



Dealing With Child Medical Conditions and Medication Administration Policy

Policy Statement

Northern Rivers Community Gateway (Community Gateway) works in partnership with children, families and where relevant, schools and other health professionals, to manage medical conditions of children attending its services. The Community Gateway will support children with medical conditions to participate fully in the day-to-day program to promote their sense of well-being, connection and belonging.

Our educators will be fully aware of the nature and management of any child's medical condition and will respect the child and the family's confidentiality. Medications will only be administered to children in accordance with the National Law and Regulations

Important Facts

- The safety, wellbeing, rights, and best interests of children are our paramount consideration. This commitment underpins all decisions, actions, and practices, and takes precedence in every aspect of our service
- During the enrolment process you will be required to complete full details about your child's medical and healthcare needs
- Medical conditions include but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
- Where your child requires medication or has specific healthcare needs or conditions, you and your child's doctor/allied health professional must complete a medical management plan as part of the enrolment process
- We will collaborate with you to develop a Risk Minimisation and Communication Plan that will assess the risks associated with your child's specific healthcare needs, allergy or medical condition
- Each medication listed on the medical management plan must be pharmacy labelled and in its original packaging



Purpose

Clear procedures are required to support the health, wellbeing and inclusion of all children enrolled at our services.

Our practices support the enrolment of children and families with specific healthcare requirements.

Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis.

Procedure

Enrolment

- During the enrolment process, at each annual update, or as the need arises, families are required to provide details regarding their child's medical needs.
- Where a child has a specific healthcare need, allergy or relevant medical condition, families are required to provide a Medical Management Plan for their child that will be followed in the event of an incident relating to their specific healthcare needs. The plan must be prepared by a registered medical practitioner.
- The Coordinator will assess if our educators are appropriately trained to manage your child's health condition.
- If your enrolled child has a specific healthcare need, allergy or relevant medical condition the Coordinator or Assistant Coordinator will also collaborate with you to develop a Risk Minimisation and Communication Plan to minimise risks, by ensuring all staff and volunteers understand the medical conditions policy and each child's health requirements.

Medical Management Plan

The **Medical Management Plan** is a document prepared and signed by a registered medical practitioner.

- The plan details the child's health support needs, describes and provides clear instructions on how to manage the medical condition in the context of the OSHC service, including any required medications, administration instructions and any other actions required to manage the health needs in the service. The Medical Management Plan must show the child's name and a photograph for identification.
- The Medical Management Plan will be followed in the event of any incident relating to the child's specific healthcare needs. All relevant staff including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated regarding the necessary management. In some cases, specific training will be provided to staff to ensure they are able to effectively implement the plan.



Risk Minimisation and Communication Plan

The **Risk Minimisation and Communication Plan** is a document prepared by the service, in consultation with the child and their family, for the child's diagnosed medical condition. Resources to assist development of the plan are stored on the staff intranet.

The purpose of the Risk Minimisation and Communication Plan is to:

- Ensure the risks relating to the child's medical condition are assessed, minimised or eliminated where possible.
- Identify the strategies to minimise or eliminate any known allergens relating to the child's medical condition.
- Outline the procedures for safe handling, preparation and consumption of food, if relevant.
- Ensure that, if the child has medication prescribed for their health need, the medication is onsite and available when the child is attending, including while on excursions.
- Ensure that all staff and volunteers can identify the child, understand their medical management and, if relevant, know where their medication is.
- Ensure instructions for prescribed medications are clear, communicated and documented for medications administered outside of the service. In relation to the specific medical condition, ensure risk minimisation plans address this and staff are aware of all prescribed medications as part of the management plan.
- Outline how the service will communicate with families and staff in relation to the medical conditions policy.
- Outline how families and staff will be informed about risk minimisation strategies and emergency procedures that must be followed for the child.
- Outline how families can communicate any changes to their child's medical management plan.
- Outline how changes will be communicated to staff to ensure children's health needs are being met.

