



DEALING WITH MEDICAL CONDITIONS IN CHILDREN POLICY P4.0328.3

DEALING WITH MEDICAL CONDITIONS IN CHILDREN POLICY

DIVISION: Sport, Community and Activation

BRANCH: Community Outcomes - Family Day Care

CATEGORY: 3

PART 1 - INTRODUCTION

1. BACKGROUND

1.1 The *Education and Care Services National Regulations* require approved providers to ensure their services have policies and procedures in place for dealing with medical conditions in children.

2. OBJECTIVE

2.1 We aim to support children to feel physically and emotionally well and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they have a medical condition or are unwell. At all times educators will act in the best interests of the children and ensure their health, safety, and wellbeing at the service.

3. SCOPE

3.1 This policy applies to:

- Camden Council FDC Service
- Staff
- Educators
- Children enrolled in an FDC Service and their families.

4. DEFINITIONS

4.1 **Approved Anaphylaxis and Asthma Management training** means appropriate training for the management of Anaphylaxis and Asthma as approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.

4.2 **Approved First Aid qualification** means an appropriate qualification in First Aid response that includes First Aid response for children as approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.

- 4.3 **Approved Provider** means a person who holds a provider approval (*Children (Education and Care) Services National Law*). A provider approval authorises a person to apply for one or more education and care service approvals and is valid in all jurisdictions. The Approved Provider for the purposes of this policy is Camden Council.
- 4.4 **Australian Children’s Education and Care Quality Authority (ACECQA)** means the independent national authority that assists governments in administering the National Quality Framework including the provision of guidance, resources, and services to support the sector to improve outcomes for children.
- 4.5 **Co-ordination Unit** means the Camden Council FDC principal office and main faculty for running the Service from which staff work.
- 4.6 **Educational program** means a program that is delivered in accordance with the National Quality Framework, is based on the individual ages, developmental needs and interests of each child and engages and supports them to achieve the outcomes of the National Approved Learning Frameworks.
- 4.7 **Educator** means an individual suitably qualified and registered by Camden Council FDC to provide education and care and refers to the educator as the business owner, educator assistant or relief educator.
- 4.8 **Family Day Care (FDC)** means a type of education and care service that is run from the educator’s own residence or an approved venue for the purpose of educating and caring for small groups of children aged 0-12 years.
- 4.9 **FDC Service** means the FDC education and care business of each individual educator or refers to Camden Council FDC service.
- 4.10 **Medical Management Plan** means a plan developed by the family in consultation with the service for the management of a child’s medical condition whilst they are in care. It is best practice for the family to consult with the child’s medical practitioner in the development of the plan and for the practitioner’s advice to be documented.
- 4.11 **Medication** means any medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over the counter and complementary medicines.
- 4.12 **Medical condition** means a condition that has been diagnosed by a registered medical practitioner.
- 4.13 **Nominated Supervisor** means a person appointed by the Approved Provider and who has given consent to be appointed to be in day to day charge of a service and must be contactable during the hours educators are providing education and care.

4.14 **Risk Minimisation and Communication Plan** means a plan developed with a child's parent/guardian to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and eliminated or minimised to ensure their safety whilst they are in care and outlines how educators are informed about the medical conditions policy and the Medical Management Plan and risk minimisation plan for the child. It also sets out how families can communicate any changes to the Medical Management Plan and risk minimisation plan for the child.

4.15 **Staff** means employees of Camden Council FDC.

PART 2 - POLICY STATEMENT

5. PRINCIPLES

- 5.1 Upon enrolment families will be asked to provide details about their child including medical conditions.
- 5.2 Documentation will be required for children with a medical condition including a *Medical Management Plan* from a child's health practitioner and a *Risk Minimisation and Communication Plan* developed in consultation with the family and educator outlining agreed management strategies for eliminating or minimising risks to the child whilst they are in care and processes for communication of changes and keeping the form current.
- 5.3 Medication forms are required for all medication and will be administered in accordance to the child's Medical Management Plan .
- 5.4 Children will not be allowed to attend the service without medication that is required as a part of their Medical Management Plan .
- 5.5 Educators are informed of a child's medical condition or specific health care need and consulted in the development of the Risk Minimisation and Communication Plan.
- 5.6 Educators and students are informed of children's medical conditions and the risk minimisation procedures for these.
- 5.7 Educators understand their responsibilities and duty of care requirements and are provided with sufficient information and training regarding the administration of medication and other appropriate treatments.
- 5.8 Educators have approved First Aid and emergency management training as required by ACECQA and are adequately trained in the administration of emergency medication.
- 5.9 Educators will act in the best interests of the children in their care at all times, meet the children's individual health care needs and maintain continuity of medication as required.
- 5.10 Communication with families about their children's health requirements will be conducted in a culturally sensitive way.

