ADVENTURE OSHC

Dealing with Medical Conditions in Children and Medical Administration Policy

National Quality Standard

Area 2 - Children's Health and Safety	
Standard 2.1	Health
Element 2.1.2	Health practices and procedures: Effective illness and injury management and hygiene practices are promoted and implemented
Standard 2.2	Safety
Element 2.2.2	Incident and emergency management: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

Children (Education and Care Services) National Regulations (2011 SI 653):

Reg. 90	Medical conditions policy
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. 177	Prescribed enrolment and other documents to be kept by approved provider
Reg. 181	Confidentiality of records kept by approved provider
Reg. 183	Storage of records and other documents
Reg. 184	Storage of records after service approval transferred

Links to the Child Safe Standards:

Standard 1 - Child safety and wellbeing is embedded in organisational leadership, governance and culture.	Management is responsible for overseeing medical planning, emergency responses, and staff training. Our policy clearly assigns responsibility to ensure that children's health needs are prioritised at a governance level.

Standard 3 - Families and communities are informed and involved	Families are actively involved through consultation when developing medical management, risk minimisation, and communication plans. This partnership promotes transparency, shared responsibility, and ensures the service meets each child's individual needs.
Standard 5 - People working with children are suitable and supported	All educators are suitably qualified in First Aid, Asthma, and Anaphylaxis management and receive ongoing support to stay competent. This guarantees that people working with children are capable of responding effectively to health emergencies.
Standard 7 - Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training	Continual staff training in emergency health procedures, medical administration, and individual care plans equips educators with the necessary knowledge, skills, and awareness to keep children safe at all times.

Related Policies:

- Dealing with infectious diseases
- Administration of first aid
- Acceptance and refusal of Authorisations
- Incident, Illness, Accident and Trauma Policy
- Excursions Policy

Policy Statement:

Adventure OSHC is committed to working in partnership with families, educators, and health professionals to ensure the safe inclusion of children with medical conditions. We aim to provide an inclusive environment that promotes each child's health, safety, and wellbeing, guided by regulatory requirements and best practices.

Purpose:

To outline clear procedures for managing medical conditions in children, administering medication, and responding to medical emergencies while promoting safety, dignity, and wellbeing.

Scope:

This policy applies to all children, families, educators, volunteers, and staff at Adventure OSHC.

Implementation:

Medical Management and Risk Minimisation

- Families must disclose any medical conditions upon enrolment.
- Upon notification of a child's medical condition, the Service will provide the family with a copy of this policy.
- A **medical management plan (action plan), risk minimisation plan, and communication plan** must be provided or developed before a child with a diagnosed condition attends.
- Educators will collaborate with families and health professionals to ensure the plans are comprehensive, up to date, and reviewed annually or when conditions change.
- Action plans will be displayed at all times and in staff-only areas wherever possible.

Risk minimisation plans:

Risk minimisation plans will be developed in consultation with families and will address all matters required under Regulation 90(1)(c)(iii), including: assessing and minimising risks relating to the child's health care need, allergy, or condition; implementing safe food handling and service procedures where relevant; notifying families of any known allergens that may pose a risk to their child; ensuring all staff and volunteers can identify the child, their medical management plan and the location of their medication; and ensuring that children do not attend the service without their prescribed medication if required.

Risk minimisation plans will include:

- The child's full name and date of birth
- The diagnosed medical condition and any known triggers or allergens
- Preventative strategies and practices to reduce risk
- Names and expiry dates of any prescribed medication
- Date of plan development
- The medical communication plan (a copy of this page will be provided to parents/carers)
- Signatures of staff members who are aware of the child's medical needs

Specific Medical Conditions

ASTHMA

- Families must provide a current asthma action plan completed by a medical professional.

- Children's asthma medication (e.g. reliever inhalers, spacers) must be in-date, in their original package and clearly labelled with the child's name.
- Asthma action plans will be displayed in staff-accessible but child-private areas where possible.
- Educators will:
    - Identify and minimise triggers (e.g. pollen, exercise, dust).
    - Ensure asthma plans and medication accompany children on excursions.
    - Administer medication according to the asthma action plan.
    - Document all asthma incidents and notify families as soon as practicable and within 24 hours

ANAPHYLAXIS

- Families must provide an ASCIA Action Plan for Anaphylaxis, signed by a doctor.
- An up-to-date adrenaline auto-injector (e.g. EpiPen) must be provided and labelled with the child's name.
- Plans will be displayed discreetly in key areas (e.g. admin, kitchen) and known to all staff.
- Where a child has a life-threatening food allergy and the Service provides food, the Service will endeavour not to serve the particular food allergen in the Service when the child is in attendance and families will be advised not to supply that allergen for their own children. Families of children with an allergy may be asked to supply a particular diet if required (e.g. soy milk, gluten free bread).
- Educators will:
    - Prevent exposure to known allergens and promote handwashing.
    - Monitor mealtimes closely and reduce cross-contamination.
    - Administer adrenaline in line with the action plan and call emergency services immediately.
    - Increase supervision on special events and excursions.

