

DEALING WITH MEDICAL CONDITIONS

QUALITY AREA 2 | OPSK & OSHC



PURPOSE

This policy provides guidelines for Oakleigh Primary School Kindergarten and Out of School Hours Care (herein referred to as OPSK & OSHC) to ensure that:

- Clear procedures exist to support the safety, health, wellbeing and inclusion of all children enrolled at the service.
- Service practices support the enrolment of children and families with specific health care requirements.
- Information is provided to staff and volunteers about managing individual children's' medical conditions.
- Requirements for medical management plans are provided by parents/guardians for the child.
- Risk-minimisation and communication plan are developed in conjunction with OPSK & OSHC and parents/guardians.



POLICY STATEMENT

VALUES

OPSK & OSHC is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements. This will be achieved through:

- Fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved in the programs and activities of OPSK & OSHC are protected from harm.
- Informing educators, staff, volunteers, children and families of the importance of adhering to the *Dealing with Medical Conditions Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service.
- Ensuring that educators have the skills and expertise necessary to support the inclusion of children with specific health care needs, allergy or relevant conditions.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers [ECT], educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of OPSK & OSHC, including during offsite excursions and activities.

This policy should be read in conjunction with but limited to the following policies:

- Anaphylaxis and Allergic Reactions
- Asthma
- Diabetes
- Epilepsy
- Administration of Medication

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies (<i>Regulation 91, 168</i>).	R	√			
Ensuring families provide information on their child's health, medications, allergies, their registered medical practitioner's name, address and phone number, emergency contact names and phone numbers (<i>Regulations 162</i>),	R	√		√	
Ensuring families provide a medical management plan (if possible, in consultation their registered medical practitioner), following enrolment and prior to the child commencing at the service (<i>Regulation 90</i>).	R	√		√	
Ensuring that a risk minimisation plan (<i>refer to Definitions</i>) is developed in consultation with families to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised, and that the plan is reviewed at least annually (<i>refer to Attachment 1</i>) (<i>Regulation 90 (iii)</i>).	R	√	√	√	
Developing and implementing a communication plan (<i>refer to Definitions</i>) and encouraging ongoing communication between families and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation (<i>Regulation 90 (c) (iii)</i>).	R	√	√	√	
Ensuring a copy of the child's medical management plan is visible and known to staff in the service. (<i>Regulations 90 (iii)(D)</i>). Prior to displaying the medical management plan, the nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent (<i>refer to Privacy and Confidentiality Policy</i>).	R	√			
Informing the approved provider of any issues that impact on the implementation of this policy.		√	√	√	√
Ensuring families and ECT/educators/staff understand and acknowledge each other's responsibilities under these guidelines.	√	√			
Ensuring ECT/educators/staff undertake regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes	√	√	√		

training in the management of specific procedures that are required to be carried out for the child's wellbeing and specific medical conditions.					
Ensuring that at least one ECT/educator with current approved first aid qualifications (<i>refer to Definitions</i>) is in attendance and immediately available at all times that children are being educated and cared for by the service (<i>Regulation 136(1) (a)</i>). This can be the same person who has anaphylaxis management training and emergency asthma management training.	R	√			
Ensuring that 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 (<i>refer to Anaphylaxis and Allergic Reactions Policy</i>).	R	√	√		
Ensuring each child's health is monitored closely and being aware of any symptoms and signs of ill health, with families contacted as changes occur.		√	√		√
Administering medications as required, in accordance with the procedures outlined in the <i>Administration of Medication Policy (Regulation 93)</i> .	R	R	√		
Self-administering medications as required (OSHC only), in accordance with the procedures outlined in the <i>Administration of Medication Policy (Regulation 93)</i> .	R	R	√		√
Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan.	√	√	√		
Maintaining ongoing communication between ECT/educators/staff and families in accordance with the strategies identified in the communication plan (<i>refer to Attachment 1</i>), to ensure current information is shared about specific medical conditions within the service.	R	√	√		
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.	R	√	√		√
Ensuring that the Ambulance Victoria How to Call Card (<i>refer to Sources</i>) is displayed near all telephones.	√	√			
Ensuring children do not swap or share food, drink, food utensils or food containers.	√	√	√		√
Ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis (<i>Regulation 90 (iii)(B)</i>).	R	√	√		√
Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.	√	√			

BACKGROUND AND LEGISLATION



BACKGROUND

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- In the management of medical conditions.
- When parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition.
- When developing a risk minimisation plan in consultation with the child's parents/guardians.
- When developing a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, parents/guardians must be provided with a copy of this and other relevant policies.

Medication and medical procedures 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 an educator. One adult will be responsible for the administration and the other adult will witness the procedure.
- If the medication is in its original container bearing the child's name, dose, and frequency of administration.

