**4.17 Medical Conditions in Children**

Policy Statement

The service recognises the prevalence of children attending the service who have health needs and relevant medical conditions including asthma, diabetes or at risk of anaphylaxis, requiring sound practices and planning to ensure their health and wellbeing are cared for. The service is committed to a planned approach to the management of relevant medical conditions, and one that meets the legislative compliance of an education and care service.

Importantly, the service recognises some children attend the service with both highly sensitive and potentially life-threatening conditions. Management and responsiveness of these medical needs is a critical aspect of their care. All children with additional health needs or relevant medical conditions will have medical management plans provided and displayed. Additionally, the service will work collaboratively with parents and families to ensure the service understands and addresses risks associated with a child’s need/condition (risk minimisation plans). Embedded within these plans are the outlined procedures to update information and actions as required (communication plans).

The service is committed to ensuring our educators are equipped with the knowledge and skills to support children’s medical needs. The Approved Provider will seek to ensure all children in attendance receive the highest level of care and protection. Where relevant, additional training, resources and knowledge will be provided to educators to support the practices of the service to attend to relevant health and medical needs.

**Definitions**

Children’s medical needs may be broadly categorized into:

**Short-term** – which may affect their participation in activities while they are 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, injury 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, celiac disease)

Roles and Responsibilities

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| Approved Provider | * Ensure staff are equipped to respond to children’s medical needs through collecting relevant information, obtaining medical plans, accessing relevant training. * Ensure parents receive relevant information and collaboration in managing children’s needs. |
| Nominated Supervisor | * Ensure medical needs of children are collected, planned and communicated effectively. * 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. |
| All Staff | * Maintain knowledge on 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. |

Key Tasks and Responsibilities

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| Development and Coordination of Plans | The Nominated Supervisor is responsible for liaising with parents to obtain and create the required plans to support a child with a relevant medical or health need. |
| Management of Conditions | The Approved Provider is to ensure the practices required for the management of specific health conditions is set out in policy. The Nominated Supervisor is to ensure these practices are communicated to educators during their induction and followed. |
| Self-medication | All educators are to support children who self-administer medication and notify the Nominated Supervisor or Responsible Person, so the relevant records are completed. |

Procedures

The procedures to manage children’s medical conditions are contained within the following documents:

* Individualised medical needs and planning—
  + Management/action plans,
  + Risk-minimisation plans, and
  + Communication plans.
* Practices for the Management of Specific Medical Conditions
  + Asthma Management Practices
  + Managing Children at Risk of Anaphylaxis
  + Diabetes Management Practices
* Self-administering of Medication

Individualised Health and Medical Need and Planning

As set out by Regulation 90, any child enrolled in the service who has been identified with a health need, allergy or relevant medical condition will require:

* A ***medical management plan*** to be supplied by the parent*,*
* The development of a ***risk-minimisation plan*** in consultation with a parent; and
* The development of a ***communication plan*** (for staff members to be informed of the health and medical needs of children and for parents to understand how to update health/medical information and/or relevant plans).

**Requirements for Medical 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 Nominated Supervisor will communicate with the family to confirm the requirement for medical plans (management/action plan, risk-minimisation and communication plan). A parent may notify the service at any time to update the service of a child’s medical or health needs, which may also trigger the requirement of medical plans. Relevant health or medical needs, includes but is not limited to:

one of the following conditions:

* + asthma,
  + diabetes
  + diagnosed at risk of anaphylaxis
* any allergy or health care need 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 Nominated Supervisor will liaise with parents to understand specific circumstances and navigate the service’s requirements for medical plans.

**Supply and Development of Medical Management Plans**

Except for the management/action plan (that is supplied by the parent), all other plans are prepared by the service in collaboration with parents. Parents of children with relevant medical or health needs are encouraged to be actively involved in the development and contents of these important documents.

