

3.2.4

Medical conditions

Policy

Policy Statement

PCYC services are committed to supporting all children, regardless of their medical needs and ensuring their safety, health and wellbeing are of paramount importance. During the enrolment process, it will be achieved that a shared responsibility, commitment and accountability will be implemented by both service representatives and parents/carers to ensure that individual children's health care needs are met. In an emergency situation PCYC employees may be required to administer medication and first aid to preserve the life, safety and health of children in their care.

1. Scope

- 1.1 The following people must comply with this policy;
 - 1.1.1 Approved Provider
 - 1.1.2 Nominated Supervisor / Responsible Person
 - 1.1.3 Educators (including volunteers)
 - 1.1.4 Parents/carers

2. Objectives

- 2.1 The service aims to promote a safe environment for all children by:
 - 2.1.1 Adhering to legislative requirements.
 - 2.1.2 Facilitating the effective care and health management of children with medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis.
 - 2.1.3 Providing, as far as practical, an environment where a child with asthma, diabetes, anaphylaxis, or other medical conditions is able to participate equally in all aspects of the program.
 - 2.1.4 Minimising the risk of exposure of children identified with asthma, allergies and anaphylaxis to "known" allergens.
 - 2.1.5 Ensuring that all educators and volunteers are aware of, and follow, the medical management plans, including risk minimisation and communications plans and practices, in relation to managing the medical conditions of children attending the service.

3. Definitions

- 3.1 In referencing Allergy and Anaphylaxis Australia, **anaphylaxis** is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention. Anaphylaxis is a generalised allergic reaction, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal and cardiovascular). A severe allergic reaction or anaphylaxis usually occurs within 20 minutes to 2 hours of exposure to the trigger and can rapidly become life threatening.
- 3.2 In referencing Asthma Australia, **asthma** is a long-term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a 'flare-up'. In a flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow and there is more mucus. These things make it harder to breathe. An asthma flare-up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack.
- 3.3 Individuals with **intermittent asthma** don't have symptoms all the time and may occasionally have mild or even severe asthma attacks. Most people who have intermittent asthma are able to control their asthma well just by using reliever medication. Some people have their symptoms so often they may also need a preventer. Intermittent asthma is the most common type of asthma in children. Around 70% of children have infrequent intermittent asthma, which means they have short, isolated episodes of asthma, usually in response to a respiratory infection or environmental allergen. Approximately 20% of children have frequent

intermittent asthma, where asthma episodes happen more often (every 6 to 8 weeks or less) and children have minimal symptoms in between.

- 3.4 Individuals with **persistent asthma** have more frequent symptoms and attacks and probably need a preventer to help control their asthma. Persistent asthma may be classed as mild, moderate or severe. These 'ratings' are based on the amount and type of medication needed to keep the asthma under control.
- 3.5 In referencing Diabetes Australia, **diabetes** is a condition in which the body can't maintain healthy levels of glucose in the blood. Unhealthy levels of glucose in the blood can lead to long term and short term health complications. Diabetes incorporates three main types of diabetes including type 1, type 2 and gestational diabetes.
- 3.6 **Diagnosed as at risk of anaphylaxis**, in relation to a child, means a child who has been diagnosed by a registered medical practitioner as at risk of anaphylaxis.
- 3.7 **Registered medical practitioner** means a person registered under the Health Practitioner Regulation National Law to practise in the medical profession (other than as a student).
- 3.8 *For additional definitions please refer to the Glossary of terms for Outside School Hours Care policy.*

4. Guiding principles

- 4.1 **Exception to authorisation requirement – anaphylaxis or asthma emergency.** Despite the requirement that the Approved Provider ensure that medication is not administered to a child being educated and cared for by the service unless that administration is authorised and the medication is administered in accordance with legislation, medication may be administered to a child without authorisation in case of an anaphylaxis or asthma emergency. In this instance the Approved Provider must ensure that a parent/carer of the child and emergency services are notified as soon as practicable.
- 4.2 **A Risk Minimisation Plan** must be developed in consultation with the parent/carer of the child to ensure;
- Any risks relating to the child's specific health care needs, allergy or relevant medical condition are assessed and minimised;
 - Relevant practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented (as required and based on the medical condition);
 - Relevant practices and procedures to ensure that the parents/carers are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented (as required and based on the medical condition);
 - That practices and procedures to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented;
 - As required, that practices and procedures ensure that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition.
- 4.3 **A Communications plan** must be developed in consultation with the parent/carer of the child to ensure;
- Relevant staff members and volunteers are informed about the medical conditions policy and the Medical Management Plan and Risk Minimisation Plan for the child;
 - Appropriate communication methods are identified so a child's parent/carer can communicate any changes to the child's Medical Management Plan and Risk Minimisation Plan for the child in a clear and effective way.
- 4.4 Where medication is only administered over a short period of time such as an antibiotic, this is covered by a **short term medication form**.
- 4.5 Where the medication is required over a longer period of time or is lifesaving medication only to be administered in an emergency, this is covered by a **long term medication form**.

