

2.4 Medical Conditions

Overview

1.1. Purpose

Policies and procedures are in place for dealing with medical conditions in children and administering medication when needed. Staff require up-to-date information about medical conditions and other health needs to provide the best care to children. Our staff will follow the procedures and policies in place to support children and work with their families.

1.2. Scope

All Junior Adventures Group (JAG) People are required to comply with the provisions set out in this policy, their contract of employment and all other relevant policies, procedures, and legislation.

Families are required to provide up-to-date medical information to ensure that JAG people can respond appropriately to children's needs.

1.3. Legislative Requirements

Under the *Education and Care Services National Regulations*, JAG is required to have policies and procedures in place to ensure the health, safety, and wellbeing of the children in care.

2. Policy Statement

JAG is committed to ensuring appropriate measures are in place to support children to feel physically and emotionally well. Children should feel safe in the knowledge that their wellbeing and individual healthcare needs will be met by the service when they have a medical condition or are unwell.

JAG will ensure that children's medication is administered correctly.

At all times, JAG people will act in the best interests of the children and ensure the health, safety and wellbeing of all children being educated and cared for at the service.

3. Principles

3.1. Duty of Care

Team Members have a duty of care to ensure the safety and wellbeing of children attending the service. Appropriate measures must be in place and complied with by JAG people to ensure children with medical conditions can be appropriately and safely supported.

JAG will facilitate and support the management of medical conditions and associated medicines, when needed, to ensure each child's continued health.

3.2. Independence

Children are encouraged and supported to develop independent skills in understanding their health, including allergies and reactions that occur in a shared setting. We will work with parents/guardians to assist with the continuing education and support of children learning to manage their health.

3.3. Service Planning and Delivery

JAG will ensure JAG People have the required first aid, anaphylaxis management, asthma management and cardiopulmonary resuscitation (CPR) training. JAG People will be encouraged to participate in additional training for the treatment of children with physical and mental health conditions such as diabetes, epilepsy, and autism.

JAG will develop, implement, and continually review Risk Minimisation and Communication Plans for children with medical conditions.

We will review enrolment records to ensure that children's medical documentation aligns with applicable individual health management guidelines.

Full details of children's medical conditions and medication, including a photograph and a copy of the Medical Management Plan or Action Plan (for asthma or anaphylaxis), will be accessible and easily identifiable for all Team Members.

Service Leaders will ensure that all children in attendance have the correct, current medical documentation and in-date prescribed medication.

The Responsible Person in day-to-day charge will know and communicate the risk management strategies for children with medical conditions to all team members for each session.

Any changes or concerns about a child's health or wellbeing will be communicated to the Service leadership team

Before each session of care, the medical conditions and health management needs of each child in attendance will be shared with team members, and individual needs will be discussed.

All new educators to the service must be inducted by the Service Leader, regarding children with medical conditions. The Service Leader must cover the following points:

- the child's Medical Management Plan or Action Plan (for asthma or anaphylaxis), and the Risk Minimisation and Communication Plan.
- the location of the allocated medication storage area
- the location of the service's adrenaline auto-injection and inhaler devices.

The service will inform parents/guardians about anaphylaxis and allergens by providing up-to-date information through policies, newsletters, and other materials. In addition, signs will indicate the presence of children at risk of anaphylaxis.

Where a child has a medical condition and additional support is required to assist in areas such as medication administration, feeding and toileting or further support for the medical condition, the service will engage with an external agency, such as Inclusion Support Providers. Support and Care strategies provided for the child will be captured in a Health and Wellbeing plan, with input from the parent/guardian, See '6.6 Provisions of Children with Additional Needs' policy.

3.4. Supervision

All children with dietary needs, especially those at risk of anaphylaxis, allergies and intolerances will be closely supervised by team members during mealtimes and food experiences.

Team members will supervise the administration of medication following the direction and documentation provided by parents/guardians and a registered medical practitioner.

Our staff ratios and supervision procedures support assisting in medication administration where needed. When a staff member administers medication:

- a Medication Record form, used by team members to track the administration of medication and is signed by the two educators who witness and administer the medication (exceptions may apply when the Single Staff Model Policy is in place).
- Medication will never be put into a child's drink or food unless instructed in writing by a medical practitioner.
- all self-administration of medication by a child must be witnessed by team members and recorded by two team members. The 'self-administered medication authorisation form,' must be completed prior to the child's attendance. (Exceptions may be when the Single Staff Model Policy is in place).

3.5. Food Sharing

Team members will reinforce the importance of not sharing. Anaphylaxis, allergies, and intolerances will be discussed with children in terms that are developmentally appropriate to their understanding.