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| **Plan Type** | **Details and Requirements** |
| Medical Management (or action) Plans | * The purpose of these plans is to set out the information that signals symptoms of the medical condition and health need and the actions must be followed in the event of an incident relating to the child. * Unless there are extenuating circumstances, the medical management plan should be developed by the child’s registered medical practitioner, ideally using specialist templates. * At minimum the management/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. * Contact details of the doctor who signed the plan. |
| Risk Management Plans | * These plans are developed by the service, in consultation with parents of the child. * The service will use standardised templates to ensure all information is addressed. * All risk-minimisation plans are to 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, include measures to address the safe handling, preparation, consumption, and service of food. * if relevant, the parents are notified, through this documentation, 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 management plan and the location of the child’s medication. * if relevant, the child does not attend the service without medication prescribed by the child’s medical practitioner for the condition. |
| Communication Plans | * Typically, embedded within the risk-minimisation plan, the communication plan sets out the practices for — * staff and visitors will be aware of relevant risks and plans to support the child’s condition (including the location of the management/action plan). * parents to update any relevant details regarding a child’s medical condition or particular of the medical plans. |

Communication and Collaboration

**Copy of Policy Provided** (Regulation 91)

Parents will be provided copies of the *medical risk-minimisation plan* and asked to confirm their approval. Attached to each *medical risk-minimisation and communication plan* will be a copy of this policy (*Medical Conditions in Children*). These records will be stored with the child’s enrolment.

**Communication of Plans and Policies**

Medical Management Plans are located in the OSHC office. All staff are shown the specific location on induction and are provided with opportunity to read and understand the content of each plan. The specific location of plans will be made with the agreement of parents. Any location will be discreet from public view and 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 Nominated Supervisor is responsible for ensuring all educators, other staff and volunteers are able to identify a child with a specific health care need, allergy or other relevant medical condition and be able to locate their information, plans and medication/s easily.

Risk-Minimisation Plans will be stored with enrolment forms. All risk-minimisation plans will be communicated with staff. Educators will be asked to read and acknowledge reading of the risk-minimisation plan in the service’s management software. This will document the communication and subsequent understanding of what is required.

Practices for the Management of Specific Medical Conditions *(Regulation 90(1)(b))*

Induction and instruction of this policy will be provided to every staff member or volunteer engaged at the service. Each person must acknowledge they have been trained, read the policy and understand the practices required to support children’s health and medical needs.

Individual children’s relevant health needs and corresponding plans will be discussed on a regular basis with all educators at team meetings to ensure staff have sound knowledge of practices and emergency management actions.

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 through providing asthma management training for all educators at least annually.

**Skin Rashes**

Rashes are common in children and can be caused by many different viral infections and may not be infectious. It is important to be able to describe the rash as this may help with diagnosis. When viewing a rash, educators should also consider if the child is unwell as the rash may not affect the child’s well-being at all. There are usually other signs and/or symptoms to consider in conjunction with a rash. Also, when observing the rash, educators should note:

* What the rash looks like (e.g., dark red like a blood blister; small red pinheads; large red blotches; a solid red area all joined together or blisters),
* How does the rash feel to touch (e.g., raised slightly, with small lumps or swollen,
* Is the rash itchy and where on the body did the rash start (e.g., head, neck),
* Where is the rash now (e.g., head, neck, abdomen, arms, legs).

The Nominated Supervisor should be informed of any children presenting with a rash to determine whether there is cause for concern for the child’s health (and potentially that of the other children and also educators). If there is doubt as to a child’s wellbeing with regards to a rash the parent/guardian will be called immediately.

All rashes should be documented on an Incident, Injury, Trauma and Illness Form. Educators must regularly check the appearance of the rash and note time and any changes on the form. This is important information in case the child needs medical attention.

If concern is expressed about the rash, then the child will be isolated from other children until the parent/guardian can collect the child from the Service. If educators are concerned about serious symptoms in conjunction with the rash or perhaps the rash being purple, or spreading very quickly, then an ambulance will be called.