- 5.11 Children are supported to feel physically and emotionally well and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.
- 5.12 As appropriate and with regard to confidentiality, families attending the service of a child with a medical condition will be provided with information relating to medical conditions and strategies to support the implementation of the Risk Minimisation and Communication Plan.

6. CONSIDERATIONS

6.1 Considerations for enrolment

- 6.1.1 On application for enrolment, families will be required to complete full details about their child's medical needs. The Co-ordination Unit will assess whether educators are appropriately trained to manage the child's health considerations at that time.
- 6.1.2 As a part of the enrolment process, families are required to provide authorised nominees and must state for each their powers of authority including whether they can authorise medical treatment and/or the administration of medication for the child.
- 6.1.3 Where children require medication or have specific medical needs or long-term conditions, the child's doctor or allied health professional and parent/guardian must complete a Medical Management Plan .
- 6.1.4 The co-ordination unit will consult with the child's family and the educator to develop a Risk Minimisation and Communication Plan.
- 6.1.5 Children's medical needs and the ongoing ability of the educator to manage the child's health considerations must be reassessed at least annually and as a need arises such as a change to the child's medical, physical, emotional, or cognitive state.
- 6.1.6 When an enrolled child is newly diagnosed with a medical condition, the educator will inform the co-ordination unit and communicate with the family regarding the child's needs and the service documentation requirements which are to be completed as soon as practicably possible.

6.2 Considerations for Medical Management Plan s

- 6.2.1 Medical Management Plan s are required if a child enrolled at the FDC Service has a specific health care need, allergy, or relevant medical condition. This involves:
- Requiring a parent of the child to provide a Medical Management Plan for the child. The Medical Management Plan must include a current photo of the child and must clearly outline procedures to be followed by educators in the event of an incident relating to the child's specific health care needs.
 - Requiring the Medical Management Plan to be followed in the event of an incident relating to the child's specific health care need, allergy, or relevant medical condition.

6.3 Considerations for Risk Minimisation and Communication Plans:

6.3.1 Risk Minimisation and Communication Plans are required to be developed in consultation with the child's parent/guardian:

- To ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.
- If relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption, and service of food are developed and implemented.
- If relevant, to ensure that practices and procedures in relation to the environment and sleep/rest requirements are developed and implemented.
- If relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.
- To ensure that, relief educators and volunteers can identify the child, the child's Medical Management Plan and the location of the child's medication.
- If relevant, to ensure that practices and procedures ensuring 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 care need, allergy or relevant medical condition are developed and implemented.

6.4 Considerations for communication strategies:

6.4.1 Communication strategies will be developed and reviewed to ensure that:

- Educators are informed about the Medical Conditions policy and the Medical Management Plan and Risk Minimisation and Communication Plan for the child.
- A child's parent/guardian can communicate any changes to the Medical Management Plan and Risk Minimisation and Communication Plan for the child and ways communication can occur.
- Families and educators communicate regarding the requirements for changes and any interventions undertaken by the educators.

6.5 Considerations for medication:

6.5.1 All medication will be stored out of reach of children, in a location easily accessible to the educator.

- 6.5.2 Medication authorisation forms must be completed by families according to the prescribed medication and Medical Management Plan. Educators must complete the form following each administration.
- 6.5.3 As per each child's Risk Minimisation and Communication Plan, children who require medication for the prevention or treatment of their medical condition will not be accepted into care without their medication.
- 6.5.4 Asthma reliever medications together with a spacer will be included in each educator's First Aid kit in case of an emergency where a child does not have their own reliever medication with them.
- 6.5.5 Children over preschool age may self-administer medication with the authorisation from their parent/guardian to do so. Educators will check the dosage and monitor the self-administration and complete the medication authorisation form.

6.6 Other considerations

- 6.6.1 The co-ordination unit and educators will consult with and follow the recommendations and guidelines for the management of medical conditions as set out by relevant leading authorities.
- 6.6.2 In accordance with the *Education and Care Services National Regulations*, educators will advise families that when a child who has been diagnosed at risk of anaphylaxis is enrolled in their Service. Notices will be posted in an area accessible to families upon entry. The notice will advise which foods (if any) are allergens and therefore not to be brought to the FDC service.
- 6.6.3 When a child is enrolled in the service with Diabetes, educators will be aware of the signs and symptoms of low blood sugar and how to treat it.

