

Policy and Procedures Medical Conditions

PURPOSE

This policy will provide guidelines for Acacia to ensure that:

- clear procedures exist to support the health, wellbeing and inclusion of all children enrolled at the service.
- service practices support the enrolment of children and families with specific health care requirements.
- information is provided to staff and volunteers about managing individual children's' medical conditions.
- requirements for medical management plans are provided by parents/guardians for the child.
- risk-minimisation and communication plan are developed in conjunction with Acacia Indochinese Community Support Assoc.. and parents/guardians.

POLICY STATEMENT

1. VALUES

Acacia is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements through implementing and maintaining effective hygiene practices. This will be achieved through:

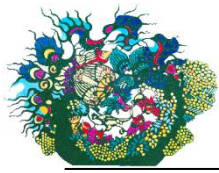
- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved in the programs and activities of Acacia are protected from harm.
- informing educators, staff, volunteers, children and families of the importance of adhering to the *Dealing with Medical Conditions Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service.
- ensuring that educators have the skills and expertise necessary to support the inclusion of children with additional health needs, allergy or relevant conditions.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day to Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of [Service Name], including during offsite excursions and activities.

This policy should be read in conjunction with:

- Anaphylaxis Policy
- Asthma Policy
- Diabetes Policy
- Administration of Medication Policy
- Dealing with Infectious Diseases Policy
- Epilepsy Policy
- Incident, Injury, Trauma and Illness Policy
- Privacy and Confidentiality Policy
- Supervision of Children Policy



3. BACKGROUND AND LEGISLATION

Background

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- in the management of medical conditions
- when parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition.
- when developing a risk minimisation plan in consultation with the child's parents/guardians
- when developing a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, parents/guardians must be provided with a copy of this and other relevant policies.

Medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure.
- if the medication is in its original container bearing the child's name, dose, and frequency of administration.

Refer to the *Administration of Medication Policy* for more information.

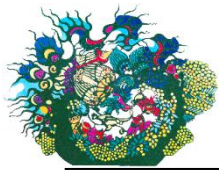
- Staff may need additional information from a medical practitioner where the child requires:
 - multiple medications simultaneously
 - a specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Parents/guardians and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

Self-administration by a child over preschool age

Services who provide education and care to a child over preschool age (as defined in the *Education and Care Services National Regulations 2011*) may allow a child over preschool age to self-administer medication. The Approved Provider must consider their duty of care when determining under what circumstances such permission would be granted:

- Where a child over preschool age can self-administer medication/medical procedures, written permission must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications.



Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Section 173
- *Education and Care Services National Regulations 2011*: Regulations 90, 91, 96
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *National Quality Standard*, Quality Area 7: Governance and Leadership
- *Occupational Health and Safety Act 2004* (Vic)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Communication plan: A plan that forms part of the policy and outlines how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians 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.

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Medical condition: In accordance with the *Education and Care Services National Regulations 2011*, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an adverse effect from the mismanagement of a specific medical condition at the service.

Risk minimisation plan: A service-specific plan that details each child's medical condition, and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children with specific medical conditions that require medical management plans, in consultation with staff at the service upon enrolment or diagnosis of the condition.

5. SOURCES

- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council: <https://www.nhmrc.gov.au/about->



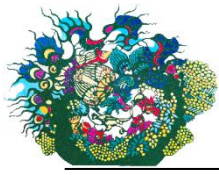
[us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services](#)

- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2020: www.acecqa.gov.au
- Ambulance Victoria: How to call card: <https://www.ambulance.vic.gov.au/wp-content/uploads/2019/08/How-To-Call-Card.pdf>
- Dealing with medical conditions in children policy and procedure guidelines - www.acecqa.gov.au

PROCEDURES

The Approved Provider or Persons with Management and Control is responsible for:

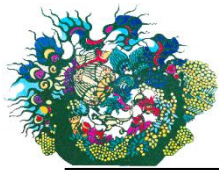
- Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies (*Regulation 91, 168*)
- Ensuring families provide information on their child's health, medications, allergies, their registered medical practitioner's name, address and phone number, emergency contact names and phone numbers (*Regulations 162*),
- Ensuring families provide a medical management plan (if possible, in consultation their registered medical practitioner), following enrolment and prior to the child commencing at the service (*Regulation 90*)
- Ensuring that a risk minimisation plan is developed in consultation with families to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised, and that the plan is reviewed at least annually (*Regulation 90 (iii)*)
- Developing and implementing a communication plan and encouraging ongoing communication between families and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation (*Regulation 90 (c) (iii)*)
- Ensuring a copy of the child's medical management plan is visible and known to staff in the service. (*Regulations 90 (iii)(D)*). Prior to displaying the medical management plan, the nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent (*refer to Privacy and Confidentiality Policy*)
- Ensuring families and ECT/educators/staff understand and acknowledge each other's responsibilities under these guidelines.
- Ensuring ECT/educators/staff undertake regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be carried out for the child's wellbeing and specific medical conditions.
- Ensuring that at least one ECT/educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service (*Regulation 136(1) (a)*). This can be the same person who has anaphylaxis management training and emergency asthma management training
- Ensuring that 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 (*refer to Anaphylaxis Policy*)



