

Our Lady of Hope Greenwith Campus Outside School Hours Care



POLICY DOCUMENT

MANAGING MEDICAL CONDITIONS IN CHILDREN

DEALING WITH MEDICAL CONDITIONS IN CHILDREN

PRACTICE PRINCIPLES

At Our Lady of Hope Greenwith Campus OSHC we are committed to the safety, health and wellbeing of all children in our care. In partnership with families, our care for children with a medical condition is informed by best care practice, our legal obligations, a deep respect for children's dignity and commitment to their safe inclusion in learning and play. Catholic Education South Australia is committed to ensuring the safety, wellbeing and dignity of all children and young people. How we work to fulfil these commitments is outlined in this procedure.

BACKGROUND

Our Lady of Hope Greenwith Campus OSHC has a duty of care to take 'reasonable precautions' to protect children in our care from harm. When a child has a known medical condition, this means having arrangements in place to manage their condition safely. Our procedures and processes guide our practice to ensure children with a medical condition receive the individualised care and adjustments to be safe, healthy and engaged so they can fully participate in our learning program.

PROCEDURE DETAIL

(A) Health Support Planning

Health support planning commences with families prior to enrolment and continues until children leave OSHC. During the enrolment process, children's medical needs and management must be discussed with families including the provision of a medical management plan and supporting documentation prior to commencing at the service.

Out of School Hours Care Services (OSHC) that use medical health care plans held by the school must ensure they are compliant with this procedure and related CESA policies and procedures. As schools are not required to meet the *Education and Care Services National Law and regulations* health support planning requirements may differ. It is the responsibility of principals as the nominated supervisor to ensure that health care plans comply under the law.

Each child with a diagnosed health condition must have 3 plans in place.

1. Medical Management Plan (also known as a health care plan)
Please note that this provided by the doctor and may include the ASCIA 'Action Plan for Anaphylaxis' and the National Asthma Council Australia 'Asthma Action Plan'.
2. Risk Minimisation Plan
3. Communication Plan

Once we have received the Medical Management Plan completed by their doctor, then the Risk Minimisation Plan and Communication Plan need to be completed.

These plans are kept as part of a child's enrolment record.

The purpose of these 3 plans is to identify and minimise risks for each child and communicate all necessary information to relevant people.

- **Medical Management Plan (also known as a health care plan)** [Regulation 90]

Parents must provide a medical management plan completed by their child's general practitioner and or specialist. Medical management plans must be completed in full and signed by the relevant health care provider with a start and review date.

- **Risk Minimisation Plan (strategies to avoid triggers and the action plan)** [Regulation 90 (iii)]

A Risk Minimisation Plan is developed, with parents and children, before a child attends the service.

A risk assessment process is used to document the Risk Minimisation Plan. Potential risks that could activate or impact a child's medical condition are identified and actions to minimise each risk documented.

The plan is started by the parent who identifies possible triggers for the child and is then continued by staff who develop a plan addressing triggers and identifying strategies to minimise risk for the child. The plan is supported by the medical management plan.

- **Communication Plan (medical)** [Regulation 90(1)(c)(iii &iv)]

A Communication plan is used to document the arrangements, actions and adjustments to best support and protect a child with a medical condition. All staff members and volunteers must be able to identify a child with a known medical condition, have access to a child's medical management plan and know the location of a child's medication.

A personalised communication plan is developed with parents for everyone involved.

As a part of communication, regular staff meetings and/or other means of communication ensure timely and accurate information sharing about children's medical conditions, including updates on the management of a child's condition.

Any changes to children's medical/ medication needs must be shared with all staff, regardless of if they administer medication or not.

At Our Lady of Hope Greenwith Campus OSHC we use the following methods to communicate children's medical management needs to staff and volunteers.

- Staff onboarding processes where staff are informed where children's medical information/ medication is located and how and who can access it.
- Staff meetings where changes to children's medical information is discussed as well as any concerns or issues with managing children's medical needs
- Children with medical management needs are easily identified with the child's image, name, medical condition and details of any medication clearly displayed in the kitchen, the educator's cupboard and staff bumbags.

We use the following communication methods with families to monitor children's medical needs and discuss any changes to medical management plans.

- Conversations during drop off and pick up times
- Emails
- Scheduled meetings with parents
- Reminders in newsletters and notice boards to ensure parents discuss any changes to children's medical management plans with the director/coordinator in a timely manner.

