4.17 Medical Conditions Policy

Ashmore P&C OSHC recognises the prevalence of children attending the service who have health needs and relevant medical conditions including asthma, diabetes or at risk of anaphylaxis, requiring detailed practices and planning to ensure their health and wellbeing are cared for. Ashmore P&C OSHC is committed to a planned approach to the management of relevant medical conditions, and one that meets the legislative compliance of an education and care service (*Education and Care Services National Regulations 77, 90-96, 160-162, & 168 (2)(d).*

Importantly, Ashmore P&C OSHC recognises some children attend the service with both highly sensitive and potentially life-threatening conditions. Management and responsiveness of these medical needs is a critical aspect of their care. All children with additional health needs or relevant medical conditions will have medical management plans provided and displayed in the services red folder. Additionally, Ashmore P&C OSHC will work collaboratively with parents and families to ensure the service understands and address risks associated with a child's need/condition (risk minimisation plans). Embedded within these plans are the outlined procedures to update information and actions as required (communication plans).

Ashmore P&C OSHC is committed to ensuring our educators are equipped with the knowledge and skills to support children's medical needs. The Approved Provider will seek to ensure all children in attendance receive the highest level of care and protection. Where relevant, additional training, resources and knowledge will be provided to educators to support the practices of the service to attend to relevant health and medical needs.

Children's medical needs may be broadly categorised into two types:

- Short-term – which may affect their participation in activities while they are on a course of medication. Short-term medical needs are typically an illness that the child will recover from in a short period (e.g. tonsillitis, chest infection, etc.)
- Long-term - potentially limiting their participation and requiring extra care and support. Long term medical needs are typically ongoing (e.g. asthma, diabetes, anaphylaxis, celiac disease)

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- *Duty of Care*
- *Education and Care National Laws Act 2010 and Regulations 2011*
- *Health (Drugs and Poisons) Regulations 1996*
- *Check local authority regulations, e.g. Gold Coast City Council by-laws on keeping relevant animals*
- *NQS Area: 1.1.5; 2.1, 2.2.1; 3.1.1, 3.2.1; 4.1, 4.2.1; 5.1, 5.2; 6.1, 6.3.3; 7.2.1, 7.3.1, 7.3.2, 7.3.5.*

- *Policies: 2.11 – Including Children with Special/Additional Needs, 4.1 - General Health and Safety, 4.2 - Infectious Diseases, 4.1 – General Health and Safety, 4.3 - Hygiene, 4.4 - Preventative Health and Wellbeing, 4.6 – Medication, 4.10 – Anaphylaxis Management, 4.11 – Emergency Health and Medical Procedure Management, 4.15 – Asthma Management, 2.20 – Supervision of Children, 5.1 – Food Handling and Storage, 5.6 – Menu Development, 7.1 – Emergency Equipment and Facilities, 8.4 – Educator Professional Development and Learning, 8.10 – Educator Orientation and Induction, 9.2 – Enrolment and Orientation, 9.3 – Communication with Families, 10.9 – Risk Management and Compliance, 10.24 – Privacy.*

Procedures

The procedures to manage children's medical conditions are contained within the following documents:

- Individualised Medical Management (Medical Management, Risk-Minimisation and Communication Plans)
- Practices for the Management of Specific Medical Conditions
  - Asthma Management Practices
  - Managing Children at Risk of Anaphylaxis
  - Diabetes Management Practices
- Self-administering of Medication

Individualised Medical Need Management (Medical Management, Risk-Minimisation and Communication Plans)

Any child enrolled in Ashmore P&C OSHC who has been identified with a health need, sereve allergy or relevant medical condition will require:

- A ***medical management plan*** to be supplied by the parent or guardian *(Regulation 90(c)(i));*
- The development of a ***risk-minimisation plan*** in consultation with a parent or guardian; and
- The development of a ***communication plan*** (for staff members to be informed of the health and medical needs of children and for parents or guardians to understand how to update health/medical information and/or relevant plans).

