TURRAMURRA OOSH
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Dealing with Medical Conditions in Children

Policy Statement

South Turramurra OOSH (OOSH/service) will work closely with children, families, schools and other health professionals where relevant, to manage medical conditions of children attending South Turramurra OOSH. Medical conditions may include allergies, asthma, anaphylaxis, diabetes, intolerances, ADD/ADHD or any other additional need or diagnosis. We will support children with medical conditions to participate fully in the daily program while our Educators remain aware of the nature and management of children's medical conditions with respect to the child's confidentiality.

It is the responsibility of families to notify South Turramurra OOSH of any medical condition their child has. This includes notifying South Turramurra OOSH in writing, of any changes in their child's condition. The *Dealing with Medical Conditions in Children policy* will be made available to parents who identify that their child has a medical condition.

Child safety is of paramount importance at OOSH. In accordance with the Children (Education and Care Services) National Law (NSW), the service ensures the safety, rights and best interests of every child are the paramount consideration in all decisions, actions and operations. Where competing priorities arise, the child's best interests will prevail, and decision-making will clearly demonstrate how this principle has been applied.

Legislative Requirements

- Education and Care Services National Law Act 2010: 167, 175
- Education and Care Service National Regulations 2011: 90, 91, 92, 93, 94, 95, 96, 136, 168 (2) (c), 170, 171, 172, 173(2)(f)
- Disability Discrimination Act – Federal 1992
- NSW Anti-Discrimination Act 1977
- Work Health and Safety Act 2011
- My Health Records Act 2012

Definitions

Approved Anaphylaxis Management Training

- Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.

Approved First Aid Qualification

- A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.

Communication Plan

- A plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families 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.

Medication

- Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over the counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods.

Medical Condition

- This may be described as a condition that has been diagnosed by a registered medical practitioner.

Medical Management Plan (MMP)

- A document that has been written and signed by a doctor. A MMP includes the child's name and photograph. It also describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition.

Risk Minimisation Plan

- A document prepared by service staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating to the child's specific health care need, allergy or other relevant medical condition.

Implementation Strategies – how will it be done?

The Approved Provider/Nominated Supervisor will:

- ensure the ***Dealing with Medical Conditions in Children policy and procedures*** **are met**, the **appropriate medical management plans and risk assessments are completed**, and all relevant actions are taken, to minimise the risks to the child's health.
- ensure **families of children that have a specific medical condition have been given a copy of the *Dealing with Medical Conditions in Children policy* and any other relevant policies.**
- in consultation with families, **develop risk minimisation plans for children with medical conditions** or specific health care needs.
- ensure all **educators and staff have training as part of the induction process and ongoing training for the management of medical conditions** (e.g., asthma, anaphylaxis and specific requirements for the enrolled child in your care).
- ensure a **written plan for ongoing communication between families and educators is developed** as part of your risk minimisation plan, relating to the medical condition and any changes or specific needs. It should be in place before a child commences at the service, or as soon as possible after diagnosis for children already attending.
- if a **child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed** in a position visible from the main entrance to inform families and visitors to the service.
- 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 your risk minimisation plan and **communicated to all educators and staff.**
- **display, with consideration for the children's privacy and confidentiality, their Medical Management Plan** (from the doctor) and ensure that all educators and staff are aware of and follow the risk minimisation plans (developed by the service) for each child.
- ensure **communication is ongoing with families** and there are regular updates as to the management of the child's medical condition or specific health care need.

- ensure **educators and staff have the appropriate training** needed to deal with the medical conditions or specific health care needs of the children enrolled in the service.
- **ensure inclusion of all children** in the service.
- ensure all **educators and staff are aware of and follow the risk minimisation procedures** for the children, including **emergency procedures for using EpiPens** (Adrenaline Auto Injectors).
- **apply the paramountcy principle** by ensuring children's safety, wellbeing and best interests take priority over all other considerations.

Educators and Staff will:

- **ensure all the action plans are carried out** in line with the *Dealing with Medical Conditions in Children policy and procedures.*
- 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 that **two people are present any time medication is administered to children**.
- ensure **communication with families is regular** and all educators and staff (including the Nominated Supervisor) are **informed of any changes to a child's medical condition**.
- **understand the individual needs of and action plans for the children in your care** with specific medical conditions.
- ensure a **new risk minimisation plan is completed and implemented when circumstances change** for the child's specific medical condition.
- ensure **all children's health and medical needs are taken into consideration on excursions** (first aid kit, personal medication, management plans, etc.).
- **maintain current approved first aid, CPR, asthma and anaphylaxis training**.
- **undertake specific training** (and keep it updated if required) to ensure appropriate management of a child's specific medical condition.
- **apply the paramountcy principle** by ensuring children's safety, wellbeing and best interests take priority over all other considerations.

