

Medical Conditions Policy

NQS

QA2	2.1.1	Health - Each child's health and physical activity is supported and promoted.
	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

Reg	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
	96	Self-administration of medication

MTOP

LO3	Children are happy, healthy, safe and connected to others.
	Educators engage children in experiences, conversations and routines that promote safety, healthy lifestyles and nutrition

Aim

The service and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, staff and visitors.

Related Policies

Additional Needs Policy
 Administration of Medication Policy
 Death of a Child Policy
 Emergency Service Contact Policy
 Emergency Management and Evacuation Policy
 Enrolment Policy
 Food Nutrition and Beverage Policy
 Health, Hygiene and Safe Food Policy
 HIV AIDS Policy
 Immunisation and Disease Prevention Policy
 Incident, Injury, Trauma and Illness Policy
 Infectious Diseases Policy
 Privacy and Confidentiality Policy
 Staffing Arrangements Policy

Implementation

The service will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of the Medical Conditions Policy will be provided to all educators and volunteers at the service. The Policy will also be provided to parents of children enrolled at the service including those whose child has been identified as having a specific health care need or allergy. Educators are also responsible for raising any concerns with a child's parents about any medical condition/suspected medical condition, or known allergens that pose a risk to the child.

No child enrolled at the service will be able to attend the service without medication prescribed by their medical practitioner. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the service or its programs without the device.

Families are required to provide information about their child's health care needs, allergies, medical conditions and medication on the Enrolment Form and are responsible for updating the service about of these things, including any new medication, ceasing of medication, or changes to their child's prescription. Where children have specific health care needs or medical conditions, medical, risk minimisation and communication plans are required as discussed below.

The Nominated Supervisor and educators will provide support and information to families about resources and support for managing specific health care needs and medical conditions, including allergies, anaphylaxis, asthma and diabetes.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating the anaphylaxis risk and the nature of the allergen will be displayed so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the notice will not name the child.

The Nominated Supervisor will ensure educators and relevant staff receive refresher training in the administration of adrenaline auto-injection devices and cardio- pulmonary resuscitation every 12 months, even if there are no children diagnosed at risk of anaphylaxis at the service at the time.

If there are children with diabetes at the service, the Nominated Supervisor will ensure first aid trained educators receive regular training in the use of relevant devices eg insulin injection device (syringes, pens, pumps) used by children.

Medical Information that must be provided in Enrolment Record

Medical Management Plan

The Enrolment Form provides an opportunity for parents to help the service effectively meet their child's health and medical needs. All educators and volunteers at the service follow a child's medical management plan, including in the event of an incident related to the child's specific health care needs or medical condition.

Families must:

- advise details of specific health care needs or medical conditions including asthma, diabetes and allergies, and whether the child has been diagnosed at risk of anaphylaxis
- provide a Medical Management Plan prepared by the child's doctor in respect of any specific health care needs or medical conditions. The Plan should:
 - include a photo of the child
 - state what triggers the allergy or medical condition if relevant
 - state first aid needed
 - contact details of the doctor who signed the plan
 - state when the Plan should be reviewed
 - have supporting documentation if appropriate

Medical Conditions Risk Minimisation Plan and Communication Plan

Risk Minimisation Plan

The Nominated Supervisor and relevant educators will prepare and implement a medical conditions risk minimisation plan in consultation with families which is informed by the child's Medical Management Plan.

The Plan will include measures to ensure:

- any risks are assessed and minimised
- practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented if relevant (we will follow all health, hygiene and safe food policies and procedures)
- all parents are notified of any known allergens that pose a risk to a child and how these risks will be minimised
- **a child does not attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition.**

This plan will be signed by parents and the Nominated Supervisor. We have a template resource for this purpose titled 'Medical Conditions Risk Minimisation Plan and Communication Plan'. Copies are available from OSHC room or on school website.