Medical Management and Risk-Minimisation Plans *(Regulation 90(c)(iii))*
Ashmore P&C OSHC's enrolment forms will outline a child's medical needs. Where the parent indicates a child has an additional medical need, the Nominated Supervisor will communicate with the family to identify the need for a **medical management,risk-minimisation and communication plan**. A parent or gaurdian may notify Ashmore P&C OSHC at any time of a change in a child's medical needs. Where a parent indicates a child has the following, a medical management plan risk-management will be requested/developed:

- one of the following conditions:
  - asthma,
  - diabetes
  - diagnosed at risk of anaphylaxis
- any sereve allergy or health care need requiring
  - specific action to be taken during an incident
  - the development of a risk-minimisation plan
  - relating to food safe handling, preparation, and consumption

The Nominated Supervisor will:

- Require a current **medical management plan** be provided to the service by the parent or guardian with consent that this is made accessible in a visible location to all educators (Our red folders in the main office area)

- Require plans to be prepared in collaboration with a relevant health professional.
- Request parents or guardians to review medical management plans annually or as suggested by a health professional/medical authorities.
- Ensure all educators are adequately trained and rehearsed in the service's emergency medical management procedures and the administration of emergency/rescue medication;
- Collaborate with parents/guardians of children with specific health needs, allergies or other relevant medical conditions to develop a **risk minimisation plan**; and
- Inform all educators and volunteers, of children with specific health needs, allergies or other relevant medical conditions and the risk minimisation procedures for these.

Medical Management Plans must be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition *(Regulation 90(c)(ii))*. The medical management plan should be developed in consultation with the child's registered medical practitioner with the procedures to follow from the medical practitioner documented in the medical management plan. The medical management plan should include the following:

- **A photo of the child;**
- **Details of the specific health care need, allergy or relevant medical condition including the severity of the condition;**
- **Any current medication prescribed for the child;**
- **What may trigger the allergy or medical condition (if relevant);**
- **Signs and symptoms to be aware of as well as the response required from the service in relation to the emergence of symptoms;**
- **Any treatment/medication required to be administered in an emergency;**
- **The response required if the child does not respond to initial treatment;**
- **When to call an ambulance for assistance; and**
- **Contact details of the doctor who signed the plan.**

Medical Risk-Minimisation Plans are developed in consultation with parents or guardians of the child. They are to ensure:

- the risks relating to the child's specific health care need, sereve allergy or relevant medical condition are assessed and minimised;
- if relevant, the safe handling, preparation, consumption and service of food;
- if relevant, the parents or guardians are notified of any known allergens that pose a risk to a child and strategies for minimising the risk;
- to ensure all educators and volunteers can identify the child, the child's medical management plan and the location of the child's medication (Located in the main office area in our red folder); and
- if relevant, the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, sereve allergy or relevant medical condition.

Communication Plans *(Regulation 90(c)(iv))*
Embedded within the Medical Risk-Minimisation Plan will be procedures outlined of how communication of the plan will be undertaken to ensure all educators and visitors are aware of relevant risks and strategies.

Additionally, the plan will document how a paren or guardiant may update any relevant details to the management of or details regarding a child's medical condition. This can include reviewing details of the *medical risk-minimisation plan.*

To remove any doubt, a child's parent or guardian can at any time communicate any changes to the medical management plan and risk-minimisation plan for the child. While each plan will outline specific steps, the parent or guardian can also direct any of these changes to the Nominated Supervisor.

Copy of Policy Provided *(Regulation 91)*

Parents will be provided copies of the *medical risk-minimisation plan* and asked to confirm their approval. Attached to all each *medical risk-minimisation and communication plan* will be a copy of this policy (4.17 Children with Medical Conditions). These records will be stored with the child's enrolment.

Communication of Plans and Policies

Medical Management Plans for children who attend Ashmore P&C are located in our red folder in the main office area of the service. This location provides discretion from public view and display for all educators of the service. In addition, any children enrolled with medical needs are communicated to educators in team meetings and daily communication. The Nominated Supervisor is responsible for ensuring all educators, other staff and volunteers are able to identify a child with a specific health care need, severe allergy or other relevant medical condition and be able to locate their information, plans and medication/s easily.