The service will endeavour to provide food free of nuts and common allergens. Where food is brought from home to the service, all families will be asked not to send food containing specified allergens or ingredients as determined in the Risk Minimisation and Communication Plan. Refer to the information in the *Nutrition and Food Handling Policy*.

The service will minimise children's exposure to allergens through service and menu planning, creating menus and experiences that considers individual children's dietary needs.

Team Members will ensure tables and bench tops are washed down before and after eating.

JAG People will refrain from packing personal food containing allergens relevant to the service.

3.6. Provision and Storage of Medication

No medication will be administered without the written consent of the parent or guardian. (Note: Some emergencies may override this.)

Only medication (including ointments and creams) prescribed by a medical practitioner, in the original container, with original pharmacist labels and instructions, will be given to children attending the service. All labels must be legible and undamaged, and the contents must be within their expiry date. No out-of-date medication will be administered. This applies to both prescription and over-the-counter medications.

All medication:

- will be stored safely, out of reach of children but readily accessible to authorised educators and following the medication requirements (e.g., refrigeration)
- including self-administered medication (e.g., Ventolin and insulin), will be handed to staff for storage in the fridge or allocated medication storage area.

Where the child attends the service more than 2 sessions per week. An adrenaline auto injector must be provided to remain at the service. Where the family is unable to provide an additional adrenaline auto injector to the service. An agreement between the Service and Family must be formalized, documented and communicated to ensure that an adrenaline auto-injector is provided and signed in by an adult each session prior to the child attending the session.

In the instance, where an adrenaline auto injector is not provided for the session, the child will be unable to attend the session.

Parental authorisation (via the Self- administered Medication Authorisation form and Medication Record) is required for children to self-administer medication. Self-administration of medication or medical procedures (e.g., blood glucose testing) must be witnessed by two educators, who will then sign the Medication Record.

If a child is diagnosed with an illness that may require the administration of medication (e.g., diabetes or epilepsy), a completed Medical Management Plan or Action Plan (for asthma or anaphylaxis) is required, and relevant medication records must be maintained. Only staff with the appropriate training will administer this medication.

If a child is diagnosed with a short-term illness (e.g., an infection) that requires the administration of medication, evidence of the medical practitioner's prescription and written parental authorisation must be supplied.

Following the recommendations of the Asthma Foundation of Australia, the service will maintain a current salbutamol canister/reliever puffer (e.g., Ventolin or Asmol) and a medication spacer for use in the event of an emergency.

JAG will ensure that:

- all medications are carried on any excursion where the child is present
- medication is administered and recorded correctly
- Management is informed of any issues that affect the health and wellbeing of any child.

3.7. Administration of Medication

Parents/Guardians and JAG People must be informed about appropriate procedures and processes in giving medication to children. Facilitating and supporting the management of medical conditions and associated medicines, when needed, in consultation with a registered medical practitioner and Parents/Guardians, ensures each child's continued health.

3.8. Family Responsibility

Parents/guardians are responsible for informing the Service leaders of what guidance and support are required for their child's specific medical needs. They must keep the service up to date with information relating to their child's health needs and emergency contact numbers. This includes doctor and specialist addresses and phone numbers.

For children with medical conditions, parents/guardians must provide an up-to-date Medical Management and/or Action Plan (for asthma or anaphylaxis) with a current photo attached, completed, and signed by a registered medical practitioner. On request of the service,

parents/guardians will update and provide relevant documents to the service, prior to attending.

For children with medical conditions or specific health needs, a Risk Minimisation and Communication Plan must be developed in consultation with the service leadership team to support the child’s Medical Management Plan. The Risk Minimisation and Communication Plan must be completed before the child attends the service. For Children with Additional Needs, a Health and Wellbeing Plan may be arranged to support with inclusion in the program.

If a child’s health needs change, it is the responsibility of the parent/guardian to inform the service leadership team of the changes to their health needs, update the enrolment record and provide new documentation. Written confirmation from a medical practitioner must be provided to the service to advise of any changes in medical circumstance prior to updating the Medical Information on the Enrolment Record.

Parents/guardians can modify their child’s online details to reflect any changes. Parents or guardians and the service will communicate changes and ensure that the child is supported appropriately.

Parents/guardians must provide the relevant documentation with prescribed medication to be administered at the service, prior to attending.

In the instance, where relevant documentation and/or the prescribed medication (including asthma puffers and adrenaline auto injectors) is not provided prior to the child attending the session, the child cannot attend

Guardians must be informed that the medication was administered, which must be documented on the ‘Record of Medication Authorisation Form’.

3.9. Requirements to Support Children’s Health Needs

For the health and safety of the child while in care, if the requirements of relevant documentation with prescribed medication is not met, child cannot attend.

