

## Dealing with Medical Conditions Policy

Policy Publication Date: December 2021

### Policy Statement

This policy acts to ensure that children are supported to feel physically and emotionally well. Families can expect to feel safe in the knowledge that their children's wellbeing and individual health needs will be met. Our aim is to provide a safe, secure environment with dealing with medical conditions in collaboration with parent/carers.

### Goals / What will Castle Hill Fun House do?

Procedures will be implemented to support the health, wellbeing and inclusion of all children enrolled at the service.

Our service practice and support the enrolment of children and families with specific health care requirements.

### Strategies/ How will Castle Hill Fun House ensure the goal is being met?

- First Aid trained staff members are proficient to perform their duties; understand their liabilities and duty of care requirements; are provided with sufficient information and training regarding the administration of medication and other appropriate treatments. Evidence of First aid trained staff members must be kept in staff records. (Reg 146-147.c)
- There is collaboration with families of children with medical conditions including asthma, anaphylaxis and diabetes to develop a Risk Minimisation Plan and medical communication log for their child.
- Parent/Carers can expect that Castle Hill Fun House staff members will always act in the best interest of the children in their care; meet the children's individual health care needs; maintain continuity of medication for their children
- *At least one staff member or one nominated supervisor of the service who holds a current approved first aid qualification; immediately available in an emergency, at all times that children are being are in attendance at any place where children are being educated and cared for by the service and educated and cared for by the service. Regulation 136a)*
- *At least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training; are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service. (Regulation 136b)*

- At least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service (Regulation 136c)
- Upon initial enrolment families are required to complete full details about their child's medical needs.
- Upon receiving a family disclosure of child/ren medical needs the Family Services & Administration Coordinator or Nominated Supervisor will provide a copy of dealing with medical conditions policy.
- Where children require medication or have specific medical needs for long term conditions, the child's medical practitioner must complete a medical management plan and the parent/guardian provide this to the service with their required medications. Such a plan will detail the child's special health support needs including administration of medication and other actions required to manage the child's condition.

### Administration of prescribed medication

Prescribed medication including authorised medication can only be administered to a child:

- With written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- With two adults in attendance, one of whom must be, first aid trained team member. The first aid trained team member will be responsible for the administration of the medication and the second educator will check the dosage is correct and witness the procedure and documented on relevant medical log.
- If the medication including over the counter medication is in its original container bearing the child's name, dose and frequency of administration (pharmacy label).
- Medications listed on an Asthma medical management plan, Anapen and Epi pen medication must be in its original container, bearing the child's name (pharmacy label) and before expiry or use by date.
- Medications (**is not** listed as Asthma, Epi pen or Anapen) must be in its original container, bearing the child's name, dosage (pharmacy label) and before expiry or use by date.
- Medication to be administered must be the same as listed on medical management plan

Medication, including emergency medication, and Medical Management Plans will be taken whenever the child goes to off-site activities.

Staff will inform the parent/guardians if medication needs to be replaced (if used or about to expire)

Children are not permitted to self-administer medication.

## Medical Management Plans

Medical management plans are required if a child enrolled at our service has a specific health care need including allergy, diabetes or anaphylaxis or relevant medical condition. This involves:

- Requiring a parent/guardian of the child provide a colour in date allergy, anaphylaxis, medication allergy, eczema, FPIES, immunodeficiency medical action plan dated, signed and/or stamped by a medical practitioner. Emergency contact must be listed.
- Requiring a parent/guardian of the child provide an in-date asthma or other medical action plan dated, signed and/or stamped by a medical practitioner for the child. Emergency contacts must be listed.
- All medical management plans must include a current colour photo of the child and must clearly outline procedures to be followed by team members in the event of an incident relating to the child's specific health care needs.
- Requiring the medical management plan be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.
- Medical Management plans must not be completed by a parent/guardian, school staff or early childhood education/care staff.
- Medical management plans must be reviewed every 12 months unless otherwise advised by a medical practitioner, when a new prescription for the adrenaline autoinjector is obtained or when the person's medical condition changes.

