



Medical Conditions Policy

The Medical Conditions Policy provides for the management of any medical condition that an enrolled child may have, which may not be limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. Diagnosed health care needs, allergies or relevant medical conditions may be ongoing or acute/short term in nature. The management of Medical Conditions is a joint responsibility between the family, child and OSHC Service.

This policy provides guidelines and directions to staff, educators, parents and guardians for ensuring the health care requirements of all children, staff, educators and volunteers with medical conditions at St Pius X OSHC.

St Pius X OSHC is committed to providing a safe environment for all children and families enrolled with specific health care requirements through implementing and maintaining effective health and hygiene practices. This will be achieved through:

- Fulfilling our duty of care requirement to ensure all those in attendance at the St Pius X OSHC are protected from harm
- Informing educators, staff, volunteers, children and families of the importance of adhering to the Medical Conditions Policy to maintain a safe environment for all and communicating the shared responsibility between all involved in the operation of OSHC
- Ensuring that educators have the skills and expertise necessary to support the inclusion of children with additional health needs
- Ensuring that any medication is administered as prescribed by medical practitioners and first aid guidelines
- Involving all educators, families and children in regular discussions about medical conditions, general health and wellbeing
- Ensuring the service will adhere to privacy and confidentiality procedures when dealing with individual health needs

Procedures

Responsibilities

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 named in the enrolment form (Regulation 92(3)(b)).

An educator will be responsible for the administration and recording of that the medication that has been administered.

- The medication will be in its original container bearing the child's name, dose and frequency of administration, either on the medication or packaging, they are to be provided and stored together.

The OSHC Director and Assistant Director are responsible for:

- Implementing this policy at the service and ensuring that all educators/staff follow the policy and procedures set out within
- Informing the Approved Provider of any issues that impact on the implementation of this policy.
- Identifying specific training needs of educators/staff who work with children diagnosed with a medical condition, and that educators/staff access appropriate training.
- Encourage children to not swap or share food, 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.
- Ensuring a copy of the child's Medical Management Plan and Action Plan kept in a known location to all Educators in the service. A list detailing the names, allergies and images of children who have anaphylaxis and/or epilepsy will be displayed in the OSHC office, school front office and inside the pantry in the OSHC kitchen.
- Ensuring opportunities for a child to participate in any activity or exercise that is appropriate and in accordance with their Risk Minimisation Plan
- Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service administering medications as required, in accordance with the procedures outlined in the Medication Administration Procedures
- Maintaining ongoing communication between educators and parents/guardians in accordance with the strategies identified in the Medical Conditions Communication Plan, to ensure current information is shared about specific Medical Conditions within the service.
- Ensuring educators and other staff follow each child's and Medical Management Plan that incorporates Risk Minimisation Plan.
- Ensuring all Medical Management Plans and medications are current.
- Ensuring required notification procedures under the Regulations and WH&S are adhered to.

Educators are responsible for:

- Encouraging children to not swap or share food, food utensils or food containers.
- Communicating any relevant information provided by parents/guardians regarding their child's Medical Condition to the Director to ensure all information held by the service is current.
-
-



- Knowing the location of childrens Medical Management Plan and Action Plan in the service. Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Director/Assistant Director.
- Adequately supervising all children, including those with specific medical conditions.
- Informing the Director of any issues that impact on the implementation of this policy.

Parents/guardians:

- It is ultimately the families responsibility inform the OSHC of any medical conditions, its management and or any care their child may require.
- Ensuring their child's medical details are correct and up to date within their service enrolment.
- Developing a Risk Minimisation and Communication Plan with the Director and/or other relevant staff members at the service and renewing this annually.
- Providing a Medical Management Plan signed and dated by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This Medical Management Plan must clearly outline procedures to be followed by educators in the event of an incident relating to the child's specific health care needs.
- Ensuring the service has a current and in date Medical Management Plan before the expiry of their current plan.
- Notifying the Director of any changes to the status of their child's medical condition and providing a new Medical Management Plan in accordance with these changes.
- Informing the Director of any issues that impact on the implementation of this policy by the service.

Volunteers and students are responsible for:

- Following this policy and procedure while at the service.