Depending on children’s individual health needs, their medical documentation will vary as outlined below:

Medical Documentation Requirements	
<p>Medical Management Plans and Action Plans</p> <p><i>Where a Medical Management Plan or Action Plan cannot be provided, Supporting Documentation from a Medical Practitioner must be provided.</i></p>	<p>A Medical Management Plan or Action Plan (for asthma or anaphylaxis) is required if a child enrolled at the service has a diagnosed medical condition such as anaphylaxis, asthma, allergies, diabetes or epilepsy or where medication is prescribed. The Action Plan must:</p> <ul style="list-style-type: none"> • be completed in full, in date and signed by a medical practitioner • contain a current photo of the child attached • be renewed every 12 months by a medical practitioner. (If no review date is specified on the Action Plan, the assumed review date is 12 months from the issue date, at which point a new Action Plan must be provided to the service.)

<p>Risk Minimisation and Communication Plans</p> <p><i>To further support inclusion of the child within the program, a Health and Wellbeing Plan may be requested.</i></p>	<p>A Risk Minimisation and Communication Plan must be developed to support Medical Management Plans in consultation with the parent/guardian of a child with a medical condition or a specific health need to ensure that:</p> <ul style="list-style-type: none"> • the risks relating to the child’s specific healthcare need or medical condition are assessed and minimised • (if relevant) practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented • (if relevant) parents/guardians are notified of any known allergens posing a risk to a child, and strategies for minimising the risk are developed and implemented • all educators, staff and volunteers can identify the child, the child’s Medical Management Plan or Action Plan and the location of the child’s medication • parents/guardians can communicate any changes to the Medical Management or Action Plan and Risk Minimisation and Communication Plan for the child • educators, staff and volunteers are informed about this policy and the Medical Management Plan or Action Plan and Risk Minimisation and Communication Plan for the child.
<p>Medication Authorisation Form</p> <p><i>*In instances where children can self-administer the medication, a Self- Administration of Medication Authorisation Form</i></p>	<p>Where a child is diagnosed with a short-term illness (e.g. infection) or a medical condition that does not have an action plan that requires the administration of medication.</p> <ul style="list-style-type: none"> • Completed and signed by Parent/Guardian • Signed by Service Leader on completion • Supporting documentation from a medical practitioner is required for prescribed medication where an action plan is not present
<p>Record of Medication Administration</p>	<ul style="list-style-type: none"> • Used to record the administration of all medication given during session time. Used in conjunction with the either of the below documents: • Action Plan (e.g. Anaphylaxis, Asthma, Allergies, Diabetes, Epilepsy) • O2T006 Medication Authorisation Form and O2T007 Self- Administration of Medication Authorisation Form
<p style="text-align: center;">Medication Requirements <i>where the Medical Management Plan/Action Plan/Supporting Documentation requires medication for management of medical condition.</i></p>	
<p>O2T009 Medication Sign in and out Register</p>	<ul style="list-style-type: none"> • Required with all medication which is stored at the service. • Completed every time medication is brought in and out of the service

	Requires both service staff and parent/guardian/ authorised nominee to sign medication both in and out
Medication	<p>Medications are stored in containers labelled with O2T011 Medical Management Labels, and include a Copy of the Child's Action Plan or supporting document from medical practitioner, Medication Record form, Medication Authorisation Form.</p> <ul style="list-style-type: none"> Only medications (including Ointments and Creams) prescribed by a medical practitioner will be held at the service. Medication must include original pharmacist labels and instructions, Name of Child and Expiration Date.

3.10. Medical Emergencies

In the event of an emergency relating to asthma or anaphylaxis, the service's emergency first aid kit will be stocked with the below items. This kit will only be accessed in the event of an emergency and does not replace parents'/guardians' responsibility to provide the required medication for a child diagnosed with asthma or anaphylaxis every time the child is attending the service.

Parents/guardians will be notified of medical emergencies and the medication administered as soon as reasonably practicable.

The service's emergency first aid kit will contain the following items:

Emergency first aid kit contents	
1x	Blue/grey reliever puffer (inhaler): Ventolin, Bricanyl, Respolin or Asmol
1x <i>single use – replace after use</i>	A spacer that is compatible with the puffer
1x	Auto-injection device: Epi-Pen/Anapen

Team Members are to refer to and follow each child's individual Medical Management or Action Plan. JAG People will also refer to Medical and Health Management Procedures, outlining practices and procedures for dealing with known and unknown medical conditions (including anaphylaxis, asthma and diabetes). Team Members are also encouraged to refer to current guidelines and recommendations for further guidance on medical emergencies specific to health needs and other resources, links to these resources are provided within the Medical and Health Management Procedure.