Kitchen Staff (Food Handlers)

- 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 plan are implemented immediately within the menu preparation.**
- **apply the paramountcy principle** by ensuring children's safety, wellbeing and best interests take priority over all other considerations.

Procedures

Preparing for Children with Medical Conditions

- Parents/guardians will be asked to inform South Turramurra OOSH of any medical conditions their child may have at the time of enrolment. This information will be recorded by the parent, on the child's enrolment form.
- It is the responsibility of the parent/guardian to keep South Turramurra OOSH updated on any changes to the child's medical condition or medical needs for the duration of the enrolment period.
- Upon notification of a child's medical condition, the Coordinator/Nominated Supervisor will provide the parent with a copy of this policy in accordance with National Regulation 91.
- Children who have been diagnosed with additional needs are welcome at South Turramurra OOSH, so long as we possess the means to appropriately provide the care they need.

- Families must supply professional reports and reports of diagnosis to assist us in caring for children appropriately. Enrolment will be subject to the supply of this information so the Coordinator/Nominated Supervisor can ensure appropriate care can be provided. South Turramurra OOSH may not be able to cater for high support needs, but all efforts will be made to cater for all children. Each enrolment will be assessed individually.
- Specific or long-term medical conditions will require a Medical Management Plan, Asthma Action Plan, or Anaphylaxis Action Plan, completed by a doctor or specialist.
- It is a requirement of South Turramurra OOSH that a risk minimisation plan be developed in consultation with the parents/guardians. This plan is to be read by all staff and a copy kept in the child's enrolment and the First Aid folder in the relevant section.
- Content of the Individual, Asthma or Anaphylaxis management plan will include:
    - Identification of any risks to the child or others by their attendance at OOSH.
    - Identification of any practices or procedures that need adjustment at OOSH to minimise risk e.g. food preparation procedures.
    - Process and timeline for orientation and training of staff (if necessary).
    - Methods for communicating changes to the child's medical management plan between parents and educators.
    - Lists of symptoms and treatments if symptoms occur.
    - Contact details for guardians, doctors and emergency services.
- The child's individual Medical Management Plan will be followed in the event of any incident relating to the child's specific health care need, allergy or relevant medical condition. All staff working directly with children will be informed of any special medical conditions affecting children at South Turramurra OOSH. For cases where it is required, specific training will be provided to educators to ensure that they are able to effectively implement the Medical Management Plan.
- Medical Management Plans will be kept in the First Aid folder which is kept in the first aid area with the medication supplied that relates to the plans. Copies of the plans will also be kept with the medication supplied, either in the child's drawer at OOSH, or in the excursion bag while offsite as stated in the *Excursions & Transportation policy*.
- All medication listed in the child's action plan must be supplied by the parent. All medication will be stored in the First Aid area, or in the fridge in the locked medication box (if specified by medication storage instructions).
- New children will be added to our food allergies list upon enrolment, or when identified that they have food allergies. Our food allergies list will be used to prepare separate meals for applicable children, safely and inclusively. Lists are developed at the start of every year and updated when necessary. It is the parents/guardian's responsibility to notify South Turramurra OOSH of any changes to their children's condition.
- Individual child tags are made in conjunction with updating of the allergy list. Child tags display a current photo, name, dietary requirement, and alternate foods provided that day. Tags are added to the whiteboard as a reference for staff who are responsible for serving and preparing food each session.
- Staff are taught how to use the allergy list and tags, and what action to take in the event of a medical emergency as part of the induction process.
- All educators are kept current with professional first aid training, including asthma and anaphylaxis management.
- All new educators must read and sign the communication plans during their induction period.
- All educators are provided with adequate time, at regular intervals, to read and keep up to date with the information in the First Aid Folder.
- When a planned meal is unsuitable for a child due to an allergy or intolerance, a suitable alternative will be prepared, as similar as possible to the planned meal and served safely, alongside the planned meal. We will make every effort to ensure that children don't feel isolated due to a medical condition.

