4.17 Children with Medical Conditions

Policy Statement

The service recognises the increasing prevalence of children attending school-age care services who have been diagnosed with medical conditions, including asthma and diabetes or are at risk of anaphylaxis and are committed to a planned approach to the management of such medical conditions to ensure the safety and well-being of everyone at this service.

Children's medical needs may be broadly categorised into two types:

- Short-term - which may affect their participation in activities while on a course of medication. Short-term medical needs are typically an illness that the child will recover from in a short period (e.g. tonsillitis, chest infection, etc.)
- Long-term - potentially limiting their participation and requiring extra care and support. Long-term medical needs are typically ongoing (e.g. asthma, diabetes, anaphylaxis, epilepsy, coeliac disease).

The service recognises that some children attend the service with sensitive and potentially life-threatening conditions. Management and responsiveness of these medical needs are critical. The service recognises the importance and regulated duty to have plans in place to respond to the life-threatening medical conditions of children. All children with additional medical needs will have medical risk minimisation management plans created and made available for educators' reference. These plans and any treatment activities will occur directly from (or in collaboration with) medical practitioners and parents.

The service is committed to ensuring our educators are equipped with the knowledge and skills to support children's medical needs, to ensure all children in attendance receive the highest level of care and safety. Where relevant, collaboration and information sharing with families is an ongoing priority.

The Approved Provider also recognises their duty to comply with *Education and Care Services National Regulations 168 (2)(d), 90-96, 158, 162.*

Related Policies

- *2.11 – Supporting Additional Needs with Inclusive Practices*
- *4.2 – Infectious Diseases*
- *4.3 – Hygiene, Health and Wellbeing Practices*
- *4.5 – Incident, Illness, Injury or Trauma*
- *4.6 – Medication Administration*
- *5.1 – Food Handling and Storage*
- *5.2 – Food and Nutrition*
- *7.1 – Emergency and Safety Equipment*
- *8.10 – Employee Orientation and Induction*
- *9.2 – Enrolment*
- *9.3 – Interactions and Communication with Families*
- *10.9 – Risk Management and Minimisation*

Roles and Responsibilities

Approved Provider	• Support the Nominated Supervisor to ensure staff are equipped to respond to children's medical needs through collecting relevant information, obtaining medical plans and accessing relevant training.
Nominated Supervisor	• Ensure resources are allocated for staff to be trained and instructed on managing relevant medical conditions. • Ensure that policy and procedures are aligned with state regulations.
OSHC Management Team (Coordinator / Assistant Coordinator	• Ensure the medical needs of children are documented, planned and communicated effectively with the team. And that the team is administering medication as per the Medication authority and administering form • Ensure parents who indicate children with medical needs are informed of the service's obligations and their duties. • Respond to medical needs as required to uphold the safety of children attending the service.

	• Ensure staff are suitably trained and instructed on the management of relevant medical conditions. • Ensure parents receive relevant information and collaborate in managing children's needs.
All Staff	• Maintain knowledge of the relevant condition and action plans of children accessing the service. • Respond to the medical needs of children. • Communicate relevant information to parents and children as required. • Be aware of the location of medical resources to support children's medical needs. • Communicate with the OSHC Management Team to ensure relevant qualifications are current. • Demonstrate an ongoing commitment to keeping qualifications current at all times.

Procedures

Short-term illness and medical care

Children's short-term medical needs will be managed in accordance with *4.2 Infectious Disease* and *4.6 – Medication Administration* unless a parent discloses information that the OSHC Management Team believes that a medical management plan is required to be followed.

Medical Action plans and Risk-Minimisation Plans

The service's enrolment forms will outline a child's medical needs. Where the parent indicates a child has an additional medical need, the OSHC Management Team will communicate with the family to identify the need for a **medical action plan and risk- *minimisation* plan**. A parent may notify the service in writing at any time of a change in a child's medical needs. Where a parent indicates a child has the following, a medical management plan risk-management will be requested/developed:

- one of the following conditions:
  - asthma,
  - diabetes
  - diagnosed at risk of anaphylaxis
- any allergy or health care needs requiring
  - specific action to be taken during an incident
  - the development of a risk-minimisation plan
  - relating to food-safe handling, preparation, and consumption

The OSHC Management Team will:

- Require a current **medical action plan** to be provided to the service by the parent and accessible to all educators.
- Ensure all educators are adequately trained and rehearsed in the service's emergency medical management procedures and the administration of emergency medication;
- Collaborate with parents/guardians of children with specific health needs, allergies or other relevant medical conditions to develop a **risk minimisation plan**; and
- Inform all educators and volunteers of children with specific health needs, allergies or other relevant medical conditions and the risk minimisation procedures.

