



# Dealing with Medical Conditions

## Policy Statement

This policy acts to ensure that:

- Children are supported to feel physically and emotionally well and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they have a medical condition or are not well
- At all times staff will facilitate safe and effective care and health management of children entering the service with specific health care needs, diagnoses, allergies or other relevant medical conditions such as asthma, diabetes, epilepsy or a risk of anaphylaxis
- All staff are informed of any children diagnosed with a medical condition or specific health care need and the risk minimisations in place
- All staff are informed where medication is stored and/or and specific dietary restrictions relating to children's health care need or medical condition
- Staff are trained in the administration of emergency medication
- Families can expect that educators will act in the best interests of all the children in their care at all times and meet the children's individual health care needs
- There is collaboration with families of children with diagnosed medical conditions to develop a Medical Risk Minimisation Plan for their child
- All children with diagnosed medical conditions have a current Medical Risk Minimisation Plan that is accessible to all staff
- Communication with families about their children's health requirements are conducted in a culturally sensitive way

## Explanation

Medical conditions can require specific care practices, such as the administration of medication or following strict dietary requirements. Other medical conditions can include a diagnosis such as ADHD or Autism, and while medication or dietary requirements may not be required, information about the condition assists staff with ensuring each individual child's care needs are met.

Country Kids Club recognises the need to ensure that these care practices are met whilst a child is in care. Each child's needs are individual and having a Medical Action Plan and/or Medical Risk Minimisation and Communication Plan or Behaviour Support and Communication Plan in place assists Educators to correctly address the child's needs on a daily basis.

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## Definitions

### **Medical Condition**

A condition that has been diagnosed by a registered medical practitioner.

### **Medical Action Plan/Medical Management Plan**

A document that has been prepared and signed by a registered medical practitioner. The plan describes the symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, including administration of medication and includes the child's name and a photograph of the child.

### **Medical Risk Minimisation and Communication Plan**

Medical Risk Minimisation and Communication Plans are developed in consultation with the child's parents and the service. The Medical Risk Minimisation and Communication Plan is developed to ensure that any risks or additional requirements are addressed and minimised. The Communication Plan ensures that all information is shared with the appropriate people, communication channels are maintained with families and plans are kept current.

### **Behaviour Support and Communication Plan**

Behaviour Support and Communication Plans are developed in consultation with the child's parents and the service. The Behaviour Support and Communication Plan is developed to ensure that the behaviours of the child are identified, and any risks, triggers or additional requirements are addressed and minimised. This plan also notifies the service if any medication is required as a result of the behavioural diagnosis. The Communication Plan ensures that all information is shared with the appropriate people, communication channels are maintained with families and plans are kept current.

## Goals

- Clear procedures are required to support the health, wellbeing and inclusion of all children enrolled at the service
- Our service practices support the enrolment of children and families with specific health care requirements
- Medical Conditions include, but are not limited to asthma, diabetes, or a diagnosis that a child is at risk of anaphylaxis. In many cases, if not managed appropriately these can be life threatening



## Strategies

### Enrolment

- Upon enrolment families will be required to complete details about their child's medical needs, this will enable the service to assess whether they have the resources and support to adequately cater for the child's care needs
- Where children require medication or have special medical needs for long term conditions, the child's doctor and parent/guardian must complete a Medical Management Plan
- The Nominated Supervisor or Coordinator will consult with the child's family to develop a Medical Risk Minimisation and Communication Plan, or a Behaviour Support and Communication Plan
- Children with specific medical needs must be reassessed on a regular basis in regard to the child's needs and our services continuing ability to manage the child's needs
- If a child's medical, physical, emotional or cognitive state changes the family will need to complete a new Medical Management Plan and our service will re-assess its ability to adequately cater for the child's care needs
- Each child's Medical Management Plan and Risk Minimisation and Communication Plans will be kept in the Medical Information Folder accessible to staff throughout each session

