

5 – Medical Conditions

Children’s Services Procedures

Effective From:	26 August 2020
Contact Officer:	Coordinator of Children’s Services
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Related Policies/Legislation:	<ul style="list-style-type: none">• Education and Care Services National Law Act 2010: Section 173• Education and Care Services National Regulations 2011 Cl 90,91,96• National Quality Standard: QA 2.1 & 2.2. 7.1• Health Record Act 2001

Related Documents and References:

- ACECQA (2018) Guide to National Quality Framework
- www.education.nsw.gov.au Link to information on student wellbeing and Anaphylaxis procedures for schools
- ASCIA: Australian Society of Clinical Immunology and Allergy: Schools and Childcare. Accessed May 2016 <http://www.allergy.org.au/schools-childcare>
- Australian Government. National Health and medical research Council. “Staying Healthy- Preventing infectious diseases in early childhood education and care services.” 5th Edition 2012 http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf
- Asthma Australia. Accessed April 2020 www.asthma.org.au
- Epilepsy Australia. Accessed April 2020 www.epilepsyaustralia.net

Superseded Procedures: 5 - Medical Conditions Procedure V1.3 2 May 2017

Purpose

Wingecarribee Children’s Services (the Service) believes that the safety and well-being of children who are at risk due to associated Medical Conditions is a whole community responsibility.

The purpose of this procedure is to ensure the Service practices include and support the enrolment of children and families with specific health care requirements and establish clear guidelines that assist Educators to plan and respond appropriately minimising the risk of a child being adversely affected.



The Service is committed to:

- Providing, as far as practicable, a safe and healthy environment in which children diagnosed with a medical condition can participate equally in all aspects of the Service program.
- Raising awareness about conditions such as allergies, anaphylaxis, asthma and diabetes amongst the Service community and children in attendance
- Collaborating with families of children with diagnosed medical conditions to develop a Risk Minimisation Plan for their child.
- Ensuring all staff, including casual staff, educators and volunteers are informed of all children diagnosed with a medical condition of the relevant risk minimisation procedures for each.
- Facilitating communication to ensure the safety and wellbeing of children with associated risks due to their medical condition.

Staff/Educators and parents/guardians need to be aware that it is not always possible to achieve an environment which eliminates all the risks and triggers associated with medical conditions, such as anaphylaxis, in a service open to the general community. Staff/Educators should not have a false sense of security that all risks and triggers have been eliminated; instead this procedure recognises the need to adopt and develop a range of measures to minimise the risk and implement practices to meet the unique needs of all children in care.

Scope

This procedure applies to:

Wingecarribee Children's Services Staff employed by Wingecarribee Shire Council

Wingecarribee Family Day Care Educators as Agents of the Approved Provider – Wingecarribee Shire Council and the adult Household members residing in their premise.

All children and families accessing care with Council's Children's Services

All students and as required; visitors engaged with Wingecarribee Children's Services.

Definitions

Medical Conditions – for the purpose of this procedure include, but not limited to:

- Asthma
- Allergies – dietary or environmental
- Anaphylaxis
- A diagnosis that a child is at risk of Anaphylaxis
- Diabetes
- Epilepsy

Medical Management/Action Plan – is a documented plan provided by the child's doctor for how to manage a child's medical treatment in regard to their diagnosed medical condition.

Medication Record – inclusive of signed Short or Long Term Medication Form and Individual Child's Medication Register.

Nominated Supervisor - in relation to an education and care service and for the Service procedures, means an individual who is nominated by the Approved Provider of the service under Part 3 of the Act to be a Nominated Supervisor of that service.

Persons with Management and Control is an officer of the Approved Provider, who is responsible



for managing the delivery of the education and care service. In the case of Wingecarribee Shire Council this is the Deputy General Manager of Corporate Strategy and Development Services and the Group Manager of Corporate and Community.

Responsible Persons - The responsible person is an individual who is physically present and is responsible for the operation of a centre-based service for an agreed period of time. A responsible person must be present at all times that the approved service operates and can be:

- the approved provider or a person with management or control of the service;
- a nominated supervisor of the service; or
- **a person placed in day-to-day charge** of the service in accordance with the National Regulations (*National Law*).