Medication Management Plan

Procedures under regulation 90 and 92, all children with a medical condition that requires treatment or first aid while at OSHC must have a Medical Management/Action Plan completed by the child's medical practitioner. This plan must include the following information:

- Identifying information – child's name, date of birth
- Information on the child's medical condition
- Symptoms and consequences of the condition.
- Indicators of the need for medical intervention or treatment
- Emergency contact people and phone numbers (including parents/carers and child's medical practitioner)
- Clear instructions to cover all foreseeable circumstances including management in the service
- Emergency procedures



- Specific information about medication including administration, storage, timing, dosage and possible side effects
- Relevant forms and written advice from medical practitioners and parents/carers regarding the medical treatment of the child

The Director will ensure the following documents are completed in full and the following procedures and in place prior to the child commencing:

- The Medical Management Plan for the child is signed and dated by the child's registered Medical Practitioner and is available to all staff and educators. A copy of the child's Medical Management Plan is included with the medication. When an expiry date is not listed on the plan by a Medical Professional it will be assumed the plan is valid for 12 months.
- A child's individual Risk Minimisation and Communication Plan is completed in consultation with the parents/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, diabetes, asthma or epilepsy and this plan is implemented and reviewed every 12 months.
- Where the child has been prescribed an Adrenaline auto-injection device it is stored in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat:
 - Adrenaline auto-injection device (within expiry date) or relevant medication is available for use at any time the child is in the care of the service
 - All staff, including relief staff, are aware of each auto-injection device kit or other prescribed medication location and the location of the child's Medical Management Plan
- All parents/carers are made aware of this Policy.
- Educators who are responsible for the child/ren diagnosed at risk of anaphylaxis, epilepsy, asthma or diabetes undertake accredited training, which includes strategies for management, risk minimisation, recognition of the medical condition, emergency treatment. This would also include practice with an auto-injection device trainer or any other devices.
- When food is prepared at the service, measures are in place to ensure children at risk of anaphylaxis or diabetes are not put at risk.
- The management of medical conditions diagnosed by a registered medical practitioner including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis.
- Informing staff members and volunteers of practices in relation to managing those medical conditions.
- Collaborate with the school front office to ensure all Medical Management Plans, risk minimisation and communication plans and Medications are in date.
- Review the schedule at regular intervals and communicate with parents/guardians about the Plans/Medication expiry.
- Inform the parent/guardians that their child is unable to attend OSHC without a current Medical Management Plan or Risk Minimisation and Communication Plan.



- A child enrolled at the service who has a diagnosed health care need, allergy or relevant Medical Condition, to have in place:
 - A Medical Management Plan provided by the parents of the child and for the Medical Management Plan to be followed in the event of a related incident; and
 - A Risk Minimisation and Communication Plan developed between the service and the parents of the child (regulation 90)
- Preparations for high risk scenarios, including establishing clear decision making processes for calling an ambulance.

Medical Management Risk Minimisation Plan

The Director and relevant educators will prepare and implement a medical management plan, including the risk minimisation plan in consultation with families which is informed by the child's Medical Action Plan. The Plan will include measures to ensure:

- Any risks are assessed and minimised.
- Practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented if relevant (we will follow all health, hygiene and safe food policies and procedures).
- All parents are notified of any known allergens that pose a risk to a child and how these risks will be minimised.
- A child does not attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition.

This plan will be signed by parents and the Director/Assistant Director or delegate.

The Medical Management and Risk Minimisation plans will be kept in the child's file. The plans will be stored in a known location to all educators.

Medical Management Communication Plan

The Director will implement a medical conditions communication plan to ensure that relevant educators, staff and volunteers:

- Understand the Medical Conditions Policy
- Can easily identify a child with health care needs or medical conditions
- Understand the child's health care needs and medical conditions and their medical management and risk minimisation plans
- Know where each child's medication is stored
- Are updated about the child's needs and conditions

The Director will regularly remind families to update their child health and medical information as outlined in the Plan.

The plan will be signed by parents and the Director/Assistant Director or Delegate.



The Director will ensure:

- Any new information is attached to the child's medical plans and shared with relevant educators, staff and volunteer
- Displays/records about a child's health care needs or medical conditions are updated

Anaphylaxis/Allergy Management Plan

Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to an individual and it is possible to have an allergy to any foreign substance.

Symptoms of anaphylaxis include difficulty breathing, swelling or tightness in the throat, swelling tongue, wheeze or persistent cough, difficulty talking, persistent dizziness or collapse and in young children paleness and floppiness.

Anaphylaxis is often caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts, eggs and cow's milk.

To minimise the risk of exposure to foods that might trigger severe allergy or anaphylaxis in susceptible children, educators and staff will:

- Encourage children to not trade food, utensils or food containers
- Prepare food in line with a child's medical management plan and family recommendations
- Request families to label all bottles, drinks and lunchboxes etc. with their child's name
- Consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate

Closely supervise all children at meal and snack times, ensure food is eaten in specified areas.

Asthma Management Plan

Asthma is a lung disease that inflames and narrows the airways. Asthma symptoms include wheezing, cough, chest tightness or shortness of breath. Educators and staff will implement measures to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack.

To minimise exposure of susceptible children to triggers which may cause asthma, educators and staff will ensure children's exposure to asthma triggers are minimised. For example,

- Implement wet dusting to ensure dust is not stirred
- Plan different activities so children are not exposed to extremes of temperature
- Restrict certain natural elements from inside environments
- Supervise children's activity and exercise at all times
-



Keep children indoors during periods of heavy pollution, smoke haze or after severe storms which may stir up pollen levels etc.

