Dealing with Medical Conditions - Policy

Rationale:

To provide an environment that ensures that children with a medical condition are supported to participate fully in the daily programs.

Definitions:

Medical Condition: An illness or abnormality in the body that interferes with a person's usual activities or feeling of wellbeing, including allergies. *As defined in Regulation 90.1.a "including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis".*

Educator: any person who works directly with children and is included in the 'educator-to-child' ratio

Staff: adults who are not included in the educator to child ratios and/or perform another primary function in the education and care service

RPIC: responsible person in charge.

Educators will work closely with children and families and where relevant schools and other health professionals to manage medical conditions of children attending the service.

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.

The Dealing with Medical Conditions policy will be provided to parents who identify that their child has a medical condition and where required a medical action plan will need to be provided by the family – either a standard action plan or specific action plan for the child as specified by their health practitioner.

Children Self Administering Medication

To support children to take increasing responsibility for their own health and well-being specific consideration will be given to children who are required to carry their medication with them, whose parents have given permission to self-medicate, and who have provided an Action Plan or instructions from the doctor authorising the child to self-medicate.

Related Regulations and References:

National Education and Care Regulations

90	Medical conditions policy
91	Medical conditions policy to be provided to parents
Div. 4 92 - 96	Administration of Medication 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
168 -2: d	Education and care service must have policies and procedures Dealing with medical conditions in children, including the matters set out in regulation 90.
181	Confidentiality of records kept by approved provider
183	Storage of records and other documents

National Quality Standard (NQS)		
Quality Area 2: Children's health and safety		
2.1	**Health**	Each child's health and physical activity is supported and promoted
Quality Area 6: Collaborative partnerships with families and communities		
6.1	**Supportive relationships with families**	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	**Parents views are respected**	The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
6.2	**Collaborative partnerships**	Collaborative partnerships enhance children's inclusion, learning and wellbeing
6.2.2	**Access and participation**	Effective partnerships support children's access, inclusion and participation in the program

Related Centre Policies & Procedures

- Enrolment & Orientation Policy
- Medication Policy
- Anaphylaxis Policy

Related Centre Forms

- Medication and Self-Administration of Medication Forms
- Standard Asthma Action Plan
- Children's Services Enrolment Form and additional needs information sheet

References:

- Network of Community Activities – Sample Dealing with Medical Conditions Policy Template

Dealing with Medical Conditions Procedure
Before & After School and Vacation Care

On enrolment the primary parent is required to inform the service of any medical conditions the child has and complete necessary additional enrolment paperwork. Staff will then provide the parent with a copy of the Dealing with Medical Conditions policy in accordance with Regulation 91.

Specific or long-term medical conditions (i.e. Diabetes) will require the completion of a medical action plan (i.e. Standard Asthma or Anaphylaxis Plans) or a specific to the child action plan developed by the child's health practitioner.

The Centre can provide a standard Asthma Action Plan to families who have identified their child has Asthma to be completed by their health practitioner every 12 months. It is the Enrolling Parents responsibility to ensure a current Asthma Action Plan is provided to the Centre at all times

It is a requirement of the service in accordance with Regulation 90 – that a risk minimisation plan and a communication plan be developed in consultation with the parents. Educators will discuss with the parents (and where relevant or necessary health professionals) prior to the child's attendance to determine content of the plan to assist in a smooth and safe transition of the child into the service. Points of discussion will include:-

- *Identification of any risks to the child or others by their attendance at the Centre*
- *Identification of any practices or procedures that need adjustment at the service to minimise risk e.g. safe handling, preparation, consumption and service of food or known allergens that pose a risk to the child*
- *Process and timeline for orientation procedures for staff*
- *Methods for communicating between parents and educators any changes to the child's medical action plan.*
- *The child will not attend care until all the required documentation has been completed and communicated to Educators.*

The medical action plan will be followed in the event of any incident relating to the child's specific health care need, allergy or relevant medical condition, in accordance with Regulation 90.

All Educators, staff and volunteers will be informed and orientated to the management of any special medical conditions affecting children. In some cases, specific training will be provided to educators to ensure that they are able to effectively implement the medical action plan.

Where a child has an allergy, the parent will be asked to supply additional information in relation to the effects, signs & symptoms the child will display if the child is exposed to whatever they are allergic too and what staff need to do to help the child if they become exposed. If the effects are serious or life

threatening to the child, the parent must provide a medical action plan prepared by their health practitioner.

Where possible the service will endeavour to not have the allergen accessible within the service.

All medical conditions including food allergies will be recorded on the Medical Conditions and Additional Needs Register (yellow folder) for BSC / ASC & Vacation Care. It is deemed the responsibility of every educator at the service to regularly read and refer to list. The Medical Conditions and Additional Needs Register will be updated regularly with any information from new enrolments added as part of the Enrolment / Orientation procedures annually at the commencement of Term 1.

All documentation regarding the child's medical condition will be uploaded to their Xplor Profile.

All educators will be informed of the Medical Conditions and Additional Needs Register and their responsibilities to ensure that they are up to date with changes, as part of their orientation and ongoing employment. The Team Leader will note any updates from families in the register and on the Xplor profiles and communicate to educators prior to the child's next day of care.

At the next Staff Meeting the RPIC will have on the Agenda in Quality Area 2 any new enrolments or changes to the Medical Conditions and Additional Needs Register which will be completed and signed off on.

The Medical Conditions and Additional Needs Register will be an Agenda item for every Vacation Care briefing, so all educators are made aware of any updates and discuss Communication Strategies. Educators will be informed of the action to take in the event of a medical emergency as per the child's medical action plan and where to access information provided by parents in relation to the child's medical condition.

For any medical condition that is deemed life threatening i.e. Anaphylaxis. The centre will display the child's medical action plan with a current photo of the child and the 000 Protocol procedures in a prominent place in the staff only areas of the Centre.

If a child with Anaphylaxis is attending the Centre, the Centre will implement the Anaphylaxis Policy – all families are advised on Enrolment that it may be necessary at times to implement these procedures to ensure all children are safe. Families will be advised of the food allergen as asked not to supply foods that contain the product in their children's lunch boxes. Parents of the child with the food allergy may be asked to supply a particular diet if required (e.g. Soymilk, gluten free breads etc.).

<u>Children Self Administering Medication</u>

1. *Children will only be permitted to self-medicate if the requirements of this policy are met and the Self Administration of Medication Form is complete.*

2. *Where a child carries and administers their own medication i.e. asthma medication, they are required to report to an educator their use of the puffer as soon as possible after administering. The educator will then record on the Self Administration of Medication form the details and if the symptoms were relieved. The child will then sign the form to document they have self-administered medication. The educator will co-sign as the secondary signature. The educator must pass this information onto the RPIC so that they can advise the parent / guardian.*