

## Health & Safety

# MEDICAL CONDITIONS POLICY

**Policy number:** H&S 17

**Date Reviewed:** 30<sup>th</sup> October 2019

**Revision:** 6 (updated 7/11/2019)

**Month of next Renewal:** November 2020

Approved By:	Position: Committee (Secretary)	Date:
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### 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.
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.
2.2	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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
90	Medical Conditions Policy
90(1)(iv)	Medical Conditions Communication Plan
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

## RELATED POLICIES

Administration of Medication Policy Health & Safety Policy Incident, Illness, Accident & Trauma Policy	Illness policy Health and Safety Policy
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## PURPOSE

We aim to efficiently respond to and manage medical conditions at the Service ensuring the safety and wellbeing of children, staff, families, and visitors.

## SCOPE

This policy applies to children, families, staff, management, and visitors of the Service.

## IMPLEMENTATION

Our Service is committed to adhering to privacy and confidentiality procedures when dealing with individual health and medical requirements. 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 and safety.

### The Approved Provider / Management will ensure:

- Educators and Staff have a clear understanding of children's individual medical conditions.
- Communication between families and Educators is on-going and effective.
- Educators receive appropriate training in managing specific medical conditions.
- There is an Educator in attendance at all times with a current accredited first aid and CPR, emergency asthma, and emergency anaphylaxis certificate.
- Educators 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 and or asthma and anaphylaxis plans



- A Medical Management Plan/Risk Minimisation Plan has been developed in consultation with families and the child's medical practitioner.
- Educators have access to emergency contact information for the child.
- Casual 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.
- A copy of the child's medical management plan is visibly displayed in an area not generally available to families and known to staff in the Service.
- A child is not enrolled at, nor will attend the 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.
- In the event that a child suffers from a reaction, incident, situation, or event related to a medical condition the Service and staff will:
  - Follow the child's Emergency Medical/Action Plan
  - Call an ambulance immediately by dialing 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
  - Notify the regulatory authority (within 24 hours)

#### Families will ensure

- They provide management with information about their child's health needs, allergies, medical conditions, and medication requirements on the enrolment form and through verbal communication/meetings.
- The Service enrolment form is completed in its entirety providing specific details about the child's medical condition.
- They notify the Service if any changes are to occur to the Medical Management Plan.
- They provide the required medication and complete the long-term medication record.
- 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.

#### MEDICAL. MANAGEMENT PLAN

- Any Medical Management Plan provided by a child's parents and/or registered medical practitioner should:

- have supporting documentation if required
  - include a photo of the child
  - if relevant, state what triggers the allergy or medical condition
  - include first aid that may be required
  - include contact details of the doctor who signed the plan
  - state when the plan should be reviewed
- A copy of the Medical Management Plan will be displayed for Educators and Staff 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 Service.
  - Allergy/ medical information will be displayed in the kitchen, staff room and individual child's room so that all educators are aware of the children's medical needs.
  - The service must ensure the medical management plan remains current at all times.
  - In the case of an emergency, authorisation may be given verbally by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication or, if such a person cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service (regulation 93). Medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency (regulation 94).
  - Where medication is required for the treatment of long-term conditions or complaints such as asthma, epilepsy or ADHD, the service will require a letter from the child's medical practitioner or specialist detailing the medical condition of the child, the correct dosage and how the condition is to be managed. An action plan set out by the medical practitioner must be available to the staff

## RISK MINIMISATION PLAN

All children with a diagnosed medical condition must have a risk minimisation plan in place.

A meeting will be arranged with the parents/guardian as soon as the Service has been advised of the medical condition. During this meeting a risk minimisation plan will be developed in consultation with the parent/guardian 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 staff members 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 Service 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 educators.
8. Parents are notified by educators 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 educators 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.

### Training and Rostering

The Educator roster must ensure that the following listed qualifications are current and available at all times. The required qualifications can be held by a single rostered Educator or shared as per the regulations, as follows:

- a) At least one educator who holds a current approved first aid qualification;
- b) At least one educator who has undertaken current approved anaphylaxis management training;
- c) At least one educator who has undertaken current approved emergency asthma management training.

Educators will be provided with the appropriate training in the management of any other medical condition that has been diagnosed of a child in the Service. This training or information will be from the recognised authority of the condition i.e. Epilepsy Australia, and Diabetes Australia.

### Self-administration of Medication

Only with written consent from a medical practitioner will a child be eligible to self-manage their medication. In order for the child to self-medicate whilst in the care of Mundarda Child Care Centre the child and educators must follow the below guidelines:

- Have a written medication authority (and clear direction from the family and doctor that the child is able to self-manage).
- All medication must be in the original pharmacy labelled container.
- All medication is to be stored according to the manufacturer's instructions.
- Limitations on the quantity brought to the service (daily requirement preferred).
- Take their medication under the supervision of the team leader
- Team leader to sign medication authority form

### Storage

1. Medications must be given to a staff member on arrival. Medications must be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Some families supply thermal carry packs to maintain safe temperature storage and for ease of transport on excursions.
2. Medication must be within the expiry date and delivered to educators as a daily supply (or a week's supply at the most). This might require the family to organise a separate labelled container from the pharmacy for safe storage at home.
3. All medication kept at the centre will be securely stored in a cupboard on high shelving. Should the medication required refrigeration it will be placed on the highest shelf in the fridge in a child proof container.

## Supervision of medication

Everyone supervising medication needs to ensure that:

- They are administering the medication to the right child
- It is the right medication
- It the right dose according to the prescription
- The manner in which the medication is to be administered (e.g. oral or inhaled)
- The expiry date is not past its date.
- It is administered at the right time,
- That they record the details on the service's Request to Administer Prescribed Medication Form.

A child should not take his/her first dose of a new medication while attending the service. The child should be supervised by the family or a health professional in case of an allergic reaction. The centre will not administer medication to children unless they have been taking the dose 24hrs prior, to ensure that no allergic reaction occurs.

In administering medication for the treatment of an asthma emergency by a bronchodilator (e.g. Ventolin) via a puffer, you can be administered without written authority providing you have an Asthma Plan that had been filled out by a medical practitioner. The use of a bronchodilator is considered a standard first aid response. Educators must be trained in asthma emergency first aid before administering a bronchodilator (e.g. Ventolin) via a puffer.

In Western Australia, the use of an adrenaline auto injector for the treatment of an anaphylaxis emergency requires an anaphylaxis plan and a prescribed auto injector. Educators must be trained in emergency anaphylaxis first aid before administering adrenaline via an auto injector.

Only the team leader will administer medication.



Below are links to organisations that provide specialist advice, medical management templates or training in the management of specific health care needs, allergies or medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis.

### **Diabetes**

- Diabeties Australia [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)
- Australian Diabetes Society [www.diabetessociety.com.au](http://www.diabetessociety.com.au)

### **Anaphylaxis and allergies;**

Australian Society of Clinical Immunology and Allergy [www.allergy.org.au](http://www.allergy.org.au)

- Allergy and Anaphylaxis Australia [www.allergyfacts.org.au](http://www.allergyfacts.org.au)
- Royal Children’s Hospital, Department of Allergy and Immunology [www.rch.org.au/allergy](http://www.rch.org.au/allergy)

### **Asthma**

- National Asthma Council Australia [www.nationalasthma.org.au](http://www.nationalasthma.org.au)
- Asthma Australia [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)

### **Source**

Education and Care National Regulations. (2011).

Guide to the National Quality Standard. (2017).

*Occupational Health and Safety Act 2004.*

Revised National Quality Standard. (2018).