- Where medication for treatment of long-term conditions is required, South Turramurra OOSH will require an individual Medical Management Plan from the child's medical practitioner or specialist, detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition is to be managed in the OOSH environment.
- Parents/guardians are required to supply any medication and equipment needed for their child, to South Turramurra OOSH before the child can be allowed to attend. When medication nears expiration or depletion, educators will contact parents/guardians to replenish it.

Communication Plan

- A Communication Plan will be created with the family to ensure:
  - all relevant staff members and volunteers are informed about the *Dealing with Medical Conditions in Children policy*, the Medical Management Plan and Risk Minimisation Plan for the child.
  - families who have a child attending South Turramurra OOSH 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.
- Where a child with a severe allergy attends OOSH, we will send regular information about the allergies and risk minimisation strategies to all families so that risks aren't increased for children with severe allergies, e.g. reminders can be sent that we are nut-free and remind families about not eating nuts before attending the program.

Authorisations and Enrolment Records

- On enrolment ensure the parent, or another person named in the child's enrolment form, signs authorisations to:
  - administer medication (including self-administration if applicable).
  - seek:
    - medical treatment for the child from a registered medical practitioner, hospital, or ambulance service.
    - transportation of the child by any ambulance service.
- The Enrolment Record must also include details of any specific healthcare needs of the child - such as any medical conditions or allergies, including whether the child has been diagnosed as at risk of anaphylaxis - and any Medical Management Plans in place.
- Maintain the medication record including information about any medications that a child might need to have administered.

Managing Medical Conditions

Administration of Medication

- Prescribed medication will only be administered to the child for whom it is prescribed, from the original container with original used-by date, clearly labelled. The medication container must be labelled, stating the child's name, and include expiry date, administration method and dosage. A Medication Authorisation form will need to be completed by a parent/guardian.
- Families who wish for medication to be administered to their child or have their child self-administer medication at South Turramurra OOSH, must complete a medication authorisation form providing the following information:
  - Name of child.
  - Name of medication.
  - Details of the date, time and dosage to be administered.
  - Method of administration.
  - Whether an educator will administer the medication or supervise the child as they self-medicate.

- Signature of parent/guardian.
- Educators will only administer medication during OOSH operating hours.
- Authorisation is not required in the event of an asthma or anaphylaxis emergency however parents must be notified as soon as possible after emergency services are notified.
- Authorisation is not required for regular asthma Ventolin/salbutamol use. It must be noted on the enrolment form that the child requires the use of asthma medication as per the action plan.
- Permission for a child to self-medicate must come from parents/guardians or medical practitioner in writing, or with the verbal approval of a medical practitioner or parent in the case of an emergency.
- Medication must be given directly to an educator upon arrival and not left in the child's bag. Educators will store the medication in a locked medication box in the fridge or in the first aid area, out of reach of children. Areas where medication is kept will be clearly labeled.
- Medication plans and storage boxes will contain a current photo of the child to ensure easy identification of the child.
- An asthmatic child may carry asthma medication in their bag or on their person in addition to the asthma medication supplied to South Turramurra OOSH by the parent.
- When emergency asthma or anaphylaxis medication is administered, parents will be notified immediately and educators will complete an incident report, to be sighted via their Xplor home app and signed by parents on arrival.
- Before medication is administered, the first aid trained educator administering the medication will verify the medication, dosage and child are correct with another educator who will also witness the administration of the medication. Both first aid staff and witness will be listed on the Administration of Medication form.
- After medication is administered, educators will record the following details on the digital medication administration form via Playground:
  - Name of the Medication.
  - Date Administered.
  - Time Administered.
  - Dosage.
  - Method of administration.
  - Expiry date of medication.
  - Name of the person who verified and witnessed.
  - Reason for administering the medication.
- Where a medical practitioner's verbal approval has been given in an emergency, educators will complete the medication form, also noting the name of the medical practitioner and time of authorisation under the reason for administering the medication.
- South Turramurra OOSH will always store spare and current Ventolin Puffers with disposable and non-disposable spacers and EpiPens, in case of emergency.