(B) Medication Agreements (regulation 92, 93,94,95)

If a child is prescribed medication, including over the counter medication, that needs to be administered while attending OSHC or Vacation Care a medication agreement or multiple medication agreement must be completed by the parent or carer. The medication agreement is stored with the medical management plan in the child's file.

A registered health care professional must complete the section at the bottom of the form for controlled medication- (S8) oxygen, Ritalin, insulin, or pain relief required to be administered regularly or for more than 72 hours.

A child cannot attend our OSHC or Vacation Care service without their prescribed medication in its original packet, in date with correct labelling and the required forms. Medication cannot be administered to a child without a medication agreement form signed by the parents except in circumstances described below.

A medication agreement is not required when:

- A child's medication treatment is documented in an Asthma care plan, Diabetes action and management plan, INM medication agreement or Anaphylaxis/allergies action plan
- Medication is administered in an emergency such as an anaphylaxis episode or asthma attack. If this occurs it is imperative that emergency services are notified, and the child is monitored until ambulance services arrive. The child's parent or carer must also be notified as soon as practicable.

All medication agreements should be reviewed at least annually for continuing medication. Where a review date has passed the medication agreement remains valid until an updated form is received. A review date is not an expiry date or end date. Where an end date is included on the medical management plan, the medication agreement is no longer valid when the date has passed. A new medication management plan must be completed.

(C) Administering Medication (regulation 92, 93, 95, 96)

Medication for non-invasive health care needs can only be administered:

- orally
- optically (eye drops)
- aurally (ear drops)
- topically

A child's medication is administered as directed in the child's medication agreement and Medical Management Plan. Invasive health care (such as insulin) should only be undertaken by a credentialed health care worker or appropriately trained staff.

There are always two educators to administer medication to a child. Before administering medication, educators must:

- Check the child's name on the label
- Check that the medication matches the medication listed on the medical agreement
- Check the dosage to be given and measure out the dosage confirming dosage with second staff member
- Follow the medication rights checklist
- Complete the medication log

Self-administration of non-controlled medication

Subject to approval, children over preschool age, who can demonstrate an awareness of their own health and wellbeing needs may independently administer their own (non-controlled) medication. The [decision - making tool for medical administration form](#) can support leaders to decide the appropriateness of self-administration. The form must be signed by the child or young person, the parent or carer and the school principal or director. This must also be documented in the child's medical management plan.

An educator must be present to supervise and monitor the child or young person and complete the medication log and medical advice form. Any observations following administration should be noted on the medication advice form.

No child or young person should be expected to be fully responsible for self-administration of emergency medication (i.e. adrenaline autoinjector in the event of anaphylaxis) as their symptoms may compromise their ability to administer the medication effectively.

Children and young people must **never** be given permission to administer schedule 8 (controlled) medication (i.e. Ritalin, Dexamphetamine)

(D) Medication error or incident [regulation 85, 86, 87, 136]

A medication incident occurs when medication has been administered that is inconsistent with the child's medical management plan. This may occur when:

- Medical advice has been followed as part of an emergency response (phoned 000- ambulance)
- The medication rights checklist has not been followed such as the incorrect dose or incorrect medication has been administered or has been administered to the wrong child.
- The medication has been missed or administered at the wrong time.
- The child refuses to take their medication

If a child has:

- Collapsed or is not breathing, phone 000 (ambulance) immediately and follow standard first aid
- Been administered the incorrect dose or incorrect medication and there is no immediate adverse reaction, phone poisons information centre on 131 126 and follow advice given

If the advice is to keep them at the education and care service, increase supervision and monitor the child for any delayed adverse reactions.

In all situations as above educators must:

- notify the parent or carer as soon as practicable
- document the incident in the medication log and [Incident, injury, trauma and illness record](#)
- complete a [medication advice form](#)
- report the incident to the principal and CESA incident reporting management system
- report the incident to the Education Standards Board within 24 hours. Errors in the administration of medication are considered serious incidents as well as any circumstances that pose a risk to the health, wellbeing and safety of a child. Refer to the [National Decision Tree | ACECQA](#). For further information.

If a child has an adverse reaction to medication they have received (whether by error or not) staff provide first aid and take responding to serious incident actions if they reasonably judge the child requires immediate medical attention.

The [Medication administration flowchart](#) can be displayed at your service for a quick reference overview of the information in this section.

