

# MEDICAL CONDITIONS POLICY

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

Children with a diagnosed health condition are only allow to attend OSHC if the following 3 plans are current and in place: -

- Medical Action Plan (also known as Health Care Plan or Medical Management Plan)
- Risk Minimisation Plan
- Communication Plan

The purpose of the 3 plans is to identify and minimise risks for each child and communicate all necessary information to relevant people. Health Care requirements are regulated by National Law and National Regulations.

## NATIONAL QUALITY STANDARD (NQS)

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

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical Conditions Policy
90 (1) (a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
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
136	First Aid qualifications
162(c) and (d)	Health information to be kept in enrolment record
168(2)(d)	Policies and procedures are required in relation to dealing with medical conditions in children, including the matters set out in regulation 90
170	Policies and procedures are to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
174	Time to notify certain circumstances to Regulatory Authority

## PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions. We aim to efficiently respond to and manage medical conditions, health care needs or allergies of children and staff ensuring the safety and wellbeing of all children, staff, families and visitors at our OSHC Service.

## SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor and visitors of the OSHC Service.

## DUTY OF CARE

Our OSHC Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

- a. a safe environment for children free of foreseeable harm *and*
- b. adequate supervision of children at all times.

## IMPLEMENTATION

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

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

### THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT WILL ENSURE:

- all enrolment forms are reviewed to identify any diagnosed health care need, allergy or medical condition
- existing enrolment forms are reviewed, and parents contacted to confirm if the existing diagnosed health care need, allergy or relevant medical condition still applies and whether any new needs have been diagnosed
- parents are provided with a copy of the Service's *Medical Conditions Policy*
- a child is not enrolled at, nor will attend the OSHC Service, without a medical action plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma, anaphylaxis or diabetes must be provided to the service each day [e.g., asthma inhalers, adrenaline auto injection devices or insulin]
- educators, staff and volunteers have knowledge and access to this policy and relevant health management policies
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition that may be ongoing or acute/short term in nature
- new staff members are provided with induction and ongoing training to assist educators and other staff effectively
- all aspects of operation of the service must be considered to ensure inclusion of each child into the program
- a communication plan is developed in collaboration with the Nominated Supervisor/Responsible Person and lead educators to ensure communication between families and educators is on-going and effective

- at least one staff member is in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA)
- educators and staff have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy or relevant medical condition
- families provide required information on their child's health care need, allergy or relevant medical condition, including:
  - medication requirements
  - allergies
  - medical practitioner contact details
  - medical action plan
- a medical action plan has been developed in consultation with parents and the child's medical practitioner and provided to the service
- a risk minimisation plan has been developed in consultation with parents and the Nominated Supervisor/Responsible Person prior to the child commencing at the service
- educators and staff will be informed immediately about any changes to a child's medical action plan and risk management plan
- to record any prescribed health information and retain copies of medical action plans and risk minimisation plans in the child's medical folder
- educators have access to emergency contact information for the child
- procedures are adhered to regarding the administration of medication at all times
- administration of medication record is accurately completed and signed by the educator and witnesses
- medication self-administered by a child over preschool aged, is only permitted with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication
- a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173).
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent is provided in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation.

**EDUCATORS WILL ENSURE:**

- in the event that a high-risk scenario where a child suffers from a reaction, incident, situation, or event related to a medical condition the Service and staff will follow the child's emergency medical action plan as per Regulation 90(1)(c)(ii)
- the first aid responder will commence first aid measures immediately as per the child's medical action plan
- an ambulance is called by dialling 000 if the child does not respond to initial treatment
- the Nominated Supervisor (or in their absence, Responsible Person) will contact the child's parent/guardian or emergency contact when practicable, but as soon as possible
- the Approved Provider/Nominated Supervisor will ensure the *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- the Director/Nominated Supervisor will notify the regulatory authority (within 24 hours) in the event of a serious incident.

**FOOD HANDLERS WILL ENSURE:**

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

**FAMILIES WILL ENSURE:**

- the OSHC Service enrolment form is completed in its entirety providing specific details about the child's medical condition
- they provide management with information about their child's health needs, allergies, medical conditions, and medication requirements on the enrolment form and through verbal communication/meetings
- they provide the OSHC Service with a medical action plan prior to enrolment of their child
- they consult with Nominated Supervisor/Responsible Person to develop a risk minimisation plan
- they acknowledge they have received/or are provided access to the Service's *Medical Conditions Policy and Administration of Medication Policy* at time of enrolment
- they notify the OSHC Service if any changes are to occur to the medical action plan
- notify the OSHC Service, verbally when children are taking any short-term medications AND whether or not these medications may be self-administered (only applicable for a child over preschool age)

- they provide adequate supplies of the required medication and medication authorisation on an Administration of Medication Record
- they provide an updated copy of the child's medical action plan every 2 years or when a child's medical condition or medical treatment changes
- they provide written consent for their child's medical action plan to be displayed in the OSHC service.

