



POLICY STATEMENT

Children are provided with a safe and supportive environment in which they are given the opportunity to participate equally in all activities 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 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 with medical conditions within our service.

LEGISLATIVE REQUIREMENTS

Regulation	Description	Implementation
89	First aid kits	First aid kits 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 administer 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

POLICY

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 kitchen cupboard, policies and procedures are located in the office cupboard.

The Mawson Lakes School OSHC Medical Condition in Children Policy sets out the requirements for:

- The management of medical condition including asthma, allergies, diabetes, or anaphylaxis
- Informing the director, medical officer, and educators of practices in relation to managing those medical conditions and location of relevant Action Plans and medication

The policy applies at any time that a child with specific health care need, allergy or medical condition is being cared for by an education and care service.

RESPONSIBILITIES OF PARENTS AND GUARDIANS

- Advise educators of the health care needs of their children, including medical conditions and allergies
- Provide OSHC educators with an Action Plan, updated by their General Practitioner every 12 months
- Consult with educators to develop a Health Support Plan that includes risk minimisation and a Medication Agreement
- Notify educators 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 an educator with the required medication, not leave medication in the child's bag
- Parents should confirm that the child was given the required medication by speaking to the appropriate educator on collection of the child

RESPONSIBILITIES OF EDUCATORS

- All qualified educators are trained in first aid in an education and care setting in line with regulation 136
- 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 needs replacing
- Understand their roles in food safety through undertaking training in managing and the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving food
- Be aware of the location of the asthma emergency kit and the spare epi-pen at all times
- Understand the purpose and use of an Action Plan and Health Support Agreement
- 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

In most cases, medication must be administered to a child being educated and cared for unless the administration is authorised under the Administration of Medication Regulation. The enrolment record kept for each child must include details of any person who is authorised to consent to medical treatment or administration of the medication to the child.

- A medication log is kept for each child to whom medication is to be administered by the service, aligning with regulation 92, Medication Record. The record must include the authorisation to administered medication, signed by a parents or a person named in the child's enrolment record as authorised to consent to administration of medication
- In the care 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 administration of medication or, a registered medical practitioner, or an emergency service.
- Educators ensure that parents have completed the authorisation of controlled medications form authorising qualified educators to administer the medication prior to administer it. If the parent has not completed the form, educators will not administer the medication.
- 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 in line with regulation 95, procedure for administration of medication.
- The authority to administer medication form 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

Our OSHC service is committed to supporting the health and wellbeing of all children. 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 staff regarding children's routine and emergency health care needs. This will occur with respect for the child's age and stage of development.

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 related 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 outlines 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
- The contact information of the child's doctor

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 qualified educators are trained in first aid procedures and are available in an emergency, in line with regulation 136
- The child's Action Plan is placed in the Medication Records Book. 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 information relating to the immediate transport to the hospital in an ambulance after an anaphylactic reaction
- All information on the child's individual anaphylaxis health care plan is reviewed annually with the child's family to ensure information is current to the child's developmental level. It is reviewed through a face-to-face consultation with the child's family
- In case of emergency the child's family is contacted through a phone call
- Educators follow emergency anaphylaxis procedure
 1. Lay child flat
 2. Administer epi-pen by pulling off the blue safety release, holding the leg of the child still and placing the orange end of the epi-pen against the skin until a click is heard, leave it for 3 seconds and then remove epi-pen
 3. Call 000
 4. Call the child's family or emergency contact

- The child's medication must be labelled with the name of the child and recommended dosage. Medication is located in a position that is out of reach of the child, but readily available for educators. Consideration is also given to the need to keep medications away from excessive light, heat or cold when deciding on a suitable location
- Where it is known a child has been exposed to their specific allergen, but has not developed symptoms, the child's family are contacted. A request is made to collect the child and seek medical advice. The educators closely monitor the child until the family arrive. Immediate action to be taken if the child develops symptoms
- **If educators believe a child with no history of anaphylaxis may be having an anaphylactic reaction, one educator will call the family while another educator is seeking guidance from 000. We will only administer an epi-pen if instructed by the 000 operator. We will keep the lines of communication open with the family at all times while the emergency is taking place.**
- Risk minimisations are considered by educators before the child attends any excursions of special activities
- After each emergency incident, the Individual Anaphylaxis Health Care Plan will be evaluated to determine if the service's emergency response could be improved

