

## Dealing With Medical Conditions Policy

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### 1. Policy Statement

#### Values

NERPSA is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements. 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 NERPSA Kindergartens are protected from harm
- informing educators, staff, volunteers, children and families on 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.

#### Purpose

This policy will provide guidelines 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.

### 2. Scope

This policy applies to NERPSA, individual kindergartens within the NERPSA cluster, their committees and staff and parents/guardians who wish to have their children enrolled, or have children already enrolled at NERPSA.

This policy should be read in conjunction with:

- *Anaphylaxis Policy*
- *Asthma Policy*
- *Diabetes Policy*

### 3. Background and Legislation

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.

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.

Relevant legislation includes but is not limited to:

- *Education and Care Services National Law Act 2010*: Section 173
- *Education and Care Services National Regulations 2011*: Regulations 90, 91, 96
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009*
- *Health Records Act 2001*
- *Occupational Health and Safety Act 2004*

#### 4. Definitions

**AV How to Call Card:** A card that the service has completed containing all the information that Ambulance Victoria will request when phoned. A sample card can be downloaded from [www.ambulance.vic.gov.au/Education/Calling-000-Triple-Zero.html](http://www.ambulance.vic.gov.au/Education/Calling-000-Triple-Zero.html) (changed to <https://www.ambulance.vic.gov.au/community-education/education/young-people/>)

**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 (ASCI) Action Plan.

**Risk minimisation:** The implementation of a range of strategies to reduce the risk of an adverse affect 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 and Related NERPSA Policies

- National Health and Medical Research Council (2005), *Staying Healthy in Child Care: Preventing infectious diseases in child care*, available at [www.nhmrc.gov.au/guidelines](http://www.nhmrc.gov.au/guidelines) or email [nhmrc.publications@nhmrc.gov.au](mailto:nhmrc.publications@nhmrc.gov.au). (Note: this publication is currently being revised and will have significant changes. It is important that services refer to the most up-to-date version of this resource.)
- *Health and Safety in Children's Services, Model Policies and Practices*, 2nd Edition (2003): [www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/resources/CCModelPolicies.pdf/\\$file/CCModelPolicies.pdf](http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/resources/CCModelPolicies.pdf/$file/CCModelPolicies.pdf)
- *Administration of First Aid Policy*
- *Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy Policy*

## 6. Procedures

NERPSA is responsible for:

- 6.1. Ensuring educators receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs
- 6.2. Ensuring at least one educator who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service
- 6.3. Establishing induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy
- 6.4. Ensuring families and educators understand and acknowledge each other's responsibilities under these guidelines
- 6.5. Ensuring families provide information on their child's health, medications, allergies, their medical practitioner's name, address and phone number, emergency contact names and phone numbers, and a medical management plan signed by their medical practitioner.
- 6.6. Ensuring that a risk minimisation plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually
- 6.7. 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.

Educators are responsible for:

- 6.8. Developing and implementing a communication plan and encouraging ongoing communication between parents/guardians 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
- 6.9. Ensuring that the *AV How to Call Card* is displayed near all telephones
- 6.10. Identifying specific training needs of educators who work with children diagnosed with a medical condition, and ensuring, in consultation with NERPSA that educators access appropriate training
- 6.11. Ensuring a copy of the child's medical management information is visible and known to staff in the service. Prior to displaying the medical management plan, educators must explain to parents/guardians the need to display the plan for the purpose of the child's safety and obtain their consent (refer to *Privacy Policy*)
- 6.12. Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan

- 6.13. Administering medications as required, in accordance with the procedures outlined in the *Administration of Medication Policy*

Parents/ guardians are responsible for:

- 6.14. Informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition
- 6.15. Developing a risk minimisation plan with educators and/or other relevant staff members at the service
- 6.16. Providing a medical management plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline procedures to be followed by educators/staff in the event of an incident relating to the child's specific health care needs
- 6.17. Notifying educators of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes
- 6.18. Informing educators of any issues that impact on the implementation of this policy by the service.

## **7. Evaluation**

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

- Seek feedback regarding the effectiveness of the policy
- Monitor the implementation, compliance, complaints and incidents in relation to this policy
- 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.

## **8. Authorisation**

The policy was adopted by NERPSA on 19<sup>th</sup> March 2013.

## **9. Review date**

The policy will be reviewed every two years from date of adoption.