

Dealing with Medical Conditions

Policy / Procedure



QA2 – Children’s Health and Safety

Emerge Early Years Services (EEYS) are committed to the safety and wellbeing of all children and this will be the primary focus of our education, care and decision-making. Our commitment will be enacted through the implementation and monitoring of the Child Safe Standards.

EEYS have zero tolerance to child abuse.

EEYS are committed to providing a child safe environment where children feel safe, secure and empowered and their voices are heard about decisions that affect their lives. Particular attention will be paid to the Cultural safety of Aboriginal Children and children from culturally and/or linguistically diverse backgrounds, as well as the safety of children with a disability.

This policy should be read in conjunction with:

- *Anaphylaxis Policy*
- *Asthma Policy*
- *Diabetes Policy*
- *Epilepsy Policy*
- *Administration of Medication*

PURPOSE

This policy will provide guidelines for services administered by EEYS to ensure that:

- Clear procedures exist to support the health, wellbeing and inclusion of all children enrolled at the service.
- Service practices support the enrolment of children and families with specific health care requirements.

VALUES

EEYS is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements through implementing and maintaining effective hygiene practices. This will be achieved through:

- Fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved in the programs and activities of [Service Name] are protected from harm.
- Informing educators, staff, volunteers, children and families on the importance of adhering to the *Dealing with Medical Conditions Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service.
- Ensuring that educators have the skills and expertise necessary to support the inclusion of children with additional health needs.

SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, educators, staff, students on placement, volunteers, parents or guardians, children and others attending the programs and activities of services administered by EEYS including during offsite excursions and activities.

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PROCEDURES

Educators and staff are responsible for:

- Ensuring that children do not swap or share food, food utensils or food containers.
- Communicating any relevant information provided by parents or guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the service is current.
- Undertaking relevant training to assist with the management of specific medical conditions of the children at the service.
- Being aware of individual requirements of children with specific medical conditions and following their risk minimisation plan and medical management plan.
- Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor.
- Adequately supervising all children including those with specific medical conditions.
- Informing the Nominated Supervisor of any issues that impact on the implementation of this policy.

The Nominated Supervisor is responsible for:

- Implementing this policy at the service and ensuring that all educators and staff follow the policy and procedures set out within.
- Informing the Approved Provider of any issues that may impact on the implementation of this policy.
- Ensuring that the AV *How to Call Card* is displayed near all telephones.
- Identifying specific training needs of educators and staff who work with children diagnosed with a medical condition and ensuring in consultation with the Approved Provider, that educators and staff access appropriate training.
- Ensuring children do not swap or share food, food utensils or food containers.
- Ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have and the service's procedures for dealing with emergencies involving allergies and anaphylaxis.
- Ensuring a copy of the child's medical management plan is visible and known to staff in the service. Prior to displaying the medical management plan the Nominated Supervisor must explain to parents or guardians the need to display the plan for the purpose of the child's safety and obtain their consent (refer to *Privacy and Confidentiality Policy*).
- Ensuring educators and other staff follow each child's risk minimisation plan and medical management plan.
- Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan.
- Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.
- Administering medications as required in accordance with the procedures outlined in the *Administration of Medication Policy*.
- Maintaining ongoing communication between educators or staff and parents or guardians in accordance with the strategies identified in the communication plan to ensure current information is shared about specific medical conditions within the service.
- Ensuring every child with a medical condition plan has the prescribed medications with them at all times, in the event the child does not bring the prescribed medication parents will be informed the child will not be able to attend the service until the prescribed medication is supplied.

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- Ensuring all medications supplied by parents is checked regularly to ensure it has not expired, in the event of expiry the parents will be called to come and collect their child immediately and the child will not be able to return to the service until this has been rectified.

The Approved Provider (EEYS) is responsible for:

- Ensuring that all staff and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within.
- Developing and implementing a communication plan and encouraging ongoing communication between parents or guardians and staff regarding the current status of the child’s specific health care need, allergy or other relevant medical condition, this policy and its implementation.
- ensuring educators/staff receive regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be carried out for the child’s wellbeing
- Ensuring at least one educator or staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service. However, it is the practice of EEYS to give all staff including casual staff training in these areas where possible.
- Establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy.
- Ensuring families and educators or staff understand and acknowledge each other’s responsibilities under these guidelines.
- Ensuring families provide information on their child’s health, medications, allergies, their medical practitioner’s name, address and phone number, emergency contact names and phone numbers and a medical management plan signed by their medical practitioner following enrolment and prior to the child commencing at the service.
- Ensuring that a risk minimisation plan is developed for each child with specific medical conditions on enrolment or upon diagnosis and that the plan is reviewed at least annually.
- Ensuring that parents or guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies.
- Ensuring parents are aware if a child has a medical condition and does not bring their prescribed medication the child will not be able to remain at the service until the prescribed medication is brought with them.
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

Parents or guardians are responsible for:

- Informing the service of their child’s medical conditions if any and informing the service of any specific requirements that their child may have in relation to their medical condition.
- Developing a risk minimisation plan with the Nominated Supervisor or other relevant staff members at the service.
- Providing a medical management plan signed by a medical practitioner either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline procedures to be followed by educators and staff in the event of an incident relating to the child’s specific health care needs.

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- Notifying the Nominated Supervisor of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes.
- Informing the Nominated Supervisor of any issues that impact on the implementation of this policy by the service.
- Ensuring their child's medication is brought with the child every day to the service, in the event the parent does not supply their child's prescribed medication parents will be informed the child will not be able to attend the service until the prescribed medication is supplied.
- Ensuring medication supplied for their children has not expired and replaces expired medication before the expiry. In the event of expiry, the parents will be called to come and collect their child immediately and the child will not be able to return to the service until a replacement in date medication has been supplied.

