



## Dealing with Medical Conditions in Children and Medical Administration

### National Quality Standards

<p><b>National Quality Area 2: Children’s health and safety</b> Standard 2.1: Health.</p>	Each child’s health and physical activity is supported and promoted.
<p>Element 2.1.2: Health practices and procedures.</p>	Effective illness and injury management and hygiene practices are promoted and implemented.
<p><b>National Quality Area 2: Children’s health and safety</b> Standard 2.2: Safety.</p>	Each child is protected.
<p>Element 2.2.2: Incident and emergency management.</p>	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

### Education and Care Services National Regulations

<p><b>Children (Education and Care Services) National Regulations (2011 SI 653) s 90</b></p>	<p><b>Medical conditions policy</b></p> <p>(1) The medical conditions policy of the education and care service must set out practices in relation to the following—</p> <p>(a) the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis;</p> <p>(b) informing nominated supervisors and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions;</p> <p>(c) the requirements arising if a child enrolled at the education and care service has a specific health care need, allergy or relevant medical condition, including—</p> <p><b>Please see <i>Children (Education and Care Services) National Regulations (2011 SI 653) NSW s 90</i> for more information.</b></p>
<p><b>Children (Education and Care Services) National Regulations (2011 SI 653) s 91</b></p>	<p><b>Medical conditions policy to be provided to parents</b></p> <p>The approved provider of an education and care service must ensure that a copy of the medical</p>



	<p>conditions policy document is provided to the parent of a child enrolled at an education and care service if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition.</p>
<p><b>Children (Education and Care Services) National Regulations (2011 SI 653) s 92</b></p>	<p><b>Medication record</b></p> <p>(1) The approved provider of an education and care service must ensure that a medication record is kept that includes the details set out in sub-regulation (3) for each child to whom medication is or is to be administered by the service.</p> <p><b>Please see <i>Children (Education and Care Services) National Regulations (2011 SI 653) NSW s 92</i> for more information.</b></p>
<p><b>Children (Education and Care Services) National Regulations (2011 SI 653) s 93</b></p>	<p><b>Administration of medication</b></p> <p>(1) The approved provider of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—</p> <p>(a) that administration is authorised; and</p> <p>(b) the medication is administered in accordance with regulation 95 or 96.</p> <p><b>Please see <i>Children (Education and Care Services) National Regulations (2011 SI 653) NSW s 93</i> for more information.</b></p>
<p><b>Children (Education and Care Services) National Regulations (2011 SI 653) s 94</b></p>	<p><b>Exception to authorisation requirement—anaphylaxis or asthma emergency</b></p> <p>(1) Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.</p> <p>(2) If medication is administered under this regulation, the approved provider or a nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable—</p> <p>(a) a parent of the child;</p> <p>(b) emergency services.</p>
<p><b>Children (Education and Care Services) National Regulations (2011 SI 653) s 95</b></p>	<p><b>Procedure for administration of medication</b></p>



	<p>Subject to regulation 96, if medication is administered to a child being educated and cared for by an education and care service— the medication must be administered—</p> <p>if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; or</p> <p>from its original container, bearing the original label and instructions and before the expiry or use by date; and</p> <p>(b) the medication must be administered in accordance with any instructions—</p> <p><b>Please see <i>Children (Education and Care Services) National Regulations (2011 SI 653) NSW s 95</i> for more information.</b></p>
<p><a href="#">Children (Education and Care Services) National Regulations (2011 SI 653) s 96</a></p>	<p><b>Self-administration of medication</b></p> <p>The approved provider of an education and care service may permit a child over preschool age to self-administer medication if—</p> <p>(a) an authorisation for the child to self-administer medication is recorded in the medication record for the child under regulation 92; and</p> <p>(b) the medical conditions policy of the service includes practices for self-administration of medication.</p>
<p><a href="#">Children (Education and Care Services) National Regulations (2011 SI 653) s 177</a></p>	<p><b>Prescribed enrolment and other documents to be kept by approved provider</b></p> <p>(1) For the purposes of section 175(1) of the Law, the following documents are prescribed in relation to each education and care service operated by the approved provider—</p> <p><b>Please see <i>Children (Education and Care Services) National Regulations (2011 SI 653) NSW s 177</i> for more information.</b></p>
<p><a href="#">Children (Education and Care Services) National Regulations (2011 SI 653) s 181</a></p>	<p><b>Confidentiality of records kept by approved provider</b></p> <p>The approved provider of an education and care service must ensure that information kept in a record under these Regulations is not divulged or communicated, directly or indirectly, to another person other than—</p>



