2 Incident and emergency management 4.2.2 Professional standards 6.1.1 Engagement with the service 6.2.2 Access and participation 7.1.2 Management systems	- Parent Handbook Acceptance and Refusal of Authorisation Policy - First Aid - Management of Incident, Injury, Illness and Trauma - Child Safe Environment - Food Safety - Communications - Emergency - Medication Administration - Enrolment - Reporting to the Regulatory authority

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