5. Responsibilities

5.1 Responsibilities of the Approved Provider

- 5.1.1 To ensure that the service has in place policies and procedures in relation to the matters set out in the legislation including in relation to dealing with medical conditions in children.
- 5.1.2 To ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.
- 5.1.3 To ensure that a copy of the medical conditions policy document is provided to the parent/carer of a child enrolled at the service if the Approved Provider is aware that the child has a specific health care need, allergy or other relevant medical condition.
- 5.1.4 To ensure that a medication record is kept that includes the details set out in legislation for each child to whom the medication is, or is to be, administered by the service.
- 5.1.5 To ensure that medication is not administered to a child being educated and cared for by the service

- unless;
- 5.1.5.1 that administration is authorised; and
- 5.1.5.2 the medication is administered in accordance with legislation.
- 5.1.6 To ensure that written notice is given to a parent/carer or other family member of a child as soon as practicable if authorisation to administer the medication, in the case of an emergency, is given verbally by;
 - 5.1.6.1 a parent/carer or a person named in the child's enrolment record as authorised to consent to administration of medication; or
 - 5.1.6.2 a registered medical practitioner or an emergency service in the situation where a parent/carer or person named in the enrolment as authorised can't reasonably be contacted.
- 5.1.7 To ensure that, when educating or caring for children as part of the service, nominated supervisors and staff members of the service have ready access to an operating telephone or other similar means of communication to enable immediate communication to and from parents and emergency services.
- 5.1.8 To ensure that the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service—
 - 5.1.8.1 at least one educator who holds a current approved first aid qualification;
 - 5.1.8.2 at least one educator who has undertaken current approved anaphylaxis management training;
 - 5.1.8.3 at least one educator who has undertaken current approved emergency asthma management training.
- 5.1.9 To ensure that a staff record is kept for each service in accordance with the legislation and that each service staff record includes the following information in relation to the Nominated Supervisor and educators;
 - 5.1.9.1 Evidence of any approved training (including first aid training) completed by the Nominated Supervisor / Educator.

5.2 Responsibilities of the Nominated Supervisor / Responsible Person

- 5.2.1 To ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.
- 5.2.2 To ensure that educators are rostered in accordance with the legislation so that the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service—
 - 5.2.2.1 at least one educator who holds a current approved first aid qualification;
 - 5.2.2.2 at least one educator who has undertaken current approved anaphylaxis management training;
 - 5.2.2.3 at least one educator who has undertaken current approved emergency asthma management training.
- 5.2.3 To ensure that a staff record is kept for each service in accordance with the legislation and that each service staff record includes the following information in relation to the Nominated Supervisor and educators;
 - 5.2.3.1 Evidence of any approved training (including first aid training) completed by the Nominated Supervisor / Educator.
- 5.2.4 To follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or relevant medical condition.
- 5.2.5 To ensure that a medication record is kept that includes the details set out in legislation for each child to whom the medication is, or is to be, administered by the service.
- 5.2.6 To ensure that medication is not administered to a child being educated and cared for by the service unless;
 - 5.2.6.1 that administration is authorised; and
 - 5.2.6.2 the medication is administered in accordance with legislation
- 5.2.7 To ensure that a copy of the medical conditions policy document is provided to the parent/carer of a child enrolled at the service if the Approved Provider is aware that the child has a specific health care need, allergy or other relevant medical condition.
- 5.2.8 To ensure that written notice is given to a parent/carer or other family member of a child as soon as practicable if authorisation to administer the medication, in the case of an emergency, is given verbally by;
 - 5.2.8.1 a parent/carer or a person named in the child's enrolment record as authorised to consent

