

OSHC Medical Conditions Policy

V10.6.23



St Aloysius
A Ministry of Mercy Education Ltd

OSHC Medical Conditions Policy

V10.6.23

To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical condition our OSHC Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency situation should they arise.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical Conditions Policy
90 (1) (a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency

95	Procedure for administration of medication
96	Self-administration of medication
136	First Aid qualifications
162(c) and (d)	Health information to be kept in enrolment record
168(2)(d)	Policies and procedures are required in relation to dealing with medical conditions in children, including the matters set out in regulation 90
170	Policies and procedures are to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of Medication Policy Asthma Management Policy Anaphylaxis Management Policy Celebrations Policy Child Safe Environment Policy Diabetes Management Policy Enrolment Policy	Epilepsy Management Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy Nutrition Food Safety Policy Privacy and Confidentiality Policy Sick Children Policy Work Health and Safety Policy
---	--

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions. We aim to efficiently respond to and manage medical conditions, health care needs or allergies of children and staff ensuring the safety and wellbeing of all children, staff, families and visitors at our OSHC Service.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor and visitors of the OSHC Service.

DUTY OF CARE

Our OSHC Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

- a. a safe environment for children free of foreseeable harm *and*
- b. adequate supervision of children at all times.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Our OSHC Service is committed to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical conditions.

There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled at the service. Key procedures and strategies must be in place prior to the child commencing at the Service to ensure their individual health, safety and wellbeing. It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT WILL ENSURE:

- all enrolment forms are reviewed to identify any specific health care need, allergy or medical condition
- existing enrolment forms are reviewed, and parents contacted to confirm if the existing diagnosed health care need, allergy or relevant medical condition still applies and whether any new needs have been diagnosed
- parents are provided with a copy of the Service's *Medical Conditions Policy*
- a child is not enrolled at, nor will attend the OSHC Service without a medical management plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma, anaphylaxis or diabetes must be provided to the service each day [e.g., asthma inhalers, adrenaline auto injection devices or insulin]
- educators, staff and volunteers have knowledge and access to this policy and relevant health management policies (*Asthma Management Policy/ Anaphylaxis Management Policy*)
- OSHC Management print out a daily list of students attending the OSHC service with medical conditions or dietary needs and during preparation time, OSHC Staff are asked to read the list and make themselves aware of students needs.
- Medication is collected from the School Nurse each morning at 7am, before students arrive and returned at 8:30am, when the students leave the service. Medication is collected again at 3pm from the School Nurse at 3pm and returned at 6pm or once the last child leaves the service.
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition that may be ongoing or acute/short term in nature and can access medical information via SEQTA or access Medical Management Plans and Risk Minimisation Plans and Communication Plans in a centrally stored folder for staff
- new staff members are provided with induction, including how to access Medical Information on SEQTA and ongoing training to assist managers, educators and other staff effectively
- all aspects of operation of the service must be considered to ensure inclusion of each child into the program
- a communication plan is developed in collaboration with the Nominated Supervisor/Responsible Person and lead educators to ensure communication between families and educators is on-going and effective
- at least one staff member or nominated supervisor is in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA)
- educators and staff have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy or relevant medical condition

- families provide required information on their child's health care need, allergy or relevant medical condition, including:
 - medication requirements
 - allergies
 - medical practitioner contact details
 - medical management plan
- a medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the service and/or
 - an individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner e.g: (ASCIA) or National Asthma Council of Australia
 - an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner
- a risk minimisation plan has been developed in consultation with parents and management prior to the child commencing at the service
- educators and staff will be informed immediately about any changes to a child's medical management plan, risk management plan
- to record any prescribed health information and retain copies of medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- educators have access to emergency contact information for the child via SPIKE and also accessible on SEQTA
- casual staff are informed of children and staff members who have specific medical conditions, food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis. Staff sign to acknowledge that are aware of a child's medical needs
- a copy of the child's medical management plan is stored in a central folder (in an area not generally available to families and visitors) but known to staff in the OSHC Service
- procedures are adhered to regarding the administration of medication at all times
- administration of medication record is accurately completed and signed by the educator and witnesses using the provided template
- medication self-administered by a child over preschool aged, is only permitted with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication
- a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173).
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent is provided in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation.
- Medication will be reviewed in consultation with the School Nurse at the end of Term 1, end of Term 2, end of Term 3 and Week 0 the following year.
- Controlled medications (excluding EpiPens) are stored in a controlled, locked area and are administered by OSHC management in alignment with the prescription details of the pharmacist label and Medication Authority