Risk Minimisation and Communication Plan – a documented plan developed in consultation with staff/educator and parent/guardian to reduce and minimise the risk to a child with a medical condition whilst in care and how this information is communicated.

Procedure

1. Enrolments – All Service Types

- 1.1 All families enrolling their child into care in the Service are required to notify, of any medical condition or specific health care need that may have an impact on the child while in care. This is inclusive of conditions such as Allergies, Epilepsy, Asthma, and Diabetes or at risk of Anaphylaxis.
- 1.2 On application for enrolment families will be required to provide full details about their child's medical needs. The Service will assess whether Educators are appropriately trained and the service environment can safely manage the child's medical conditions or health needs at that time.
- 1.3 Parents/Guardians are required to update their enrolment information immediately in the event that their child develops a medical condition which may impact or need consideration during their time in care.
- 1.4 All families who identify that they have a child in care as having a specific health care need, allergy or relevant medical condition will be provided with a copy of the "Medical Conditions Procedure".
- 1.5 No child who has been prescribed specific medication or treatment device is permitted to attend the service without the medication or treatment device.

2. Management Plans – Parents/Guardians – All Service Types

- 2.1 Parents/Guardians are required to provide a medical management plan, for children with specific health care needs, allergy or relevant medical condition, which will or may have an impact in the care environment, prior to enrolment or as soon as practically possible after diagnosis.
- 2.2 The service requires a Medical Management Plan signed by a Registered Medical Practitioner, unless otherwise specified by the Medical Practitioner in writing.
- 2.3 Parents/Guardians are responsible for ensuring that the Service is provided and updated with the most recent and relevant Medical Management Plan. Children with specific medical needs must be reassessed, at least annually, in regards to the child's needs and the Services continuing ability to manage the child's specific needs. If a child's medical, physical, emotional



or cognitive state changes the parent/guardian will need to provide a new Medical Management Plan and the Service will re-assess the capacity the Service has to care for the child including resourcing and whether educators are appropriately trained to manage the child's ongoing special needs.

- 2.4 As a condition of ongoing enrolment with our Service Parents/Guardians will be required to confirm in writing annually that the Service is in receipt of the most current and relevant Medical Management Plan.
- 2.5 In the case of Anaphylaxis, the Medical Practitioner must provide written consent to use the auto – injection device in line with the Management Plan.
- 2.6 Wingecarribee Children's Services supports and encourages the use of Action/Management Plan and first Aid Templates from the following agencies:
 - For Allergy and Anaphylaxis - ASCIA (Australian Society of Clinical Immunology and Allergy Inc) <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>
 - For Asthma – National Asthma Council Australia_ <https://www.nationalasthma.org.au/health-professionals/asthma-action-plans/asthma-action-plan-library>
 - For Epilepsy – Epilepsy Australia. <http://www.epilepsyaustralia.net/seizure-first-aid/>
- 2.7 All staff or educators working directly with children who have a diagnosed medical condition which requires a Medical Management Plan will be informed of the plan, its locations and the child specific requirement identified in the plan.
- 2.8 Educators caring for a child who has a medical condition and who has a Medical Management Plan will have a copy of the plan and all relevant enrolment information in their electronic child's file.
- 2.9 In the event of an incident relating to a child's specific health care need, allergy or relevant medical condition staff/educators **will** follow the Medical Management Plan specific to that child.

3. Risk Minimisation Plan – All Service Types

- 3.1 All children in care, who have a medical condition that may impact or need consideration during their time in care, require the development of a Risk Minimisation Plan to ensure their specific health care, allergy or relevant medical condition is assessed and potential risks are identified and minimised.
- 3.2 Risk Minimisation Plans are to be developed in consultation with the staff/educator and parent/guardian of the child/ren.
- 3.3 The Risk Minimisation plan must consider and/or contain the following:
 - 3.3.1 Risk related to the child's health care needs and measures for minimising the risk.
 - 3.3.2 Practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented if applicable to the child.
 - 3.3.3 Practices, procedures and implementation strategies for minimising the risks of any known allergens specific to the needs of an individual's medical condition and needs, where applicable.
 - 3.3.4 Method and practices for ensuring that staff, educators and volunteers can identify the child, the child's Medical Management Plan and the location of the child's medication and implement them as required.