(E) Controlled Medication

Controlled medications are prescription medicines that have a higher potential for misuse, abuse and dependence. If they are easily accessible, they can present a hazard to other children and adults in our service. Controlled drugs that can be prescribed to children include but are not limited to:

- psychostimulant medication for the management of ADHD, for example methylphenidate (Ritalin®) or dexamphetamine
- pain relief for long term chronic pain management, for example oxycodone (Endone®) or fentanyl patch.

(F) Storing Medication

All medication is stored in the original packaging bearing the original label and instructions and is within the expiry date. For prescribed medications the pharmacy label must bear the name of the child to whom the medication is to be administered and the instructions for administering the medication must match what is written in the child's medical management plan.

At Our Lady of Hope Greenwith Campus OSHC, medication is stored safely and securely as outlined below:

- Each child has a medication box that is clearly identified with the child's name and photograph which is stored in our secure first aid cupboard.
- Medications that need to be kept refrigerated are stored in the kitchen in the fridge at the top left-hand side at the back. The medication, in its packaging, is kept, in a medical container with the child's name and photograph.
- Only those with authority are permitted to handle medication.

For emergency medication

- children with asthma or anaphylaxis medication or other emergency medication is stored in the first aid cupboard unless the child leaves OSHC (e.g goes to the oval) then the educator supervising will take their medication with them in a medical bag.
- In an emergency, the service has an adrenaline autoinjector that is in date and stored in the first aid cupboard. This is used in medical emergencies only and is not to be treated as a back -up, for children whose emergency medication is not supplied or up to date.

For controlled medication

- Controlled medication such as Ritalin, or Dexamphetamine is stored securely in a locked cupboard in the OSHC office and must be accessed by authorised persons only. The authorised persons at our service who can access controlled medications are the medical team.
- controlled medications prescribed for a child are documented in the controlled drugs register. The controlled medication register is located with the controlled medication in a locked cupboard in the office.
- all handling of a controlled medication is recorded in the controlled drugs register
- parents sign the controlled drugs register both when they deliver a controlled drug and when the controlled drug is given back them
- the controlled drugs register does not replace the need to complete the medication log

- a stock count of controlled medication is made daily, and signed off by the names and signatures of two authorised staff members
- any discrepancy in a controlled medication count is reported to the nominated supervisor (e.g. Principal), the School Performance Leader and the CESA Early Years team, who will make further reports as necessary.

For medication stored in the fridge

- Medications that need to be kept refrigerated are stored on the top left shelf at the back of the fridge away from children. The fridge is in the kitchen which is not accessible to children.
- The medication in its original packaging, is kept on a separate shelf in the refrigerator, in a zip lock bag clearly labelled 'medication'.

For self-administered medication

- Children over preschool age may self-administer non-controlled medication subject to approval by parents and the principal and is clearly documented.
- At Our Lady of Hope Greenwith Campus OSHC, children's medication is given to staff upon their arrival and kept in their medical box in the first aid cupboard and returned to the family or school when the child leaves OSHC.

(G) Training Requirements (regulation 136)

An appropriately qualified educator, or staff member must be immediately available in an emergency at all times whilst children are being educated and cared for within an OSHC, Occasional care, preschool or Early Learning Centre.

In accordance with the CESA *First Aid Procedure* all staff are required to be trained in First Aid through an accredited training course. The recommended training is *HLTAID012- Provide first aid in an education and care setting*. The qualification covers basic first aid, anaphylaxis management and asthma management training and CPR training.

In addition, at least one educator, who is immediately available at all times during the education and care of children must have undertaken a CPR refresher course within the last 12 months. The recommended course is *HLTAID009- Provide Cardiopulmonary Resuscitation (CPR)*

Staff are required to undertake first aid training (emergency asthma management and anaphylaxis management) every three years to remain up to date with current practice.

Every Responsible person under the Requirements of CESA must have undergone Administering medication training. The current course for this can be found on the CESA Training Needs Analysis document. [CESA TNA](#)

Principals and directors must keep up to date records of the training undertaken by staff and review this to ensure training for all staff is current. Please note that mandatory training for general administration of medication is being discussed with the CESA Manager: System Safeguarding and Development.