	<p>(a) to the extent necessary for the education and care or medical treatment of the child to whom the information relates; or</p> <p>(b) a parent of the child to whom the information relates, except in the case of information kept in a staff record; or</p> <p>(c) the Regulatory Authority or an authorised officer; or</p> <p>(d) as expressly authorised, permitted or required to be given by or under any Act or law; or</p> <p>(e) with the written consent of the person who provided the information.</p>
<p><b>Children (Education and Care Services) National Regulations (2011 SI 653) s 183</b></p>	<p><b>Storage of records and other documents</b></p> <p>(1) The approved provider of an education and care service must ensure that records and documents set out in regulation 177 are stored—</p> <p>(a) in a safe and secure place; and</p> <p>(b) for the relevant period set out in sub-regulation (2).</p> <p><b>Please see <i>Children (Education and Care Services) National Regulations (2011 SI 653) NSW s 183</i> for more information.</b></p>
<p><b>Children (Education and Care Services) National Regulations (2011 SI 653) s 184</b></p>	<p><b>Storage of records after service approval transferred</b></p> <p>(1) Subject to sub-regulation (2), if a service approval is transferred under the Law, the transferring approved provider must transfer the documents referred to in regulation 177 relating to children currently enrolled with the service to the receiving approved provider on the date that the transfer takes effect.</p> <p>(2) The transferring approved provider must not transfer the documents relating to a child under sub-regulation (1) unless a parent of the child has first consented to that transfer.</p>



## Policy:

Our Service will work closely with children, families and, where relevant, schools and other health professionals to manage medical conditions of children attending the Service. We will support children with medical conditions to participate fully in the day-to-day program in order to promote their sense of well-being, connection and belonging to the Service (“My Time, Our Place” 1.2, 3.1). Our Educators will be fully aware of the nature and management of any child’s medical condition and will respect the child and the family’s confidentiality (“My Time, Our Place” 1.4). Medications will only be administered to children in accordance with the National Law and Regulations.

## Implementation:

### Dealing with Medical Conditions:

- Families will be asked to inform the Service of any medical conditions the child may have at the time of enrolment. This information will be recorded on the child’s enrolment form.
- Upon notification of a child’s medical condition, the Service will provide the family with a copy of this policy in accordance with **Regulation 91**.
- If a child has specific or long-term medical conditions, a **medical management plan** must be provided to the service prior to attendance.
- It is a requirement of the Service that a **risk minimisation plan** and **medical communication plan** is developed in consultation with the child’s family. The Centre Co-ordinator will meet with the family and relevant health professionals as soon as possible prior to the child’s attendance to discuss the content of the plan to assist in a smooth and safe transition of the child into the Service.
- Upon notification of a child with a medical condition, all staff will be notified and will be required to read the child’s medical management and risk minimisation plan before working with this child.
- There will be a minimum of one educator who is trained in First Aid, Asthma and Anaphylaxis management on site at all times.

The **medical management plan** 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.

The Service will ensure the medical management plan remains current at all times.

The **risk minimisation plan** should include the following:

- The child's name, DOB, medical condition, medication, expiry date of medication and emergency contact
- Identification of any risks/allergens/triggers in relation to the child's medical condition
- Identification of any practices, strategies or procedures that will be adhered to at the service to reduce risk or harm to the child, as well as who will implement these.
- Evidence that the child's medical condition is known and understood by all staff at the service, and that they can locate any relevant medication and know how to treat the child.

The **medical communication plan** will include the responsibilities of the service and the parent/carer as follows:

## **Actions to be completed by Centre**

- Nominated Supervisor or coordinator will ensure that all educators, staff, volunteers and students understand the medical conditions of this child and know where to access their action plan, risk minimisation plan and medication
- Nominated supervisor or coordinator will communicate with educators of any changes to child's medical condition
- Nominated supervisor or coordinator will communicate the attendance patterns and any changes in attendance for this child to educators



- Nominated supervisor or coordinator will check medication expiry dates each term and let parents/carers know if new medication is required
- Nominated supervisor or coordinator will contact families to review this plan annually

## **Actions to be completed by Family**

- Family will ensure that Medical Management plans are correct and current to ensure the correct information is provided to the centre
- If medical condition is food related, family will notify centre of their child's requirements and menu alternatives
- Any changes to their child's medical condition will be communicated immediately to the nominated supervisor or coordinator via phone (1300 778 787) or by emailing [georgia@adventureoshc.com.au](mailto:georgia@adventureoshc.com.au) or their specific service email address
- Medication that is supplied to the service will be labelled appropriately with a label obtained from the chemist that includes child's name, doctor prescribing the medication and dosage instructions
- Family will ensure that changes of attendance and absences are notified to centre