The Medical Management and Risk Minimisation plans will be kept in the child's file in Medical Conditions folder, with additional copies stored in daily attendance folder, with the child's medication and excursion folder when leaving the service site. Information will also be displayed in a prominent position near a telephone (eg kitchen) to ensure all procedures are followed. If parents have not authorised display of the plans in public areas, the plans will be displayed in areas which are not accessed by families and visitors to protect the child's privacy. We will explain to families why the prominent display of their child's plans is preferable. The medical plans will also be taken on any excursions.

Communication Plan

The Nominated Supervisor will implement a medical conditions communication plan to ensure that relevant educators, staff and volunteers:

- understand the Medical Conditions Policy
- can easily identify a child with health care needs or medical conditions
- understand the child's health care needs and medical conditions and their medical management and risk minimisation plans
- know where each child's medication is stored
- are updated about the child's needs and conditions

The Nominated Supervisor will also ensure the medical conditions communication plan sets out how parents may advise changes to their child's medical management and risk minimisation plans. The Nominated Supervisor will regularly remind families to update their child health and medical information as outlined in the Plan.

The plan will be signed by parents and the Nominated Supervisor.

The Nominated Supervisor will ensure:

- any new information is attached to the child's Enrolment Form and medical plans where relevant and shared with relevant educators, staff and volunteers
- displays about a child's health care needs or medical conditions are updated.

Anaphylaxis/Allergy Management

While not common, anaphylaxis is life threatening. It is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to an individual and it is possible to have an allergy to any foreign substance.

Symptoms of anaphylaxis include difficulty breathing, swelling or tightness in the throat, swelling tongue, wheeze or persistent cough, difficulty talking, persistent dizziness or collapse and in young children paleness and floppiness.

Anaphylaxis is often caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.

To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, educators and staff will:

- ensure children do not trade food, utensils or food containers
- prepare food in line with a child's medical management plan and family recommendations
- 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
- closely supervise all children at meal and snack times, ensure food is eaten in specified areas and children are not permitted to 'wander around' the service with food

The Nominated Supervisor will also:

- instruct educators and staff on the need to prevent cross contamination
- consider requesting parents to not send food that contains highly allergenic elements, even if their child does not have an allergy eg by placing a sign near the front door reminding families about this. In the case of a nut allergy this may prevent, for example, parents or other individuals visiting the service from bringing any foods or products containing nuts or nut material such as:
 - peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
 - any other type of tree or ground nuts, peanut oil or other nut based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
 - any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
 - foods with spices and seeds such as mustard, poppy, wheat and sesame seeds
 - cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil that contain nut material

In relation to nuts and nut products, commercial food processing practices mean it is not possible to eliminate nuts and nut products entirely from our service eg there will be traces of nuts in many products. **FOR THIS REASON WE ARE A NUT AWARE SERVICE RATHER THAN A NUT FREE SERVICE.**

- consider the food allergies of all children. It may not be practical to prohibit all foods triggering food allergies. Nut allergy is the most likely to cause severe reaction and will take precedence
- consider requesting parents of children with (severe) food allergies to prepare food for the child at home where possible
- instruct food preparation staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food and organise training as required eg careful cleaning of food preparation areas and utensils, use of different tools and equipment for allergic children
- ensure meals prepared at the service do not contain ingredients like nuts, and other allergens including eggs and milk if appropriate
- ensure food preparation staff consult risk minimisation plans when making food purchases and planning menus
- provide information about anaphylaxis and organise training for all educators on how to administer adrenaline auto injector devices eg EpiPens
- encourage all educators to undertake anaphylaxis management training

- ensure all educators administer medication in accordance with our “Administration of Medication Policy”
- ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an anaphylactic reaction, and implement improvements if possible

Allergic reactions and anaphylaxis are also commonly caused by:

- animals, insects, spiders and reptiles
- 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.

The service will display an Australasian Society of Clinical Immunology and Allergy (ASICA) Action Plan poster for Anaphylaxis in a key location at the service, for example, in the OSHC room and near the medication cabinet (see www.allergy.org.au) as well as in our daily attendance folder.