### Administration of Prescribed Medication

- Prescribed medication, authorised medication and medical procedures can only be administered to a child:
  - With written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to the administration of medication
  - With 2 educators in attendance, one of whom must be the Responsible Person. Where the service is operating with a Sole Educator medication can be administered without another educator in attendance
  - If the prescribed medication is in its original container bearing the child's name, dose and frequency of administration

### Self-Administration of Medication

A School Age Child may self-administer medication if:

- The Educator and parents have discussed the child's ability to self-medicate and both are comfortable with the child being able to perform this task appropriately and responsibly
- Written authority is provided by the child's parent or legal guardian



- An individual guideline of procedure is written with input from the Educator, parent and child to ensure that the administration of self-medication is conducted in a safe and appropriate manner
- They are supervised by an Educator
- If the medication is for long-term health management i.e. asthma or diabetes
- After administration of the medication, this is recorded on the Medication Form by the Educator

### **Adrenaline (Epinephrine) Injectors (Anapen and EpiPen) Use and Expiry Dates**

- Children who have an Action Plan for Anaphylaxis must provide their own Adrenaline Injector (Anapen or EpiPen) to the service
- The service will also have on hand their own EpiPen for use in an emergencies
- The Service will only purchase full Epi Pens to ensure the full dosage for the weight of school aged children
  - The service will maintain an in-date EpiPen
  - The service will also keep on hand an expired EpiPen as a back up
- EpiPen's once expired are not as effective for treating allergic reactions, and should not be relied on, however can be used if no in-date device is available
- If an Adrenaline Injector is required during service operating hours:
  - In the first instance the child's Anapen or EpiPen will be used
  - If a secondary EpiPen is required, the services in-date EpiPen will be used
  - If a third option for EpiPen is required, and all other options have been exhausted the expired EpiPen will only be administered on the advice of Paramedics after calling 000
- All EpiPen's will be labelled clearly with the in-date pens kept in clearly labelled Orange Medication Bags, while the Expired EpiPen is kept in a clearly labelled Red Medication Bag
- Expired EpiPen's need to be checked to ensure the adrenaline is still usable
  - EpiPen's contain a clear window near the tip where the adrenaline can be checked
  - If the adrenaline is discoloured or contains sediment the device should be returned to a pharmacy for disposal
- Expired EpiPen's that are not cloudy will be kept at Services where no enrolled child has an allergy or anaphylaxis diagnosis



- Epi Pens expiry dates and condition are checked at Coordination Visits, and quarterly with each Services First Aid and Medication Check

### **Medical Management Plans**

- Are required if a child enrolled at the service has a specific health care need, allergy or relevant medical condition, this involves
  - The parent/guardian of the child providing a Medical Management Plan for the child
  - Requiring the Medical Management Plan to be followed in the event of an incident relation to the child's specific health care need, allergy or relevant medical condition

### **Risk Minimisation and Communication Plans**

- Risk Minimisation and Communication Plans are required to be developed in consultation with the parents of a child:
  - To ensure the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised
  - Where applicable, to ensure practises and procedures in relation to safe food handling, preparation, consumption and service of food are developed and implemented
  - Where relevant to ensure practices and procedures are in place to notify parents/guardians of any know allergens that may pose a risk to a child and strategies for minimising the risks
  - To ensure all staff can identify the child, and know the location of the child's medical management plan and medication
  - To develop an orientation timeline for the child, and training requirements for educators
  - Where relevant ensure that practices and procedures are in place to ensure that a child does not attend the service without prescribed medication as per the information on their medical management plan

### **Communication Strategies**

- Our service will regularly review communication strategies to ensure that:
  - Relevant educators are informed about the Dealing with Medical Conditions Policy and the Medical Management Plan and Risk Management Plan for relevant children
  - A child's parent/guardian can communicate any changes to the medical management plan and risk minimisation plan for the child, letting the service know how that communication will occur
  - Families and educators communicate regularly regarding and changes to the child's medical and care requirements



