

## MEDICAL CONDITIONS POLICY

We aim to efficiently respond to and manage medical conditions, health care needs or allergies of children, educators and staff at the Family Day Care Service ensuring the safety and wellbeing of all children, staff, families and visitors.

**Medical Condition:** A 'medical condition' is a condition that has been diagnosed by a registered Medical Practitioner (a person registered\* under the Health Practitioner Regulations National Law to practise in the medical profession, other than as a student). The term medical condition includes, but is not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. \* The Australian Health Practitioner Regulation Agency keeps national registers of practitioners on its website [www.ahpra.gov.au](http://www.ahpra.gov.au)

ASCIA Actions Plans – available on [www.allergy.org.au](http://www.allergy.org.au). The correct ASCIA plan must be submitted.

### SCOPE

This policy applies to the approved provider, coordinators, staff, educators, educator assistants, families/guardians and visitors of Clarence Family Day Care.

### IMPLEMENTATION

We are 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 concerns 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.

#### The Approved Provider/Coordinator/Administration will:

- review enrolment forms to identify any specific health care need, allergy or medical condition
- remind all that a child is not to be enrolled at, nor will attend the FDC Service without a medical management plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma inhalers, adrenaline auto injection devices and insulin.
- provide FDC educators, educator assistants and other staff have knowledge and access to this policy and relevant health management policies (asthma management policy/ anaphylaxis management policy, diabetes management policy)
- ensure there is a policy and remind educators that medication will only be administered to a child:
  - if the medication is authorised in writing by a parent or authorised person
  - is administered in accordance with a child's Medical Management Plan or other instructions provided by a registered medical practitioner
  - as prescribed by a registered medical practitioner
  - is in the original container
  - has the original label clearly showing the name of the child
  - is before the expiry/use by date
  - after the educator has checked the child's identity and dosage of the medication against the written instructions provided
- monitor FDC educators and educator assistants to confirm they hold current accredited first aid qualifications, emergency asthma and emergency anaphylaxis management certificates
- remind families that they are to provide required information on their child's medical condition, including:
  - medication requirements
  - allergies
  - medical practitioner contact details
  - medical management plan
- follow up to ensure a medical management plan has been developed in consultation with parents and the FDC educator and provided to the FDC service and/or
  - an individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner e.g.: (ASCIA) or National Asthma Council of Australia
  - an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner

- follow up to ensure risk minimisation plan has been developed in consultation with parents and educator
- record any prescribed health information and copies of medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- ensure FDC educators and educator assistants have access to emergency contact information for the child

### **The Educator will ensure:**

- a child is not enrolled at, nor will attend the FDC Service without a medical management plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma inhalers, adrenaline auto injection devices and insulin.
- they and their educator assistant (if applicable) have a clear understanding of children's individual medical conditions
- they let their Relief Educator (if applicable) know of children's individual medical conditions
- they have read and understand this policy and that medication will only be administered to a child:
  - if the medication is authorised in writing by a parent or authorised person
  - is administered in accordance with a child's Medical Management Plan or other instructions provided by a registered medical practitioner
  - as prescribed by a registered medical practitioner
  - is in the original container
  - has the original label clearly showing the name of the child
  - is before the expiry/use by date
  - after the educator has checked the child's identity and dosage of the medication against the written instructions provided
- an *Administration of Medication Record* is completed for each child and acknowledged by the parent/guardian at the end of each day
- communication between families and FDC Educators is on-going and effective
- they hold current accredited first aid qualifications, emergency asthma and emergency anaphylaxis management certificates
- they have a clear understanding about their role and responsibilities when caring for children with a medical condition
- families provide required information on their child's medical condition, including:
  - medication requirements
  - allergies
  - medical practitioner contact details
  - medical management plan
- a medical management plan has been developed in consultation with parents and provided to the FDC service and/or
  - an individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner e.g.: (ASCIA) or National Asthma Council of Australia
  - an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner
- risk minimisation plan has been developed in consultation with parents and them
- record any prescribed health information and copies of medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- they have access to emergency contact information for the child
- a copy of the child's medical management plan is visibly displayed in an area not generally available to families and known to Educators and Educator Assistants in the Service. Authorisation must be sought from the parent/guardian.
- 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.

In the event that a child suffers from a reaction, incident, situation, or event related to a medical condition the FDC educator will:

- Follow the child's Emergency Medical/Action Plan
- Call an ambulance immediately by dialling 000
- Commence first aid measures/monitoring
- Contact the parent/guardian when practicable but as soon as possible
- Contact the emergency contact if the parents or guardian can't be contacted when practicable but as soon as possible
- Contact the Nominated Supervisor or Manager of the FDC Service as soon as possible. They will notify the regulatory authority (within 24 hours).