At Our Lady of Hope Greenwith Campus OSHC we implement the following processes to ensure appropriately trained staff are always available in an emergency.
Daily and session staff rosters are organised to ensure:

- at least one staff member qualified in first aid is available at all times and when a child with specific first aid/medical needs is on site that a staff member trained in supporting those needs are present.
- staff trained to administer needed medication (when required) to a child are available whenever the child is in our care, including during activities that are off site, for example on an excursion
- educator-to-child ratios consider requirements of individual children with medical conditions
- staff monitor those children with medical conditions that may need immediate assistance, so that this can be given quickly if needed.

Our staff regularly take part in training and development in children's health and safety practices, including :

- ACECQA approved Emergency First Aid Response in an Education and Care Settings
- Annual CPR training
- Basic medication management training
- Mental Health First Aid Training

(H) Asthma and Anaphylaxis

Anaphylaxis

At Our Lady of Hope Greenwith Campus OSHC, we implement an allergy aware approach to preventing and managing anaphylaxis. We ensure all staff know which children are at risk of anaphylaxis and understand that unexpected allergic reactions, including anaphylaxis might occur for the first time in children not previously known to have an allergy.

When children at risk of allergies are enrolled at the service, we ensure that a [notice](#) is displayed on the family notice board informing families and visitors that a child attends the service who is diagnosed as being at risk of anaphylaxis.

For children with **food allergies**, our risk minimisation approach is underpinned by inclusive practices to ensure children are safely included in the program during mealtimes. We do the following:

- Children with a food allergy are known to all staff with the child's photo and food allergens clearly displayed in the kitchen.
- Menus are planned around children's nutritional requirements, health care needs including allergies and intolerances.
- Educators implement a high standard of food hygiene before during and after food service and during cooking experiences.
- Separate cooking utensils and chopping boards are used for children with food allergies
- Food prepared for children with allergies is placed on an individual plate clearly labelled with their name
- Children are supervised during food service and seated a safe distance from other children (not separated) when eating and drinking with an educator positioned closely to reduce the risk of ingesting other children's food and drink

For children at risk of anaphylaxis for example bee stings we do the following:

- Not planting trees or shrubs that bees are attracted too such as lavender, bottlebrush, banksia or gum trees and limiting the flowers in our vicinity. We don't plant herbs in our garden that attract bees such as basil and coriander.

In an emergency

An anaphylaxis episode or suspected episode is always considered an emergency.

Adrenaline (epinephrine) is first aid medication for all children and adults to relieve an anaphylaxis episode. Adrenaline is delivered by an adrenaline auto-injector.

There is 1 generic auto-injectors ready for use and available. All auto-injectors are located in the first aid cupboard. The auto injectors are stored with the ASCIA First Aid Plan for Anaphylaxis (orange) [ASCIA First Aid Plan for Anaphylaxis General 2025 update.pdf](#)

Auto-injectors are always available at the service and checked monthly when all medication is checked to ensure they are in date.

Any staff member or volunteer can administer adrenaline to any child or adult during a suspected anaphylaxis emergency. It is safe to administer a standard dose of adrenaline to a child or person who is not known to have an allergy.

Asthma

Asthma is one of the leading causes of absence from school and approximately 1 in 9 children has asthma. Asthma triggers can be different for each child. Common triggers include:

- Viral infections (colds and flu)
- House dust mites
- Animal dander
- Pollen from grasses, trees and flowers (high pollen counts can make asthma worse)
- Moulds
- Cold air
- Physical activity
- Some medicines
- Dust storms
- Cigarette smoke
- Air pollution and work-related chemicals.

At Our Lady of Hope Greenwith Campus OSHC we use the following prevention strategies to minimise the risk of asthma for children at the service.

- A member of the medical team will discuss with parents any allergens that pose a risk to the child and this is documented in the child's risk minimisation plan and clearly communicated to all staff.
- If air pollutants such as dust or smoke are in the air, we keep children indoors.
- The cleaner dusts daily to keep dust to a minimum
- The facilities are kept mould free
- Medical conditions of the children are reviewed daily to ensure triggers are minimized by avoiding cold air and physical activity

Children with asthma can have a range of symptoms including

- Breathlessness
- Wheezing
- Tight chest
- Persistent cough

Symptoms can be mild/moderate, severe, or life threatening. An asthma flare up can happen at any time and can get worse very quickly (in seconds to minutes). Asthma flare ups can also develop more slowly (over hours to days or even weeks).