Volunteers and students are responsible for following this policy and its procedures while at the service

ATTACHMENTS

- Attachment 1: Medical Conditions Action Plan Proforma

BACKGROUND

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- In the management of medical conditions.
- When parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition.
- When developing a risk minimisation plans in consultation with the child's parents or guardians.
- When developing a communication plan for staff members and parents or guardians.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition parents or guardians must be provided with a copy of this and other relevant policies.

Medication and medical procedures can only be administered to a child:

- With written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b)).
- With two staff in attendance one of whom must be an educator. One-staff will be responsible for the administration and the other adult will witness the procedure.
- If the medication is in its original container bearing the child's name, dose and frequency of administration.

Refer to the *Administration of Medication Policy* for more information.

Staff may need additional information from a medical practitioner where the child requires:

- Multiple medications simultaneously.
- A specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent or guardian, authorised nominees or appropriate health care workers to prepare for the event that

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the child will require a procedure while in attendance at the service. Parents or guardians and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

Self-administration by a child over preschool age

Services who provide education and care to a child over preschool age (as defined in the *Education and Care Services National Regulations 2011*) may allow a child over preschool age to self-administer medication. The Approved Provider must consider their duty of care when determining under what circumstances such permission would be granted.

- Where a child over preschool age can self-administer medication/medical procedures written permission must be provided by the child's parent or guardian.
- Parents or guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications.

SERVICE POLICIES

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Diabetes Policy*
- *Epilepsy Policy*
- *Dealing with Infectious Diseases Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010: Section 173*
- *Education and Care Services National Regulations 2011: Regulations 90, 91, 96*
- *Health Records Act 2001*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- *National Quality Standard, Quality Area 7: Leadership and Service Management*
 - Standard 7.1: Effective leadership promotes a positive organisational culture and builds a professional learning community
 - Element 7.1.2: The induction of educators, co-ordinators and staff members is comprehensive
- *Occupational Health and Safety Act 2004*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009*

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DEFINITIONS

AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned. A [sample card](#) can be downloaded.

Communication plan: A plan that forms part of the policy and outlines how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Medical condition: In accordance with the *Education and Care Services National Regulations 2011*, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an adverse effect from the mismanagement of a specific medical condition at the service.

Risk minimisation plan: A service-specific plan that details each child's medical condition, and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children with specific medical conditions that require medical management plans, in consultation with staff at the service upon enrolment or diagnosis of the condition. The child will not be able to attend the service until the prescribed medication is present and in date.

SOURCES

- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition, 2013) National Health and Medical Research Council: <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, p 62: <http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf>
- Ambulance Victoria: How to call card: <https://www.ambulance.vic.gov.au/wp-content/uploads/2019/08/How-To-Call-Card.pdf>

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required

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- notify parents/guardians at least 14 days before making any changes to this policy or its procedures unless a lesser period is necessary because of a risk.

REVISION RECORD

| VERSION | DATES | DOCUMENT WRITER | REVISION DESCRIPTION | APPROVED BY |
|---------|------------|-----------------|----------------------|----------------|
| V 1.1 | 13/09/2023 | POLICY TEAM | Endorsed | Pauline butler |
| | | | | |

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ATTACHMENT 1 - Medical condition action plan

Photo
Here

This Plan is to be completed by an EEYS representative on the basis of information from the student’s medical practitioner provided by the parent/carer.

EEYS service:

Phone:

Child’s name:

Date of birth:

Days of Attendance: Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐

Doctor or medical service name:

List Medical Condition(s)

Medication(s) if appropriate

1.

1.

2.

2.

3.

3.

Parent/Carer Contact Information:

Parent/Carer Contact (1)

Parent/Carer Contact (2)

Name:

Name:

Phone:

Phone:

Mobile:

Mobile:

Address:

Address:

Emergency Contact Information:

Emergency Contact (1)

Emergency Contact (2)

Name:

Name:

Relationship:

Relationship:

Phone:

Phone:

Mobile:

Mobile:

Are Medications required at the Early Years’ Service? Yes ☐ No ☐

Medication

When Needed (time or symptom)

Dosage

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| |
|--|
| Other actions that may be needed |
| Possible side effects of medication to look out for |
| Food restrictions and drug allergies |
| Activity Restrictions |
| Please list any other concerns or matters you wish us to be aware of in regard to your child's condition |
| Emergency Management |
| What should we look out for with regard to your child's condition (symptoms) |
| Should this occur at the Early Years' Service list the steps that should be taken |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

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DISCLAIMER

1. It is the responsibility of parents or guardians to advise start; stop; continuity of the Medical Condition Plan (MCP) and provide updates as soon as practicable.
2. It is the responsibility of parents or guardians to provide primary care. Educator’s role is limited to that of providing assistance to parents or guardians.
3. Should there be reported difficulty or refusal by child, parent or guardian will be notified and implementation of MCP by educator will cease.
4. Parents or guardians consent to the display of MCP in publicly visible area of early years service.
5. Medication is administered in accordance to the instructions or prescription by 2 staff members (one to administer; one to verify compliance) and signed off each time medication is administered.

Some drug administration requires specific training - parents or guardians will be informed if staff are not able to administer drug due to incomplete training.

| Parent/ Carer | Medical Practitioner | EEYS Representative |
|---------------|----------------------|---------------------|
| Name: | Name: | Name: |
| Signature: | Signature: | Signature: |
| Date: | Date: | Date: |