### **Families will ensure:**

- they provide the FDC educator with information about their child's health needs, allergies, medical conditions, and medication requirements on the enrolment form
- they provide the FDC Service with a medical management plan prior to enrolment of their child
- they consult with management to develop a risk minimisation plan
- the FDC Service enrolment form is completed in its entirety providing specific details about the child's medical condition
- they notify the FDC Service and educator if any changes are to occur to the medical management plan
- they notify the FDC Service and educator 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 complete the long-term medication record to the educator
- they provide an updated copy of the child's medical management plan every 6 months or evidence from a Medical Practitioner to confirm the plan remains unchanged
- they provide written consent for their child's medical management plan to be displayed in the FDC residence/service as per Education and Care National Regulations.

### **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 on the child's enrolment form - administration of medication
- medication is stored safely by the FDC educator, who will provide it to the child when required
- supervision is provided by the FDC educator whilst the child is self-administering medication
- a recording is made in the medication record for the child that the medication has been self-administered
- parents will acknowledge the details in the medication record upon collection of their child with a signature and date

(See *Medication Administration Policy* for further information)

### **MEDICAL MANAGEMENT PLAN**

Any Medical Management 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 (recommended)
- 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
- the date of when the plan should be reviewed
- a copy of the medical management plan will be displayed for FDC educators and educator assistants 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 FDC Service
- the plan is to be reviewed annually or sooner if there is a change.

## **RISK MINIMISATION PLAN**

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. The risk minimisation plan will be developed in consultation between the parent/guardian and FDC Educator to ensure:

1. that the risks relating to the child’s specific health care need, allergy, or medical condition are assessed and minimised
2. that practices and procedures in relation to the safe handling, preparation, serving, and consumption of food are developed and implemented
3. 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
4. practices are developed and implemented to ensure that all FDC educators, educator assistants, and volunteers can identify the child, the child’s medical management plan and the location of the child’s medication
5. that the child does not attend the care without medication prescribed by the child’s medical practitioner in relation to the child’s specific health need, allergy or medical condition
6. plan(s) are reviewed at least annually and/or revised with each change in the medical management plan in conjunction with parents/guardians
7. all relevant information pertaining to the child’s health and medical condition is communicated to parents at the end of each day by the educator
8. parents are notified by the educator in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed
9. appropriate hygiene practices are followed by the educator when managing medical conditions in accordance with the *Control of Infectious Diseases Policy*.
10. risk minimisation plans are reviewed in collaboration with families every 6 months.

## **COMMUNICATION PLAN**

A communication plan is created to ensure:

- all relevant staff members and volunteers are informed about the Medical Conditions Policy, the medical management plan and risk minimisation plan for the child; and
- an individual child communication book is created so that a parent can communicate any changes to the medical management plan and risk management plan for the child in writing

At all times, families who have a child attending the Clarence Family Day Care who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child’s health management and communication plans.

## **NATIONAL QUALITY FRAMEWORK**

### **National ECEC Regulations**

85 – Incident, injury, trauma and illness policy	86 – Notification to parent of incident, injury, trauma and illness
87 – Incident, injury, trauma and illness record	90 – Medical Conditions Policy
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	170 – Policies and procedures are to be followed

## National Quality Standards

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.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
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.

## REFERENCE & RELATED INFORMATION

- Australian society of clinical immunology and allergy. ASCIA. <https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>
- Federal Register of Legislation Privacy Act 1988.
- National Health and Medical Research Council. Staying healthy: Preventing infectious diseases in early childhood education and care services.
- Australian Children's Education & Care Quality Authority (ACECQA). 20201. Policy and Procedure Guidelines. Dealing with Medicals in Children Policy Guidelines.
- Clarence FDC Policies including:
  - Administration of First Aid Policy
  - Administration of Medication Policy
  - Anaphylaxis Management Policy
  - Asthma Management Policy
  - Diabetes Management Policy
  - Epilepsy Management Policy
  - Incident, Illness, Accident and Trauma Policy
  - Privacy & Confidentiality Policy

## RESOURCES

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

[ASCIA plans for Anaphylaxis and/or Allergies](#)

[Coeliac Australia](#)

[Cystic Fibrosis Australia](#)

[Diabetes Australia](#)

[Epilepsy Foundation](#)

[National Asthma Australia](#)

[National Allergy Strategy](#)