## **Administration of Medication:**

- Prescription medication will only be administered to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication will not be administered at the Service unless authorised by a doctor.
- Educators will only administer medication during services operating hours.
- Permission for a child to self-medicate will be administered with the family's written permission only through a medication authorisation form, or with the verbal approval of a medical practitioner or parent in the case of an emergency.
- In the event that a case of emergency requires verbal consent to approve the administration of medication, the Service will provide written notice to the family as soon as practical after administration of the medication.
- An authorisation is not required in the event of an asthma or anaphylaxis emergency. However, the authorisation must be sought as soon as possible after the time the parent and emergency services are notified.



## Self administration of medication

Families who wish for medication to be administered to their child, or have their child self-administer the medication at the Service must complete a medication form providing the following information:

- Name of child
  - Name of medication
  - Date and time the medication was last administered
  - Details of the date, time and dosage to be administered (general time, e.g. lunchtime will not be accepted)
  - Details of the method of administration
  - Where required, indicate if the child is allowed to administer the medication themselves or have an Educator do it.
  - Name and signature of the authorising parent/guardian
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- Medication must be given directly to an Educator and not left in the child's bag. Educators will store the medication in a designated secure place, clearly labelled and ensure that medication is kept out of reach of children at all times.
  - If anyone other than the parent is bringing the child to the Service, a written permission note from the parent, including the above information, must accompany the medication.
  - An exception to the procedure is applied for asthma medication for severe asthmatics in which case the child may carry their own medication on their person with parental permission. Where a child carries their own asthma medication, they should be encouraged to report to an Educator their use of the puffer as soon as possible after administering and the Service will maintain a record of this medication administration including time, Educator advised, and if the symptoms were relieved.
  - Before medication is given to a child, the Educator (with current First Aid Certificate) who is administering the medication will verify the correct dosage for the correct child with another Educator who will also witness the administration of the medication.
  - After the medication is given, the Educator will record the following details on the medication form: Name of medication, date, time, dosage, name and signature of person who administered and name and signature of person who verified and witnessed.
  - Where a medical practitioner's approval is given, Educators will complete the Medication Form and write the name of the medical practitioner for the authorisation.





## Asthma Management

### The Nominated Supervisor or Coordinator will:

- Ensure that the family has provided an up to date copy of the child's asthma action/management plan, completed the risk minimisation plan, has provided the service with correctly labelled and in date medication (inhaler/spacer etc) for the child
- Display the child's asthma action/management plan in a place that ensures the child's privacy is maintained but also allows educators to access this easily
- Ensure that all staff are aware of any child attending the service who has been diagnosed with asthma
- Ensure that all staff are able to identify and minimise asthma triggers for children attending the service where possible

### Educators will:

- Ensure they are aware of the Service's Asthma Management Policy and asthma first aid procedure(ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, and Asthma medical management/action plans)
- Be able to identify and, where possible, minimise asthma triggers as outlined in the child's Asthma medical management plan and risk minimisation plan
- Ensure the first aid kit, children's personal asthma medication and Asthma medical management/action plans are taken on excursions or other offsite events, including emergency evacuations and drills
- Administer prescribed asthma medication in accordance with the child's Asthma Action Plan and the Service's Administration of Medication Policy
- Ensure any asthma attacks are clearly documented in the Incident, Injury, Trauma or Illness Record and advise parents as a matter of priority, when practicable
- Consult with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma
- Communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- Ensure that children with asthma are not discriminated against in any way
- Ensure that children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program.

### Families will:



- Inform staff, either on enrolment or on initial diagnosis, that their child has asthma
- Read and be familiar with the Service's Asthma Management Policy
- Provide a copy of their child's Asthma medical management/action plan to the Service ensuring it has been prepared in consultation with, and signed by, a medical practitioner
- Provide written authorisation to the OSHC Service for their child to self-administer medication (if applicable)
- Develop a risk minimisation plan in collaboration with the Nominated Supervisor/Coordinator and other service staff
- Ensure all details on their child's enrolment form and medication record are completed prior to commencement at the service
- Provide an adequate supply of appropriate asthma medication and equipment for their child
- Provide an updated plan at least annually or whenever medication or management of their child's asthma changes
- Communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- Encourage their child to learn about their asthma, and to communicate with Service staff if they are unwell or experiencing asthma symptoms