## **Anaphylaxis**

- Whenever a child with severe allergies is enrolled at our service, or is newly diagnosed as having a severe allergy, a communication plan will be developed to inform all relevant educators, including students and volunteers, of:
  - The child's name
  - The child's Risk Minimisation Plan
  - Where the child's Medical Management Plan is located
  - Where the child's Adrenaline Injector is located
  - Which educators/staff will be responsible for administering the adrenaline auto-injector
- Medical Action Plans provided by families will be checked to ensure that they match the device provided to the Service
- In accordance with the Education and Care Services National Regulations, our service will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Notices will be posted at the entrance to the service.
- It is required that the child at risk of anaphylaxis will have a Medical Management Plan. (Refer to: The Australian Society for Clinical Immunology and Allergy (ASCIA) for a plan template [www.allergy.org.au](http://www.allergy.org.au)). Educators will become familiar with the child's plan and also develop an Individual Anaphylaxis Risk Minimisation Plan for the child in consultation with the child's parents/guardians and appropriate health professionals
- A communication strategy will be developed with parents/guardians to ensure any changes to a child's health care needs are discussed and the health care plan updated as required

## **Anaphylaxis Emergencies**

- In the case of an anaphylaxis emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/ guardian of the child or the child's registered medical practitioner will be contacted as soon as possible
- First Aid Action Plans for EpiPen's and Anapens from ASCIA are displayed in the front of the Medical Conditions Folder



- For anaphylaxis emergencies, educators will follow the child's Emergency Action Plan
  - If a child does not have an adrenaline auto-injector and appears to be having a reaction, the educator will only administer adrenaline if the service has an additional adrenaline auto-injector for general use
  - Educators/staff administering the adrenaline will follow the instructions stored with the device
  - An ambulance will always be called
  - The used auto- injector will be given to ambulance officers on their arrival
  - Another child's adrenaline auto- injector will NOT be used

## **Asthma**

- Whenever a child with asthma is enrolled at our service, or newly diagnosed as having an asthma, communication strategies will be developed to inform all relevant Educators, including students and volunteers of:
  - The child's name
  - Where the child's Medical Management Plan is located
  - Where the child's preventer/reliever medication etc. will be stored
  - Which Educators will be responsible for administering treatment
- Asthma reliever medications will be stored out of reach of children, in an easily accessible central location
- Reliever medications together with a spacer will be included in our service's First Aid kit in case of an emergency situation where a child does not have their own reliever medication with them
- Asthma Australia provides training in Emergency Asthma Management (EAM) which instructs on all aspects of asthma management and administration of asthma reliever medications. Educators who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care, will attend, or have attended, an Asthma EAM course. It is a requirement that at least one Educator or other person that is trained in EAM is at the service at all times children are present
- Asthma Australia produces recommended guidelines on asthma management within the childcare setting, including an Asthma Care Plan for education and care services

## **Asthma Emergencies**

- In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible



- The National Asthma Council (NAC) recommends that should a child not known to have asthma appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately. The following steps are recommended:
  - If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma:
    - Give 4 puffs of a reliever medication and repeat if no improvement
    - Keep giving 4 puffs every 4 minutes until the ambulance arrives
    - No harm is likely to result from giving reliever medication to someone who does not have asthma
  - In the event of anaphylactic emergency and breathing difficulties, an EpiPen must be administered first, then Ventolin

