



Marton Activity Centre

MAC Policy

MEDICAL CONDITIONS

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To support children's wellbeing and manage specific healthcare needs, allergy, or relevant medical condition our OSHC Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency situation should they arise.

POLICY STATEMENT

Marton Activity Centre aims to efficiently respond to and manage medical conditions, health care needs or allergies of children and staff ensuring the safety and wellbeing of all children, staff, families and visitors at our OSHC Service.

SCOPE

This policy applies to the children, families, staff, management and visitors of Marton Activity Centre.

PROCEDURE

Marton Activity Centre is committed to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical conditions. There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled at the service. Key procedures and strategies must be in place prior to the child commencing at the Service to ensure their individual health, safety and wellbeing.

THE APPROVED PROVIDER / MANAGEMENT WILL ENSURE:

- All enrolment forms are reviewed to identify any specific health care need, allergy or medical conditions.

- A child is not enrolled at, nor will attend the OSHC Service without a medical management plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma inhalers, adrenaline auto injection devices and insulin.
- Educators, staff and volunteers have knowledge and access to this policy and relevant health management policies (asthma management policy/ anaphylaxis management policy/diabetes management policy)
- Educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition.
- All aspects of operation of the service must be considered to ensure inclusion of each child into the program.
- Communication between families and educators is on-going and effective.
- Educators receive appropriate professional development and training in managing specific medical conditions and meeting children's individual needs.
- Practices and procedures are in place, and adhered to, in relation to safe food handling, preparation and consumption of food
- Any changes to children's medical management plans or risk minimisation plans are implemented immediately
- At least one staff member or nominated supervisor is in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate.
- Educators and staff have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy, or relevant medical condition.
- Families provide required information on their child's health care need, allergy or relevant medical condition, including:
 - Medication requirements.
 - Allergies.
 - Medical practitioner contact details.
 - Medical management plan.
- A medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the service and/or:
 - An individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner eg: (ASCIA) or National Asthma Council of Australia.
 - An individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner.
- A risk minimisation plan has been developed in consultation with parents and management.
- Record any prescribed health information and copies of medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder.
- Educators have access to emergency contact information for the child.
- Casual staff are informed of children and staff members who have specific medical conditions, food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis.

- A copy of the child's medical management plan is visibly displayed (in an area not generally available to families and visitors) but known to staff in the OSHC Service.
- Medication self-administered by a child over preschool aged, is only permitted with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication.
- In the event that a child suffers from a reaction, incident, situation, or event related to a medical condition the Service and staff will:
 - Follow the child's Emergency Medical/Action Plan.
 - Call an ambulance immediately by dialling 000.
 - Commence first aid measures/monitoring.
 - Contact the parent/guardian when practicable but as soon as possible.
 - Contact the emergency contact if the parents or guardian can't be contacted when practicable but as soon as possible
 - Notify the regulatory authority (within 24 hours).

FAMILIES WILL ENSURE:

- They provide management with information about their child's health needs, allergies, medical conditions, and medication requirements on the enrolment form and through verbal communication/meetings.
- They provide the OSHC Service with a medical management plan prior to enrolment of their child.
- They consult with management to develop a risk minimisation plan.
- The OSHC Service enrolment form is completed in its entirety providing specific details about the child's medical condition.
- They notify the OSHC Service if any changes are to occur to the medical management plan.
- Notify the OSHC Service, verbally when children are taking any short-term medications AND whether or not these medications may be self-administered (only applicable for a child over preschool age).
- They provide adequate supplies of the required medication and complete the long-term medication record.
- They provide an updated copy of the child's Medical Management Plan every 6 months or evidence from a Medical Practitioner to confirm the plan remains unchanged.
- They provide written consent for their child's medical management plan to be displayed in the service as per Education and Care National Regulations.

SELF-ADMINISTRATION OF MEDICATION:

A child over preschool age may self-administer medication under the following circumstances:

- A parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication.
- Medication is stored safely by an Educator, who will provide it to the child when required.

- Supervision is provided by an Educator whilst the child is self-administering.
- A recording is made in the medication record for the child that the medication has been self-administered.