Review and changes to medical needs

- Families are required to review the provided medical management plan at least annually and ensure information is up to date and strategies to reduce risk remain age appropriate. It should also be reviewed whenever a child's condition changes.
- The Coordinator will arrange consultations with parents where specific times have been set for re-assessment.
- If a child's medical, physical, emotional or cognitive state changes the family will need to complete a new Medical Management Plan and the service will re-assess our ability to care for your child, including if educators are appropriately trained to manage your child's ongoing specific needs.

Administration and self-administration of prescribed medication

- Families who wish for medication to be administered to their child or have their child self-administer the medication at the service must complete a Medication Administration Form. This form is available at the service.
- Prescription medication will only be administered to the child for which it is prescribed, from a Webster-Pak container bearing the child's name and with a current use by date. Nonprescription medication will not be administered at the service unless authorised by a doctor and must have a pharmacy label.
- Staff administering medication must hold a current approved first aid qualification.
- Staff will only administer medication if a *Medication Administration Form* has been completed for a child, in full, or it is considered a medical emergency. These forms must be completed and signed by the staff member administering the medication.
- Where medical practitioner approval is given, educators/staff member will complete the medication form and with the name of the medical practitioner for the authorisation.
- Permission for a child to self-medicate will only be administered with the family's written permission, or with the verbal approval of a medical practitioner or parent/carer in the case of an emergency.
- Medication must be supplied directly to an educator and not left in the child's bag. Staff will store the medication in a designated secure locked place, clearly labelled and ensure medication is always kept out of reach of children. The educator will also sign and record that the medication has been received in the medication received checklist in our Donesafe system.
- If anyone other than the parent/carer is bringing the child to the service, written permission from the parent/carer, including the above information, must accompany the medication.
- An exception to the procedure is applied for asthma medication for severe asthmatics in which case the child may carry their own medication on their person with parental permission. Where a child carries their own asthma medication, they should be encouraged to report to a staff member their use of the puffer as soon as possible after administering and the service maintain a record of this medication administration including time educator advised and if the symptoms were relieved.
- Before medication is given to a child by the staff member administering the medication, another educator/staff member will verify the identity of the child and the correct dosage for the child. Both parties will witness the administration of the medication and sign the medication record. In our services that are permitted to have only one educator, only one educator will be signing off, verifying and administering the medication.
- Medication will be checked as part of the first aid kit and drill checks, at least every 3 months. The Assistant Coordinator will inform families if medication needs to be replaced (used or about to expire).

Other health and medical related procedures

Anaphylaxis and allergies

- Whenever a child with diagnosed severe allergies is enrolled at our service, or is newly diagnosed as having a severe allergy, communication strategies will be developed to inform all relevant educators, including students and volunteers, of- the child's name and further details including where the child's adrenaline auto-injector is located and which educators/staff will be responsible for administering the adrenaline auto-injector. This information will be detailed in the child's risk minimisation plan and the child's medical management plan.
- Children prescribed with an adrenaline injector will be required to make one device available to the service while in the care of the service. Families are responsible for supplying the auto-adrenaline injector and making sure it has not expired.
- In the case of an anaphylaxis emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.
- Where a child has an allergy, the family will be asked to supply information from their doctor explaining the effects if the child is exposed to the allergen and to explain ways the educators/staff members can help the child if they do become exposed.
- Where possible the service will endeavour to prevent access to the allergen at the service.
- Where a child has a life-threatening food allergy and the service provides food, the service will endeavour not to serve the food allergen when the child is in attendance and families will be advised not to supply that allergen for their children.
- When meals are supplied, the service will endeavour to supply children with the food they require (e.g. soy milk, gluten free bread). Where it is necessary for other children to consume the food allergen (e.g. milk) the child with the food allergy will be seated separately during mealtimes and all children will wash their hands before and after eating.
- In accordance with the Education and Care Services National Regulations, our service will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. A notice will be displayed and families will be advised which foods (if any) are allergens and therefore not to be brought to the service.
- All are services are nut-free. Families are not to include any nuts or nut products in their child's lunchbox.