**Eczema**

If a child suffers from eczema, parents/guardians will be requested to supply a doctor’s certificate stating

this. A medical conditions management plan will be developed and implemented to enable educators to

follow any treatment prescribed by the child’s medical practitioner.

As eczema is a chronic condition, a child with eczema will not be excluded from attending and families will be supporting in managing their child’s health condition.

Educator Training and Qualifications

The Nominated Supervisor will ensure that educators have appropriate education or training to enable them 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 who are enrolled in the service with medical conditions and needs requiring specialist knowledge or training will be supported. Educators will have access to training relevant to children’s medical needs.

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| ***Asthma Management Practices*** *(Regulation 90 (1)(a))*  All children diagnosed with asthma must have a medical management 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 (procedures outlined above). The action outlined in a medical management plan should be followed in the first instance.  ***Responding to Emergency Asthma Incidents***  The procedure outlined in the child’s medical management plan should be followed in the first instance.  Any enrolled child diagnosed with asthma will have a medical management/action/care plan setting out the steps to follow during an asthma flare- up (also referred to as an asthma attack).  However, if this does not alleviate the asthma symptoms, or where a child is not known to have asthma (therefore no plan has been provided), an educator will provide first aid following the steps outlined by Asthma Australia. If the treating educator is not trained in emergency asthma management, an emergency asthma qualified educator should be immediately sought by any persons identifying any relevant symptoms.  ***Asthma Flare-Up Symptoms***  An asthma attack can start slowly (over hours to days) or can get worse very quickly (in seconds to minutes). The most common symptoms of asthma are:   * Wheezing – a high-pitched sound coming from the chest while breathing * A feeling of not being able to get enough air or being short of breath * A feeling of tightness in the chest * Coughing   **Treating an Asthma Flare-up (Asthma Attack)**   1. Sit the child upright. 2. The educator will be calm and reassuring. 3. Give four (4) puffs of **blue reliever medication** (Ventolin) with slow and deep breathing in after each puff. If using a spacer, follow each of 4 puffs with 4 breaths in and out following each puff. 4. Wait four (4) minutes. If there is no improvement, give four (4) more puffs as above. 5. If there is still no improvement, ***call emergency services***; and 6. Keep giving four (4) puffs every four (4) minutes until the emergency services arrive.  |  | | --- | | **Authorisation for administering asthma medication is not required in an emergency.** Once an educator has administered emergency asthma medication, they must notify the parent and emergency services as soon as practicable (Regulation 94) |   ***Emergency Asthma Equipment***  If a child has their own asthma medication, this should be used in the first instance.  For any other reason, 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 Medication Administration policy of this service. |