EMERGENCY ASTHMA PROCEDURE

- All qualified educators are trained in first aid procedures and are available in an emergency, in line with regulation 136
- The child's Action Plan is placed in the Medication Records Book. 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
- All information on the child's Individual Asthma Care Plan is reviewed annually with the child's family to ensure information is current and to the child's developmental level. It is reviewed through face-to-face consultation with the child's family
- In case of emergency the child's family is contacted through a phone call
- The child's medication must be labelled with the name of the child and recommended dosage. Medication is located in a position that is out of reach of the children, but readily available for educators. Consideration is also given to the need to keep medications away from excessive light, heat, and cold when deciding on a suitable location
- If a child is suffering from an asthma attack, educators follow the approved asthma procedure:
 1. Sit the child down and reassure them
 2. Give the child 4 separate puffs of emergency puffer through spacer
 3. Wait 4 minutes, if there is no improvement, give 4 more separate puffs
 4. If there is still no improvement, call 000
- **If an educator believes a child with no history of asthma may be having an asthma attack, an educator will call the family to ask for consent to administer Ventolin as OSHC keeps a spare spacer and Ventolin on the premises in case of an emergency. We will keep the lines of communication open with the family at all times while the emergency is taking place.**
- Risk minimisations are considered by educators before the child attends any excursion or special activities
- 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

After each emergency situation, the following is to be carried out:

- Educators that have been involved in the emergency situation are to complete an incident report which is then to be counter signed by the director of the service
- Educators file a copy of the incident report into the child's enrolment file
- The director of the service must inform the OSHC service management about the incident
- The director will inform ACECQA about the incident and fill out the IRMS report through the school
- Educators will be debriefed after each emergency medical situation to discuss their own thoughts and feelings about what happened
- Educators will evaluate the child's Action Plan and Health Support Agreement to discuss the effectiveness of the procedures put in place

SAFE FOOD PRACTICES - NUT FREE SERVICE

The service ensures that safe food practices are in place to allow children with allergies to feel safe and supported. Any food provided by the service must be nutritious, adequate in quantity and be chosen having regard to the dietary requirements of children including any health needs. We pay close attention to possible allergens and provide alternative food choices for those with anaphylaxis and allergies. We implement safe food handling and utilise separate cooking utensils to avoid and cross contamination. A child at risk of anaphylaxis can only eat their own lunches and snacks that have been prepared at home or at the service under supervised conditions. Children do not swap or share food, or food containers to avoid allergens. Due to the common nature of nut allergies in children, we do not allow nuts or nut products in the service. This means children are not allowed to bring in any foods that contain nuts or may contain nut products, this includes but is not limited to, peanut butter or Nutella sandwiches, meals cooked in peanut oil and chocolate bars or cakes that may contain nuts.

ROLES AND RESPONSIBILITIES

Roles	Responsibilities
Director	<ul style="list-style-type: none">• Ensure the Dealing with medical conditions in children policy and procedures are met, the appropriate medical management plans and risk assessments are completed, and all relevant actions are managed to minimise the risks to the child's health regulation 90• Ensure families of children that have a specific medical condition have been given a copy of the Dealing with medical conditions in children policy, regulation 91, and any other relevant policies• In consultation with families, develop risk minimisation plans for children with medical conditions or specific health care needs• Ensure all educators and staff have training as part of the induction process and ongoing training for the management of medical conditions• Ensure a written plan for ongoing communication between families and educators is developed as part of your risk minimisation plan, relating to the medical condition and any changes or specific needs. It should 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 and ensure all the action plans that are in place are carried out in line with these

	<ul style="list-style-type: none"> • Ensure any changes to the policy and procedures or individual child’s medical condition or specific health care need 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 • Display, with consideration for the children’s privacy and confidentiality, their medical management plan (from the doctor) and 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 and staff 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 and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens
Educators	<ul style="list-style-type: none"> • Ensure all the action plans are carried out in line with the Dealing with medical conditions in children policy and procedures • Ensure you monitor the child’s health closely and are aware of any symptoms and signs of ill health, with families contacted as changes occur • 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 and action plans for the children in your care with specific medical condition • Ensure a new risk assessment 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.

NATIONAL QUALITY STANDARDS

The following quality areas link to Medical Conditions in Children

Quality Area 2 - Children’s Health & Safety

2.1 Health

2.1.2 Health practices and procedures

Quality Area 4 - Staffing Arrangements

4.1 Staffing arrangements

4.1.1 Organisation of educators

4.2.2 Professional standards

Quality Area 5 - Relationships with Children

5.1.2 Dignity and rights of the child

Quality Area 6 - Collaborative Partnerships with Families and Communities

6.1 Supporting relationships with families

6.1.3 Families are supported

6.2.1 Transitions

Quality Area 7 - Governance and Leadership

7.1.2 Management systems

7.1.3 Roles and responsibilities

7.2.1 Continuous improvements

PRINCIPLES

The following principles link to Medical Conditions in Children

Partnership

Equity, inclusion, and high expectations

Critical reflection and ongoing professional learning

Collaborative leadership and teamwork

PRACTICES

The following practices link to Medical Conditions in Children

Collaboration with children and young people

Environments

Continuity and transitions

Assessment and evaluation for wellbeing, learning and development

SOURCE

[Dealing with medical conditions in children \(acecqa.gov.au\)](https://www.acecqa.gov.au)

[Quality Area 2 – Children's health and safety | ACECQA](#)