Asthma first aid and emergency response

Time is critical when a person is experiencing an asthma attack. Do not hesitate to commence asthma first aid. Follow the child's asthma care plan or the [Asthma Australia- Asthma First Aid Procedure](#)

At Our Lady of Hope Greenwith Campus OSHC there are 3 asthma first aid kits located in the first aid cupboard, the first aid bag and the excursion bag and are available for general use in an emergency. The contents of the asthma emergency kit are not intended for general everyday use, but for management of an asthma emergency.

The kit contains the following:

- At least 1 reliever such as Airomir®, Asmol®, Ventolin®, Zempreon
- At least 2 single persons use space devices
- Clear asthma first aid instructions including how to use the medication and space devices
- a medication record log to track usage of the reliever medication
- if the asthma kit is for children under 5 it should also contain at least 2 single persons use face masks.

The asthma kit is checked monthly by a member of the Medical Team to ensure medication is in date and that all medication is replenished following use.

In the event any child suffers an asthma attack reliever is administered by a staff member. It is safe to administer Ventolin to a child or person who is not known to be asthmatic.

Anaphylaxis and Asthma together

Asthma, food allergy and high risk of anaphylaxis frequently occur together, and asthma increases the risk of fatal anaphylaxis.

It can be difficult to know if a child is having an asthma attack or anaphylaxis episode because wheezing, difficulty breathing, and persistent coughing are symptoms of both.

If a child known to have asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY ADRENALINE IS ALWAYS GIVEN FIRST**, then an asthma reliever.

ROLES AND RESPONSIBILITIES

Roles	Responsibilities
CESA (Provider)	<ul style="list-style-type: none"> • Ensure that services are meeting the requirements of the <i>Managing medical conditions procedure</i> including ensuring all relevant actions are managed to minimise risks to children’s health, safety and wellbeing. • Take reasonable steps to ensure that principals, directors, coordinators, staff and volunteers follow the procedure • Ensure the <i>Managing medical conditions in children procedure</i> is compliant with any feedback and advice received by the Education Standards Board
Principal (Nominated supervisor)	<ul style="list-style-type: none"> • Approve the <i>Managing medical conditions in children procedure</i> • Ensure arrangements are in place to safely manage individual children’s medical conditions • Provide and promote staff participation in medical management education and training • Making staff arrangements to ensure children are supervised and cared for by appropriately trained and skilled staff • Implementing systems to monitor, review and improve medication management practices, including recommendations from CESA and the ESB • Adhering to mandated reporting timeframes in the event of a notifiable incident • Promote a child safe environment by ensuring children’s rights and dignity are safeguarded so that they can safely access and participate in the program • Notify the approved provider if there are any issues with implementing the policy and procedures • Ensure inclusion of all children in the service • Ensure communication is ongoing with families and there are regular updates as to the management of the child’s medical condition or specific health care need
Director/Person Responsible	<ul style="list-style-type: none"> • Ensure that children’s medical needs are determined before a child is enrolled at the service and that a copy of the <i>Managing medical conditions procedure</i> is supplied to families of children with a diagnosed medical condition • Ensure all children with a diagnosed medical condition have a medical management plan, risk minimisation plan and communication plan that is developed with the child’s parent/carer and stored where they can be accessed by all relevant staff • Ensure health care plans are completed in full and signed by a health care provider with a start and review date • Ensure that a child does not attend the service if they have incomplete or out of date medical plans or if their medication has expired or does not match what is written on the pharmacy label • Ensure relevant staff members and volunteers are informed about children with medical management plans, can identify each child and follow the plan including in an emergency • If a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service

	<ul style="list-style-type: none"> • Ensure all staff have training as part of the induction process and ongoing training for the management of medical conditions (e.g. asthma, anaphylaxis and specific requirements for the enrolled child in your care) • Ensure a new risk assessment is completed and implemented when circumstances change for the child's specific medical condition
Educators/Staff/Volunteers	<ul style="list-style-type: none"> • Ensure all the action plans are carried out in accordance with the <i>Managing medical conditions in children procedure</i> • Ensure children's health is closely monitored and known triggers are effectively managed • Ensure two educators are present at any time when administering medication to children • Ensure training is current and undertaken as required including approved training for first aid, CPR, asthma, and anaphylaxis and any other training to support a child's particular medical needs • Understand the individual needs of and action plans for the children in your care with specific medical condition • Ensure all children's health and medical needs are taken into consideration on excursions (first aid kit, personal medication, management plans, etc)
Cook and kitchen staff	<ul style="list-style-type: none"> • Ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are followed • Ensure all changes to child's medical management plan or risk minimisation plan are implemented immediately within the menu preparation •
Parents & Carers	<ul style="list-style-type: none"> • Advise the service of the child's medical condition and their specific needs as part of this condition • Provide regular updates to the service on the child's medical condition including any changes and ensure all information required and medication is up to date • Provide a medical management plan from a doctor on enrolment or diagnosis of the medical condition and provide an updated plan as required • Collaborate with the service staff to develop a risk minimisation plan • Read the <i>Managing medical conditions procedure</i>