Educators will react rapidly if a child displays symptoms of anaphylaxis and will:

- lay child flat or seat them if breathing is difficult (child will not be allowed to walk or stand)
- ensure a first aid trained educator with approved anaphylaxis training administers first aid in line with the child’s medical management plan. This may include use of an adrenaline autoinjector device eg EpiPen® and CPR if the child stops breathing in line with the steps outlined by ASICA in the Action Plan for Anaphylaxis (see www.allergy.org.au)
- call an ambulance immediately by dialling 000

The Nominated Supervisor will ensure that an emergency 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.

Asthma Management

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma symptoms include wheezing, cough, chest tightness or shortness of breath. Educators and staff will implement measures 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

To minimise exposure of susceptible children to triggers which may cause asthma, educators and staff will ensure children’s exposure to asthma triggers are minimised. This may for example,

- implement wet dusting to ensure dust is not stirred up
- plan different activities so children are not exposed to extremes of temperature eg cold outdoors and warm indoors
- restrict certain natural elements from inside environments
- supervise children’s activity and exercise at all times
- keep children indoors during periods of heavy pollution, smoke haze or after severe storms which may stir up pollen levels etc

The Nominated Supervisor will also:

- consider banning certain plants and vegetation from the outdoor and indoor environments
- consider children’s asthma triggers before purchasing service animals or allowing children’s pets to visit
- ensure indoor temperatures are appropriate and heating and cooling systems are being used appropriately
- assist educators to monitor pollution levels and adverse weather events

- ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an asthma attack, and implement improvements if possible

The service will display a National Asthma Council Australia Action Plan Poster in a key location at the service in the OSHC room, near the medication cabinet, in daily attendance book and excursion book (see www.nationalasthma.org.au).

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, educators will:

- ensure a first aid trained educator with approved asthma training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined in the National Asthma Council Australia Action Plan:
 1. Sit the child upright - Stay with the child and be calm and reassuring
 2. Give 4 separate puffs of a reliever inhaler (blue/grey)
 - Use a spacer if there is one
 - Shake puffer
 - Give 1 puff at a time with 4-6 breaths after each puff
 - Repeat until 4 puffs have been taken
 3. Wait 4 minutes - If there is no improvement, give 4 more puffs as above
 4. If there is still no improvement call an ambulance on 000
 - Keep giving 4 puffs every 4 minutes until the ambulance arrives

The service will ensure that an Emergency Asthma First Aid 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 at room temperature in dry areas. An Emergency Asthma First Aid kit should contain:

- Blue or grey reliever puffer
- At least 2 spacer devices that are compatible with the puffer

Spacers and masks can only be used by one person. That person can re-use the spacer or mask but it cannot be used by anyone else. Educators will ensure the child's name is written on the spacer and mask when it is used.

Diabetes Management

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin. The most common form of diabetes in children is Type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

Type 2 diabetes is often described as a 'lifestyle disease' because it is more common in people who are overweight and don't exercise enough. Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

Symptoms of diabetes include frequent urination, excessive thirst, tiredness, weight loss, vision problems and mood changes. People who take medication for diabetes are also at risk of hypoglycaemia (they may have a "hypo") if their blood sugar levels are too low. 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

Symptoms of hypoglycaemia include headache, light-headedness and nausea, mood change, paleness and sweating, and weakness and trembling. If left untreated people may become disorientated, unable to drink, swallow or stand, suffer a lack of coordination, loss of consciousness and seizures.

Educators and staff will implement measures to reduce the risk of children suffering adverse effects from their condition. These may include, for example:

- ensuring medication is administered as outlined in the medical management plan
- ensuring children eat at regular intervals and have appropriate levels of carbohydrate

The Nominated Supervisor will also ensure information about the child's diet including the types and amounts of appropriate foods as outlined in the child's Medical Management Plan is considered when preparing service menus.

If a child is displaying symptoms of a "hypo" a first aid trained educator will:

- immediately administer first aid in accordance with the child's medical management plan. This may include giving the child some quick acting and easily consumed carbohydrate eg several jellybeans, 2-3 teaspoons of honey or some fruit juice. Once blood glucose is at regular levels the child may be given some slow acting carbohydrate to stabilise blood sugar eg slice of bread, glass of milk, piece of fruit

If a child is displaying severe hypoglycaemia (eg they're unconscious, drowsy or unable to swallow) a first aid trained educator will:

- immediately administer first aid in accordance with the child's medical management plan
- call an ambulance by dialling 000
- administer CPR if the child stops breathing before the ambulance arrives.