Self-administration of prescribed medication

- Self-administration of medication will occur as described in the *Health & Safety policy*, specifically the *Administration of Medication procedure.*

Panadol and Paracetamol Administration

- South Turramurra OOSH keep Panadol and Paracetamol on site for staff use only.
- Panadol and Paracetamol cannot be administered to children for headaches, temperatures, or head injuries. Appropriate regular first aid will be applied, and parents will be called and notified. Panadol & Paracetamol and other pain relief medication may mask symptoms and lead to misdiagnosis.
- Panadol and Paracetamol can only be administered to children when supplied by the parent with a completed medication administration form. The Panadol or Paracetamol will be kept in the first aid area with the completed authorisation form.

- Any unused Panadol or Paracetamol will be returned directly to the parent/guardian.
- Panadol and Paracetamol administration cannot be authorised over the phone, as we do not keep any Panadol or Paracetamol on site for child use.

Anaphylaxis and Allergy Management

- While not common, anaphylaxis can be life threatening. It is a severe allergic reaction to a substance.
- Educators are to be aware that severe allergic reactions can occur when no documented history exists.
- Symptoms of anaphylaxis include:
  - difficulty breathing.
  - swelling or tightness in the throat.
  - swelling of the tongue.
  - wheeze or persistent cough.
  - difficulty talking.
  - persistent dizziness or collapse.
  - in young children, paleness and floppiness.
- An action plan for anaphylaxis from the Australasian Society of Clinical Immunology and Allergy (ASCIA) will be displayed in a key location e.g., in the first aid area.

Responding to an Anaphylaxis Emergency

- React rapidly if a child displays symptoms of anaphylaxis.
- Lay child flat or seat them if breathing is difficult (child will not be allowed to walk or stand).
- Ensure a first aid trained educator with approved anaphylaxis training administers first aid in line with the child's Medical Management Plan. This may include use of an adrenaline autoinjector device (EpiPen) and CPR if the child stops breathing in line with the steps outlined by ASICA in the Action Plan for Anaphylaxis (see www.allergy.org.au).
- Call an ambulance immediately by dialling 000.
- Notify the child's parent as soon as practicable.
- In line with best practice, the Coordinator/Nominated Supervisor will ensure that an emergency Adrenaline autoinjector device kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.

Asthma Management

- Asthma is a chronic lung disease that inflames and narrows the airways.
- Symptoms of asthma include:
  - wheezing.
  - cough.
  - chest tightness.
  - shortness of breath.
- The Coordinator/Nominated Supervisor, educators, other staff, volunteers, and students will implement measures to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack.
- Potential triggers include:
  - dust and pollution.
  - inhaled allergens, for example mould, pollen and pet hair.
  - changes in temperature and weather, heating, and air conditioning.
  - emotional changes including laughing or stress.
  - activity and exercise.
- South Turramurra OOSH will display a National Asthma Council Australia Action Plan Poster in a key location, for example, in the first aid area (see www.nationalasthma.org.au).
- To minimise exposure of susceptible children to triggers which may cause asthma, educators and staff will ensure children's exposure to asthma triggers are minimised, for example:

- implement wet dusting to ensure dust is not stirred up.
- plan different activities so children are not exposed to extremes of temperature e.g. cold outsides and warm insides.
- restrict certain natural elements from inside environments.
- always supervise children's activity and exercise.
- keep children indoors during periods of heavy pollution, smoke haze or after severe storms which may stir up pollen levels. Follow the Health Advice (https://www.airquality.nsw.gov.au/health-advice) if the Air Quality is rated as Poor, Very Poor or Extremely Poor.

Responding to an Asthma Emergency

- An asthma attack can become life threatening if not treated properly.
- If a child is displaying asthma symptoms, staff will ensure a first aid trained staff member with approved asthma training immediately attends to the child.
- If the procedures outlined in the child's Medical Management Plan do not alleviate the asthma symptoms, or the child does not have a Medical Management Plan, the educator will provide appropriate first aid, which may include the steps outlined in the National Asthma Council Australia Action Plan:
  1. Sit the child upright - Stay with the child and be calm and reassuring.
  2. Give 4 separate puffs of a reliever inhaler (blue/grey)
     - use a spacer if there is one.
     - shake puffer.
     - give 1 puff at a time with 4-6 breaths after each puff.
     - repeat until 4 puffs have been taken.
  3. Wait 4 minutes - If there is no improvement, give 4 more puffs as above.
  4. If there is still no improvement call an ambulance on 000.
  5. Keep giving 4 puffs every 4 minutes until the ambulance arrives.

