
Our Lady of Hope Greenwith Campus Outside School Hours Care



POLICY DOCUMENT

MEDICAL CONDITIONS

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1. Purpose

This policy provides guidelines and directions to staff, parents and carers for ensuring the health care requirements of all children, staff and volunteers with medical conditions at Our Lady of Hope Greenwith Campus Out of Hours School Care.

The Medical Conditions Policy provides for the management of any medical condition that an enrolled child may have, which may not be limited to asthmas, diabetes and 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.

2. National Quality Standards

QA 2	Children's Health & Safety
2.1.1	Health – each child's health and physical activity is supported and promoted.
2.1.2	Health practices and procedures - effective illness and injury management and hygiene practices are promoted and implemented.
2.2.1	Supervision – at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

3. National Regulations

Regulation No	Regulation Title
90	Medical Conditions Policy
90(1)(iv)	Medication 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

4. Scope of Policy

This policy applies to all staff, students, volunteers, parents/carers, children and others attending Our Lady of Hope Greenwith Campus OHSC, including during excursions and activities offsite.

5. Definitions

Term	Meaning
Parent or Carer	The person with legal authority to care for a child.
OHSC	Out of Hours School Care including Vacation Care
Communication Plan	A plan that forms part of the policy and outlines how the service will communicate with parents/carers and staff in relation to the policy. The Communication Plan also describes how parents/carers and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.
Hygiene	The principle of maintaining health and the practices put in place to achieve this
Medical Condition	In accordance with the Education and Care Services National Regulations 2011, the term Medical Condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.
Action Plan	A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific Medical Condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.
Risk Minimisation Plan	The implementation of a range of strategies to reduce the risk of an adverse effect from the mismanagement of a specific medical condition at the service.
Medical Management Plan	A service-specific plan that details each child's medical condition and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies. The Risk Minimisation Plan should be developed by families of children with specific Medical Conditions that require Medical Management Plans, in consultation with staff at the service upon enrolment or diagnosis of the condition. The Action Plan is attached to the Medical Management Plan.

6. Policy

Our Lady of Hope Greenwith 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 Our Lady of Hope Greenwith Campus School 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 and general health and wellbeing curriculum
- Ensuring the service will adhere to privacy and confidentiality procedures when dealing with individual health needs

7. Related Policies, Procedures and Support Documents

- First Aid Policy
- Dealing with Infectious Diseases Policy
- Incident, Injury, Illness and Trauma Policy
- Privacy Policy
- Duty of Care Policy
- Medical Management Plan incorporating Risk Minimisation Plan and Communication Plan
- [Guide to the National Quality Standard 2017](#)
- [Education and Care Services National Law](#)
- [Education and Care Services National Regulations 2018](#)

8. Responsibility for Implementation, Monitoring and Continual Improvement

Responsibility for review, implementation and monitoring of the policy is vested in the Out of School Hours Care Director and the Nominated Supervisor.

PROCEDURES

1. 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/carers 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/carer named in the enrolment form (Regulation 92(3)(b)).
- An educator will be responsible for the administration and recording of the medication that has been administered.
- The medication will be in its original container bearing the child's name, dose and frequency of administration.

1.1. The Nominated Supervisor and the OSHC 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.
- Ensuring children do 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 is visible and known to staff in the service. Prior to displaying the Plans, the Director must explain to parents/carers the need to display the plan for the purpose of the child's safety and obtain their consent.
- 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 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/carers 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 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.

1.2. Other educators are responsible for:

- Ensuring that children do not swap or share food, food utensils or food containers.
- Communicating any relevant information provided by parents/carers regarding their child's Medical Condition to the Director to ensure all information held by the service is current.
- Ensuring a copy of the child's Medical Management Plan is visible and known to staff in the service. Prior to displaying the Medical Management Plan, the Director must explain to parents/carers the need to display the plan for the purpose of the child's safety and obtain their consent, being aware of individual requirements of children with specific medical conditions and ensuring educators and other staff follow each child's Risk Minimisation Plan and Medical Management Plan, monitoring signs and symptoms of specific medical conditions and communicating any concerns to the 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.

1.3. Parents/carers are responsible for:

- Informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition.
- Developing a Risk Minimisation Plan with the Director and/or other relevant staff members at the service.
- Providing a Medical Management Plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This Medical Management Plan must include a current photo of the child and must clearly outline procedures to be followed by educators in the event of an incident relating to the child's specific health care needs.
- 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.

1.4. Volunteers & students are responsible for:

Following this policy and procedures while at the service.

2. Medication Management Plan

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

- Identifying information – child's name, date of birth, recent photograph.

- 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 (indoors and in the playground/garden) and on excursions.
- 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.

