

Managing Medical Conditions

QA2 Health & Safety

Policy Statement

All children have the right to experience quality education and care in an environment that provides for their health and safety. Little Graces OSHC 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 *Managing Medical Conditions Policy* and the *Administration of Medication Policy* upon enrolment or when their child is first diagnosed with a medical condition or specific health care need.

Rationale

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 enough 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* and *Health Care and Risk Minimisation 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, via the enrolment form and by completing a *Health Care and Risk Minimisation Plan*. A *Communication Plan* forms part of the Health Care Plan and is agreed with families at enrolment.

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 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.

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. The medical management plan must be completed by the child's doctor or allied health professional and include, where relevant, an *Emergency Action or Management Plan* and/or a *Special Diet Form*. Such a plan is required to provide information regarding 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 is 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 the Service, 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* 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 annually 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 must sign to confirm they have sighted, and understand 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 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 annual review of the Health Care and Risk Management Plan.

Anaphylaxis

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

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 *Health Care and Risk Management 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.

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 always on the premises.

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 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 *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 always comply with the requirements of the Individual Diabetes Management Plan 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

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