Diabetes Management

- Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone: insulin.
- The most common form of diabetes in children is type 1 where the body's immune system attacks the insulin producing cells so insulin can no longer be made.
- People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.
- Type 2 diabetes is often described as a 'lifestyle disease' because it is more common in people who are overweight and sedentary.
- Type 2 diabetes is managed by regular physical activity and healthy eating. Over time, type 2 diabetics may also require insulin.
- Symptoms of diabetes include:
  - frequent urination.
  - excessive thirst.
  - tiredness.
  - weight loss.
  - vision problems.
  - mood changes.
- People who take medication for diabetes are also at risk of hypoglycaemia. They may have a "hypo" if their blood sugar levels are too low. Things that can cause a "hypo" include:
  - a delayed or missed meal, or a meal with too little carbohydrate.
  - extra strenuous or unplanned physical activity.
  - too much insulin or medication for diabetes.
  - Vomiting.
- Symptoms of hypoglycaemia include:
  - headache.
  - light-headedness.
  - nausea.

- mood change.
- paleness.
- sweating.
- weakness and trembling.

Responding to hypoglycaemia ("hypos")

- If a child is displaying symptoms of a "hypo" a first aid trained staff member will:
  - immediately administer first aid in accordance with the child's Medical Management Plan which may include:
    - giving the child some quick acting and easily consumed carbohydrate (e.g. several jellybeans, 2-3 teaspoons of honey, or some fruit juice)
    - giving the child some slow acting carbohydrates to stabilise blood sugar (e.g. slice of bread, muesli bar, piece of fruit) once blood glucose is at regular levels.
- If a child is displaying severe hypoglycaemia (e.g. they are unconscious, drowsy, or unable to swallow) a first aid trained staff member will:
  - immediately administer first aid in accordance with the child's Medical Management Plan.
  - call an ambulance by dialling 000.
  - administer CPR if the child stops breathing before the ambulance arrives.
  - Administer Glucagon if trained and advised to do so by medical professionals.

Epilepsy

Children diagnosed with epilepsy will be supported through an individual **Epilepsy Management Plan** completed by their medical practitioner and provided to the service prior to attendance. Where emergency medication (such as Midazolam) is prescribed, an accompanying **Emergency Medication Management Plan** and/or **Medication Authorisation Form** must also be supplied.

Educators will be informed of the child's condition, known triggers, and seizure management requirements, and at least one educator with current training in seizure first aid and (where applicable) administration of emergency medication will be present at all times the child is in care.

In the event of a seizure, educators will follow the child's individual plan. Where no specific plan applies, standard seizure first aid will be followed:

- Remain calm and time the seizure.
- Protect the child from injury by clearing the area of objects.
- Do not restrain the child or place anything in their mouth.
- Once the seizure ends, place the child on their side and monitor breathing.
- Stay with the child until fully recovered.

An ambulance will be called if:

- The seizure lasts longer than five minutes (unless otherwise directed in the child's plan).
- It is the child's first known seizure.
- The child has repeated seizures without regaining consciousness.
- The child is injured or having breathing difficulties.

Families will be notified as soon as possible following any seizure. An **Incident, Injury, Trauma and Illness Record** will be completed, and a debrief held with educators to review the response and update risk management procedures if required.

References and Related Policies and Procedures

References

- National Asthma Council Australia www.nationalasthma.org.au
- Allergy and Anaphylaxis Australia allergyfacts.org.au
- Australasian Society of Clinical Immunology and Allergy http://www.allergy.org.au
- Diabetes Australia www.diabetesaustralia.com.au
- Allergy Aware - Children's education and care: Best practice guidelines resources https://www.allergyaware.org.au/childrens-education-and-care/best-practice-guidelines-cec
- ACECQA's Guide to the National Quality Framework https://www.acecqa.gov.au/national-quality-framework/guide-nqf
- ACECQA My Time Our Place 2022 https://www.acecqa.gov.au/sites/default/files/2023-01/MTOP-V2.0.pdf
- NSW Government Air Quality https://www.airquality.nsw.gov.au/air-quality-in-my-area/concentration-data?rn=east-sydney
- South Turramurra OOSH Parent Handbook

Related Policies and Procedures

- Enrolment and Orientation
- Providing a Child Safe Environment
- Incident, injury, trauma, and illness
- Health and Safety
- Acceptance and Refusal of Authorisations

Approval and Revision History

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