## Diabetes

- Whenever a child with diabetes is enrolled at our service, or is newly diagnosed as having diabetes, a communications plan will be developed to inform all relevant educators, including students and volunteers of:
  - The child's name and room they are educated and cared for in
  - The child's Risk Minimisation Plan
  - Where the child's Emergency Action Plan will be located
  - Where the child's insulin/snack box etc. will be stored
  - Which educators will be responsible for administering treatment
- Educators will be aware of the signs and symptoms of low blood sugar including the child presenting pale, hungry, sweating, weak, confused and/or aggressive
  - Signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath
- Management of diabetes in children at our service will be supported by the child having in place an Emergency Action Plan which includes:
  - Administration of Insulin, if needed – information on how to give insulin to the child, how much insulin to give, and how to store the insulin. Insulin may be delivered as a shot, an insulin pen, or via an insulin pump
  - Oral medicine – children may be prescribed with oral medication
  - Meals and snacks – Including permission to eat a snack anytime the child needs it
  - Blood sugar testing – information on how often and when a child's blood sugar may need to be tested by educators
  - Symptoms of low or high blood sugar – one child's symptoms of low or high blood sugar may be different from another
  - The child's Action Plan should detail the child's symptoms of low or high blood sugar and how to treat it





- For high blood sugar, low blood sugar, and/ or hypoglycaemia, educators will follow the child's Emergency Action Plan

## **Epilepsy**

- Whenever a child with epilepsy is enrolled at our service, or is newly diagnosed as having epilepsy, a communication plan will be developed to inform all relevant educators, including students and volunteers of:
  - The child's name and room they are educated and cared for in
  - The child's Risk Minimisation Plan
  - Where the child's Emergency Action Plan will be located
  - Which educators will be responsible for administering treatment
- Educators will be aware of the signs and symptoms that may trigger a seizure, or changes in behaviour that might indicate a seizure about to occur
- Management of epilepsy in children at our service will be supported by the child having in place an Epilepsy Management Plan which includes:
  - What, if any triggers there are for seizures
  - Changes in behaviour that may indicate a seizure could occur
  - What a seizure looks like for the child, and support needs before, during and after a seizure

## **Roles and Responsibilities**

### **Approved Provider**

- Support Coordinators and Educators with collecting the relevant information from families
- Support Parents/Guardians when dealing with the management of a Medical Condition
- On enrolment of a child, ensure the parent has given written authorisation for any Educator or staff member of the service, to seek and/or carry out emergency ambulance, medical, hospital or dental advice or treatment if required
- Ensure the development of a communication plan and encourage ongoing communication between parents/guardians and educators/staff regarding the current status of a child's specific health care needs
- Ensure relevant educators receive regular training in managing specific health care needs that are required to be carried out as a part of the care and education of a child with specific health needs



- Ensure at least one educator who has a current accredited training in emergency management is in attendance and immediately available at all times that children are being educated and care for by the service
- Ensure that a Medical Management Plan and Risk Minimisation Plan is developed for each child with specific medical condition on enrolment, or upon diagnosis, and that the plan is reviewed regularly
- Provide up to date resources and information to Educators and Parents/Guardians when required
- Ensuring that parents/guardians are provided with relevant information about health management policies and practices, including dealing with medical conditions
- In the event of the Service not having an Ambulance Station located in their town ensure that they have sourced and made arrangements for:
  - At least one Emergency Anaphylaxis Plan (Back-Up EpiPen or Anapen), and that they have recorded this information at the service
- Safely store confidential health and medical details on children until they reach the age of 25 years

### **Nominated Supervisor/Coordinator/Responsible Person**

- Implementing this policy at the service and ensuring that all staff adhere to the policy
- Informing the Approved Provider of any issues that impact on the implementation of this policy
- Identifying specific training needs of staff who work with children diagnosed with a medical condition, and ensuring that staff access appropriate training
- Ensuring food preparation, food service and casual staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergy and the services procedures for dealing with emergencies involving allergies and anaphylaxis
- Ensuring a copy of the child's medical management plan is visible and known to educators
- Ensuring educators follow each child's Risk Minimisation Plan and Medical Management Plan
- Ensuring opportunities for a child to participate in any activity, exercise or excursion 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 at the service Maintain ongoing communication between staff/educators and parents/guardians in accordance with eh strategies identified in the communication plan

