

MEDICAL CONDITIONS POLICY

Robina Outside School Hours Care recognises the increasing prevalence of children attending school age care services who have been diagnosed with medical conditions including asthma, diabetes or at risk of anaphylaxis, and are committed to a planned approach to the management of such medical conditions to ensure the safety and well-being of everyone at this service.

Children’s medical needs may be broadly categorised into two types:

- Short-term – which may affect their participation in activities while they are on a course of medication. Short-term medical needs are typically an illness that the child will recover from in a short period (e.g. tonsillitis, chest infection, etc.)
- Long-term - potentially limiting their participation and requiring extra care and support. Long term medical needs are typically ongoing (e.g. asthma, diabetes, anaphylaxis, epilepsy, celiac disease)

Our service is committed to ensuring our educators are equipped with the knowledge and skills to manage situations, to ensure all children in attendance receive the highest level of care and that their needs are considered at all times. Providing families with ongoing information about medical conditions and their management is a key priority.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDRENS HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.1.2	Health practices and procedures	Effective Illness and injury management and hygiene practices are promoted and implemented.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
90	Medical conditions policy
91	Medical conditions policy to be provided to parents

OTHER RELEVANT PROVISIONS
Duty of Care
Public Health (Medicinal Cannabis) Act 2016 and Regulation 2017

RELATED POLICIES

Robina SS P&C OSHC – Medications Policy

POLICIES
General Health and Safety Policy
Preventative Health and Wellbeing Policy
Medication Policy
Emergency Health and Medical Procedure Management Policy
Enrolment Policy
Including Children with Special/Additional Needs Policy

PROCEDURE

Children’s short term medical needs will be managed in accordance with the service’s Incidents, Injury, Trauma and Illness Policy and the Medications Policy.

For children with long-term medical needs, the service will minimise the risks associated with these specific health needs, allergies or other relevant medical conditions by:

- Ensuring a current **medical management plan** that is provided to the service by the parent and is accessible to all educators;
- Ensuring all educators are adequately trained and rehearsed in the service’s emergency medical management procedures and the administration of emergency medication;
- Collaborating with parents/guardians of children with specific health needs, allergies or other relevant medical conditions to develop a **risk minimisation plan**; and
- Informing all educators and volunteers, of children with specific health needs, allergies or other relevant medical conditions and the risk minimisation procedures for these.

Parents/guardians will be requested, through the initial enrolment procedures to provide details of any specific health care needs or medical conditions of the child, including asthma, diabetes, allergies and whether the child has been diagnosed at risk of anaphylaxis. It is the responsibility of parents/guardians to update the service with any new information relating to their child’s specific health care need or medical condition.

The service will involve all educators, families and children in regular discussion about medical conditions and general health and wellbeing. The service will adhere to privacy and confidentiality

procedures when dealing with individual health needs.

To promote consistency and ensure the welfare of all children using the service, all educators will follow the health, hygiene and safe food handling policies and procedures.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is enrolled at the service, prior arrangements will be negotiated with the parent/guardian, Coordinator and appropriate health care workers to train educators in appropriate procedures. Such arrangement and procedures will be established in consultation with the child's medical practitioner. Arrangements will be formalised prior to the child commencing at the service.

Identifying Children with Medical Conditions

Any information relating to individual children's health care needs, allergies or other relevant medical conditions will be shared with the Coordinator, educators and other staff members of the service.

Information relating to a child's specific health care need, allergy or other relevant medical condition, including the child's medical management plan, medical risk minimisation plan and the location of the child's medication will be shared with all educators and other staff members of the service.

As it relates to the specific children, relevant medical condition information will be displayed in the following areas of the service to ensure all practices and procedures are followed accordingly:

- The service administration area – available in the child's enrolment record and displayed visibly next to the service telephone;
- The staff room or noticeboard;
- Inside the kitchen cupboard door (for children with food related conditions); and/or
- In the SAC room (with parent/guardian permission).

All educators will be required to follow the child's Medical Management Plan in the event of an incident related to the child's specific health care need, allergy or other relevant medical condition.

All educators, other staff and volunteers must be able to identify a child with a specific health care need, allergy or other relevant medical condition and be able to locate their medication/s easily.

Medical Management Plan

To comply with regulatory requirements, the parents/guardians of children with specific health
Robina SS P&C OSHC – Medications Policy

care needs, allergies or other relevant medical conditions must provide the service with a medical management plan for their child. This medical management plan must be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.

The medical management plan should be developed in consultation with the child's registered medical practitioner with the procedures to follow from the medical practitioner documented in the medical management plan. The medical management plan should include the following:

- A photo of the child;
- Details of the specific health care need, allergy or relevant medical condition including the severity of the condition;
- Any current medication prescribed for the child;
- What may trigger the allergy or medical condition (if relevant);
- Signs and symptoms to be aware of as well as the response required from the service in relation to the emergence of symptoms;
- Any treatment/medication required to be administered in an emergency;
- The response required if the child does not respond to initial treatment;
- When to call an ambulance for assistance; and
- Contact details of the doctor who signed the plan.

Copies of the child's Medical Management Plan will be kept with their medication and taken on all excursions/regular outings they attend whilst enrolled at the service.

Risk Minimisation Plan

A risk minimisation plan must be developed in consultation with the parent/guardian of a child with specific health care needs, allergies or other relevant medical conditions to ensure that:

- Any risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised;
- If relevant, practices and procedures for the safe handling, preparation, consumption and serving of food are developed and implemented;
- The parent/guardian is notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
- All educators are able to identify the child, and know the location of the child's medical management plan and medication.