Asthma

- Whenever a child with asthma is enrolled at our service, or newly diagnosed as having asthma, communication strategies will be developed to inform all relevant educators, including students and volunteers, of- the child's name and further details including where the child's preventer/reliever medication will be stored and which educators will be

responsible for administering treatment. These details will be in the child's risk minimisation plan and medical management plan.

- Asthma reliever medications will be stored out of reach of children, in an easily accessible central location.
- Reliever medications together with a spacer will be included in our service's First Aid kit in case of an emergency where a child does not have their own reliever medication with them.
- Educators who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care, will attend, or have attended, an emergency asthma management course. It is a requirement that at least one Educator or other staff member that is trained in EAM is at the service at all times children are present.
- In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.

Diabetes

- Whenever a child with diabetes is enrolled at our service or newly diagnosed as having diabetes communication strategies will be developed to inform all relevant educators, including students and volunteers, of- the child's name and further details including where the child's insulin/snack box etc. will be stored and which educators will be responsible for administering treatment. These details will be in the child's risk minimisation plan and medical management plan

Medical Emergencies

Administration of medication for incident, injury or trauma and related parental permission and contact procedure is detailed in the Child Safety Policy.

First Aid Qualifications

The industry standard is that first aid qualifications, anaphylaxis management training and emergency asthma management training should be renewed every three years and refresher training in CPR should be undertaken annually.

Communication strategies with families

- This policy is provided to every family during the enrolment application in a link and again at time of enrolment confirmation. The policy is also available on our website.
- Families will full provide details about their child's medical and healthcare needs during the enrolment process.

- The development of a risk minimisation and communication plan is a collaborative process between the service and the family with ongoing communication.
- Staff will help children with medical conditions feel safe while they are at the service by talking to the child about signs and symptoms of their condition so they learn to talk about and tell staff when they are experiencing symptoms.
- Children and families can be further engaged through completion of a My Support Plan.
- The Coordinator will remind families to provide advice of changes regarding their child's healthcare needs via OWNA communications.

Communication strategies with staff

- During staff orientation process all new staff are informed about the medical conditions policy, where the medical management plans and risk minimisation and communication plans are located, as well as the location of the child's medication in case of emergencies.
- The Program Support Officer will ensure a child's OWNA profile is up to date and communicate family reported changes to the Coordinator who will inform the Assistant Coordinators. This may prompt a review the Risk Minimisation and Communication Plan.
- The daily pre-start check in our system prompts the Assistant Coordinator to check the medical and healthcare needs for all children booked in for the session and they will inform other educators and make any appropriate adjustments.

Record keeping strategies

- All health and medical information including food allergies will be listed in the child's record on OWNA. Relevant documents associated with medical and healthcare needs are also stored in the red folder at the service.
- Risk minimisation plans are accessed by educators on the homepage on the staff intranet.
- A medical condition summary list is maintained by the Assistant Coordinator at each service and updated as advice is provided, under the direction of the Coordinator.
- Personal information given by families is collected, used, shared as needed, stored and destroyed (when no longer needed) according to our record keeping requirements.

Roles and responsibilities

Approved Provider

- ensure the dealing with medical conditions in children policy and procedures are met, the appropriate medical management plans and risk assessments are completed,



and all relevant actions are managed to minimise the risks to the child's health (regulation 90)

- ensure families of children that have a specific medical condition have been given a copy of the Dealing with medical conditions in children policy (regulation 91) and any other relevant policies
- in consultation with families, develop risk minimisation plans for children with medical conditions or specific healthcare needs
- ensure all educators and staff have training as part of the induction process and ongoing training for the management of medical conditions (e.g. asthma, anaphylaxis and specific requirements for the enrolled child in their care)
- ensure a written plan for ongoing communication between families and educators is developed as part of the risk minimisation plan, relating to the medical condition and any changes or specific needs. It should be in place before a child commences at the service, or as soon as possible after diagnosis for children already attending
- if a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service
- take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures
- ensure copies of the policy and procedures are readily accessible to nominated supervisors, educators, staff and volunteers, and available for inspection
- notify families at least 14 days before changing the policy or procedures if the changes will:
 - affect the fees charged or the way they are collected or
 - significantly impact the service's education and care of children or
 - significantly impact the family's ability to utilise the service.