We will refer to as1diabetes (as1diabetes.com.au) for more information and resources, including child friendly resources, on diabetes.

Sources

Education and Care Services National Law and Regulations

National Quality Standard

Asthma Australia

National Asthma Organisation

Australasian Society of Clinical Immunology and Allergy www.allergy.org.au

Allergy and Anaphylaxis Australia www.allergyfacts.org.au

Australian Diabetes Council

Better Health Vic

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families

Last reviewed: November 2019

Date for next review: October 2020

Asthma Risk Minimisation and Communication Plan

Child's Name:	Date of Birth:
Asthma Action Plan provided by parent/carer (please circle) YES / NO	
Asthma Triggers:	
Other Health Conditions:	
List Medication stored in OSHC medication cabinet:	

Parent/carer contact:

Parent/carer information (1)	Parent/carer information (2)
Name:	Name:
Relationship:	Relationship:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:

Other emergency contact (if parent/carer not available):

Name:	Relationship to Child:
Home:	Work:
	Mobile:
Medical Practitioner contact:	

The following Asthma Risk Minimisation and Communication Plan has been developed with my knowledge and input and will be reviewed on (record date): _____.

I/we agree to these arrangements, including the display of our child's picture, name, medication held and location, and brief description of allergy/condition on a poster in the OSHC room.

Signature of Parent/Carer:	Date:
Signature of Nominated Supervisor:	Date:

Medical risks at the service and how these are minimised

Strategies to Avoid Asthma Triggers:-

Predominant Allergy/Anaphylaxis Trigger/s: (for example: eating certain food, using products containing certain foods, chemicals or other substances, temperature, dust, physical activity, exposure to certain animals or plants, mould, pollen, etc.)
PLEASE LIST TRIGGERS RELATED TO CHILD:

Other Asthma Triggers:

Risk Minimisation

- Anaphylaxis, asthma and first aid trained educators are on the premises at all times.
- The MEDICATION MANAGEMENT PLAN and RISK MINIMISATION PLAN and COMMUNICATION PLAN are accessible to all educators and a copy will be stored in the medical management plan folder, with the child's medication, in daily attendance folder in our emergency evacuation bags.
- The child's medication is stored in the medication cabinet located in OSHC office and accessible by educators.
- Service Epi pen and emergency asthma kit is stored in medication cabinet.
- The child's medication will be checked to ensure it is current and has not expired.
- The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child's medical management plan, risk minimisation plan and medication.
- Parents are required to authorise administration of medication on medication record, and educators will complete administration of medication record whenever medication is provided.
- A copy of parent's authorisation to administer medication is attached to medical management plan and original filed in medical authorisation folder for child.
- The Nominated Supervisor will notify the parents of any allergens that pose a risk to the child.
- The service will display the child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in prominent places to alert all staff, volunteers and students. It is necessary to get parents approval for this or the information must be displayed so it is not visible to other families and visitors to protect the child's privacy.

Medical Communication Plan

Service

Educators:

- will complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time).
- may enquire about the child’s health to check if there have been any changes in their condition or treatment
- advise parents if child’s medication needs to be replenished.

The Nominated Supervisor will:

- advise all new educators, staff, volunteers and students about the location of the child’s medical management plan, risk minimisation plan and medication as part of their induction
- review the child’s medical management plan, risk minimisation plan and medication regularly at staff meetings, and seek feedback from educators about any issues or concerns they may have in relation to the child’s medical condition
- regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child’s medical management plan, risk minimisation information and medication information through newsletters, emails and information on parent noticeboards
- update a child’s enrolment and medical information as soon as possible after parents update the information.