Medical Action Plans must be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition. The medical action plan should be developed in consultation with the child's registered medical practitioner with the procedures to follow from the medical practitioner documented in the medical management plan. The medical action plan should include the following:

- A photo of the child;
- Details of the specific health care need, allergy or relevant medical condition including the severity of the condition;
- Any current medication prescribed for the child;
- What may trigger the allergy or medical condition (if relevant);

- Signs and symptoms to be aware of as well as the response required from the service in relation to the emergence of symptoms;
- Any treatment/medication required to be administered in an emergency;
- The response required if the child does not respond to initial treatment;
- When to call an ambulance for assistance; and
- Contact details of the doctor who signed the plan.

Risk-Minimisation Plans are developed in consultation with the parents of the child. They are to ensure:

- the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised;
- if relevant, the safe handling, preparation, consumption and service of food;
- if relevant, the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk;
- to ensure all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication; and
- if relevant, 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;

Parents will be provided copies of the risk-minimisation plan and asked to confirm their approval. These records will be stored with the child's enrolment.

A child's parent can at any time communicate any changes to the medical management plan and risk-minimisation plan for the child. The parent should direct any of these changes to be made to the Nominated Supervisor. Changes should be either requested or confirmed in writing or approval sought (as outlined above).

Communication of Plans and Policies

Medical Action plans and Risk-Minimisation Plans are accessible to educators in the staff information area. This location provides discretion from public view and while still being accessible for all educators of the service. In addition, any children enrolled with medical needs are communicated to staff in team meetings and daily communication. The OSHC Management Team is responsible for ensuring all educators, other staff and volunteers are able to identify a child with a specific healthcare need, allergy or other relevant medical condition and be able to locate their information, plans and medication/s easily.

The service will ensure all families of children identified with additional medical needs at the service receive a copy of this policy as part of their enrolment and induction to the service.

Asthma Management

The service will ensure that at least one educator with a current first-aid and CPR qualification, anaphylaxis management and emergency asthma management training is in attendance at any place children are being cared for and immediately available in an emergency, at all times that children are being cared for by the service. The service is committed to exceeding the required minimum standards by providing asthma management training for all educators at least annually.

All children diagnosed with asthma must have a medical action plan outlining what to do in an emergency. A risk minimisation plan must be developed in consultation with the parent of a child diagnosed with asthma to identify the triggers and how these will be managed and monitored within the service.

If the procedure outlined in the child's medical management plan does not alleviate the asthma symptoms, or the child does not have a medical conditions management plan, an educator will provide first aid following the steps outlined by Asthma Australia as follows:

- Sit the child upright.
- The educator will be calm and reassuring;
- Give four (4) puffs of blue reliever medication with slow and deep breathing after each puff. If using a spacer, follow each of the four (4) puffs with four (4) breaths in and out following each puff;

- Wait four (4) minutes. If there is no improvement, give four (4) more puffs as above;
- If there is still no improvement, call emergency services; and
- Keep giving four (4) puffs every four (4) minutes until the emergency service arrives.

In the case of the above emergency event the parent of the child is to be contacted and informed.

The service's first aid kit contains Ventolin (blue puffer) and a spacer. Expiry dates of all puffers used will be closely monitored and replaced when expired. Puffers and spacers from the emergency asthma first aid kit must be thoroughly cleaned after each use to prevent cross contamination.

All asthma medication provided by families and administered by educators and/or self-administered by the child with the condition, must be in accordance with the Medication Administration Policy (see Policy 4.6) of this service.

Managing Children at Risk of Anaphylaxis
Parents will identify through enrolment forms any allergies the child may suffer from. Information regarding the triggers and severity of allergic reactions will also be documented.

Individual children's health care and action plans will be discussed regularly with all educators at team meetings.