CONTINUOUS IMPROVEMENT/REFLECTION

Our 'Managing Medical Conditions in Children' Policy will have a reviewed every 3 years in consultation with children, families, staff, educators, and management. The policy will be reviewed earlier if required.

RELATED POLICIES

<ul style="list-style-type: none"> • Acceptance and refusal of authorisations • Child safe environment • Emergency and evacuations Procedures • Enrolment and Orientation • First Aid 	<ul style="list-style-type: none"> • Governance and management • Health hygiene and safe food practices procedure • Infectious diseases and infestations • Incident, injury, trauma and illness • Water safety
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LEGISLATIVE REQUIREMENTS

EDUCATION AND CARE SERVICES NATIONAL LAW		
Sec. 167	Offence relating to protection of children from harm and hazards	
Regulation	Description	Implementation
85	Offence relating to protection of children from harm and hazards	Educators use their knowledge of each child, knowledge of their condition(s) and of how we can best support them, including medication management skills and processes.
86	Incident, injury, trauma and illness policy and procedures	Are in place and followed by educators
87	Notification to parent of incident, injury, trauma and illness	Responsible person to ensure records are maintained
89	First aid kits	First aid kits are suitably equipped relative to the number of children at the service and are easily recognisable and accessible to educators
90	Medical conditions policy	Policies are in place to manage children's medical conditions
91	Medical conditions policy to be provided to parents	The parents of the child with health care needs will have access to the medical conditions policy
92	Medication record	The parents of the child with health care needs will have access to the medical conditions policy
93	Administration of medication	Medication is only administered to a child when it is authorised in accordance with legislative requirements
94	Exception to authorisation requirement – anaphylaxis or asthma emergency	Medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency
95	Procedure for administration of medication	All educators follow procedures for the administration of medication, as well as using the medication rights checklist
96	Self-administration of medication	All educators follow the for children to self-administer their own medication
136	First aid qualifications	
162(c) and (d)	Health information to be kept in enrolment record (c) details of any – (i) specific healthcare needs of the child, including any medical condition; and (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c).	Details of any health care needs, including medical conditions are kept in an enrolment record along with health support agreements and medication agreements
168	Education and care services must have policies.	There are multiple policies in place to provide a child safe environment. These are shown in related policies table below
170	Policies and procedures to be followed	Policies and procedures at the service are followed through a combination of training, supervision, and monitoring. Action is taken if any policies are breached.

171	Policies and procedures to be available	Policies and procedures are kept available to all educators and families and are located in the OSHC office cupboard and are available online on the school website.
172	Notification of change to policies or procedures	Appropriate authorities and governing bodies are notified of any change to policies and procedures.
173 (2) (f)	Prescribed information to be displayed For the purpose of section 172 (f) of the Law, the following matter and information are prescribed – (f) if applicable – (i) in the case of a centre-based service, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service; or (ii) in the case of a family day care residence or approved family day care venue, a notice stating that a child who has been diagnosed as at risk of anaphylaxis – (A) is enrolled at the family day care service; and (B) attends the family day care residence or family day care venue.	A notice advising families that a child attending our service has been diagnosed as at risk of anaphylaxis is enrolled at the service is displayed at our service.