- to administration of medication; or
- 5.2.8.2 a registered medical practitioner or an emergency service in the situation where a parent/carer or person named in the enrolment as authorised can't reasonably be contacted.
- 5.2.9 To obtain from the parent/carer a Medical Management Plan for the child, where the parent/carer identifies that their child has a specific health care need, allergy or medical condition.
 - 5.2.9.1 To lead, in consultation with the parent/carer and as documented on the Medical Management Plan, the development of a risk minimisation plan to identify any perceived risk in relation to a child's notified specific health care need, allergy or medical condition and determine strategies to minimise this risk.
 - 5.2.9.2 To lead, in consultation with the parent/carer and as documented on the Medical Management Plan, the development of a communications plan to determine the most appropriate means of communicating with the parent/carer about the child's medical condition.
- 5.2.10 To ensure that a copy of 3.2.4 POLICY Medical conditions and 3.2.4 PROCEDURE Medical Conditions is provided to all educators, staff, students and or volunteers at the service at the time of their induction as then as required or as changes are made to the documents.
- 5.2.11 To ensure, through the completion of a comprehensive and documented induction, that all educators, staff, students and or volunteers at the service are made aware of practices in relation to the management of a specific health care need, allergy or other relevant medical condition of children in attendance at the service including those children's individual medical management plans, risk minimisation plans and communication plans.
- 5.2.12 To display the contact details for emergency services in an area easily accessed by educators e.g. by the telephone.
- 5.2.13 To ensure emergency contact details for all children are kept up to date, printed and are stored in a confidential manner in an area known to all educators and volunteers.
- 5.2.14 To ensure current information relating to a child's specific health care need, allergy or other relevant medical condition is kept in a confidential manner in the transport / excursion folders.
- 5.2.15 To source additional training for educators in regards to a child's specific health care need, allergy or other relevant medical condition where required, or where directed by the Approved Provider.
- 5.2.16 To review all Medical Management Plans as required and no less than annually, record any changes made and convey these changes to all educators.
- 5.2.17 To securely store medication at the service.
 - 5.2.17.1 Non-lifesaving medication is to be stored in a locked cupboard or locked compartment of the service fridge, accessible by adults at the service.
 - 5.2.17.2 Lifesaving medication is not to be stored in a locked cupboard but should be stored in an area easily accessible to adults.
 - Upon discussion with a child's family and after careful consideration of the risk to all children's safety, health and well-being, lifesaving medication may be kept with the individual child.

5.3 Responsibilities of ALL educators

- 5.3.1 To ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.
- 5.3.2 To follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or relevant medical condition.
- 5.3.3 To ensure that medication is not administered to a child being educated and cared for by the service unless;
 - 5.3.3.1 that administration is authorised; and
 - 5.3.3.2 the medication is administered in accordance with legislation.
- 5.3.4 To read and be familiar with 3.2.4 POLICY Medical conditions and 3.2.4 PROCEDURE Medical conditions.
- 5.3.5 To ensure they are aware of, and are able to identify, all children with a specific health care need, allergy or other relevant medical condition and have read the Medical Management Plan including risk minimisation plan and communications plan of each child with a known specific health care need, allergy or medical condition.
- 5.3.6 To appropriately administer and/or witness the administration of medication in accordance with the Medical Management Plan and short or long term medication records for the child to whom the medication is being administered.
- 5.3.7 To call emergency services, commence first aid measures and contact the parent / carer and or

emergency contact in the situation where a child is not responding as per their Medical Management Plan or having an acute reaction.