Parents

Parents will:

- verbally advise the Nominated Supervisor of changes in the medical management plan or medication as soon as possible after the change, and immediately provide an updated medical management plan, medication and medication authorisation (if relevant)
- **provide an updated medical management plan annually**, whenever it is updated or prior to expiry
- provide details annually in enrolment documentation of any medical condition
- advise educators verbally or in writing on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms if known
- ensure the service has adequate supplies of the child’s medication

<i>Communication</i>	<i>Date checked</i>	<i>Who is responsible</i>	<i>Risk Management Strategies</i>
Current Medical Management Plan, identifying known allergens has been provided		Parent	Action Plan provided before attendance
Parent/carer aware that the child is unable to attend OSHC without their prescribed medicine		Parent and Nominated Supervisor	Ensure medication is at OSHC otherwise child will not be able to attend
The prescribed medication expiry date has been checked at enrolment		Parent	Expiry date.....
OSHC staff have checked prescribed medication expiry date quarterly		Educator	Expiry date.....

Communication	Date checked	Who is responsible	Risk Management Strategies
The child is allowed to eat healthy snacks that are provided at OSHC		Educator/Parent/Child	Child is allowed to eat snacks provided.
In cases where child has a severe food allergy all food for this child should be checked and approved by the child's parent/carer in accordance with their individual Risk Minimisation Plan		Parent	
Drinks and lunch boxes, including any treats, provided by the parent/carer for this child should be clearly labelled with the child's name.		Parent	Lunch box and drinks clearly labelled before attending OSHC
There should be no trading or sharing of food, food utensils and containers with this child.		Child / Educator	Discuss at program with children and educators
Parents/carers are aware that every child attending OSHC with a medical management plan will have a current Action Plan and identifying photo displayed in the OSHC room		Parents / Educators	The children's safety overrides privacy laws, Action Plan with photo will be displayed
Ensure tables and bench tops are washing down and sanitised before and after food preparation and eating.		Educators	Educators to follow standard practices.
Some food, food containers, boxes and packaging in crafts, cooking and science experiments may be restricted depending on the allergens/triggers of the children attending OSHC at the time.		Educators	Where necessary and practical allergens and triggers will be removed from OSHC
The Risk Minimisation Plan will inform OSHC's food purchases and menu planning		Educators	Increased supervision during food activities to support the needs of the child.

The Director is responsible for ensuring that a current Medical Management Plan, Risk Minimisation and Communication Plan is developed and distributed to all parents and educators. Individual communication plans will be developed in conjunction with parents/carers and will provide information to guide all OSHC staff, children, students and parents/carers in the management of the medical condition including potential triggers, relevant medication and the appropriate first aid response.

The parent/carer is responsible for information Flagstaff Hill OSHC of any changes to the child's Medical Management Plan and Risk Minimisation Plan.

Date	Communication	Educator Signature	Parent/carer signature

Strategies to Avoid Allergy / Anaphylaxis Triggers:-

Predominant Allergy/Anaphylaxis Trigger/s: (for example: eating certain food, using products containing certain foods, chemicals or other substances, temperature, dust, physical activity, exposure to certain animals or plants, mould, pollen, etc.)
PLEASE LIST TRIGGERS RELATED TO CHILD:

Other Allergy/Anaphylaxis Triggers:

If allergy to a food:-

Food handling, preparation, consumption and service

Educators to prepare and serve food separately; sanitise preparation area and tables, clear and clean floors of any dropped food as soon as practical; child will be supervised at all times vigilantly while other children are eating and drinking; the child's food items will be labelled clearly; educators may refuse to give the child unlabelled food.

Risk Minimisation

- Anaphylaxis, asthma and first aid trained educators are on the premises at all times.
- The MEDICATION MANAGEMENT PLAN and RISK MINIMISATION PLAN and COMMUNICATION PLAN are accessible to all educators and a copy will be stored in the medical management plan folder, with the child's medication, in daily attendance folder in our emergency evacuation bags.
- The child's medication is stored in the medication cabinet located in OSHC office and accessible by educators.
- Service Epi pen and emergency asthma kit is stored in medication cabinet.
- The child's medication will be checked to ensure it is current and has not expired.
- There is a notification of child at risk of anaphylaxis displayed in the front foyer with other prescribed information.
- The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child's medical management plan, risk minimisation plan and medication.
- Parents are required to authorise administration of medication on medication record, and educators will complete administration of medication record whenever medication is provided.
- A copy of parent's authorisation to administer medication is attached to medical management plan and original filed in medical authorisation folder for child.
- The Nominated Supervisor will notify the parents of any allergens that pose a risk to the child.
- The service will display the child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in prominent places to alert all staff, volunteers and students. It is necessary to get parents approval for this or the information must be displayed so it is not visible to other families and visitors to protect the child's privacy.