RELATED LEGISLATION

- Disability Discrimination Act 1992 (Cth)
- The Disability Standards for Education 2005 (Cth)
- Education and Care Services National Law, Act, 2010 (Cth)
- Education and Early Childhood Services (Registration and Standards) Act 2011 (SA).
- Children and Young People (Safety) Act 2017 (SA)
- Education and Children's Services Act 2019 (SA)
- Privacy Act 1988 (Cth)

KEY TERMS

Key term	Meaning	Source
ACECQA	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources, and services to support the sector to improve outcomes for children.	Aceqa.gov.au
Adrenaline	is a natural hormone released in response to stress. When injected, adrenaline rapidly reverses the effects of a severe allergic reaction (anaphylaxis) by reducing throat swelling, opening the airways, and maintaining heart function and blood pressure.	Australian Society of Clinical Immunology and Allergy
Anaphylaxis	Is any acute onset illness with typical skin features: urticarial rash or erythema/flushing, and/or	Australian Society of Clinical Immunology and Allergy:

	<p>angioedema, plus involvement of respiratory and/or cardiovascular and/or persistent severe gastrointestinal symptoms;</p> <p>or</p> <p>Any acute onset of hypotension or bronchospasm or upper airway obstruction where anaphylaxis is considered possible, even if typical skin features are not present.</p>	consistent with World Allergy Organisation 2020
Approved anaphylaxis management training	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations
Approved asthma emergency management training	Emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations 136
Approved first aid qualifications	Is a qualification that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations 136
Asthma Asthmatic	<p>Is when the airways in the lungs narrow, which obstructs the flow of air into and out of the lungs.</p> <p>A person who regularly experiences asthma is asthmatic. Using medications can reverse the airways narrowing and people with asthma can lead normal, active lives if they take regular preventer medication.</p>	Australian Society of Clinical Immunology and Allergy: consistent with World Allergy Organisation 2020
Auto-injectable device	Delivers the drug epinephrine. It is a life-saving medication used when someone is experiencing a severe allergic reaction, known as anaphylaxis.	
Communication plan	A plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families 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	
Controlled drugs	Also known as drugs of dependence or Schedule 8 drugs are prescription medicines that have a higher potential for misuse, abuse and dependence. The use of drugs of dependence are regulated by the Controlled Substances Act 1984 and the Controlled Substances (Poisons) Regulations 2011 and monitored by the Drugs of Dependence Unit (DDU).	
Education and care service	Any service providing or intended to provide education and care on a regular basis to children under 13 years of age and in scope of the NQF.	National Regulations 5
Educator	Is a person employed by the service to provide education services. They include a Principal, Preschool Director, OHSC director, preschool educators and other educators.	
Education Standards Board (ESB)	The regulator of ECEC services in South Australia.	
EpiPen®	Is a brand name of an auto-injectable device commonly used to deliver a life-saving medication epinephrine when someone is experiencing a severe allergic reaction, known as anaphylaxis	

Harm	The Children and Young People (Safety) Act 2017 define harm as: <ul style="list-style-type: none"> physical harm or psychological harm (whether caused by an act or omission) harm caused by sexual, physical, mental or emotional abuse or neglect.	
Illness	Is a person's response to a physical or mental disturbance that involves symptoms, including a change in a person's level of physical or mental function. Illnesses can be acute: the illness develops and resolves quickly, or chronic: the illness is experienced long term.	Australian Institute of Health and Welfare
Inhaler	See puffer	
Mandated	Actions that must be followed by individuals within the scope of a policy. Often legislative or statutory obligations are the reason a policy is mandated. Following a mandated policy supports people to meet their obligations.	
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au).	National Regulations
Medical condition	This may be described as a condition that has been diagnosed by a registered medical practitioner.	Guide to NQF
Medical management plan	A document that has been prepared and signed by a registered medical practitioner 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.	
Medical practitioner	Often referred to as 'doctors'. Medical practitioners are qualified and responsible for: <ul style="list-style-type: none"> diagnosing and treating physical and mental illnesses, disorders and injuries recommending preventative action referring patients to specialists, other health care workers, and social, welfare and support workers. 	Australian Government Department of Health and Aged Care
National regulations	Support the National Law by providing detail the operational requirements for an education and care service.	What is the NQF? ACECQA
Nominated supervisor	In relation to an education and care service, means an individual who— (a) is nominated by the approved provider of the service to be a nominated supervisor of that service; and (b) unless the individual is the approved provider, has provided written consent to that nomination.	Education and Care Services National Law, Part 2:13 In SACCS approved services the Nominated Supervisor is the Principal, Deputy Principal or another member of the school leadership team.
Notifiable	Any incidents that seriously compromise the safety, health or wellbeing of children. If you are unsure if it is notifiable please access National Decision Tree ACECQA	Sources: National Law174; Regulation 86; Guide-to-the-NQF-web.pdf (acecqa.gov.au)