## Risk Minimisation and Communication Plans

Risk minimisation and communication plans are required to be developed in consultation with the parent/guardian of a child.

- To ensure that the risks relating to the child's specific health care need, allergy or relevant medical conditions are assessed and minimised.
- To ensure that all staff members can identify the child, the child's Medical Management Plan and the location of the child's medication.

## Communication Strategies

Staff members are informed about the Medical Conditions Policy, Medical Management Plans and Risk Minimisation Plan for the children upon induction, yearly or when needed for review.

## Storage of Medication

Medications are to be stored out of reach of children, in an easily accessible central location and as per medication label.

## Medical Emergencies

In a medical emergency, team members may receive verbal authorisation from a parent or authorised nominee as per enrolment form. In the event a parent/guardian or authorised nominee cannot be contacted verbal authorisation may be received by a registered medical practitioner or emergency services. (Regulation 93)

In the case of a medical emergency relating to an asthmatic or anaphylactic episode medication may be administered to a child without parent/guardian authorisation. Nominated Supervisor must ensure parent or emergency services are notified as soon as practicable (Regulation 94)

## Why is this policy in place?

The Education and Care Services National Regulations require approved providers to have a policy in place in relation to dealing with medical conditions (Reg 168 (2)(d))

## Roles and Responsibilities

Role	Authority / Responsibility For
<p>Approved Provider/Centre Manager(Nominated Supervisor)Work Health &amp; Safety Officer</p>	<ul style="list-style-type: none"> <li>• Ensure the service operates in line with the Education and Care Services National Law and National Regulations 2011</li> <li>• Ensure educators receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of the child with specific health needs.</li> <li>• Ensuring that all employee approved first aid qualifications, anaphylaxis management training and emergency asthma management training is current, meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA (refer to Sources).</li> <li>• Ensuring there is an induction process for all staff members including casual staff that includes providing information on the location of storage of medication, information of risk minimisation plans and medical management plans.</li> <li>• Provide, guidance and advice to ensure adherence to this policy</li> <li>• at least one team member or one nominated supervisor of the service who holds a current approved first aid qualification will be in attendance (Regulation 136(a))</li> </ul>