5.4 Responsibilities of the parent/carer

- 5.4.1 To provide to the service, where their child has a specific health care need, allergy or relevant medical condition, a Medical Management Plan for their child.
 - 5.4.1.1 In the case of diabetes or epilepsy a Medical Management Plan must be completed by a medical practitioner.
 - 5.4.1.2 Medical management plans must be reviewed annually and updated regularly or as necessitated by the condition and any treatment changes.
- 5.4.2 To assist the service in completing the risk minimisation and communications plan sections of the Medical Management Plan to identify any perceived risk to the child while in attendance at the service and determine strategies to reduce this risk and to determine the most appropriate means of communicating with the service about the child's medical condition.
- 5.4.3 To send their child to the service with the medication prescribed by the child's medical practitioner.
- 5.4.4 To complete and have in place a current short term medication form or long term medication form dependent on medication requirements.
 - 5.4.4.1 The long term medication form is to be renewed every three months and signed by the parent/carer.
- 5.4.5 To support the service by delivering training to educators or assisting the service in accessing training for educators in regards to the medical condition of their child and also the appropriate administration of and monitoring of medication.
- 5.4.6 To support the service in ensuring that children with permission to self-administer medication (for e.g. Salbutamol inhaler (Ventolin)) always notify the Nominated Supervisor / Responsible Person / educator that they have self-administered.
- 5.4.7 To give permission for the service to display the Medical Management Plan, containing a picture of the child, and parental contact phone numbers, within the service.
 - 5.4.7.1 The parent/carer is to acknowledge that this may be visible to staff, other parents and community visitors within the service. Where the service accesses a shared space, these may be displayed in the staff area or kitchen to reduce exposure to un-related individuals in the facility.
- 5.4.8 To ensure medications are labelled appropriately and carry a registered health practitioner or pharmacist label indicating the child's name, administration instructions such as dosage, frequency of administration, date of dispensing, expiry date and appropriate storage instructions. Medication that is expired cannot be administered.
- 5.4.9 To ensure that if equipment is required to disperse medication appropriately, this must be labelled with the child's name and accompany the medication.
- 5.4.10 To notify the service promptly where the details of their child's specific health care needs, allergy or relevant medical condition changes.

Document	3.2.4PMC
Version No.	V2.1
Summary	This policy details legislative requirements around documenting individual health needs of children attending SAC
Created by	SAC Policy Team
Approved by	CEO
Issue date	October 2014
Effective date	November 2014
Reviewed date	February 2018
Next review date	November 2019
Changes made in review	February 2018 Bring into line with company policy template. Addition of procedure. Change of requirement around medical management plans not needing to be prepared by a doctor. Medical management plans now include risk minimisation and communication plans in same template. Review in light of changes to Privacy Act 1988

6. Procedure

- See 3.2.4 PROCEDURE Medical conditions

7. Legislation

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Education and Care Services Act 2013*
- *Education and Care Services Regulations 2013*
- *Privacy Act 1988*
- National Standards

8. **Related QPCYWA Policy and Documents**

- 3.2.4 FORM Long term medication form
- 3.2.4 FORM Short term medication form
- 3.2.4 DOCUMENT Medical management plan
- 3.2.4 PROCEDURE Medical conditions
- 3.2.7 POLICY Court orders and the release of children in care
- 3.2.9 POLICY Toileting
- 3.2.9 PROCEDURE Toileting
- 3.2.13 POLICY Excursions
- 3.2.13 PROCEDURE Excursions
- 3.2.14 POLICY Emergency and evacuation
- 3.2.15 POLICY Incident, injury, trauma and illness
- 3.2.15 PROCEDURE Incident, injury, trauma and illness
- 3.2.17 POLICY Dealing with infectious diseases
- 3.2.17 PROCEDURE Dealing with infectious diseases
- 3.2.18 POLICY Administration of first aid
- 3.2.18 PROCEDURE Administration of first aid
- 3.2.19 POLICY Nutrition, food and beverage and dietary requirements
- 3.2.27 POLICY Child safe environment
- 3.5.2 POLICY Behaviour support
- 3.5.2 PROCEDURE Behaviour support
- 3.6.2 POLICY Communication with families
- 3.6.6 POLICY Including children with additional support requirements
- 3.7.1 GUIDE Your guide to being a Responsible Person in a PCYC OSHC service
- 3.7.2 POLICY Enrolment and orientation
- 3.7.3 POLICY Acceptance and refusal of authorisations
- 3.7.7 POLICY Determining the Nominated Supervisor
- Disposal of medication form
- Anaphylaxis notice
- Educators information handbook
- Family information handbook

9. **Resources**

Diabetes

- Diabetes Australia (QLD <http://www.diabetesqld.org.au/>)
- Diabetes Australia www.diabetesaustralia.com.au
- Australian Diabetes Society www.diabetessociety.com.au

Anaphylaxis and allergies

- Australian Society of Clinical Immunology and Allergy www.allergy.org.au
- Allergy and Anaphylaxis Australia www.allergyfacts.org.au

Asthma

- National Asthma Council Australia www.nationalasthma.org.au
- Asthma Foundation www.asthmafoundation.org.au
- Asthma Australia www.asthmaaustralia.org.au

Other

- [Emergencies - when to call an ambulance](#) fact sheet
- Epilepsy Queensland <http://www.epilepsyqueensland.com.au/site/>