If relevant, practices and procedures are developed and implemented to ensure that the child does not attend the service unless the child has at the service their relevant medications.

The service will provide support and information to parents/guardians and other members of the community about resources and support for managing children's specific health care needs, allergies or other relevant medical conditions.

Medical Conditions Communication Plan

To ensure regulatory compliance, the service shall develop a communication plan and implement procedures to ensure that:

- Relevant educators, staff members and volunteers are informed about the medical conditions policy and the medical conditions management plan and medical conditions risk minimisation plan for each child with a specific health care need, allergy or other relevant medical condition; and
- A parent/guardian of a child with a specific health care need, allergy or other relevant medical condition will communicate any changes to the medical management plan and risk minimisation plan for their child.

Management of Medical Conditions

Children identified with asthma or anaphylaxis will be managed in accordance with the specific Asthma Management policy and Anaphylaxis Management policy of the service.

Children with other health care needs or relevant medical conditions will be managed in accordance with their individual medical management plan and risk minimisation plan.

In order to effectively manage other health care needs and medical conditions, the service will implement the following procedures:

Diabetes

In developing individual children's medical management plans, the service will implement procedures to ensure children with diabetes do not suffer any adverse effects from their condition while at the service. These include ensuring they do not suffer from hypoglycemia (have a "hypo")

which occurs when 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; and/or
- Vomiting.

Children with Type 1 diabetes may need to limit their intake of sweet foods. The service will ensure information about the child’s diet including the types and amounts of appropriate foods is documented in the child’s medical management plan and that this is used in developing an individual risk minimisation plan.

The service will ensure that educators are adequately and appropriately trained in the use of insulin injection devices (syringes, pens, pumps) used by children at the service with diabetes. In the event of major concerns regarding insulin levels of a child an ambulance will be called.

If a child is displaying symptoms of a “hypo” event the service will:

- Ensure a first aid trained educator provides immediate first aid which will be outlined in the child’s medical management plan and may include giving the child some quick acting and easily consumed carbohydrate;
- Call an ambulance by dialing 000 if the child does not respond to the first aid and apply first aid as per instructions from the ambulance;
- Contact the parent/guardian or the authorised person to be notified in the event of illness, if the parent/guardian cannot be contacted.

Skin Rashes

Rashes are common in children which may be caused by a viral infection. It is important to be able to assess.

When assessing a rash, educators should consider other signs and/or symptoms. These might include (but are not limited to):

- Fever;
- Unusual behaviour (cranky or less active; cries more than usual; seems uncomfortable/irritable; just seems unwell);
- Loss of appetite;

- Vomiting;
- Headache/stiff neck;
- Frequent scratching, crusty skin/discharge from skin; and/or
- Trouble breathing.

When observing the rash, educators should note:

- What the rash looks like (e.g. dark red like a blood blister; small red pinheads; large red blotches; a solid red area all joined together or blisters);
- How does the rash feel to touch (e.g. raised slightly, with small lumps or swollen);
- Is the rash itchy and where on the body did the rash start (e.g. head, neck); and
- Where is the rash now (e.g. head, neck, abdomen, arms, legs).

The Coordinator will be informed of any children presenting with a rash to determine whether there is cause for concern for the child's health and the health of other children and educators. The parent/guardian will be called immediately.

All incidents of rashes should be documented on an Injury, Illness or Trauma Form. Educators must regularly check the appearance of the rash and note time and any changes to inform medical attention that may be sought.

The child will be isolated from other children and made comfortable until the parent/guardian is informed and has collected the child from the service.

If educators are concerned about serious symptoms in conjunction with the rash (e.g. the rash being purple, or spreading very quickly), then an ambulance will be called.

Eczema

If a child suffers from eczema, parents/guardians will be requested to supply a doctor's certificate stating this. A medical management plan will be developed and implemented to enable educators to follow any treatment prescribed by the child's medical practitioner.

A child with eczema is not to be excluded from attending the service.

Medical Conditions requiring administering of medicinal cannabis e.g. epilepsy.

Procedures will be followed as per Medications Policy 4.6 (refer subsection Administering Medicinal Cannabis)

Educator Training and Qualifications

The coordinator will ensure that educators have appropriate education or training to enable them to undertake basic support of the health needs of children, including administering medications, responding to allergic reactions, basic first aid and adhering to special dietary requirements.

The Coordinator will ensure that, at least one educator with the required first aid qualifications, anaphylaxis management and emergency asthma management training as prescribed under *Education and Care Services National Regulations 2011* is in attendance at any place children are being care for, and immediately available in an emergency, at all times children are being cared for.

References

State Government Victoria. (2013, September). *National Quality Framework - Children with Medical Conditions Attending Education and Care Services*. Retrieved from Department of Education and Early Childhood Development:

<http://www.education.vic.gov.au/Documents/childhood/providers/regulation/nqfmedicalconditionfactsept2013.docx>

University of Wollongong. (2013, August). *Medical Conditions Policy*. Retrieved from UniCentre - University of Wollongong:

<http://unicentre.uow.edu.au/content/groups/public/@web/@unic/@mrkt/documents/doc/uow146296.pdf>

<https://www.health.qld.gov.au/public-health/topics/medicinal-cannabis> accessed 14 Dec 2017

Date of Development	Date Ratified	Date of Review
May 2019	24 th September 2021	September 2022