	<ul style="list-style-type: none"> <li>• at least one team member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training (Regulation 136(b))</li> <li>• at least one team member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training. (Regulation 13( c))</li> <li>• ensuring that a Risk Minimisation Plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually.</li> <li>• Notify the regulatory authority within 24 hours of any incident involving a serious injury or trauma to a child while that child is being educated and cared for, including any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis.</li> </ul>
<p>Centre Manager(Nominated Supervisor)/Work Health &amp; Safety Officer/ Responsible Person</p>	<ul style="list-style-type: none"> <li>• Provide supervision, guidance, and advice to ensure the adherence to this policy at all times.</li> <li>• Ensuring the development of a medical communication log and encouraging ongoing communication between parents/guardians and educators/support team members regarding children's medical conditions</li> <li>• at least one team member or one nominated supervisor of the service who holds a current approved first aid qualification will be in attendance (Regulation 136(a))</li> <li>• at least one team member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training (Regulation 136(b))</li> <li>• at least one team member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training. (Regulation 136(c))</li> <li>• Ensuring educators receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs.</li> <li>• Ensuring that a risk minimisation plan in conjunction with family/guardian is developed for each child with a medical condition on enrolment or upon diagnosis, and that the plan is reviewed minimum on an annual basis.</li> <li>• Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant policies and procedures.</li> <li>• Ensure that parents/guardians are contacted when concerns arise regarding a child's health and wellbeing.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure educators, support team members and volunteer working directly with children are informed of all children diagnosed with a medical condition and the risk minimisation procedures for these.</li> <li>• All children with diagnosed medical conditions have a current Risk Minimisation Plan that is accessible to all team members.</li> <li>• Ensure relevant staff members are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child.</li> <li>• Ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.</li> <li>• Ensure that practices and procedures in relation to safe handling, preparation, consumption, and service of food are developed and implemented.</li> <li>• Ensure that practices and procedures are implemented to notify families of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.</li> <li>• Ensure that all staff members are aware of the child's medical action plan and the location of the child's medication.</li> <li>• Ensure staff awareness that unexpected allergic reactions, including anaphylaxis, might occur for the first time in children not previously identified as being at risk, in the service.</li> <li>• Ensure that when relevant the child does not attend the service without medication prescribed by the child's medical practitioner as stated in their medical management plan.</li> <li>• If a child has had an allergic reaction to a packaged food or to a meal provided by the service, this will be reported to the local food authority for investigation</li> <li>• Adhere to this policy</li> </ul>
Educators	<ul style="list-style-type: none"> <li>• Communicating any relevant information provided by parents/guardians regarding their child's medical condition to the Nominated Supervisor &amp; Work Health and Safety Officer to ensure all information held by the service is current.</li> <li>• Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the nominated supervisor or responsible person.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensuring regular training is attended in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs. If educator does not attend provided medical training, educator will be responsible to organise and incur cost of training.</li> <li>• Being aware of individual requirements of children with specific medical conditions and following their Risk Minimisation Plan and Medical Management Plan.</li> <li>• Follow practices and procedures in relation to safe handling, preparation, consumption and service of food</li> <li>• Adhere to this policy</li> <li>• Be aware and understand all children diagnosed with a medical condition and the risk minimisation procedures for these.</li> <li>• Be aware of the children's medical action plan and the location of the child's medication.</li> <li>• Complete an incident report should a child require emergency medical treatment</li> <li>• Kitchen staff are to ensure all children's medical management plan or risk minimisation plan are implemented child's specific medical condition.</li> </ul>
Families	<ul style="list-style-type: none"> <li>• Informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition.</li> <li>• Providing a colour in date allergy, anaphylaxis, medication allergy, eczema, FPIES, immunodeficiency medical action plan dated, signed and/or stamped by a medical practitioner. Emergency contact must be listed.</li> <li>• Providing an in-date asthma or other medical action plan dated, signed and/or stamped by a medical practitioner for the child. Emergency contacts must be listed.</li> <li>• All medical management plans must include a current colour photo of the child and must clearly outline procedures to be followed by team members in the event of an incident relating to the child's specific health care needs.</li> <li>• Medical Management plans must not be completed by a parent/guardian, school staff or early childhood education/care staff.</li> <li>• Notifying the nominated supervisor/Responsible person when a change in medical condition</li> </ul>

	<ul style="list-style-type: none"> <li>• Developing a risk minimisation plan in consultation with the nominated supervisor, work health &amp; safety officer, responsible person or staff members</li> <li>• Provide a new medical management plan as required if a child’s medical, physical, emotional or cognitive needs change.</li> <li>• Providing medication including over the counter medication is in its original container bearing the child’s name, dose and frequency of administration (pharmacy label).</li> <li>• Medications listed on an Asthma medical management plan and Epi pen medication is in its original container, bearing the child’s name and written instructions (pharmacy label)</li> <li>• Providing medication to be administered must be the same as listed on medical management plan</li> <li>• Providing the required information for the service’s medication record including child medication and action plans.</li> <li>• Providing written consent (via the enrolment record) for service employee to administer first aid and call an ambulance, if required.</li> <li>• Being contactable, either directly or through authorised nominees/emergency contacts listed on the child’s enrolment record, in the event of an incident requiring the administration of first aid.</li> </ul>
--	---

**Monitoring, Evaluation, and Review**

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review the policy as per required.

Families and Castle Hill Fun House staff members are essential stakeholders in the policy review process and will be given the opportunity and encouragement to be actively involved.