## Educators

- Communicating any relevant information provided by parents/guardians regarding their child's medical condition to the nominated supervisor to ensure all information held by the service is current
- Being aware of individual requirements of children with specific medical conditions and follow their Risk Minimisation Plan and Medical Management plan
- Have all information regarding children with Medical Conditions in a readily accessible position and clearly labelled, including the Medical Risk Minimisation and Communication Plan
- Monitor signs and symptoms of specific medical conditions and communicate any concerns to the Nominated Supervisor/ Service Coordinator
- Ensure that parents/guardians are contacted when concerns arise regarding a child's health and wellbeing
- Where possible the service will endeavour to remove accessibility to allergens from the Service, including life threatening food allergies
- Children who have been medically diagnosed as requiring an adrenaline autoinjector (EpiPen or Anapen) should **not** attend the service unless one has been provided by the parent
- Responsible People, Coordinators and Nominated Supervisors to complete the ASCIA Anaphylaxis e-training at <https://etraining.allergy.org.au> in the first 3 months of employment, and then complete a refresher every 2 years
- Complete Food Allergy Aware Training in first 3 months of employment at <https://foodallergytraining.org.au>, and then do a refresher every 2 years
- Complete Anapen and EpiPen Practical Refresher Training every 6 months

### LINKS TO:

- Education & Care Services National Law Section 167
- Education & Care Services National Regulations: 85, 86, 87, 89, 90, 91, 92, 93, 94, 96, 96, 136, 162(c), 162(d), 168, 169, 170, 171, 172, 173 (2)(f)
- National Quality Standards/Elements: 2.1, 2.2, 7.1, 7.1.2, 7.1.3
- Child Safe Standards: 1, 2, 3, 4, 5, 7, 9, 10



## Families

- Inform the service of their child's medical conditions if any, and inform the service of any specific requirements that their child may have in relation to their medical condition
- Provide a Medical Management plan either upon enrolment, or immediately upon diagnosis of an ongoing medical condition
- Develop a Risk Minimisation Plan with staff at the service
- Ensure that an Adrenaline Injector (EpiPen or Anapen) is provided if their child has been medically diagnosed to be at risk of anaphylaxis
- Children who have been medically diagnosed as requiring an adrenaline autoinjector should **not** attend the service unless one is provided by the parent
- Inform the Service and Educator if their child has a severe allergic reaction when not in care for example at home or another location

## Continual Monitoring and Improvement

Continual improvement and monitoring will occur in the following ways:

- Incidental and planned consultation with families
- Approved Provider and Co-ordination Unit Staff accessing current relevant information
- Approved Provider, Co-ordination Unit Staff and Educators accessing current and relevant training
- Internal evaluation of incidences and the improvement of systems

## SOURCES

Education and Care Services National Regulations, October 2020  
Education and Care Services National Law, February 2018  
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations, October 2017  
Guide to the National Quality Standard, January 2020  
Implementing the Child Safe Standards: A Guide for Early Education and Outside School Hours Care Services, NSW Department of Education, 2021  
A Guide to the Child Safe Standards, NSW Office of the Children's Guardian, 2020  
Be You  
Anaphylaxis Guidelines for Early Childhood Education and Care Services, NSW National Asthma Council – [www.nationalasthma.org.au](http://www.nationalasthma.org.au)  
Asthma Australia – [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)  
Australasian Society of Clinical Immunology and Allergy – [www.allergy.org.au](http://www.allergy.org.au)  
Diabetes Australia – [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)  
Epilepsy Foundation - <https://epilepsyfoundation.org.au>

## LINKS TO OTHER POLICIES:

- Acceptance & Refusal of Authorisations
- Administration of First Aid
- Administration of Medication
- Child-Safe Environment
- Enrolment & Orientation
- Incident, Injury, Trauma & Illness
- Nutrition & Safe Food Handling