- medication provided by the child's family is checked regularly and follows the guidelines:
 1. The administration of any medication is authorised by a parent or guardian in writing and medication is prescribed by a registered medical practitioner
 2. Medication provided has written instructions from the practitioner attached to the medication in the form of an original chemist's label with the child's name attached
 3. Medication is provided within its original packaging
 4. Medication clearly shows the expiry/use by date and is provided prior to this date (Regulation 95)
- That any medication stored at OSHC is routinely checked, and families are notified at least two weeks in advanced if medications are approaching expiry.

EDUCATORS WILL ENSURE:

In the event that a high-risk scenario where a child suffers from a reaction, incident, situation, or event related to a medical condition the Service and staff will follow the child's emergency medical management plan as per Regulation 90(1)(c)(ii):

- the first aid responder will commence first aid measures immediately as per the child's medical management plan
- urgent medical attention from a registered medical practitioner is contacted if required
- an ambulance is called by dialling 000 if the child does not respond to initial treatment
- the nominated supervisor will contact the child's parent/guardian or emergency contact when practicable, but as soon as possible
- the Approved Provider/Nominated Supervisor/OSHC Management will ensure the *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- the Director/Nominated Supervisor/OSHC Management will notify the regulatory authority (within 24 hours) in the event of a serious incident
- A witness is present with the educator administering medication, that is able to check the medication being administered, the dosage, and can confirm the identity of the child whom the medication is being administered to is correct (Regulation 95)
- Any administered medication is administered by an educator with First Aid training and recorded into the Medication Record, with a notification made to parents in the instance of spontaneous situations arising requiring medical administration (E.g. Student requiring asthma puffer due to breathlessness from physical activity)
- Medication is administered in accordance with the student's medical action plan and the instructions provided on the pharmacist label attached to the packaging of the medication
- Under the guidance of OSHC management, seek further information from parent/guardian, the prescribing doctor or the Public Health Unit, before administering medication if required

COOK AND FOOD HANDLERS WILL ENSURE:

- to keep up to date with professional training to help manage food allergies in ECEC services
- A nominated Food Safety Supervisor will be on site at all times, with all staff working directly with food holding the necessary Food Handling training required in alignment with Food Safety Regulations
- practices and procedures are in place, and adhered to, in relation to safe food handling, preparation and consumption of food

- any changes to children's medical management plans or risk minimisation plans are implemented immediately
- Dietary needs are checked daily, with alternative food items provided for students that are unable to consume the main afternoon tea provided.
- Any communicated changes to dietary needs from the student and/or parents is communicated in writing to the Nominated Supervisor or OSHC Management.

FAMILIES WILL ENSURE:

- the OSHC Service enrolment form is completed in its entirety providing specific details about the child's medical condition
- they provide management with information about their child's health needs, allergies, medical conditions, and medication requirements on the enrolment form and through verbal communication/meetings
- they provide the OSHC Service with a medical management plan prior to enrolment of their child
- they consult with management to develop a risk minimisation plan
- they acknowledge they have received/or are provided access to the Service's *Medical Conditions Policy and Administration of Medication Policy* at time of enrolment
- they notify the OSHC Service if any changes are to occur to the medical management plan
- notify the OSHC Service, in writing when children are taking any short-term medications AND whether or not these medications may be self-administered (only applicable for a child over preschool age)
- they provide adequate supplies of the required medication and medication authorisation on an Administration of Medication Record
- OSHC management is notified if child is sensitive to the use of standard sunscreens, and will provide their own product that can be applied to their child in accordance with the Risk Minimisation and Communication Plan
- medication provided by the child's parents must adhere to the following guidelines:
 - The administration of any medication is authorised by a parent or guardian in writing and medication is prescribed by a registered medical practitioner
 - Medication provided has written instructions from the practitioner attached to the medication in the form of an original chemist's label with the child's name attached
 - Medication is provided within its original packaging
 - Medication clearly shows the expiry/use by date and is provided prior to this date
- they provide an updated copy of the child's medical management plan annually or evidence from a Medical Practitioner to confirm the plan remains unchanged
- they provide written consent for their child's medical management plan to be displayed in the OSHC service.