Nominated Supervisor

- implement the Dealing with medical conditions in children policy and procedures and ensure all the action plans that are in place are carried out in line with these
- ensure any changes to the policy and procedures or individual child's medical condition or specific healthcare need and medical management plan are updated in the risk minimisation plan and communicated to all educators and staff
- notify the approved provider if there are any issues with implementing the policy and procedures
- make accessible, with consideration for the children's privacy and confidentiality, their medical management plan (from the doctor) and ensure that all educators and staff are aware of and follow the risk minimisation plans (developed by the service) for each child
- ensure communication is ongoing with families and there are regular updates as to the management of the child's medical condition or specific healthcare need
- ensure educators and staff have the appropriate training needed to deal with the medical conditions or specific healthcare needs of the children enrolled in the service
- ensure inclusion of all children in the service



- ensure all educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens.

Educators

- ensure all the action plans are carried out in line with the Dealing with medical conditions in children policy and procedures
- ensure they monitor the child's health closely and are aware of any symptoms and signs of ill health, with families contacted as changes occur
- ensure that two people are present any time medication is administered to children (except in single educator permitted services)
- ensure communication with families is regular and all educators and staff (including the nominated supervisor) are informed of any changes to a child's medical condition
- understand the individual needs of and action plans for the children in their care with specific medical conditions
- ensure a new risk assessment is completed and implemented when circumstances change for the child's specific medical condition
- ensure all children's health and medical needs are taken into consideration on excursions (including first aid kit, personal medication, management plans)
- maintain current approved first aid, CPR, asthma and anaphylaxis training
- undertake specific training (and keep it updated if required) to ensure appropriate management of a child's specific medical condition.
- ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are adhered to
- ensure all changes to child's medical management plan or risk minimisation plan are implemented immediately within the menu preparation.

Families and Carers

- advise the service of the child's medical condition and their specific needs as part of this condition
- provide regular updates to the service on the child's medical condition including any changes, and ensure all information required is up to date
- provide a medical management plan from a doctor on enrolment or diagnosis of the medical condition (refer to links for requirements) and provide an updated plan as required
- collaborate with the service staff to develop a risk minimisation and communication plan.

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 procedures every two years.

- Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.
- In accordance with R.172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

Related policies and procedures

- Child and Young People Protection Policy, Child Safety Policy, Sleep and Rest Policy, Food and Nutrition Policy, Enrolment and Orientation Policy, Acceptance and Refusal of Authorisations Policy, Child Duty of Care, Work Health and Safety Policy
- Risk Minimisation and Communication Plan, Medication Administration Form, Medical Management Plan (provided by medical practitioner), My Support Plan

Related legislation and additional resources

- This policy addresses “Dealing with medical conditions” (Regulation 90, 168(2) (d) Standard 2.1, and requirement to take reasonable steps to ensure policy and procedures are followed (Regulation 170).
- Children (Education and Care Services) National Law and Regulations S2A, S167, S175, R85-87, 89- 96, 136, 162(c) and (d), 168, 170-172, 173(2)f
- National Quality Standards 2.1, 2.2, 7.1
- Disability Discrimination Act 1975
- NSW Anti-Discrimination Act 1977,
- Work Health and Safety Act 2011,
- Australian Human Rights Commission Act 1986,
- Children’s Guardian Act 2019,
- Children and Young Persons (Care and Protection) Act 1998
- My Time, Our Place
- National Asthma Council Australia - www.nationalasthma.org.au
- Allergy and Anaphylaxis Australia - allergyfacts.org.au
- Allergy Aware - Children’s education and care: Best practice guidelines resources - www.allergyaware.org.au/childrens-education-and-care
- Diabetes Australia - www.diabetesaustralia.com.au
- Australasian Society of Clinical Immunology and Allergy - www.allergy.org.au

Further Information

If you need to talk to someone from Community Gateway OOSH about anything included in this document, please contact:

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