Refer to the *Administration of Medication Policy* for more information.

Staff may need additional information from a medical practitioner where the child requires:

- Multiple medications simultaneously.
- A specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Parents/guardians and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

Self-administration by a child over preschool age (OSHC service only)

The OSHC service who provides education and care to students over preschool age (as defined in the Education and Care Services National Regulations 2011) may allow a student over preschool age to self-administer medication. The approved provider must consider their duty of care when determining under what circumstances such permission would be granted:

- Where a student over preschool age can self-administer medication/medical procedures, written authorisation must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications.
- Authorisation for the child to self-administer medication is recorded in the medication record for the child under Regulation 92 and
- The medical conditions policy (this policy) includes practices for self-administration of medication (Regulations 96).

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Section 173
- Education and Care Services National Regulations 2011: Regulations 90, 91, 96
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- National Quality Standard, Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004 (Vic)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au



DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Medical condition: In accordance with the Education and Care Services National Regulations 2011, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

Medical management plan: A document that has been prepared and signed by a doctor 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. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Oakleigh Primary School (OPS): Refers to the primary school (Prep to 6) only.

Oakleigh Primary School Kindergarten (OPSK): Refers to the kindergarten only.

Oakleigh Primary School Out of School Hours Care (OSHC): Refers to the out of school hours care service only.

Oakleigh Primary School and Kindergarten (OPS&K): Refers to both the primary school and kindergarten functions.

Oakleigh Primary School and Kindergarten and Out of School Hours Care (OPS&K & OSHC): Refers to the primary school, kindergarten and out of school hours care functions.

SOURCES AND RELATED POLICIES



SOURCES

- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council: <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>

- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2020: www.acecqa.gov.au
- Ambulance Victoria: How to call card: <https://www.ambulance.vic.gov.au/wp-content/uploads/2019/08/How-To-Call-Card.pdf>
- Dealing with medical conditions in children policy and procedure guidelines - www.acecqa.gov.au

RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Asthma
- Dealing with Infectious Diseases
- Diabetes
- Epilepsy
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality
- Supervision of Children



EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- Regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness.
- Monitor the implementation, compliance, complaints and incidents in relation to this policy.
- Ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current.
- Keep the policy up to date with current legislation, research, policy and best practice.
- Revise the policy and procedures as part of the service's policy review cycle, or as required.
- Notify all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



ATTACHMENTS

- Attachment 1: Risk Assessment and Communication Plan Guideline
- Attachment 2: Practices for self-administration of medication



AUTHORISATION

This policy was adopted by the approved provider of OPSK & OSHC on 16 August 2023

REVIEW DATE: July 2024

ATTACHMENT 1. RISK MANAGEMENT AND COMMUNICATION PLAN GUIDELINES

When developing a risk minimisation plan ensure:

- that risks relating to the child's specific health care needs, allergy or relevant medical condition are assessed and minimised;
- if relevant, policies and procedures in relation to safe handling, preparation, consumption, and service of food, are developed and implemented;
- if relevant, policies and procedures to ensure parents are notified of any known allergens posing a risk to a child, and strategies for minimising risks, are developed and implemented;
- policies and procedures ensuring all ECT/educators/staff members and volunteers can identify the child, the child's medical management plan, and the locations of the child's medication, are developed and implemented;

if relevant, policies and procedures to ensure the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition, are developed and implemented;

When developing a communication plan ensure:

- ECT/educators/staff members and volunteers are informed about the medical conditions policy, and the medical management plans, and risk minimisation plans for the child;
- ECT/educators/staff members must sign the Risk Minimisation and Communication Plan to indicate they understand the triggers, allergens and risk involved;
- the child's parents/guardians can communicate any changes to the medical management plan, and risk minimisation plan for the child, and set out how that communication can occur;
- to advise parents/guardians when a medical management plan has been implemented in response to a child's medical condition;
- the medication and incident, injury, illness and trauma records are completed as soon as practicable after a medical management plan has been implemented and medication was administered;
- that the nominated supervisor is notified when a medical action plan has been implemented;
- parents/guardians provide permission for their child's medical management plan (with photo), allergens, food restrictions, condition triggers, and any other relevant information, to be displayed in the service. **Dated handwritten permission should be recorded on the back of the child's plan, and the relevant sections in the Acknowledgments and Consents Form as part the Confidentiality and Privacy Policy**
- all relevant children's medical management plans (with photo), allergens, food restrictions, condition triggers, and any other relevant information, are displayed and visible to all ECT/educators/staff and volunteers at the service;
- relief ECT/educators and staff are informed of the children who have current medical management plans and shown the location of these plans and medication that has been prescribed for use.