Medical Communication Plan

Service

Educators:

- will complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time).
- may enquire about the child's health to check if there have been any changes in their condition or treatment
- advise parents if child's medication needs to be replenished.

The Nominated Supervisor will:

- advise all new educators, staff, volunteers and students about the location of the child's medical management plan, risk minimisation plan and medication as part of their induction
- review the child's medical management plan, risk minimisation plan and medication regularly at staff meetings, and seek feedback from educators about any issues or concerns they may have in relation to the child's medical condition
- regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child's medical management plan, risk minimisation information and medication information through newsletters, emails and information on parent noticeboards
- update a child's enrolment and medical information as soon as possible after parents update the information.

Parents

Parents will:

- verbally advise the Nominated Supervisor of changes in the medical management plan or medication as soon as possible after the change, and immediately provide an updated medical management plan, medication and medication authorisation (if relevant)
- **provide an updated medical management plan annually**, whenever it is updated or prior to expiry
- provide details annually in enrolment documentation of any medical condition
- advise educators verbally or in writing on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms if known
- ensure the service has adequate supplies of the child's medication

<i>Communication</i>	<i>Date checked</i>	<i>Who is responsible</i>	<i>Risk Management Strategies</i>
Current Medical Management Plan, identifying known allergens has been provided		Parent	Action Plan provided before attendance
Parent/carer aware that the child is unable to attend OSHC without their prescribed medicine		Parent and Nominated Supervisor	Ensure medication is at OSHC otherwise child will not be able to attend
The prescribed medication expiry date has been checked at enrolment		Parent	Expiry date.....
OSHC staff have checked prescribed medication expiry date quarterly		Educator	Expiry date.....
<i>Communication</i>	<i>Date checked</i>	<i>Who is responsible</i>	<i>Risk Management Strategies</i>

The child is allowed to eat healthy snacks that are provided at OSHC		Educator/Parent/Child	Child is allowed to eat snacks provided.
In cases where child has a severe food allergy all food for this child should be checked and approved by the child's parent/carer in accordance with their individual Risk Minimisation Plan		Parent	
Drinks and lunch boxes, including any treats, provided by the parent/carer for this child should be clearly labelled with the child's name.		Parent	Lunch box and drinks clearly labelled before attending OSHC
There should be no trading or sharing of food, food utensils and containers with this child.		Child / Educator	Discuss at program with children and educators
Parents/carers are aware that every child attending OSHC with a medical management plan will have a current Action Plan and identifying photo displayed in the OSHC room		Parents / Educators	The children's safety overrides privacy laws, Action Plan with photo will be displayed
Ensure tables and bench tops are washing down and sanitised before and after food preparation and eating.		Educators	Educators to follow standard practices.
Some food, food containers, boxes and packaging in crafts, cooking and science experiments may be restricted depending on the allergens/triggers of the children attending OSHC at the time.		Educators	Where necessary and practical allergens and triggers will be removed from OSHC
The Risk Minimisation Plan will inform OSHC's food purchases and menu planning		Educators	Increased supervision during food activities to support the needs of the child.

The Director is responsible for ensuring that a current Medical Management Plan, Risk Minimisation and Communication Plan is developed and distributed to all parents and educators. Individual communication plans will be developed in conjunction with parents/carers and will provide information to guide all OSHC staff, children, students and parents/carers in the management of the medical condition including potential triggers, relevant medication and the appropriate first aid response.

The parent/carer is responsible for information Flagstaff Hill OSHC of any changes to the child's Medical Management Plan and Risk Minimisation Plan.

<i>Date</i>	<i>Communication</i>	<i>Educator Signature</i>	<i>Parent/carer signature</i>