7. ROLES AND RESPONSIBILITIES

7.1 Approved Provider

- Ensure that obligations under the National Quality Framework are met.
- Ensure this policy and related procedures are implemented, Medical Management Plans are received, and Risk Minimisation and Communication Plans completed, and educators are monitored to ensure they are implementing all requirements.
- Ensure families of children that have a specific medical condition are given a copy of this policy and any other relevant policies.
- Ensure enrolment processes include provision for families to inform authorised nominees and authorised ability for each for their child.
- Ensure Co-ordination Unit staff are aware of their roles and responsibilities in relation to this policy and procedures including the development of Risk Minimisation and Communication Plans.

- Ensure all educators and relevant staff meet the requirements of a responsible person and have training as part of the induction process and ongoing training for the management of medical conditions (e.g. asthma, anaphylaxis, allergy).
- Take reasonable steps to ensure that nominated supervisors, educators, staff, and volunteers follow the policy and procedures.
- Ensure copies of the policy and procedures are readily accessible to nominated supervisors, educators, staff, and volunteers, and available for inspection.
- Notify families at least 14 days before changing the policy or procedures if the changes will affect the fees and charges and/or significantly impact the service's education and care of children or the family's ability to utilise the service.

7.2 Nominated Supervisor

- Complete responsibilities as delegated by the approved provider.
- Ensure educators understand and implement this policy and related procedures.
- Implement this policy and procedures and ensure Risk Minimisation and Communication Plans are developed in consultation with the child's family and the educator and that these are in place prior to the child starting or as soon as possible after the diagnosis if the child is already attending.
- Ensure the Co-ordination Unit has processes in place for the development of and regular review of children's medical record documentation.
- Ensure any changes to the policy and procedures or individual child's medical condition or specific health care need and Medical Management Plan are updated in their Risk Minimisation and Communication Plan and communicated to the appropriate educator and staff.
- Notify the Approved Provider if there are any issues with implementing the policy and procedures.
- Monitor the Co-ordination Unit's compliance of obtaining authorisations and record keeping.
- Ensure the service has a template for all documentation required and that these are reviewed regularly to ensure they are appropriate and accurately record all required information.
- Ensure educators display Medical Management Plans for each child.
- Ensure educators continually communicate with families and implement regular updates as to the management of the child's medical condition or specific health care need.

- Ensure families complete medication records for educators to administer medication and that the educators complete these accurately and once completed forward them to the co-ordination unit to be kept on the child's file.
- Ensure educators and staff maintain current ACECQA approved first aid, CPR, asthma and anaphylaxis training and allergy training for educators every two years.
- Ensure educators have the appropriate training needed to deal with the medical conditions or specific health care needs of the children in their care.
- Ensure inclusion of all children in the service.
- Ensure all educators and staff are aware of and follow the risk minimisation procedures for children in their care, including emergency procedures for using EpiPen's.
- Ensure educators are aware they must display a notice for any child that has anaphylaxis in a position visible from the main entrance to inform families and visitors to the service.
- Ensure educators have fully stocked First Aid kits that are taken on excursions and include Asthma kits.

7.3 Coordination Unit Staff

- Ensure they follow Camden Council FDC policy and procedures and implement and maintain all requirements under these and as directed by the nominated supervisor.
- Implement this policy and related procedures.
- Follow up on enrolment, documentation, and communication with families of children with medical conditions.
- Consult with families and educators and develop Risk Minimisation and Communication Plans. Update these as required and invite families to review them at least annually.
- Monitor and ensure educators practices align with this policy and procedures and each child's Risk Minimisation and Communication Plan.
- Monitor and review medication forms and ensure they are being completed correctly and forwarded to the co-ordination unit upon completion and kept in children's files.
- Engage in discussions with educators that facilitate critical reflection on dealing with medical conditions including communication with families.
- Maintain current ACECQA approved first aid, CPR, asthma and anaphylaxis training and monitor educators to ensure they keep these up to date.

7.4 Educators

- Ensure this policy and procedures are implemented.
- Communicate with families and have input into the development of each child's Risk Minimisation and Communication Plan.
- Implement the management strategies of Risk Minimisation and Communication Plans.
- Ensure you monitor the child's health closely and are aware of any symptoms and signs of ill health, with families contacted as changes occur.
- Ensure communication with families is regular and the co-ordination unit is informed of any changes to a child's medical condition.
- Understand the individual needs of and action plans for the children in their care with specific medical conditions, seek training or support as required.
- Ensure that children do not attend the service without the medications prescribed and documented within the Medical Management Plan .
- Ensure families complete a medication authorisation form before medication can be administered to a child.
- In the case of a preschool age child self-administering medication, ensure the parent/guardian has authorised the self-administration and the child is assisted as required, dosage is checked, and the self-administration supervised.
- Regularly review the Risk Minimisation and Communication Plan and ensure parents/guardians are asked to provide updated information.
- Ensure a new Risk Minimisation and Communication Plan is completed and implemented when circumstances change for the child's specific medical condition.
- Ensure the Medical Management Plan for each child is displayed and information is regularly updated. Anaphylaxis related notifications must be displayed where visible to families.
- Ensure all children's health and medical needs are taken into consideration on excursions (first aid kit, personal medication, management plans, etc.).
- Through the risk assessment process, ensure any excursion caters for children who may need consideration due to a medical condition.
- Maintain current approved first aid, CPR, asthma, anaphylaxis, and allergy training.
- Undertake specific training (and keep it updated if required) to ensure appropriate management of a child's specific medical condition.