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

- The Medical Management Plan for the child is signed by the child's registered Medical Practitioner and is visible to all staff. A copy of the child's Medical Management Plan is included with the medication.
- A child's individual Risk Minimisation Plan is completed in consultation with the parents/carer, which includes strategies to address the particular needs of each child at risk of anaphylaxis, diabetes, asthma or epilepsy and this plan is implemented.
- A child's Communication Plan is developed using information from the child's Risk Minimisation Plan.
- Where the child has been prescribed an Adrenaline auto-injection device it is stored in an insulated container (auto-injection device kit), 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.
- Staff 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 and is reinforced at quarterly intervals and recorded annually.
- When food is prepared at the service, measures are in place to ensure children at risk of anaphylaxis or diabetes are not at risk. See policies for Nutrition, food, beverages and dietary requirements and food safety.
- 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.

- A Communications Plan that provides information about how the service will ensure that staff members and volunteers are aware of how the service manages any diagnosed health care needs, allergies or Medical Conditions of children at the education and care service; and how parents can communicate any changes to OSHC.
- Use a schedule to ensure all Medical Management Plans and Medications are current.
- Review the schedule twice a term, week 1 and 6 and inform parents/carers prior to the Plans/Medication expiry.
- Inform the parent/carer that their child is unable to attend OSHC without a current Medical Management 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 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.

3. **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.

The Medical Management and Risk Minimisation plans will be kept in the child's file and a copy of the plans stored securely with the child's medication, emergency evacuation kit and first aid kit. The plans will be displayed in areas which are not accessed by families and visitors to protect the child's privacy.

The medical plans will also be taken on any excursions.

4. **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.

The Director will ensure:

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

5. 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:

- Ensure children do 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.

6. 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. These triggers include:

- Dust and pollution
- Inhaled allergens, for example mould, pollen, pet hair
- Changes in temperature and weather, heating and air conditioning
- Emotional changes including laughing and stress
- Activity and exercise

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:
 - a. Sit the child upright-Stay with the child and be calm and reassuring
 - b. Give 4 separate puffs of a reliever inhaler (blue/grey):
 - use a spacer if there is one
 - shake puffer
 - give 1 puff at a time with 4-6 breaths after each puff
 - repeat until 4 puffs have been taken
 - c. Wait 4 minutes-If there is no improvement, give 4 more puffs as above
 - d. If there is still no improvement call an ambulance on 000
 - keep giving 4 puffs every 4 minutes until the ambulance arrives

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.

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.

7. 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.

Type 2 diabetes is often described as a 'lifestyle disease' because it is more common in people who are overweight and don't exercise enough. Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

Symptoms of diabetes include frequent urination, excessive thirst, tiredness, weight loss, vision problems and mood changes. People who take medication for diabetes are also at risk of hypoglycaemia (they may have a 'hypo') if their blood sugar levels are too low. Things that can cause a 'hypo' 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
- Vomiting

Symptoms of hypoglycaemia include headache, light-headedness and nausea, mood change, paleness and sweating and weakness and trembling. If left untreated people may become disorientated, unable to drink, swallow or stand, suffer a lack of coordination, loss of consciousness and seizures.

The educators will implement measures to reduce the risk of children suffering adverse effects from their condition. These may include, for example:

- Ensuring medication is administered as outlined in the medical management plan
- Ensuring children eat at regular intervals and have appropriate levels of carbohydrate

If a child is displaying symptoms of a 'hypo' a first aid trained educator will:

- Immediately administer first aid in accordance with the child's medical management plan. This may include giving the child some quick acting and easily consumed carbohydrate eg several jellybeans, 2-3 teaspoons of honey or some fruit juice. Once blood glucose is at a regular level the child may be given some slow acting carbohydrate to stabilise blood sugar eg slice of bread, glass of milk, piece of fruit

If the child is displaying severe hypoglycemia (eg they're unconscious, drowsy or unable to swallow) a first aid trained educator will:

- Immediately administer first aid in accordance with the child's medical management plan
- Call an ambulance by dialling 000
- Administer CPR if the child stops breathing before the ambulance arrives.

8. Medication Administration

8.1 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/carer.
- 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, or in written form from the medical practitioner);
- The medication is from the original container;
- The original label clearly shows the name of the child;
- 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/carer.
- 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.

8.2 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 a labelled and locked medication container with the key kept in a separate location, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container with the key kept 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 locked medication container 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.

8.3 Families will:

- Notify educators, both via enrolment forms 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 completing and signing the plan. Plans must be updated as the child's medication needs change and reviewed at least yearly.
- 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

RESOURCES

- Medical Management Plan
- Medication Record
- Medical Management and Medication Review Schedule



(Chairperson)



(Principal)

13 Dec 19

(Date Reviewed)

13-12-19

(Date Reviewed)



Asthma Care Plan.pdf



Anaphylaxis Care Plan.pdf



Allergic Reaction.pdf



Medication Agreement.pdf



Medication Log.pdf