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- 3.3.5 Measures to ensure that the child does not attend the Service without the medication prescribed by the child's medical practitioner.
- 3.4 Risk Minimisation Plans will be updated annually in line with Medical Management Plans or as communicated by parents/guardians.
- 4. Communication Plan – All Service Types**
- 4.1 The Nominated Supervisor, all staff (directly involved with the children), educators and volunteers working with children in care will be informed and made aware of the Medical Conditions Procedure and its location.
- 4.2 The Nominated Supervisor, all staff, educators and volunteers working with children who have a medical condition will be informed, made aware of and have access to the child's Medical Management Plan and Risk Minimisation Plan
- 4.3 Communication between the family and the Service or updates on a child's medical condition will be noted in the "Communication Plan Section" in the Risk Minimisation Plan.
- 4.4 The Nominated Supervisor, all staff, educators and volunteers working with children who have a medical condition are required to act in accordance with a child's Medical Management Plan as required and ensure risks are reduced in line with the Risk Minimisation Plan.
- 4.5 The Nominated Supervisor will assess and ensure educators/staff caring for a child with a medical condition have the appropriate understanding and if required training to adequately manage and respond to each child with a medical condition.
- 4.6 The Nominated Supervisor will assess and ensure the service environment is set up and equipped to adequately manage children's individual medical conditions
- 4.7 Family Day Care**
- 4.4.1 All information regarding a child's medical condition, associated management plans, Risk Minimisation Plans and Communication Plan will be kept on file at the Coordination Unit, in the child's electronic file.
- 4.4.2 Educators caring for a child with a specific medical condition will be provided with all relevant information regarding a child's medical condition including Medical Management Plan, Risk Minimisation Plan and any Medication Authority.
- 4.4.3 Educators must maintain this information in a confidential but easily accessible location for quick reference if required. This includes access while on excursions or outings.
- 4.4.4 Educators must ensure they understand the Risk Management and Risk Minimisation Plan and feel confident in carrying out the requirements if required.
- 4.4.5 Educators must follow the procedures for administering medication as per this procedure.
- 4.4.6 Educators must follow emergency procedures in the event a child suffers from a medical emergency.
- 4.5 Out of School Hours Service**
- 4.5.1 All information regarding a child's medical condition, associated Medical Management Plans, Risk Minimisation Plans and Communication Plan will be kept on file at the Coordination Unit and as a minimum in the child's electronic file. In addition, hard copies will be available at the Service for Staff who don't have access to the electronic version.
- 4.5.2 The Nominated Supervisor is responsible for ensuring the information kept in the



staff folder is current and up to date.

- 4.5.3 Medical Management Plans may be displayed in staff common areas (with parental approval) for easy visibility of staff on shift. E.g. Allergy plan on fridge door.
- 4.5.4 Information on children with medical conditions will be available for all staff at Vacation Care. A table of children with medical conditions or “special considerations” will be available for easy viewing; however Staff are required to familiarise themselves with the relevant plans prior to working a shift.
- 4.5.5 Parents/Guardians are encouraged to provide a photograph of their child to accompany any Medical Management Plan or Risk Minimisation Plan so that the child is easily identified by casual and non-regular staff.
- 4.5.6 Staff must follow the procedures for administering medication as per this procedure.
- 4.5.7 Staff must follow emergency procedures in the event a child suffers a medical emergency
- 4.5.8 Medical Management Plans will be taken on all outings and excursions where children with relevant conditions are in attendance.

5. Administering of Medication - All Service Types

- 5.1 Medication can only be administered to a child in care with authorisation from the parent/guardian or a person named in the child’s enrolment record as authorised to consent to administration of medication and medical treatment for a child.
- 5.2 In all cases, with the exclusion of an emergency, prior written authorisation will be sought.
- 5.3 In the case of an emergency, it is appropriate to obtain verbal consent from a parent/guardian, or a registered medical practitioner or medical emergency services if the child’s parent cannot be contacted. In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. Emergency services and parents/guardians will be contacted as soon as possible.
- 5.4 All medication (with the exemption of Asthma Puffers for school aged children – see 5.10 self-administration) must be stored so that it is inaccessible to children. Medication MUST be removed from a child’s bag upon arrival and handed to an educator or staff member. Medication requiring refrigeration will be kept in a child proof container in the refrigerator.
- 5.5 Parents/Guardian are offered general consent for the administration of paracetamol, if required, on the service enrolment form. Every effort will be made prior to administration to contact the parent/guardian to confirm this. Details will be documented on the short term medication form.
- 5.6 Medication must be administered:
 - from original container before the expiry or used-by-date
 - in accordance with any instructions attached to the medication (take into consideration things such as age and weight) or provided by a registered medical practitioner
 - for prescribed medications, from a container that bears the original label with the name of the child whom it is prescribed
 - details of the administration must be recorded in the medication register
 - with a second person checking dosage of the medication and witnessing it’s administration (Out of School Hours Care Only).
- 5.7 **Short term Medication**