- Administering medications as required, in accordance with the procedures outlined in the *Administration of Medication Policy (Regulation 93)*
- Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan.
- Maintaining ongoing communication between ECT/educators/staff and families in accordance with the strategies identified in the communication plan, to ensure current information is shared about specific medical conditions within the service.
- Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Ensuring that the Ambulance Victoria How to Call Card is displayed near all telephones.
- Ensuring children do not swap or share food, drink, food utensils or food containers.
- Ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis (*Regulation 90 (iii)(B)*)
- Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.

The Nominated Supervisor or Persons in Day to day Charge is responsible for:

- Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies (*Regulation 91, 168*)
- Ensuring families provide information on their child's health, medications, allergies, their registered medical practitioner's name, address and phone number, emergency contact names and phone numbers (*Regulations 162*),
- Ensuring families provide a medical management plan (if possible, in consultation their registered medical practitioner), following enrolment and prior to the child commencing at the service (*Regulation 90*)
- Ensuring that a risk minimisation plan *is* developed in consultation with families to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised, and that the plan is reviewed at least annually (*Regulation 90 (iii)*)
- Developing and implementing a communication plan and encouraging ongoing communication between families and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation (*Regulation 90 (c) (iii)*)
- Ensuring a copy of the child's medical management plan is visible and known to staff in the service. (*Regulations 90 (iii)(D)*). Prior to displaying the medical management plan, the nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent (*refer to Privacy and Confidentiality Policy*)
- Ensuring families and ECT/educators/staff understand and acknowledge each other's responsibilities under these guidelines.
- Ensuring ECT/educators/staff undertake regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be carried out for the child's wellbeing and specific medical conditions.
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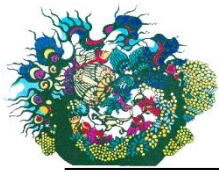


the service (*Regulation 136(1) (a)*). This can be the same person who has anaphylaxis management training and emergency asthma management training.

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- Maintaining ongoing communication between ECT/educators/staff and families in accordance with the strategies identified in the communication plan, to ensure current information is shared about specific medical conditions within the service.
- Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- Ensuring that the Ambulance Victoria How to Call Card is displayed near all telephones.
- Ensuring children do not swap or share food, drink, food utensils or food containers.
- Ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis (*Regulation 90 (iii)(B)*)
- Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.
- Informing the approved provider of any issues that impact on the implementation of this policy.
- Ensuring each child's health is monitored closely and being aware of any symptoms and signs of ill health, with families contacted as changes occur.

Educators and other staff are responsible for:

- Ensuring that a risk minimisation plan is developed in consultation with families to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised, and that the plan is reviewed at least (*Regulation 90 (iii)*)
- Developing and implementing a communication plan and encouraging ongoing communication between families and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation (*Regulation 90 (c) (iii)*)
- Ensuring ECT/educators/staff undertake regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be carried out for the child's wellbeing and specific medical conditions.
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- Ensuring children do not swap or share food, drink, food utensils or food containers.
- Ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis
- Informing the approved provider of any issues that impact on the implementation of this policy
- Ensuring each child's health is monitored closely and being aware of any symptoms and signs of ill health, with families contacted as changes occur

Parents/guardians are responsible for:

- Ensuring families provide information on their child's health, medications, allergies, their registered medical practitioner's name, address and phone number, emergency contact names and phone numbers (*Regulations 162*),
- Ensuring families provide a medical management plan (if possible, in consultation their registered medical practitioner), following enrolment and prior to the child commencing at the service (*Regulation 90*)
- Ensuring that a risk minimisation plan is developed in consultation with families to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised, and that the plan is reviewed at least annually (*Regulation 90 (iii)*)
- Developing and implementing a communication plan and encouraging ongoing communication between families and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation (*Regulation 90 (c) (iii)*)
- Ensuring families and ECT/educators/staff understand and acknowledge each other's responsibilities under these guidelines

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).

BREACH OF THIS POLICY

Any educator or staff found to have violated this policy may be subject to disciplinary action.

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