**Related Information**

<p>Related Policies that support Dealing with Medical Conditions Policy</p>	<ul style="list-style-type: none"> <li>• Dealing with infectious Disease policy</li> <li>• Dealing with infectious Disease- COVID 19 Policy</li> <li>• Administration of First Aid</li> <li>• Incident, Injury, Trauma and Illness Policy</li> </ul>
---	--

	<ul style="list-style-type: none"> <li>• Providing a Child Safe Environment Policy</li> <li>• Work Health and Safety Policy</li> </ul>
Related Legislation	<ul style="list-style-type: none"> <li>• Education &amp; Care Services National Act 2010:Sections 173</li> <li>• Education &amp; Care Services National Regulations 2011: Regulations 90, 91, 93,94,96</li> <li>• Health Records Act 2001</li> </ul>
Related Guidelines, Standards, Frameworks	<ul style="list-style-type: none"> <li>• National Quality Standard, Quality Area 2: Children's Health and Safety Standard 2.1, 2.2</li> <li>• National Quality Standard Quality Area 7: Governance and Leadership- standard 7.1, elements 7.12, 7.13</li> </ul>
Sources	<ul style="list-style-type: none"> <li>• ACECQA- <a href="http://www.acecqa.gov.au/first-aid-qualifications-and-training">www.acecqa.gov.au/first-aid-qualifications-and-training</a></li> <li>• Guide to the National Law and National Regulations</li> <li>• Community Early Learning Australia (CELA) <a href="http://www.cela.org.au">www.cela.org.au</a></li> </ul>

## Definitions

<b>diagnosed as at risk of anaphylaxis</b>	in relation to a child, means a child who has been diagnosed by a registered medical practitioner as at risk of anaphylaxis
<b>medication</b>	means medicine within the meaning of the <a href="#">Therapeutic Goods Act 1989</a> of the Commonwealth;
<b>registered medical practitioner</b>	means a person registered under the Health Practitioner Regulation National Law to practise in the medical profession (other than as a student);
<b>serious incident</b>	(a) the death of a child— (i) while that child is being educated and cared for by an education and care service; or (ii) following an incident occurring while that child was being educated and cared for by an education and care service; (b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service— (i) which a reasonable person would consider required urgent

	<p>medical attention from a registered medical practitioner; or (ii) for which the child attended, or ought reasonably to have attended, a hospital;</p> <p><b>Example—</b></p> <p>A broken limb.</p> <p>(c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital;</p> <p><b>Example—</b></p> <p>Severe asthma attack, seizure or anaphylaxis reaction.</p> <p>(d) any emergency for which emergency services attended;</p> <p>(e) any circumstance where a child being educated and cared for by an education and care service—</p> <p>(i) appears to be missing or cannot be accounted for; or</p> <p>(ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or</p> <p>(iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises.</p>
<p><b>Medical Conditions</b></p>	<p>Not defined in the National Law or Regulations.</p> <p>May be described as a condition that has been diagnosed by a registered medical practitioner</p>
<p><b>Medical Management Plan</b></p>	<p>A document that has been prepared and signed by a registered medical practitioner that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child.</p>

**Breaches of this Policy**

<p>The approved provider of an education and care service that provides food or a beverage to children being educated and cared for by the service must ensure that the food or beverage provided is chosen having regard to the dietary requirements of individual children taking into account—</p> <p>(i) each child's growth and development needs; and  (ii) any specific cultural, religious or health requirements.</p>	<p>Penalty \$2,000</p>
<p>A nominated supervisor of an education and care service that provides food or a beverage to children being educated and cared for by the service must ensure that</p> <p>the food or beverage provided is chosen having regard to the dietary requirements of individual children taking into account—</p> <p>(i) each child's growth and development needs; and  (ii) any specific cultural, religious or health requirements.</p>	<p>Penalty \$2,000</p>
<p>The approved provider of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—</p> <p>(a) that administration is authorised; and  (b) the medication is administered in accordance with regulation 95 or 96.</p>	<p>Penalty \$2,000</p>
<p>The approved provider of an education and care service must ensure that written notice is given to a parent or other family member of a child as soon as practicable, if medication is administered to the child under an authorisation referred to in sub regulation (5)(b).</p>	<p>Penalty \$1,000</p>
<p>A nominated supervisor of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless</p> <p>(a) that administration is authorised; and  (b) the medication is administered in accordance with regulation 95 or 96.</p>	<p>Penalty \$2,000</p>