The Director will also:

- Consider children's asthma triggers before allowing children's pets to visit
- Ensure indoor temperatures are appropriate and heating and cooling systems are being used appropriately
- Assist educators to monitor pollution levels and adverse weather events
- Ensure educators and staff regularly reflect on our documented risk management practices.

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, educators will:

- Ensure a first aid trained educator with approved asthma training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined in the National Asthma council Australia Action Plan.

The service will ensure that the child's Asthma First Aid Kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults, inaccessible to children and at room temperature in dry areas. Educators will also have access to the service asthma kits at all times.

Spacers and masks can only be used by one person. Educators will ensure the child's name is written on the spacer and mask when it is used.

Diabetes Management Plan

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin. The most common form of diabetes in children is Type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

- If a child is displaying symptoms of a "hypo" (hypoglycaemia), or notification is received via their monitoring device, Educators will follow the steps listed within the child's Diabetes Management Plan.
- If Educators are concerned about the management of a child's diabetes they will immediately contact the parent/s for advice.

Response to a medical emergency:

Should a serious injury or medical episode occur within the OSHC setting, an OSHC educator will:

- Call for an ambulance – dial 000 and
- Seek assistance from OSHC leadership and if required school leadership



NOTE: anyone may call an ambulance by dialling 000 if they deem it necessary in the event of a medical emergency.

- Upon arrival, paramedics will assess the patient and decide whether to transport them to hospital
- The Services ambulance insurance provides cover for accidents that occur at school, but this does not cover pre-existing conditions – eg. Ambulance being required for an Asthma attack where the child has asthma as a pre-existing condition.
- The cost of transporting children to hospital by ambulance will be communicated to the parents depending on the circumstances.
- It is strongly recommended that all families have ambulance cover as part of their health insurance

Medication Administration

The OSHC Director will:

- Ensure that a medication record is developed for each child requiring medication at OSHC. The medication record must detail the name of the child and have authorisation to administer medication signed by the parent/guardian/doctor

Ensure that medication is not administered to a child unless:

- The administration is authorised
- The administration is administered as prescribed by a registered medical practitioner (with instructions either attached to the medication, on the packaging, or in written form from the medical practitioner)
- It is not their first dose of a new medication. A child should not take their first dose while attending the service. This should be supervised by the family or a health professional in case of an allergic reaction
- The medication is from the original container, with a pharmacy label with the child's name and instructions to administer
- The original label clearly shows the expiry/use by date and this is adhered to
- Ensure that written and verbal notification are given to a parent or other family member of a child as soon as practicable, if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners
- Ensure that if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency that the parent of the child and emergency services are notified as soon as practical
- Ensure that the person giving permission to Administer Medication is the enrolling parent/guardian
- Keep medication forms in a secure and confidential manner and ensure the records are archived for the regulatory prescribed length of time
- Ensure that educators receive information about the medical and medication policies during their induction
-
- Inform families of OSHC Medical Conditions Policy and the need to ensure that safe practices are adhered to for the wellbeing of both the child and educators



Educators will (with support from the Director):

- NOT administer any medication without the authorisation of a parent or person with authority – except in the case of an emergency, when the verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted
- Ensure that medications are stored in the refrigerator, in the designated clearly labelled Medications Box. For medications not requiring refrigeration, they will be stored in a labelled container inaccessible to children
- Ensure that they have approved First Aid qualifications in accordance with current legislation and regulations
- When administering medication check the Authority to Administer Medication, Medical Management Form, the prescription label and the amount of medication to be administered. Complete the Medication Record Form. Medications will be returned to the stored location after use
- Follow hand washing procedures before and after administering medication
- Share any concerns or doubts about the safety of administering medications with the Director to ensure the safety of the child. The Director may seek further information from the family, the prescribing doctor, or the Public Health Unit before administering medication.
- Ensure that the instructions on the Medication Form are consistent with the doctor's instructions and the prescription label
- Request that the family request an English translation from the medical practitioner for any instructions written in a language other than English

Families will:

- Notify educators, both via enrolment and verbally when children are taking any medications. This includes short and long term medication use
- Complete a medication record form and a first aid/Risk Management Plan as applicable for children requiring medication while they are at OSHC. Documents for long term medication use will be developed with the family and the medical practitioner. Plans must be updated as the child's medication needs change or by listed review dates by prescribing Doctor. If a review date is not listed the service will adopt a 12 month review policy.
- Be required to keep prescribed medications in original containers with pharmacy labels. Medications will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered
- Keep children away from OSHC setting while any symptoms of an infectious illness and as long as is recommended by SA Health

Appendix : Risk Minimisation and Communication Plan