Ensure that all medications prescribed for children with medical management plans are:

- stored in a location that is known and easily accessible to all staff;
- a copy of the medical management plan is with the medication;
- not locked away;
- inaccessible to children; and
- away from a direct source of heat.

Ensure all ECT/educators, including relief staff, have knowledge of the regular medications and method of administration of these for all children with medical management plans. These may include, but is not limited to asthma puffers, spacers, and adrenaline auto injection devices such as EpiPen®

ECT/Educators, regardless of whether they have a child diagnosed at risk of anaphylaxis, are to complete training in the administration of the auto injection device, asthma and CPR every 12 months, and record this in the staff records.

ECT/educators are also required to undertake quarterly practise with an auto injection device trainer, and record this in the staff records. If a child is enrolled with Anaphylaxis at the service, all ECT/educators at the service must undertake quarterly practice with an adrenaline auto injection device.

Display a list of children with medical conditions, including known triggers or allergens, doctor's contact details, and emergency contact details. This list also needs to be included in the Evacuation Backpacks.

Maximise, in consultation with the parents, the health and safety of their child through supervised management of the child's medical condition.

Promptly communicate to parents/guardians any concerns, should it be considered that a child's medical condition is impacting on his/her ability to participate fully in all activities.

Implement the Protection from Allergen procedures to support children's health and safety.

ATTACHMENT 2. PRACTICES FOR SELF-ADMINISTRATION OF MEDICATION

Medication can **only** be administered:

- If it has been prescribed by a registered medical practitioner, from its original container with the original label including the name of the student for whom it is prescribed, before the expiry or use-by date, or
- From its original container, with the original label and instructions and before the expiry or use-by date, and in accordance with any instructions attached to the medication or provided by a registered medical practitioner, either verbally or in writing.

Self-administration of medication can only be permitted if:

- An authorisation for the student to self-administer medication is recorded in the medication record for the child (*Regulation 92*).
- The medication conditions policy includes practices for self-administration of medication (Refer to the *Administration of Medication Policy*)

Two staff, one of whom must be an educator, are responsible for the administration of any medication. At least one of these persons must hold a current approved first aid qualification.

One person will check the details (including dosage and the identity of the student who will self-administer the medication) and witness its administration, while the other person will witness the student to self-administer the medication (*Regulation 95(c)*).

Before administering any medication to a student, it is extremely important for staff to check if the student has any allergies to the medication being administered.

Procedure for administration of medication:

1. Wash and dry hands thoroughly before administering any medication. If appropriate, gloves are recommended wherever possible.
2. Check the medication record to confirm date, time, dosage and the student to whom the medication is to be administered.
3. Check that prescription medication:
 - Is in its original container, bearing the original label and instructions.
 - Is the correct medication, as listed in the medication record.
 - Has the student's name on it (if the medication was prescribed by a registered medical practitioner).
 - Is the required dosage, as listed in the medication record.
 - Has not passed its expiry date.
4. Check that non-prescription medication:
 - Is in the original container, bearing the original label and instructions.
 - Is the correct medication, as listed in the medication record.
 - Has the student's name on it.
 - Is the required dosage, as listed in the medication record.
 - Has not passed its expiry date.
5. When the student is self-administering the medication, oversee that:
 - The identity of the student is confirmed and matched to the specific medication.
 - The correct dosage is given.
 - The medication is administered in accordance with the instructions attached to the medication, or any written or verbal instructions provided by a registered medical practitioner.
 - Both staff members complete the medication record (*Regulation 92(3)(h)*) and store any remaining medication appropriately, such as in the refrigerator if required.

- One person will check the details (including dosage and the identity of the student who will self-administer the medication) and witness its administration, while the other person will witness the student to self-administer the medication and monitor the effect of the medication (*Regulation 95(c)*).
- Inform the parent/guardian on arrival to collect the student that medication has been administered and ensure that the parent/guardian completes the required details in the medication record.

Self-administration of medication for ongoing medical conditions

Where a student is diagnosed with a condition that requires ongoing medication or medication to be administered in emergencies, parents/guardians may authorise the self-administration of the medication for a defined period. In these cases:

- A medical management plan completed by the student's doctor should be provided and attached to the student's enrolment form (and on display, where appropriate).
- The medical management plan should define:
 - The name of the medication, dosage and frequency of administration.
 - Conditions under which medication should be administered.
 - What actions, if any, should be taken following the self-administration of the medication.
 - When the plan will be reviewed.
- When medication is required under these circumstances, staff should:
 - Follow the procedures listed above.
 - Ensure that the required details are completed in the medication record.
 - Notify the parents as soon as is practicable.

Refer to the *Administration of Medication Policy* for further information.