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| ***Anaphylaxis Response*** *(Regulation 90 (1)(a))*  The service will take appropriate action to minimise, as far as reasonably practicable, exposure to known allergens where children have been diagnosed with anaphylaxis. These specific actions will be identified through the risk minimisation planning procedure.  In recognising food allergies are a common (but not the only) source of allergy, in order to minimise the risk of exposure of children to foods that might trigger a severe allergy or anaphylaxis in susceptible children, our service will adopt the following practices:   * Educate children about food allergies and ways to keep people safe, * Actively discourage children to trade or share food, utensils or food containers, * Ensure all food handling supports children’s medical management plans, * 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 attendances 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).   ***Responding to Emergency Anaphylaxis Incidents***  The procedure outlined in the child’s medical management plan should be followed in the first instance.  Any enrolled child diagnosed at risk of anaphylaxis will have a **medical management/action/care plan** setting out the steps to following during an anaphylactic reaction. A child with a known risk of anaphylaxis will always have their medication administered first.  ***Symptoms of Anaphylaxis***  Can include any one of the following:   * Difficult/noisy breathing. * Swelling of the tongue. * Swelling/tightness in the throat. * Difficulty talking and/or hoarse voice. * Wheeze or persistent cough. * Persistent dizziness and/or collapse. * Pale and floppy (in young children).   In some cases, anaphylaxis is preceded by less dangerous allergic symptoms such as:   * Swelling of face, lips and/or eyes. * Hives or welts. * Abdominal pain and vomiting (these are signs of anaphylaxis for insect allergy).   **Treating Anaphylaxis Symptoms**   1. Lay the person flat – do NOT allow them to stand or walk. 2. Give adrenaline autoinjector (Epipen). 3. Phone emergency services (ambulance). 4. Phone parent (if practicable). 5. Further adrenaline doses may be given if no response after 5 minutes. 6. Transported to hospital by ambulance (for observation). 7. ***If in doubt give adrenaline autoinjector (Epipen).*** 8. Commence CPR at any time if person is unresponsive and not breathing normally.  |  | | --- | | **Administering an adrenaline autoinjector (EpiPen or similar) does not require authorisation in an emergency**. In an emergency, educators should administer the medication, then as soon as reasonably practicable, parents and emergency services must be notified (Regulation 94). |   ***Emergency Medication - Epipen***  The service will always have an in-date adrenaline autoinjector (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 with a diagnosed anaphylactic allergy. **A copy of the ASCIA First Aid Plan for Anaphylaxis will be stored with the emergency Epipen**  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/identified as at risk of anaphylaxis is symptomatic.   Each child will have the appropriate medication i.e. EpiPen (or similar) accessible to educators. Appropriate medication will be stored at the service for each relevant child. These will be stored in a clearly labelled and marked containers.  All expiry dates of this medication will be recorded in a replacement schedule, which will be actively monitored by the Nominated Supervisor. Parents will be advised of expiry 3 months before expiry date. **Children will not be allowed to attend the service without their medication being available.**    In circumstances where a child requires an EpiPen (or similar) the service will request an additional device is stored at the service rather than being transported. If these arrangements are not suitable, personalised arrangement and risk-minimisation plans will be identified in collaboration with the Nominated Supervisor, Approved Provider and parents. |

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| ***Diabetes Management Practice*** *(Regulation 90 (1)(a))*  Children with type 1 diabetes are at most risk from hypoglycaemia (hypo) which occurs when blood sugar levels are too low. Elements that can cause a 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.   ***Hypoglycaemia Symptoms***   |  |  | | --- | --- | | * headache, * trembling, * looking pale, * feeling hungry, * sweating, | * lethargy, * crying, * being irritable, * hunger; or * feeling/acting confused. |   Generally, specific action to manage any systems will be set out in in the children’s medical management plans. However, where the plan does not specify actions the following will occur—   * Support the child to ingest some sugar (e.g. sugary drink). * The child will be directed to rest (must be actively monitored). * The service will phone parents.   Symptoms of ***severe hypoglycaemia*** include being:   * extremely drowsy or disorientated and completely refusing food, * unconscious, * having a fit/convulsion, or * unresponsive.   Any child presenting with these symptoms will require emergency medical attention. The Nominated Supervisor (or Responsible Person or any relevant educator) will respond by calling ***emergency services (000)*** for an ***ambulance*** immediately. Relevant first aid practices will be used in the absence of emergency service advice and/or treatment.  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.  ***Hyperglycaemia Symptoms***   * Feeling excessively thirsty, * Frequently passing large volumes of urine, * Feeling tired, * Blurred vision.   Actions to manage this should be outlined in management plans. It is likely that the child will require medication. Educators must follow medication administration policies and authorisations in this instance.  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, the Nominated Supervisor (or Responsible Person or any relevant educator) will respond by calling ***emergency services (000)*** for an ***ambulance*** immediately. |

Children’s Self-administering Medication (Regulation 90 (2) & (3))

The service, in certain instances, allows for children to self-administer medication, subject to the following—

* The parents must have provided the relevant authorisation via a medication permission form.
* The child must have the capacity to safely administer the medication.
* An agreed plan around the transportation of medication, including ensuring they are always in attendance must be approved by the service.

