

DEALING WITH MEDICAL CONDITIONS IN CHILDREN POLICY

To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical condition Dalas Family Day Care 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	
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
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
90 (2)	The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration
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	Education and care services must have policies and procedures
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

Victorian Child Safe Standards	
Standard 1	Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued
Standard 2	Child safety and wellbeing is embedded in organisational leadership, governance and culture
Standard 3	Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously
Standard 4	Families and communities are informed, and involved in promoting child safety and wellbeing
Standard 5	Equity is upheld and diverse needs respected in policy and practice
Standard 6	People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
Standard 7	Processes for complaints and concerns are child focused
Standard 8	Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
Standard 9	Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed
Standard 10	Implementation of the Child Safe Standards is regularly reviewed and improved
Standard 11	Implementation of the Child Safe Standards is regularly reviewed and improved

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy	Enrolment Policy
Administration of First Aid Policy	Epilepsy Management Policy
Administration of Medication Policy	Family Communication Policy
Anaphylaxis Management Policy	Health and Safety Policy
Asthma Management Policy	Incident, Illness, Accident and Trauma Policy
Celebrations Policy	Privacy & Confidentiality Policy
Child Safe Environment Policy	Supervision Policy
Child safety and wellbeing policy	Work Health and Safety Policy
Diabetes Management 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 at the Family Day Care Service ensuring the safety and wellbeing of all children, staff, families and visitors

SCOPE

This policy applies to the Approved Provider, nominated supervisor, Coordinator, Educators, Educator Assistants, children, families, and visitors of the Family Day Care Service.

DUTY OF CARE

Our FDC 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 FDC educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Family Day Care 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 FDC Service. Key procedures and strategies must be in place prior to the child commencing care at a FDC residence or venue to ensure their individual health, safety and wellbeing.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/ COORDINATOR 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 FDC 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 at the service each day [e.g. asthma inhalers, adrenaline auto injection devices or insulin]
- FDC educators and educator assistants have a clear understanding of children's individual medical conditions enrolled in their service
- FDC educators, educator assistants and other staff have knowledge and access to this policy and relevant health management policies (*Asthma Management Policy/ Anaphylaxis Management Policy, Diabetes Management Policy*)
- medication will only be administered to a child:
 - if the medication is authorised in writing by a parent or authorised person
 - is administered in accordance to a child's Medical Management Plan or other instructions provided by a registered medical practitioner
 - as prescribed by a registered medical practitioner
 - is in the original container
 - has the original label clearly showing the name of the child
 - is before the expiry/use by date
 - after the educator has checked the child's identity and dosage of the medication against the written instructions provided
- an *Administration of Medication* Record is completed for each child and acknowledged by the parent at the end of each day
- a communication plan is developed in collaboration with the Nominated Supervisor/Responsible Person and FDC educator to ensure communication between families and educators is on-going and effective
- educators and educator assistants receive appropriate professional development and training in managing specific medical conditions and meeting children's individual needs

- FDC educators hold current accredited first aid and CPR qualifications, emergency asthma and emergency anaphylaxis management certificates (as approved by ACECQA)
- FDC educators and educator assistants have a clear understanding about their role and responsibilities when caring for children with a medical condition
- FDC educators and educator assistants adhere to practices and procedures in relation to safe food handling and consumption of food
- families provide required information on their child's 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 FDC service and/or
 - an individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner eg: (ASCIA) or National Asthma Council of Australia
 - an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner
- risk minimisation plan has been developed in consultation with parents and management prior to the child commencing at the FDC service
- FDC educators 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
- FDC educators and educator assistants have access to emergency contact information for the child
- casual educators are informed of children (and any other staff-educator assistant) who have specific medical conditions or food allergies, the type of condition or allergies they have and the FDC Service's procedures for dealing with emergencies involving allergies and anaphylaxis
- a notice is displayed prominently in the main entrance of the residence or venue stating that a child diagnosed at risk of anaphylaxis is being cared for or educated, and providing details of the allergen/s (regulation 173)
- a copy of the child's medical management plan is visibly displayed in an area not generally available to families and known to educators and educator assistants in the residence/venue

- 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

THE FDC EDUCATOR/ EDUCATOR ASSISTANT WILL:

- In the event of a high-risk scenario where a child suffers from a reaction, incident, situation, or event related to a medical condition the FDC educator will follow the child's medical management plan as per Regulation 90(1)(c)(ii)
- commence first aid measures/monitoring
- call an ambulance immediately by dialling 000
- contact the parent/guardian when practicable but as soon as possible
- contact the emergency contact if the parents or guardian can't be contacted when practicable but as soon as possible
- contact the Coordinator/Nominated Supervisor or Approved Provider of the FDC Service as soon as possible
- complete an *Incident, Injury, Trauma and Illness Record* as soon as possible
- request the approved provider/coordinator to notify the regulatory authority (within 24 hours) in the event of a serious incident.