Only a Team Member qualified to provide first aid is to administer first aid. Service leaders are encouraged to share current guidelines and recommendations with educators who are not qualified first aiders to assist in the identification of symptoms.

3.11. Record Keeping and Regulatory Compliance

Medication Record forms, used by educators and parents/guardians to track the administration of medication, will be maintained by the service.

Onsite safety audits, incidents and complaints will be documented, allowing us to track and trend issues and enable changes in practice to be considered and implemented to maximise safety.

Strong governance and oversight are required to regularly review the policies relating to medical conditions and the administration of medication to identify patterns, risks, and improvements to ensure that our practices support children and keep them from harm.

3.11 Supervision

Team members must ensure that supervision and safety is maintained throughout the session, especially throughout emergencies and in recovery. All Team Members and Service Leaders must ensure that active supervision of children and clear communication between team members is maintained throughout the session.

3.12 Child Safety

Policies and practices reflect the relevant legislation, including the National Principles for Child Safe Organisations. JAG provides policies and procedures to support and equip people with the knowledge, skills, and awareness to prioritise children’s health, safety, and wellbeing in practice. These practices are continuously reviewed and improved to ensure up to date practices are in effect throughout the business. By including children into conversations about their health, safety, and wellbeing in service, we encourage them to participate in decisions and develop autonomy. JAG endeavours to establish positive relationships with families and communities to ensure they are informed and involved in Medical Management practices.

4. Key Terms

Term	Definition
Service Leader	Anyone who oversees the Service in one of the following roles: 1. The Approved Provider; if the approved provider is an individual, in other cases, a person with management or control of the Service 2. The Nominated Supervisor of the Service 3. A Responsible Person who has been placed in day-to-day charge of the Service in the absence of the Nominated Supervisor.
Administration of medication	The administration of medications to students is only to occur when necessary, during service hours and when there is either medical authorisation for its administration or it is required as an emergency first aid response
JAG People	Any adult that governs, manages, conducts work for or provides activities to JAG in a paid or unpaid activity spanning all levels of the organisational structure
Team Member	JAG People who work directly with children

5. References

Education and Care Services National Law and Regulations
Guide to National Laws and Regulations
<i>Children Education and Care Services National Law Act 2010</i>
<i>Education and Care Services National Law Act 2010</i>

<i>Education and Care Services National Regulations 2011</i>
National Quality Standards for Early Childhood Education and Care and School Care
Australian Children's Education and Care Quality Authority
Other Relevant Legislation
Regulation 85 – Incident, injury, trauma and illness policy and procedures
Regulation 86 – Notification to parent of incident, injury, trauma and illness
Regulation 89 – First aid kits
Regulation 91 – Medical conditions policy to be provided to parents
Regulation 92 – Medication record
Regulation 93 – Administration of medication
Regulation 94 – Exception to authorisation requirement – anaphylaxis or asthma emergency
Regulation 95 – Procedure for administration of medication
Regulation 96 – Self-administration of medication
Regulation 136 – First aid qualifications
Regulation 137 – Approval of qualifications
Regulation 160 – Child enrolment records to be kept by approved provider
Regulation 161 – Authorisations to be kept in enrolment record
Regulation 162 – Health information to be kept in enrolment record
Regulation 168 – Education and care Service must have policies and procedures
Regulation 170 – Policies and procedures to be followed
Regulation 171 – Policies and procedures to be kept available
Regulation 172 – Notification of change to policies or procedures
Regulation 173 – Prescribed information to be displayed
Regulation 177 – Prescribed enrolment and other documents to be kept by approved provider
Regulation 181 – Confidentiality of records kept by approved provider
Regulation 183 – Storage of records and other documents
National Asthma Council- Australian
Asthma Foundation NSW
St Johns Ambulance First Aid Training Courses
Guide to the National Law and National Regulations
National Quality Standards for Early Childhood Education and Care and School Care
ASCIA Australia Society of clinical immunology and allergies
http://www.health.nsw.gov.au/factsheets/general/allergies.html - ASCIA Australia Society of clinical immunology and allergies website. Dated: 14 March 2013
Diabetes Australia
National Asthma Council- Australian
Related Policies
Safeguarding Children and Young People
Incident and Risk Management
Related Procedures
02P004 Medical and Health Management Procedures
02P006 Health and Hygiene Procedures
02P009 Menu Planning Procedures
Other
Quality Area 2, 6 & 7: Standards 2.1, 6.1, 7.3
OCG Guide to Child Safe Standards - https://ocg.nsw.gov.au/child-safe-scheme
CCYP Child safe Standards - https://ccyp.vic.gov.au/child-safe-standards/
National Principles for Child Safe Organisations - https://childsafe.humanrights.gov.au/national-principles

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