- Correctly complete medication records (long term and short term) in accordance with the regulations and forwarded to the co-ordination unit upon completion.
- Ensure that practices and procedures in relation to the safe handling, preparation, consumption, and service of food are adhered to.
- Ensure all changes to a child's Medical Management Plan or Risk Minimisation and Communication Plan are implemented immediately.
- Promptly communicate to parents/guardians any concerns about the child's health.
- Ensure all medication is in date, easily recognisable and stored safely out of children's reach, but not locked away.

7.5 Families

- Advise the service of the child's medical condition and their specific needs as part of this condition.
- Provide a Medical Management Plan from a doctor on enrolment or diagnosis of the medical condition and provide an updated plan as required.
- Discuss with their educator the child's medical condition and care requirements, and have input into and sign the Risk Minimisation and Communication Plan for the child prior to them starting or as soon as possible after a diagnosis for children already enrolled.
- Provide all relevant prescribed medications for the educator at all times that the child is in care and understand that child will not be able to attend the service if the medication as required according to the Medical Management Plan is not provided.
- Accurately complete medication authorisation forms for the educator to administer medication to their child and/or for a preschool age child to self-administer medication.
- Provide regular updates to the service on the child's medical condition including any changes, and ensure all information required is up to date.
- Advise the co-ordination unit and educator of any specific training requirements for the educator in consultation with Medical Practitioners. In relation to some medical conditions, families may be required to assist with specific training for the educator as required prior to commencing care.
- Provide authorised nominees upon enrolment and update as required and determine the authority given to each to authorise medical records on behalf of themselves for their child.

8. INDUCTION AND ONGOING TRAINING

- 8.1 Induction and ongoing professional development will be implemented for all educators and staff, focusing on this policy and related procedures.
- 8.2 Information will be shared with relief educators on induction and as relevant to the environments that they are working in, their shift responsibilities and the children in their care.
- 8.3 Educators and relevant staff will be required to participate in ongoing first aid training, including training in anaphylaxis and asthma management as approved by ACECQA.
- 8.4 Educators will also be required to complete any specific training associated with medical conditions of children attending their service.
- 8.5 Educators, because of their involvement in the preparation, serving and supervision of meals, will be required to undertake the National Allergy Strategy '*All about allergens for children's education and care*' training course at least every two years.

9. MONITORING, EVALUATION AND REVIEW

- 9.1 This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this policy every three years.
- 9.2 Families, educators, and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.
- 9.3 In accordance with regulation 172 of the *Education and Care Services National Regulations*, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

10. SOURCES AND RESOURCES

- [ACECQA First aid qualifications & training](#)
- [ACECQA Guide to the National Quality Framework](#)
- [All about allergens for children's education and care](#)
- [Allergy & Anaphylaxis Australia](#)
- [Allergy Aware Children's Education and Care](#)
- [ASCIA Action Plan Anaphylaxis](#)
- [Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)
- [Diabetes Australia](#)
- [National Asthma Council Australia](#)

RELEVANT LEGISLATIVE INSTRUMENTS: *Children (Education and Care Services) National Law (NSW)*
Education and Care Services National Regulations
National Quality Standard | Australian Children's Education and Care Quality Authority (ACECQA)
Privacy Act 1988
Work Health and Safety Act 2011

RELATED POLICIES, PLANS AND PROCEDURES:

Acceptance and refusal of authorisations policy
 Administration of first aid policy
 Anaphylaxis and allergy plan for the child while in the service procedure
 Asthma plans for the child while in the service procedure
 Diabetes plans for the child while in the service procedure
 Enrolment and orientation policy
 Incident, injury, trauma, and illness policy
 Nutrition, food, beverages, and dietary requirements policy
 Preparation for a child with a medical condition procedure
 Providing a child safe environment policy
 Record keeping in relation to a medical condition procedure

RESPONSIBLE DIRECTOR:

Director Sport, Community and Activation

APPROVAL:

General Manager through the Executive Leadership Group.

HISTORY:

Version	Approved by	Changes made	Date	EDMS Number
1			February 2012	
2			July 2021	14/333
3	ELG	Minor amendments. Name changed from Medical Conditions.	June 2022	22/309693