This information about the symptoms and actions to be taken to support a child will be detailed in the child’s medical management and risk-minimisation plan. Plans for the management of medication must also outline how the storage of the medication will be secure, safe and accessible. Children cannot attend the service without access to required medication.

Despite authority to self-administer, educators should be aware of any relevant signs and symptoms or schedules relating to a child’s medication administration. Where relevant, educators should prompt/remind children to administer their medication on this basis.

**Protocols for Self-Administration**

Where a child intends to self-medicate, they must:

* Inform an educator of their intention to take medication
* Collect the medication from where it has safely been stored

**Educators will then:**

* supervise the child who is self-administering medication/s
* ask the child when medication was last administered (and record this information)
* ensure each child follows all administration of medication, health and hygiene procedures.

**Self-Administration Records (**Regulation 90 (3))

The service will record all instances of supervised self-administration of medication. [A self-administration record will be kept for the child](#_Medication_Authority_and). Details of the date, time and dosage of the medication administration will be recorded by the educator who witnessed the administration.

A copy of the self-administration record can be provided to the parent at any time.

Legal and Regulatory Foundation

In preparing and implementing this policy, the Approved Provider recognises the obligations and requirements related to –

**National Quality Framework**

* Education and Care Services National Law:
  + s.167 Offence relating to protection of children from harm and hazards
  + s.172 Offence to fail to display prescribed information
  + s.175 Offence relating to requirement to keep enrolment and other documents
  + s.173 Offence to fail to notify certain circumstances to Regulatory Authority
* **Education and Care Services National Regulations:** 
  + R.85 Incident, injury, trauma and illness policies and procedures
  + R.86 Notification to parents of incident, injury, trauma and illness
  + R.87 Incident, injury, trauma and illness record
  + R.90 Medical conditions policy
  + R.91 Medical conditions policy to be provided to parents
  + R.92 Medication record
  + R.93 Administration of medication
  + R.94 Exception to authorisation requirement—anaphylaxis or asthma
  + R.95 Procedure for administration of medication
  + R.96 Self-administration of medication
  + R.160 Child enrolment records to be kept by approved provider and family day care educator
  + R.161 Authorisations to be kept in enrolment record
  + R.162 Health information to be kept in enrolment record
  + R.168 Education and care service must have policies and procedures
  + R.170 Policies and procedures to be followed
  + R.173 Prescribed information to be displayed
  + R.171 Policies and procedures to be kept available
  + R.174 Time to notify certain circumstances to Regulatory Authority
  + R.174A Prescribed information to accompany notice
* **National Quality Standard:**
  + QA2 – Children’s health and safety

**Additional Regulatory Context and Guidance**

* Anti-Discrimination Act 1991 (Qld)
* Food Act 2006 (Qld)
* Privacy Act 1988 (Cth)/Information Privacy Act 2009 (Qld)
* Medicines and Poisons (Medicines) Regulation 2021 (Qld)
* NHMRC - [Staying healthy: Preventing infectious diseases in early childhood education and care services](https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services#block-views-block-file-attachments-content-block-1)

Related Policies and Procedures

[Infectious Diseases](#_2.7_Infectious_Diseases)

[Hygiene, Health and Wellbeing Practices](#_2.8_Hygiene,_Health)

[Medication Administration](#_2.10_Medication_Administration)

[Emergency Evacuation, Lockdown and Drills](#_2.13_Emergency_Evacuation,)

[Acceptance and Refusals of Authorisation](#_6.4_Acceptance_and)

[Leading Compliance and Quality Assurance](#_7.4_Leading_Compliance)

[[Managing Notifications](#_7.7_Managing_Notifications)](#_7.7_Managing_Notifications)

Appendices and Forms

4.17.1: [Medical Risk Minimisation and Communication Plan](#_Medical_Risk_Minimisation)

4.17.2: [Medication Administration and Authority Form](#_Medication_Authority_and)