



## Children's Health and Safety NQS2

# Managing Medical Conditions

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## Policy Statement

All children have the right to experience quality education and care in an environment that provides for their health and safety. Liwara Catholic Outside School Hours Care (the Service) is a community that welcomes and supports all children including those with ongoing medical conditions and health care needs.

Our Nominated Supervisor and educators work in partnership with families and medical professionals to understand and meet the ongoing health and medical needs of children attending the Service. All health care needs are treated sensitively and attended to respectfully.

Each family of a child with a specific health care need or medical condition is provided with a copy of the *Medical Conditions Policy* and the *Medication Policy* upon enrolment or when their child is first diagnosed with a medical condition or specific health care need.

## Rationale

We recognise each child as a precious and sacred gift from God and understand our responsibility to protect, care and nurture them as Jesus intended.

It is important that all children develop a sense of belonging, where they feel accepted and where they trust those who care for them. When children have a sense of safety and belonging and their health needs are met sensitively they are better placed to engage with life's joys and complexities and to meet the challenges of everyday life.

Clear procedures support the health, wellbeing and inclusion of all children enrolled at the Service.

## Procedures


### Children's Medical and Health Care Needs

Medical and health care needs refer to specific care requirements, intervention, assistance or supervision, either on an ongoing or intermittent basis, due to the presence of a known medical condition or significant intellectual impairment.

When a child with a medical condition is enrolled, the Nominated Supervisor, Principal or Centre Manager assesses the knowledge and training of educators to ensure they are appropriately skilled to manage the child's health care needs.

Children who require a care regime that includes medical procedures can only be accepted into the Service once educators are appropriately and professionally trained and feel confident with the training and processes for administering medical assistance.





Where deemed necessary by the nominated supervisor, awareness sessions are conducted to ensure all educators are aware of a particular medical condition and the associated needs.

Where the Service cannot provide sufficient numbers of adequately and appropriately trained educators who are comfortable and confident to perform medical procedures or administer medication to a child, it may be agreed that the parent or another authorised person will come to the Service to administer the medical procedure or medication.

Should a child's medical, physical, emotional or cognitive state change the family is required to complete a new Medical Management Plan. The Nominated Supervisor will re-assess the Service's ability to care for the child, including whether educators are appropriately trained to manage the child's ongoing special needs.

A child who requires medication or equipment for medical management may not attend the Service without the prescribed medication or equipment.

### **Enrolment**

Upon enrolment families are required to provide full details about their child's health and medical requirements.

Where an enrolling child requires long term medication or has special medical or health care needs, the child's parent/guardian must provide to the Service with a Medical Management Plan prior to commencement at the Service. Such a plan will detail the child's health support needs including administration of medication and other actions required to safely manage the child's condition.

Prior to the child commencing at the Service, a Health Care and Risk Minimisation plan is developed by the Nominated Supervisor in consultation the child's family. A Communication Plan forms part of the Health Care plan and is agreed with families at enrolment.

### **Medical Management Plans**

A Medical Management Plan must be supplied for each child enrolled at the Service who has a specific, ongoing health care need, allergy or medical condition that requires the support of educators. Such a plan is required to provide information in regard to the child's special health support needs including administration of medication and other actions required to manage the child's condition.

The medical management plan must include a current photo of the child and clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care need.

Each family must notify the Service immediately if a child's medical, physical, emotional or cognitive state changes or alternative strategies for risk minimisation are to be applied. Amendments to medications or medical interventions require the completion of a new Medical Management Plan by the child's doctor or allied health professional.

Where a child is also enrolled at Liwara Catholic Outside School Hours Care parents/guardians are required to inform both the Service and the School of such changes.





## Health Care and Risk Minimisation Plans

A Healthcare and Risk Minimisation Plan (see Appendix 1) is developed by the Nominated Supervisor in consultation with the family of each child who has a Medical Management Plan. The Risk Management Plan provides an overview of the risks relating to the child's specific health care needs and provides agreed strategies for risk minimisation.

Each Health Care and Risk Management plan is reviewed quarterly or when additional or amended medical advice is provided. During review consideration is given to the child's ongoing needs and the service's continuing ability to manage the child's needs.

Each educator caring for a child with a medical condition is aware and understands the requirements, of the child's Health Care and Risk Management Plan.

## Communication Plans

Each Health Care and Risk Minimisation Plan includes a Communication Plan (see Appendix 1) to ensure relevant educators, including relief educators and volunteers are aware of the health care needs and risk minimisation requirements for each child.

The Communication Plan is available to the child's family to communicate any changes to the Medical Management Plan or Risk Minimisation Plan.

The Communication Plan may be utilised by educators to record queries or comments in relation to the child's ongoing support needs.