MEDICAL MANAGEMENT PLAN:

Any Medical Management Plan provided by a child's parents and/or registered medical practitioner should include the following:

- Specific details of the diagnosed health care need, allergy or relevant medication condition.
- Supporting documentation (if required).
- A recent photo of the child.
- Current medication and dosage prescribed for the child.
- If relevant, state what triggers the allergy or medical condition.
- First aid/emergency response that may be required.
- Any medication that may be required to be administered in case of an emergency.
- Further treatment or response if the child does not respond to the initial treatment.
- When to contact an ambulance for assistance.
- Contact details of the medical practitioner doctor who signed the plan.
- The date of when the plan should be reviewed.

A copy of the Medical Management Plan will be displayed for Educators and Staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of the OSHC Service. Marton Activity Centre must ensure the medical management plan remains current all times.

RISK MINIMISATION PLAN:

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place.

A meeting will be arranged with the parents/guardian as soon as the OSHC Service has been advised of the diagnosed health care need, allergy or medical condition. During this meeting a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:

1. That the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised.
2. That practices and procedures in relation to the safe handling, preparation, serving, and consumption of food are developed and implemented.
3. That the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.
4. Practices are developed and implemented to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.

5. That the child does not attend the Service without medication prescribed by the child’s medical practitioner in relation to the child’s specific health need, allergy or medical condition.
6. Plan(s) are reviewed at least annually and/or revised with each change in the Medical Management Plan in conjunction with parents/guardians.
7. All relevant information pertaining to the child’s health and medical condition is communicated to parents at the end of each day by educators.
8. Parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed.
9. Appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the Control of Infectious Diseases Policy.
10. Risk minimisation plans are reviewed in collaboration with families every 6 months.

COMMUNICATION PLAN:

A communication plan will be created after the meeting with the parents/guardian to ensure:

1. All relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child; and.
2. Emails are sent back and forth between educators and parents/caregivers to communicate any changes to the medical management plan and risk management plan for the child and a copy is kept in the medical management plans and medical information folder.

At all times, families who have a child attending the OSHC Service who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child’s health management and communication plans.

CONSIDERATIONS

NATIONAL QUALITY STANDARDS (NQS)

Quality Area 2: Children’s Health and Safety		
2.1	Health	Each child’s health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND NATIONAL LAW

Education and Care Services National Regulations and National law NSW		
12		Meaning of a serious incident
85		Incident, injury, trauma, and illness policy
86		Notification to parent of incident, injury, trauma or illness
87		Incident, injury, trauma and illness record
89		First aid kits
Reg	90	Medical Conditions Policy
Reg	90 (1) (iv)	Medical Conditions Communication Plan
Reg	91	Medical conditions policy to be provided to parents
Reg	92	Medication record
Reg	93	Administration of medication
Reg	94	Exception to authorisation requirement—anaphylaxis or asthma emergency
Reg	95	Procedure for administration of medication
Reg	96	Self-administration of medication
Reg	136	First Aid qualifications
Reg	170	Policies and procedures are to be followed

SOURCE

Australian Children's Education & Care Quality Authority. (2014).
Australian society of clinical immunology and allergy. ascia. https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis
Early Childhood Australia Code of Ethics. (2016).
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
Guide to the National Quality Standard. (2017).
My Time Our Place: Framework for School Age Care in Australia.
National Health and Medical Research Council. (2012) (updated June 2013). Staying healthy: Preventing infectious diseases in early childhood education and care services.
Occupational Health and Safety Act 2004.
Revised National Quality Standard. (2018).
Australian Children's Education & Care Quality Authority (ACECQA). 20201. Policy and Procedure Guidelines. <i>Dealing with Medicals in Children Policy Guidelines.</i>

SERVICE POLICIES / DOCUMENTATION

Policies	
Asthma Management	Anaphylaxis Management
Epilepsy management	Diabetes Management
Management of Incident, injury, illness & Trauma.	Health and Safety
Privacy and confidentiality	Sick Children
Work Health and Safety	Administration of First Aid.
Nutrition food safety policy	

RESOURCES

[ASCIA anaphylaxis e-training for schools and early childhood education/care](#)

[ASCIA plans for Anaphylaxis](#)

[Coeliac Australia](#)

[Cystic Fibrosis Australia](#)

[Diabetes Australia](#)

[Epilepsy Foundation](#)

[National Asthma Australia](#)