Risk-Minimisation Plans will be stored with enrolment forms. All risk-minimisation plans will be communicated with all educators. Educators will be asked to sign acknowledgement of reading the risk-minimisation plan. This will document the communication and subsequent understanding of what is required

Practices for the Management of Specific Medical Conditions *(Regulation 90(1)(b))*

Induction and instruction of this policy will be provided to every educator and volunteer engaged at Ashmore P&C OSHC. Each person must acknowledge they have been trained, read the policy and understand the practices required to support children's health and medical needs.

Individual children's relevant health needs and corresponding plans will be discussed on a regular basis with all educators at team meetings to ensure educators have sound knowledge of practices and emergency management actions.

Ashmore P&C OSHC will ensure that at least one educator with a current first-aid and CPR qualification, anaphylaxis management and emergency asthma management training is in attendance at any place children are being cared for, and immediately available in an emergency, at all times that children are being cared for by the service. Ashmore P&C OSHC is committed to exceeding the required minimum standards through providing asthma management training for all educators at least annually.

Educator Training and Qualifications

The Nominated Supervisor will ensure that educators have appropriate education or training to enable them to undertake basic support of the health needs of children, including administering medications, responding to allergic reactions, basic first aid and adhering to special dietary requirements.

Additionally, children who are enrolled in the service with medical conditions and needs requiring specialist knowledge or training will be supported. Educators will have access to training relevant to children's medical needs.

Children Self-administering Medication *(Regulation 90 (2)&(3))*

Ashmore P&C OSHC can permit children over preschool age to self-administer medication however the relevant authority form must be completed by the parent or guardian/authorised person, prior to the child administering the medication.

This information about the symptoms and actions to be taken to support a child will be detailed in the child's medical management and risk-minimisation plan. Plans for the management of medication must also outline

how the storage of the medication will be secure, safe and accessible. Children cannot attend the service without access to required medication.

Despite authority to self-administer, educators should be aware of any relevant signs and symptoms or schedules relating to a child's medication administration. Where relevant, an educator should prompt/remind children to administer their medication on this basis.

Where a child intends to self-medicate, they must:

- Inform an educator of their intention to take medication
- Collect the medication from where is has safely been stored

Educators will then:

- supervise the child who is self-administering medication/s
- ask the child when medication was last administered (and record this information)
- ensure each child follows all administration of medication, health and hygiene procedures.

Self-Administration Records (*Regulation 90 (3))*
Ashmore P&C OSHC will record all instances of supervised self-administration of medication. A self-administration register will be kept for the child. Details of the date, time and dosage of the medication administration will be recorded by the educator who witnessed the administration.

A copy of the self-administration record can be provided to the parent or guardian at any time.

Asthma Management Practices *(Regulation 90 (1)(a))*

All children diagnosed with asthma must have a medical management plan outlining what to do in an emergency. A risk minimisation plan must be developed in consultation with the parent of a child diagnosed with asthma to identify the triggers and how these will be managed and monitored within the service (procedures outlined above). The action outlined in a medical management plan should be followed in the first instance.

Responding to Emergency Asthma Incidents

The procedure outlined in the child's medical management plan should be followed in the first instance *(Regulation 90(c)(ii))*. However, if this does not alleviate the asthma symptoms, or where a child is not known to have asthma (therefore no plan has been provided), an educator will provide first aid following the steps outlined by Asthma Australia. If the treating educator is not trained in emergency asthma management, the emergency asthma qualified educator should be immediately sought by any persons identifying symptoms in a child and/or suspecting a child may be suffering from an asthma flare-up (sometimes referred to as an asthma attack).

Asthma Flare-Up Symptoms

The most common symptoms of asthma are:

- Wheezing – a high-pitched sound coming from the chest while breathing
- A feeling of not being able to get enough air or being short of breath
- A feeling of tightness in the chest
- Coughing

Practices to Respond to an Asthma Flare-up:

- Sit the child upright.
- The educator will be calm and reassuring;
- Give four (4) puffs of blue reliever medication with slow and deep breathing in after each puff. If using a spacer, follow each of 4 puffs with 4 breaths in and out following each puff;
- Wait four (4) minutes. If there is no improvement, give four (4) more puffs as above;
- If there is still no improvement, ***call emergency services***; and
- Keep giving four (4) puffs every four (4) minutes until the emergency services arrive.