The service will ensure that at least one educator with current anaphylaxis management training will attend any place children are being cared for and immediately available in an emergency at all times that children are being cared for. The service is committed to exceeding the required minimum standards by providing anaphylaxis management training for all educators at least annually.

The service will take appropriate action to minimise, as far as reasonably practicable, exposure to known allergens where children have been diagnosed with anaphylaxis. To minimise the risk of exposure of children to foods that might trigger a severe allergy or anaphylaxis in susceptible children, our service will:

- Educate children about food allergies and ways to keep people safe;
- Actively discourage children from trading or share food, utensils or food containers;
- Ensure all food handling supports children's medical management plan;
- Request families to label all drink bottles and lunch boxes with their child's name;
- Consider the contents of food and non-food items for inconspicuous triggers;
- Monitor attendance to ensure that meals/snacks prepared at the service do not contain identified allergens when those children are in care; and
- Where a child is known to have a susceptibility to severe allergy or anaphylactic reaction to a particular food, the service will develop policy and implement practice for the management of children, educators or visitors bringing foods or products to the service containing the specific allergen (e.g. nuts, eggs, seafood).

Each child will have the appropriate medication, including Epipen (or Anapen), accessible to educators. Appropriate medication will be stored at the service for each child in clearly labelled and marked containers. All expiry dates of this medication will be closely monitored. Parents will be advised of expiry three months before the expiry date. Children will not be allowed to attend the service without their medication is available.

In circumstances where a child requires an Epipen (or similar), the service will request an additional device be stored at the service rather than being transported.

Anaphylaxis plans will be reviewed annually or as required by medical authorities.

In the case of a child who has not been previously diagnosed with Anaphylaxis, procedures as per the Emergency Health and Medical Policy (see Policy 4.11) will be followed.

Epipen (Adrenaline auto-injectors) for Emergency Use
The services will have an Epipen in their first aid kit for emergency use. This will be in addition to (and not a substitute for) the prescribed devices for individual children diagnosed with an anaphylactic allergy.

This device will be used where

- A child who is known to be at risk of anaphylaxis does not have their own device immediately accessible, or the device is out of date;
- A second dose of adrenaline is required before an ambulance has arrived and emergency services have advised the use;
- The child's prescribed device has misfired or accidentally been discharged; and/or
- A child not diagnosed as at risk of anaphylaxis is symptomatic, and emergency services have advised the use.

Diabetes

Children with type 1 diabetes are at the most risk from hypoglycaemia (hypo) which occurs when blood sugar levels are too low. Elements that can cause hypoglycaemia 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; and/or
- Vomiting.

Symptoms can include: Headache, trembling, looking pale, feeling hungry, sweating, lethargy, crying, being irritable, hunger or feeling/acting confused. Action to manage this are outlined in management plans but typically require the child to ingest some sugar and rest.

Symptoms of ***serve hypoglycaemia*** include extremely drowsy or disorientated and completely refusing food; unconscious or is having a fit/convulsion and unresponsive. These symptoms require emergency medical treatment. Educators will respond by calling an ambulance (000).

Hyperglycaemia (hyper) occurs when blood sugar levels are too high. It can be caused by not enough insulin administered, eating too many carbs, stress, hormones, weather and physical activity. Symptoms include drowsiness, thirst, frequent urination, headache, looking pale, feeling hungry, sweating, lethargy, crying and being irritable. Medical management plans should be followed in these instances.

Where diabetic management is required, the service will ensure that educators are adequately and appropriately trained in the use of insulin injection devices (syringes, pens, pumps) used by children at the service with diabetes. In the event of major concerns regarding insulin levels of a child an ambulance will be called.

Educator Training and Qualifications

The OSHC Management Team will ensure that educators have appropriate education or training to undertake basic support of the health needs of children, including administering medications, responding to allergic reactions, basic first aid and adhering to special dietary requirements.

Additionally, children enrolled in the service with medical conditions and needs requiring specialist knowledge or training will be supported. Educators will receive access to training relevant to children's medical needs.

Relevant Laws and Provisions

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Child Protection Act 1999*
- *National Quality Standard, Quality Area 2 – Children's health and safety*

ECEC Regulation Compliance

- *Education and Care Services National Regulations 168 (2)(d), 90-96, 158, 162*

Policy Controls			
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