SELF-ADMINISTRATION OF MEDICATION

A child over preschool age may self-administer medication under the following circumstances:

- a parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication
- medication is stored safely by an educator, who will provide it to the child when required
- supervision is provided by an educator whilst the child is self-administering medication

- an accurate record is made in the medication record for the child that the medication has been self-administered.

MEDICAL MANAGEMENT PLAN

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

- specific details of the diagnosed health care need, allergy or relevant medication condition
 - supporting documentation (if required)
 - a recent photo of the child
 - current medication and dosage prescribed for the child
 - if relevant, state what triggers the allergy or medical condition
 - first aid/emergency response that may be required
 - any medication that may be required to be administered in case of an emergency
 - further treatment or response if the child does not respond to the initial treatment
 - when to contact an ambulance for assistance
 - contact details of the medical practitioner who signed the plan
 - the date of when the plan should be reviewed
- a copy of the medical management plan will be displayed for educators and staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of the OSHC Service
 - the OSHC Service must ensure the medical management plan remains current all times
 - educators and staff are updated immediately about any changes to a child's medical management plan.

RISK MINIMISATION PLAN

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. (Regulation 90(1)(c))

The Approved Provider/Nominated Supervisor will arrange a meeting with the parents/guardian as soon as the OSHC Service has been advised of the diagnosed health care need, allergy or medical condition. During this meeting a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:

- that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised
- that practices and procedures in relation to the safe handling, preparation, serving, and consumption of food are developed and implemented
- that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- practices are developed and implemented to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication
- that the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or medical condition
- risk minimisation plan(s) are reviewed at least annually and/or revised with each change in the Medical Management Plan in conjunction with parents/guardians

- all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by educators
- parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed
- appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the *Control of Infectious Diseases Policy*.

COMMUNICATION PLAN

The communication plan explains how relevant staff members and volunteers are informed about the medical management and risk management plans and how the parent of the child can communicate any changes to the diagnosed health care need, allergy or medical condition.

A communication plan will be created after the meeting with the parents/guardian to ensure:

- all relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child; and
- that an individual child communication book/document is created so that a parent can communicate any changes to the medical management plan and risk management plan for the child in writing.

At all times, families who have a child attending the OSHC Service who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child's health management and communication plans.

EMERGENCY INVOLVING ASTHMA OR ANAPHYLAXIS

For asthma or anaphylaxis emergencies that pose a threat to the wellbeing of the child, medication/treatment may be administered without authorisation provided by the parent (Regulation 93). The treatment provided should follow the Asthma or Anaphylaxis Plan provided by the parent/guardian of the child. In the instance of this situation arising, the following steps will be taken:

- An educator holding a First Aid qualification will provide First Aid treatment in alignment with the child's Asthma or Anaphylaxis Action plan
- In alignment with Regulation 93, the Approved Provider or Nominated Supervisor will ensure that emergency services and the parent/guardian of the child are notified immediately
- The Approved Provider or Nominated Supervisor will ensure a notification is communicated to the Regulatory Authority via the NQA ITS portal within 24 hours following the attendance of emergency services
- In the event of a child not known to have asthma or anaphylaxis demonstrating respiratory distress in alignment with the emergency signs of these conditions, the emergency plans for first aid following either condition is to be followed immediately. The Nominated Supervisor/Responsible Person will contact emergency services immediately to request an ambulance and to receive advice on how to proceed with treatment.
- The child will be moved to a comfortable and quiet space, or if the child cannot move, educators will ensure a comfortable and quiet space is provided immediately for the child. The child will be

comforted, reassured and remain under the direct supervision of a suitably trained and experienced educator holding the necessary First Aid training qualifications.