The communication plan is utilised during the quarterly review of the Health Care and Risk Management Plan.

## Anaphylaxis

At least one educator with an ACECQA approved anaphylaxis management training is on the premises at all times.

Whenever a child with severe allergies is enrolled at the Service, or a child is newly diagnosed as having a severe allergy, the nominated supervisor will inform all relevant educators of the child's name, the contents of the child's risk minimisation plan (if appropriate), where the child's *Emergency Action (ASCIA) Plan* will be located, where the child's adrenaline auto-injector is located and which educators are responsible for administering the adrenaline should it be required.

When a child enrolled at the Service is diagnosed as being at risk of anaphylaxis educators and the families of other children attending the Service are advised of allergens to avoid bringing into the Service and any other precautions that may be required as per the child's risk minimisation plan.

In an anaphylaxis emergency educators follow the child's *Emergency Action (ASCIA) Plan*. If a child appears to be having an anaphylactic response but does not have an adrenaline auto-injector educators will only administer adrenaline if the Service has an adrenaline auto-injector for general use. Another child's adrenaline auto-injector will not be used.

Educators administering adrenaline will follow the instructions on the ASCIA Action Plan stored with the device and an ambulance will always be called.

In all emergency situations, the parent/guardian is contacted at the earliest opportunity.





## Asthma

At least one educator with an ACECQA approved Emergency Asthma Management training is on the premises at all times.

Whenever a child with asthma is enrolled at the Service, or a child is newly diagnosed with asthma, an *Asthma Management Plan* completed by the child's medical practitioner must be provided by the enrolling parent/guardian.

As recommended by the National Asthma Council Australia, the Service will apply the Asthma First Aid Plan immediately to a child experiencing acute respiratory distress, if they stay conscious and their main problem seems to be breathing whether known to have asthma or not.

An asthma emergency first aid plan is displayed in each room of the Service.

Asthma reliever medications (Ventolin, Asmol, Airomir, Epaq) are stored out of reach of children, in an easily accessible central location.

Reliever medications together with a spacer, are included in the Service's First Aid kit in case of an emergency situation where a child does not have their own reliever medication with them.

In all emergency situations the parent/guardian will be contacted at the earliest opportunity.

## Diabetes

Whenever a child with Type 1 diabetes is enrolled at the Service the child's current *Individual Diabetes Action and Management Plan*, prepared by the child's diabetes medical specialist team, must be provided to the Service prior to the child's commencement at the Service.

A Healthcare and Risk Minimisation Plan and a Communication plan are developed to inform all relevant educators and other service staff of the child's name and the contents of the child's *Individual Diabetes Action and Management Plan* prior to the child commencing at the Service.

Educators comply with the requirements of the *Individual Diabetes Management Plan* at all times but particularly in relation to meal and exercise times. Consideration is given to children's dietary requirements when planning celebrations that incorporate food.

A note is entered into the child's communication plan each time action is necessary to maintain a child's blood glucose at an acceptable level while at the Service.

An audit of interventions for each child is conducted regularly to determine pattern of intervention.

Each child's diabetes management plan is reviewed prior to an excursion with additional advice provided by the child's Diabetes Medical Specialist Team and/or parents as required.

## References

Australian Children's Education & Care Quality Authority [ACECQA]. (2018). *National Quality Standard*. Retrieved from <https://www.acecqa.gov.au/nqf/national-quality-standard>

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## Document History

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## HEALTH CARE AND RISK MINIMISATION PLAN

Child's photo

Plan Completion Date:  
Review Date:

Child's Name:		
Date of birth:		Gender:
Emergency Contacts:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
Medical practitioner	Name:	Phone:
Specialist	Name:	Phone:
Other emergency contacts: (if parent/carer not available)		
Medical Management Plan provided by parent/carer (please circle): YES / NO		
<b>MEDICAL CONDITION INFORMATION</b>		
Details of medical condition:		
Signs and symptoms of child's condition:		
Triggers or things that worsen the condition:		
Routine health requirements:		
Medication to be administered while in care:		
What to do in an emergency- list details below and attach your EMERGENCY ACTION PLAN:		
Signature of parent/carer:		Date:
Food coordinator:		Date:
Lead Educator:		Date:
Nominated supervisor/Enrolling staff member:		Date:



# Risk Minimisation Plan

Strategies to Avoid Health Triggers  
(to be developed in partnership with child's family and educators)

Child's name:

Risk	Strategy to reduce risk	Who is responsible?

I/we agree to these arrangements, including the display of our child's photo, name, a brief description of our child's allergy/condition and information in regard to medications required and medication storage location, on a poster in each area our child will access in order to alert educators, volunteers and students.

Parent signature:	
Educator signature:	
Date:	