Authorisation for administering asthma medication is not required in an emergency. Educators should administer medication, then notify the parent and/or emergency services as soon as practicable (Regulation 94)

In the case of any emergency event, the parent of the child is to be contacted and informed once reasonably practicable to do so. Reporting will follow the practices outlined in *4.5 Incident, Illness, and Injury and Trauma policy*.

Emergency Asthma Equipment

Ashmore P&C OSHC's first aid kit contains Ventolin (blue puffer) and a spacer. Expiry dates of all puffers used will be closely monitored and replaced when expired. Puffers and spacers from the emergency asthma first aid kit must be thoroughly cleaned after each use to prevent cross contamination.

All asthma medication provided by families and administered by educators and/or self-administered by the child with the condition, must be in accordance with the Medication Policy (see Policy 4.6) of this service.

Managing Children at Risk of Anaphylaxis *(Regulation 90 (1)(a))*

Ashmore P&C OSHC will take appropriate action to minimise, as far as reasonably practicable, exposure to known allergens where children have been diagnosed with anaphylaxis. These specific actions will be identified through the risk minimisation planning procedure.

In recognising food allergies are a common (but not the only) source of allergy, in order to minimise the risk of exposure of children to foods that might trigger a severe allergy or anaphylaxis in susceptible children, our service will adopt the following practices:

- Educate children about food allergies and ways to keep people safe;
- Actively discourage children to trade or share food, utensils or food containers;
- Ensure all food handling supports children's medical management plans;
- Request families to label all drink bottles and lunch boxes with their child's name;
- Consider the contents of food and non-food items for inconspicuous triggers;
- Monitor attendances to ensure that meals/snacks prepared at the service do not contain identified allergens when those children are in care; and
- Where a child is known to have a susceptibility to severe allergy or anaphylactic reaction to a particular food, the service will develop policy and implement practice for the management of children, educators or visitors bringing foods or products to the service containing the specific allergen (e.g. nuts, eggs, seafood).

Symptoms of Anaphylaxis

Can include any one of the following:

- Difficult/noisy breathing.
- Swelling of the tongue.
- Swelling/tightness in the throat.
- Difficulty talking and/or hoarse voice.
- Wheeze or persistent cough.
- Persistent dizziness and/or collapse.
- Pale and floppy (in young children).

In some cases, anaphylaxis is preceded by less dangerous allergic symptoms such as:

- Swelling of face, lips and/or eyes.
- Hives or welts.
- Abdominal pain and vomiting (these are signs of anaphylaxis for insect allergy).

Responding to Symptoms

All children diagnosed with being at risk of anaphylaxis must have a medical management plan outlining what to do in an emergency. This plan will be followed in the first instance *(Regulation 90(c)(ii)).* Additionally, a risk minimisation plan must be developed in consultation with the parent of a child diagnosed with being at risk of anaphylaxis to identify any triggers/allergies and how these will be managed and monitored within the service (procedures outlined above). The action outlined in a medical management plan should be followed in the first instance.

In the case of a child who has not been previously diagnosed with being at risk of anaphylaxis but is displaying symptoms, the following actions will be taken. The emergency anaphylaxis management qualified educator should be immediately sought by any persons identifying symptoms in a child and/or suspecting a child may be suffering an anaphylactic episode.

1. Lay the person flat – do NOT allow them to stand or walk.
2. Give adrenaline autoinjector (Epipen).
3. Phone emergency services (ambulance).
4. Phone parent (if practicable).
5. Further adrenaline doses may be given if no response after 5 minutes.
6. Transported to hospital by ambulance (for observation).
7. ***If in doubt give adrenaline autoinjector (Epipen).***
8. Commence CPR at any time if person is unresponsive and not breathing normally.

Authorisation for administering adrenaline autoinjector (Epipen or similar) medication is not required in an emergency. Educators should administer medication, then notify the parent and/or emergency services as soon as practicable (Regulation 94)

In the case of any emergency event, the parent of the child is to be contacted and informed once reasonably practicable to do so. Reporting will follow the practices outlined in *4.5 Incident, Illness, and Injury and Trauma policy*.