Personal information	Is information or an opinion about an identified individual, or an individual who is reasonably identifiable: a. whether the information or opinion is true or not; and b. whether the information or opinion is recorded in a material form or not.	Privacy Act, 1988 (Cth)
Puffer	Puffer or pressurised 'metered dose inhaler' (MDI), is the most common type of inhaler. A puffer delivers asthma medication to relieve symptoms Puffers (MDIs) can be used with a spacer to get more of the medicine into the lungs.	Asthma Australia
Relievers	Are fast-acting medicine that quickly relieve asthma symptoms. Ventolin is one type of reliever medication.	Asthma Australia
Risk minimisation plan	Is an action plan that outlines actions to be taken to mitigate any situation where there is a chance that harm will occur. It is developed in response to a risk assessment.	ACECQA Risk Assessment and Management Tool, 2023
Serious incident	For the purposes of the definition of serious incident in section 5(1) of the Law, each of the following is prescribed as a serious incident: (a) the death of a child— (i) while that child is being educated and cared for by an education and care service; or (ii) following an incident occurring while that child was being educated and cared for by an education and care service; (b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service— (i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or (ii) for which the child attended, or ought reasonably to have attended, a hospital; Example: A broken limb. (c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital; Example: Severe asthma attack, seizure or anaphylaxis reaction. (d) any emergency for which emergency services attended; (e) any circumstance where a child being educated and cared for by an education and care service— (i) appears to be missing or cannot be accounted for; or (ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or (iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises.	National regulation 12
Spacer	Are devices that attach to a puffer (MDI) to assist the delivery of asthma medication. Spacers can only be used with pressurised metered dose inhalers (MDI)/puffers).	Asthma Australia

Ventolin	Is a bronchodilator that relaxes muscles in the airways and increases air flow to the lungs.	
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NATIONAL QUALITY STANDARDS

The following quality areas link to Managing Medical Conditions in Children

QUALITY AREA 2: CHILDREN'S HEALTH & SAFETY		
Concept		Descriptor
2.1	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.
QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1.1	Fit for purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.
3.2.1	Inclusive environment	Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.
QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES		
6.2.2	Access and participation	Effective partnerships support children's access, inclusion and participation in the program.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service.
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

SUPPORTING INFORMATION

Asthma guidelines for Australian Schools

- Asthma Basic Facts- Asthma Australia
- Diabetes care plans | Diabetes Australia
- Asthma Action Plan Asthma Action Plan - Asthma Australia
- ASCIA Action Plan: Anaphylaxis - Australasian Society of Clinical Immunology and Allergy (ASCIA)
- ASCIA_HP_Guidelines_Acute_Management_Anaphylaxis_2023.pdf (allergy.org.au)
- Asthma and anaphylaxis - Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Allergy Awareness | ACECQA
- Best Practice Guidelines for anaphylaxis prevention and management in children's education and care services
- ESB reporting time frames
- CESA First Aid Procedure

- This policy can be read in conjunction with, and is additional to, any other relevant South Australian Commission for Catholic Schools (SACCS) policy, procedure, guideline or support document, including the following:
 - *Complaint response and resolution* procedure.
 - Reporting Harm of Children and Young People Procedure
 - Managing Allegations of Misconduct Guidelines
 - Grievance Response and Resolution
 - Privacy Policy
 - Code of Conduct for Staff Employed in Catholic Schools
 - National Catholic Safeguarding Standards
 - Therapeutic Goods Administration website (tga.gov.au)
- Government of South Australia SA Health (2024) Exclusion from childcare, preschool, school and work | SA Health
- Government of South Australia (2013) Information Sharing Guidelines for promoting safety and wellbeing

RECORD HISTORY

This policy and procedure are approved and in place until the review date, unless during that time the Principal of Our Lady of Hope instructs a revision.

You can only amend the customised content within this procedure.

Families of children enrolled at the service must be notified at least 14 days before making any change that may have a significant impact on:

- a) The service provision of education and care to any child enrolled at the service
- b) The family’s ability to utilise the service.

If you consider the notice period would significantly pose a risk to the health and safety and wellbeing of children, then families can be notified of the change as soon as practicable. (Regulation 172)

Approved by: Out of School Hours Care (OSHC) & Preschools Compliance Officer
 Approved date: 30 August 2024
 Last Review Date: 3 June 2025
 Next review date: June 2030
 Revision record: 1

 (Chairperson)

 (Date Reviewed)

 (Principal)

 (Date Reviewed)