In an Asthma emergency, the following emergency procedure will be followed unless advised otherwise as per the child's Medical Management Plan:

1. Dial 000 and request for immediate assistance of an ambulance.
2. The child will be sit upright and reassured until emergency services attend. The child will remain in the duty of care of the responding First Aider educator.
3. The child will receive 4 separate puffs of reliever medication, provided via a spacer to ensure maximum medication is inhaled.
4. The child will be encouraged to take 4 separate breaths in between each puff.
5. Repeat steps 1-4 every 4 minutes until emergency services arrive.
6. Parents are to be notified wherever reasonably possible, and as soon as possible.

In an Anaphylactic emergency, the following emergency procedure will be followed unless advised otherwise as per the child's Medical Management Plan:

1. Lay the child flat and prohibit them from standing or walking. If the child is unconscious, the child is to be placed into the recovery position. If breathing is difficult, the child may sit upright with legs outstretched.
2. Ensure the child is comforted and reassured, and that the space is made to be quiet and respectful of the child's privacy.
3. Provide EpiPen Injector.
4. Dial 000 and request for immediate assistance of an ambulance. Follow advice and instructions provided by emergency services.
5. Parents are to be notified wherever reasonably possible, and as soon as possible.

RESOURCES

[ASCIA anaphylaxis e-training for schools and early childhood education/care](#)

[ASCIA plans for Anaphylaxis](#)

[Coeliac Australia](#)

[Cystic Fibrosis Australia](#)

[Diabetes Australia](#)

[Epilepsy Foundation](#)

[National Asthma Australia](#)

[National Allergy Strategy](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Medical Conditions Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority (ACECQA). 2020. Policy and Procedure Guidelines. *Dealing with Medicals in Children Policy Guidelines*.

Australian Society of Clinical Immunology and Allergy. ascia. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Guide to the National Quality Framework. (2017). (Amended 2023).

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

Occupational Health and Safety Act 2004.

Revised National Quality Standard. (2018).

Department of Education Victoria *Meeting children's health needs* (2020).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY:	Jacqui Mcilroy	Nominated Supervisor	10/12/2023
POLICY REVIEWED	JUNE 2023	NEXT REVIEW DATE	JUNE 2024
VERSION NUMBER	V10.6.23		
MODIFICATIONS	<ul style="list-style-type: none"> annual policy maintenance hyperlinks checked and repaired as required minor formatting edits within text continuous improvement/reflection section added Childcare Centre Desktop Related resources section added link to Western Australian Education and Care Services National Regulations added in 'Sources' 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JUNE 2022	<ul style="list-style-type: none"> policy maintenance minor formatting edits within text hyperlinks checked and repaired as required 		JUNE 2023
OCTOBER 2021	<ul style="list-style-type: none"> Policy reviewed and included suggested guidelines from ACECQA Dealing with Medical Conditions in Children (June 2021) 		JUNE 2022

	<ul style="list-style-type: none"> • Additional section added <i>Cook and Food Handlers</i> • inclusion of legislation for information sharing schemes including -Child Information Sharing Scheme (CISS) and Family Violence Information Sharing Scheme (FVISS) for Vic. Services • National Allergy Strategy link added 	
MAY/JULY 2021	<ul style="list-style-type: none"> • relevant regulations updated • Duty of Care section added • inclusion of staff annual ASCIA anaphylaxis e-training as best practice • detailed procedure of management of high-risk scenarios • resources added for management of medical conditions • sources checked for currency and updated as required 	JUNE 2022
MARCH 2020	<ul style="list-style-type: none"> • additional information added to points • additional wording added to include diagnosed health care need, allergy or relevant medical condition • inclusion of asthma, anaphylaxis and diabetes policies • additional sources 	JUNE 2021
JUNE 2019	<ul style="list-style-type: none"> • Contextualised for OSHC • Some grammar, punctuation and spelling edited • Additional information added to points • Sources/references added & alphabetised • Related policies added 	JUNE 2020
JUNE 2019	<ul style="list-style-type: none"> • New policy created to support the health and safety of children 	JUNE 2020