### SELF-ADMINISTRATION OF MEDICATION

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

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

### MEDICAL ACTION PLAN

Any Medical Action Plan provided by a child's parents and/or registered medical practitioner should include the following:

- specific details of the diagnosed health care need, allergy or relevant medication condition
  - supporting documentation (if required)
  - a recent photo of the child
  - current medication and dosage prescribed for the child
  - if relevant, state what triggers the allergy or medical condition
  - first aid/emergency response that may be required
  - any medication that may be required to be administered in case of an emergency
  - further treatment or response if the child does not respond to the initial treatment
  - when to contact an ambulance for assistance
  - contact details of the medical practitioner who signed the plan
  - a start and review date
- a copy of the medical action plan will be displayed for educators and staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of the OSHC Service
  - the OSHC Service must ensure the medical action plan remains current all times
  - educators and staff are updated immediately about any changes to a child's medical action plan.

## RISK MINIMISATION PLAN

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

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

- that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised
- that practices and procedures in relation to the safe handling, preparation, serving, and consumption of food are developed and implemented
- that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- practices are developed and implemented to ensure that all staff members and volunteers can identify the child, the child's medical action plan and the location of the child's medication
- that the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or medical condition
- risk minimisation plan(s) are reviewed every 2 years and/or revised with each change in the Medical Action Plan in conjunction with parents/guardians
- all relevant information pertaining to the child's health and medical condition is communicated to parents by educators
- parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed
- appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the *Control of Infectious Diseases Policy*.

## COMMUNICATION PLAN

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

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

- all relevant staff members and volunteers are informed about the medical conditions policy, the medical action plan and risk minimisation plan for the child; and

- all communication between educators and parent/guardian of any changes to the medical action plan and risk management plan will be recorded and kept in child's medical folder.

## RESOURCES

[ASCIA anaphylaxis e-training for schools and early childhood education/care](#)

[ASCIA plans for Anaphylaxis](#)

[Coeliac Australia](#)

[Cystic Fibrosis Australia](#)

[Diabetes Australia](#)

[Epilepsy Foundation](#)

[National Asthma Australia](#)

[National Allergy Strategy](#)

## CONTINUOUS IMPROVEMENT/REFLECTION

Our *Medical Conditions Policy* will be reviewed on a regular basis in consultation with children, families, staff, educators and management.

## SOURCE

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority (ACECQA). 2020. Policy and Procedure Guidelines. *Dealing with Medicals in Children Policy Guidelines*.

Australian Society of Clinical Immunology and Allergy. ascia. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Guide to the National Quality Framework. (2017). (Amended 2023).

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

*Occupational Health and Safety Act 2004*.

Revised National Quality Standard. (2018).

Department of Education Victoria *Meeting children's health needs* (2020).

[Western Australian Education and Care Services National Regulations](#)



REVIEW

POLICY REVIEWED BY:	CATHY MORALLEE	OSHC DIRECTOR AND NOMINATED SUPERVISOR	OCTOBER 2023
POLICY REVIEWED	JUNE 2023	NEXT REVIEW DATE	JUNE 2024
VERSION NUMBER	V10.6.23		
MODIFICATIONS	<ul style="list-style-type: none"> <li>hyperlinks checked and repaired as required</li> <li>minor formatting edits within text</li> <li>continuous improvement/reflection section added</li> <li>link to Western Australian Education and Care Services National Regulations added in 'Sources'</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JUNE 2022	<ul style="list-style-type: none"> <li>policy maintenance</li> <li>minor formatting edits within text</li> <li>hyperlinks checked and repaired as required</li> </ul>	JUNE 2023	
OCTOBER 2021	<ul style="list-style-type: none"> <li>Policy reviewed and included suggested guidelines from ACECQA Dealing with Medical Conditions in Children (June 2021)</li> <li>Additional section added <i>Cook and Food Handlers</i></li> <li>National Allergy Strategy link added</li> </ul>	JUNE 2022	
MAY/JULY 2021	<ul style="list-style-type: none"> <li>relevant regulations updated</li> <li>Duty of Care section added</li> <li>inclusion of staff annual ASCIA anaphylaxis e-training as best practice</li> <li>detailed procedure of management of high-risk scenarios</li> <li>resources added for management of medical conditions</li> <li>sources checked for currency and updated as required</li> </ul>	JUNE 2022	
MARCH 2020	<ul style="list-style-type: none"> <li>additional information added to points</li> <li>additional wording added to include diagnosed health care need, allergy or relevant medical condition</li> <li>additional sources</li> </ul>	JUNE 2021	
JUNE 2019	<ul style="list-style-type: none"> <li>Contextualised for OSHC</li> <li>Some grammar, punctuation and spelling edited</li> <li>Additional information added to points</li> <li>Sources/references added &amp; alphabetised</li> </ul>	JUNE 2020	
JUNE 2019	<ul style="list-style-type: none"> <li>New policy created to support the health and safety of children</li> </ul>	JUNE 2020	