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- 5.7.1 Permissions for unprescribed commercial oral preparations, including teething gels are valid for ONE day.
 - 5.7.2 Permission for prescribed medication is granted for the duration of the script. A new form is required for a repeat script or if the child develops a new ailment requiring short term medication.
 - 5.7.3 Educators and staff must document on the child's medication register the following:
 - Date and time medication administered
 - Dosage administered
 - Method of administration
 - Name of person administering medication and signature
 - Name and signature of witness (Out Side School Hours Only)
 - 5.7.4 Medication record (inclusive of authorisation and medication register) must be kept in a secure and confidential location, such as the child's file or in a medication folder.

5.8 Long Term Medication

- 5.8.1 Long Term Medication is relevant to ongoing and long term conditions, such as Asthma, Epilepsy, Anaphylaxis, Attention Deficit Disorder or Diabetes
- 5.8.2 Long term parent/guardian medication authorisation is to be updated at least annually or as requirements change.
- 5.8.3 In most cases a Long Term Medication form requires an approved Medical Management Plan and a Risk Minimisation/Communication Plan to accompany it.
- 5.8.4 The Medical Management Plan must provide doctors verification when medication is required at non regular intervals.
- 5.8.5 Educators and staff must document on the Child's Medication Register the following:
 - Date and time medication administered
 - Dosage administered
 - Method of administration
 - Name of person administering medication and signature
 - Name and signature of witness (Out Side School Hours Only)
- 5.8.6 The Medication Record (inclusive of authorisation and Medication Register) must be kept in a secure and confidential location, such as child file or in a medication folder.

5.9 Unprescribed Creams

- 5.9.1 Services use a variety of unprescribed creams and products on children in care. These include but not limited to: sunscreen, band-aids, nappy wipes, nappy creams, bite and sting creams and antiseptic first aid creams.
- 5.9.2 Authorisation for the Service Educators to apply unprescribed creams is included on the Service enrolment forms. Families are to disclose to the Service if their child has any particular sensitivities, and as appropriate, provide specific creams as required.

5.10 Self Administration of Medication – Over preschool age only

The Service acknowledges that school age children may have the ability and need to personally administer medication. This is particularly relevant to medication such as Ventolin and diabetic



medication.

The following procedure documents how this can be achieved whilst staff/educators continue to maintain their duty of care and supervisory responsibilities to the child.

- 5.10.1 Self administration of medication is only considered in “Special Circumstances” with the approval of the Nominated Supervisor.
- 5.10.2 Parent/Guardian must give written authorisation for their child to self-administer medication on the relevant form. Parent/guardian authorisation must be updated at least annually or as requirements change.
- 5.10.3 All medication (other than Asthma Puffers in After School Care) must be stored so that it is inaccessible to children. Medication **MUST** be removed from a child’s bag upon arrival and handed to an educator or staff member.
- 5.10.4 Children in **Before and After School Care only** may carry their Asthma Puffer in their bag as this is the procedure the School has in place. Where a child carries their own asthma medication, they must self-administer the medication in the presence of a staff member who has the relevant asthma qualification. The dosage administered must be as per the child’s Medical Management Plan. The service maintains a record of this medication administration on the child’s Medication Record.
- 5.10.5 A staff member must supervise and confirm that medication is being administered as per service procedure and medical instructions.
- 5.10.6 Educators/Staff must document on the child’s Medication Register the following:
 - Date and time medication administered
 - Dosage administered
 - Method of administration
 - Child’s Name who self-administered and signature Staff Counter Name and Signature.

Approved by:



Danielle Lidgard

Group Manager Corporate and Community

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