FAMILIES WILL ENSURE:

- they provide the FDC Service management with accurate information about their child's health needs, allergies, medical conditions, and medication requirements on the enrolment form
- they provide the FDC Service with a medical management plan prior to enrolment of their child
- they consult with Coordinator and FDC educator to develop a risk minimisation plan and communication plan
- the FDC Service enrolment form is completed in its entirety providing specific details about the child's medical condition
- they acknowledge they have received a copy of the *Medical Conditions Policy and Administration of Medication Policy*
- they notify the FDC Service and educator if any changes are to occur to the medical management plan
- they notify the FDC Service and educator verbally 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 complete the *Administration of Medication Record*
- 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 FDC residence/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 the FDC educator, who will provide it to the child when required
- supervision is provided by the FDC educator whilst the child is self-administering medication
- a recording is made in the medication record for the child that the medication has been self-administered
- parents will acknowledge the details in the medication record upon collection of their child with a signature and date

(See *Administration of Medication Policy* for further information)

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

- Dalas Family Day Care requires that children diagnosed with diabetes, asthma, anaphylaxis, and epilepsy submit nationally standardized plans filled out and signed by a medical practitioner. For all other medical conditions, Dalas Family Day Care will provide its own format for the Medical Management Plan
- a copy of the medical management plan will be displayed for FDC educators and educator assistants 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 FDC Service and FDC educator
- the FDC Service must ensure the medical management plan remains current all times.

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))

A meeting will be arranged with the parents/guardian as soon as the FDC 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 and FDC educator 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 FDC educators, educator assistants, 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 care 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 the educator
- parents are notified by the educator 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 the educator 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, educators and volunteers are informed about the *Medical Conditions Policy*, the medical management plan and risk minimisation plan for the child; and
- an individual child communication 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 FDC 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.

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](#)

CONTINUOUS IMPROVEMENT/REFLECTION

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

RELATED RESOURCES

Administration of Medication Procedure	Medical Management Plan
Administration of Medication Form	Medical Risk Minimisation Plan

Managing a Medical Condition Procedure
Medication Communication Plan

Notification of Changed Medication Status
Permission to Display Medication Action Plan

SOURCE

Australian Children's Education & Care Quality Authority. (2014).
 Australian Children's Education & Care Quality Authority (ACECQA). 20201. 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).
 Federal Register of Legislation *Privacy Act 1988*.
 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).

REVIEW

POLICY REVIEWED	JULY 2023	NEXT REVIEW DATE	JULY 2024
MODIFICATIONS	- annual policy maintenance - hyperlinks checked and repaired as required - minor formatting edits within text - continuous improvement/reflection section added - resources section added		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
2022	- policy maintenance - no major changes to policy - minor formatting edits within text - hyperlinks checked and repaired as required - Duty of Care section added - inclusion of staff annual ASCIA anaphylaxis e-training as best practice - resources added for management of medical conditions - communication plan information added - sources checked for currency		
2021	administration of medication regarding original container, prescribed dosage/authorisations added		

	• minor changes to relate policy to Administration of Medication Policy • procedure for self-administration of medication added • Policy reviewed and included suggested guidelines from ACECQA Dealing with Medical Conditions in Children (June 2021) • Additional section added <i>Cook and Food Handlers</i> • National Allergy Strategy link added	
SEPTEMBER 2020	• additional regulations added • administration of medication regarding original container, prescribed dosage/authorisations added • minor changes to relate policy to Administration of Medication Policy • procedure for self-administration of medication added	MAY 2021
APRIL 2020	• additional information added to points • additional wording added to include diagnosed health care need, allergy or relevant medical condition	-
JUNE 2019	• Some grammar, punctuation and spelling edited. • Some sentences reworded/refined. • Additional information added to points. • Sources/references added & alphabetised. • Related policies added.	JUNE 2020
JUNE 2018	• Included the 'Related Policies' section and minor adjustments made to terminology.	JUNE 2019
DECEMBER 2017	• Updated policy to comply with the changes to the National Quality Standard	JUNE 2017
MAY 2017	• Modifications made for Family Day Care Services	TBA