## **If a child suffers from an asthma emergency the Service and staff will:**

- Follow the child's asthma medical management/action plan
- If the child does not respond to steps within the Asthma medical management/action plan call an ambulance immediately by dialling 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours

## **Anaphylaxis Management**

### **The Nominated Supervisor or Coordinator will:**

- Speak with the child's family to ensure they have provided a copy of the child's ASCIA action plan, completed the risk minimisation plan, and provided the service with an in date epipen (or other medication as required) that is properly labelled
- Ensure the medical management/action plan includes



- specific details of the child's diagnosed medical condition
  - supporting documentation (if required)
  - a recent photo of the child
  - triggers for the allergy/anaphylaxis (signs and symptoms)
  - first aid/emergency action that will be required
  - administration of adrenaline autoinjectors
  - contact details and signature of the registered medical practitioner
  - date the plan should be reviewed
- Not allow the child to begin attending the service until the above has been complete
  - Display the action plan in both the administration area and kitchen area (while ensuring the child's privacy is maintained)
  - Ensure that all staff are aware of the child's medication condition and can access the child's medication
  - Encourage ongoing communication with the child's family regarding their allergies
  - Ensure that all staff responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination
  - Ensure that a notice is displayed prominently in the main entrance of the OSHC Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s

## **Educators will:**

- Read and comply with the Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy
- Follow the child's anaphylaxis medical management plan in the event of an allergic reaction, which may progress to anaphylaxis
- Ensure the child at risk of anaphylaxis only eats food that has been prepared according to the parents' or guardians' instructions
- Ensure tables and bench tops are washed down effectively after eating
- Ensure all children wash their hands upon arrival at the OSHC Service and before and after eating
- Where it is necessary for other children to consume the particular food allergen (e.g. milk or other dairy foods) the child with a food allergy will be seated separately during meal times and all children will wash their hands before and after eating.
- Increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties and family days
- Ensure that the auto-injection device kit is:
  - stored in a location that is known to all staff, including relief staff



- NOT locked in a cupboard
- easily accessible to adults but inaccessible to children
- stored in a cool dark place at room temperature
- NOT refrigerated
- contains a copy of the child's medical management plan
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the OSHC Service e.g., on excursions that this child attends or during an emergency evacuation
- Regularly check and record the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)

## **Families will:**

- Inform staff at the OSHC Service, either on enrolment or on diagnosis, of their child's allergies
- Provide staff with an anaphylaxis medical management plan giving written consent to use the autoinjection device in line with this action plan and signed by the registered medical practitioner
- Provide a coloured copy of the anaphylaxis medical management plan / action plan signed by the registered medical practitioner.
- Develop an anaphylaxis risk minimisation plan in collaboration with the Nominated Supervisor and other Service staff
- Provide staff with a complete auto-injection device kit each day their child attends the OSHC Service
- Maintain a record of the adrenaline auto-injection device expiry date to ensure it is replaced prior to expiry
- Assist staff by offering information and answering any questions regarding their child's allergies
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- Notify the OSHC Service if their child has had a severe allergic reaction while not at the service- either at home or at another location
- Comply with the OSHC Service's policy that a child who has been prescribed an adrenaline autoinjection device is not permitted to attend the OSHC Service or its programs without that device
- Read and be familiar with this policy
- Identify and liaise with the nominated staff member primarily caring for their child



- Notify staff of any changes to their child's allergy status and provide a new anaphylaxis medical management plan in accordance with these changes
- Provide an updated plan every 12-18 months or if changes have been made to the child's diagnosis

## **If a child suffers from an anaphylactic reaction the Service and staff will:**

- Follow the child's medical management plan/action plan
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Record the time of administration of adrenaline autoinjector
- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child if available
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours

## **Diabetes Management**

### **The Nominated Supervisor or Coordinator will:**

- Speak with the child's family to discuss the process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions
- Complete a risk minimisation plan alongside the parent/guardian
- Ensure each child with type-1 diabetes has a current individual diabetes medical management plan prepared by the child's diabetes medical specialist team, at or prior to enrolment
- Discuss with the child's family regarding authorisation for children to carry diabetes equipment with them and the self-administration of Blood Glucose testing and insulin injecting. Any authorisations for self administration must be documented in the child's medical management plan and approved by the OSHC Service, parents/guardian, and the child's medical management team.
- Ensure the service is provided with all necessary glucose monitoring and management equipment, and any prescribed medications prior to the child's enrolment
- Ensure that the service has been provided with the following information regarding how to manage the child's diabetes on a day-to-day basis as well as the emergency management:



- blood glucose testing- BG meter
  - insulin administration
  - food, carbohydrate counting
  - how to store insulin correctly
  - how the insulin is delivered to the child- as an injection or via an insulin pump/
  - Continuous Glucose Monitoring CGM
  - oral medicine the child may be prescribed
  - managing diabetes during physical activities and excursions
  - permission for the child to self-administer blood glucose testing and insulin injecting
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- Ensure all staff members are aware of the child's medical condition and have read their medical management/risk minimisation plans, and know how to identify when a child is displaying symptoms of a diabetic emergency
  - Professional training is attended where it is identified that staff need additional assistance in managing children with diabetes
  - Ensure there is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and is aware of the action to be taken if these are abnormal whenever the child attends the service
  - Ensure consideration is given as to how and where insulin is stored and the safety of sharps disposal
  - Ensure all staff, including casual and relief staff, are aware of children diagnosed with diabetes attending the Service, their individual symptoms of low blood sugar levels, and the location of their medical management/action plans and risk minimisation and communication plans
  - Ensure a staff member accompanying children outside the OSHC Service to attend excursions, or any other event carries the appropriate monitoring equipment, any prescribed medication, a copy of the diabetes medical management /action plan for children diagnosed with diabetes
  - Ensure the programs delivered at the OSHC Service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in activities safely and to their full potential

## **Educators will:**

- Read and comply with this policy



- Know which children are diagnosed with diabetes, and the location of their monitoring equipment, diabetes medical management and risk management plans and any prescribed medications
- Perform finger-prick blood glucose or urinalysis monitoring as required and will act by following the child's diabetes medical management plan if these are abnormal
- Communicate with parents/guardians regarding the management of their child's medical condition as per their communication plan
- Ensure that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the OSHC Service
- Follow the strategies developed for the management of diabetes at the OSHC Service
- Ensure a copy of the child's diabetes medical management plan is visible and known to staff within the Service
- Take all personal medical management/action plans, monitoring equipment, medication records, and any prescribed medication on excursions and other events outside the Service
- Recognise the symptoms of a diabetic emergency and treat appropriately by following the Diabetes medical management/action plan
- Ensure a suitably trained and qualified educator will administer prescribed medication if needed according to the medical management/action plan and in accordance with the Service's Administration of Medication Policy
- Identify and where possible minimise possible triggers as outlined in the child's medical management plan and risk minimisation plan
- Increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties and family days, as well as during periods of high-energy activities
- Ensure appropriate supplies of insulin administration equipment, carbohydrate and hypo food are taken on excursions, including back-up supplies in the event of delays
- Maintain a record of the expiry date of the prescribed medication relating to the medical condition to ensure it is replaced prior to expiry
- Ensure the location is known of glucose foods or sweetened drinks to treat hypoglycaemia (low blood glucose), e.g., glucose tablets, glucose jellybeans, etc

## **Families will provide the service with:**

- Details of the child's health condition, treatment, medications, and known triggers
- their doctor's name, address and phone number, and a phone number for an authorised nominee and/or emergency contact person in case of an emergency
- written authorisation for their child over preschool age to self-administer medication (if applicable)



- a medical management plan following enrolment and prior to the child starting at the Service is completed by their child's diabetes team (paediatrician or endocrinologist, general practitioner and diabetes educator). The plan should include:
  - when, how, and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
  - what meals and snacks are required including food types/groups amount and timing o what activities and exercise the child can or cannot do o whether the child is able to go on excursions and what provisions are required o what symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
  - what action to take in the case of an emergency o an up to date photograph of the child
- the appropriate monitoring equipment needed according to the diabetes medical management plan blood glucose meter with test strips, insulin pump consumables and hypo treatment foods/drinks
- an adequate supply of emergency insulin for the child at all times according to the medical management plan
- information regarding their child's medical condition and provide answers to questions as required and pertaining to the medical condition and management of their condition
- any changes to their child's medical condition including the provision of a new diabetes Medical Management Plan to reflect these changes as needed
- all relevant information and concerns to staff, for example, any matter relating to the health of the child that may impact on the management of their diabetes

**If a child suffers from a diabetic emergency the Service and staff will:**

- Always provide adult supervision
- Follow the child's diabetic medical management /action plan
- If the child does not respond to steps within the diabetic medical management/action plan, immediately dial 000 for an ambulance
- Continue first aid measures and follow instructions provided by emergency services
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours



**ADVENTURE OSHC**



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