Emergency Medication
Ashmore P&C OSHC will endavour to have an in-date adrenaline autoinjector (Epipen or similar) in their first aid kit for emergency use. This will be in addition to (and not a substitute for) the prescribed devices for individual children with a diagnosed anaphylactic allergy.

This device will be used where

- A child who is known to be at risk of anaphylaxis does not have their own device immediately accessible or the device is out of date;
- A second dose of adrenaline is required before an ambulance has arrived and emergency services have advised the use;
- The child's prescribed device has misfired or accidently been discharged; and/or
- A child not diagnosed/identified as at risk of anaphylaxis is symptomatic

Each child will have the appropriate medication i.e. Epipen (or similar) accessible to educators. Appropriate medication will be stored at the service for each relevant child. These will be stored in a clearly labelled and marked containers. All expiry dates of this medication will be recorded in a replacement schedule, which will be actively monitored by the Nominated Supervisor. Parents will be advised of expiry 3 months before expiry date. **Children will not be allowed to attend the service without their medication being available.**

In circumstances where a child requires an Epipen (or similar) Ashmore P&C OSHC will request an additional device is stored at the service rather than being transported. If these arrangements are not suitable, personalised arrangement and risk-minimisation plans will be identified in collaboration with the Nominated Supervisor, Approved Provider and parents or guardians.

Diabetes Management Practice *(Regulation 90 (1)(a))*

Children with type 1 diabetes are at most risk from hypoglycaemia (hypo) which occurs when blood sugar levels are too low. Elements that can cause a hypoglycaemia include:

- A delayed or missed meal, or a meal with too little carbohydrate;
- Extra strenuous or unplanned physical activity;
- Too much insulin or medication for diabetes; and/or
- Vomiting.

Hypoglycaemia Symptoms

- headache,
- trembling,
- looking pale,
- feeling hungry,
- sweating,
- lethargy,
- crying,
- being irritable,
- hunger; or
- feeling/acting confused.

Action to manage this should be outlined in management plans. Educators will follow the steps identified in the plan *(Regulation 90(c)(ii)).* However, where the plan does not specify actions, the educator will inform the Nominated Supervisor/Responsible Person. The service will phone parents, and if needed, support the child to ingest some sugar and rest. The child will be actively monitored while resting.

Symptoms of ***serve hypoglycaemia*** include being

- extremely drowsy or disorientated and completely refusing food,
- unconscious,
- having a fit/convulsion, or
- unresponsive.

Any child presenting with these symptoms will require emergency medical attention. The Nominated Supervisor (or Responsible Person or any relevant educator) will respond by calling ***emergency services (000)*** for an ***ambulance*** immediately. Relevant first aid practices will be used in the absence of emergency service advice and/or treatment.

Hyperglycaemia (hyper) occurs when blood sugar levels are too high. It can be caused by not enough insulin administered, eating too many carbs, stress, hormones, weather and physical activity.

Hyperglycaemia Symptoms

- Feeling excessively thirsty,
- Frequently passing large volumes of urine,
- Feeling tired,
- Blurred vision,
- Infections (e.g. thrush, cystitis, wound infections),
- Weight loss.

Action to manage this should be outlined in management plans *(Regulation 90(c)(ii))*. Where this has not been identified educators will inform the Nominated Supervisor/Responsible Person. The service will phone parents. It is likely the child will require medication. If needed the service will call emergency services.

Where diabetic management is required, Ashmore P&C OSHC will ensure that educators are adequately and appropriately trained in the use of insulin injection devices (syringes, pens, pumps) used by children at the service with diabetes. In the event of major concerns regarding insulin levels of a child, the Nominated Supervisor (or Responsible Person or any relevant educator) will respond by calling ***emergency services (000)*** for an ***ambulance*** immediately.

Auxiliary Documentation to this Policy:
Medical Risk Mininisation and Communication Plan

Date of Development	Date Ratified	Date Amendment	Date of Review
16th March 2017	7th February 2018	2nd November 2020	15th March 2018 17th March 2019 28th October 2020 3rd November 2021