DIABETES

- Families must provide a Diabetes Medical Management Plan prepared by the child's diabetes care team.
- Plans must include blood glucose monitoring, insulin administration, hypo/hyperglycaemia symptoms, and emergency steps.
- Educators will:
    - Perform monitoring and medication as required by the plan.
    - Encourage child independence if authorised to self-administer.
    - Carry appropriate monitoring equipment and hypo treatments during excursions.
    - Communicate with families regularly and update plans as required.

Staff Training and Awareness

- All staff, including nominated supervisors and volunteers, will be informed of practices in relation to managing medical conditions, as required under Regulation 90(1)(b).
- At least one educator with current approved first aid, anaphylaxis and asthma management training will be in attendance at all times.
- Educators working directly with children will be supported to obtain and maintain their Childcare First Aid Certificates.
- Medical conditions and action plans will be communicated to all educators before a child begins attendance.
- Training and induction will include child-specific medical response strategies.

Medication Administration

Adventure OSHC maintains strict protocols to ensure the safe administration of all medications.

Educators will only administer medication during service hours. Emergency asthma or anaphylaxis medication may be given without prior authorisation (Regs 93–94), with parents and emergency services notified promptly. All medication must be handed directly to an Educator, never left in a child's bag, and stored securely, clearly labelled, and out of children's reach. Administration must be recorded and witnessed by two educators (unless a single-educator service).

Children with severe asthma may carry their own medication if written parental consent is provided and stored in their Xplor Profile. These children must inform an Educator immediately after use. The Service will document self-administration on the child's medication administration record.

The following requirements for medication administration apply:

<u>Prescription Medication</u>

Prescription medication will only be administered if:

- It is in the original packaging, with a chemist label that clearly includes:
    - The child's full name
    - Exact dosage and frequency of administration as prescribed or listed on action plan
- It is in date

- It has been authorised by a parent/guardian via the **medication authorisation form** unless listed on an action plan/in the case of an emergency (Epipen and Asthma Puffer only).

Non-Prescription Medication

Non-prescription medication (e.g. Claratyne, Lacteeze, Ventolin) will only be administered if:

- It is in date
- One of the following forms of written medical guidance is provided:
    - A doctor's letter stating the child's name, the name of the medication, the purpose, and clear dosage instructions, OR
    - A current asthma or anaphylaxis action plan, where applicable (e.g. if Ventolin or Claratyne is listed in the plan)
- It is in the original packaging or box, clearly labelled with the child's name and exact dosage and frequency of administration as described in the accompanying doctor's letter

For **minor allergies or intolerances** not covered by a medical action plan, a doctor's letter must be provided. This letter should clearly outline the need for the medication and instructions for use. A copy of this letter will be stapled to the medication administration record sheet used to document administration.

Panadol and Over-the-Counter Analgesics

Adventure OSHC does not administer paracetamol (Panadol), ibuprofen (Nurofen), or other general pain relief medications **unless** it has been prescribed by a medical doctor and is part of the child's action plan. This medication must be provided in the same form as all other medications (original package, labelled with chemist label).

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 authorisation form providing the following information:

- Name of child
- Name of medication
- Time and date of when the medication was last administered
- Details of the date, time and dosage to be administered (general time, e.g. lunchtime will not be accepted)
- 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 person authorising the administration

If anyone other than the parent is bringing the child to the Service, **a written and signed** permission note from the parent, including the above information, must accompany the medication.

Self-Administration of Medication

- Permitted only for children over preschool age with written authorisation.
- Educators will supervise and document self-administration.

Confidentiality and Storage

- All plans and medical information will be stored securely in either the service storeroom or office, and only shared where necessary.
- Medication will be securely stored, clearly labelled with the child's name (or chemist label if prescribed by a doctor), and inaccessible to children.
- In the event of a service approval transfer, children's medical records will only be transferred to the receiving provider with written parental consent, as per Reg 184.

Excursions and Offsite Activities

- Medication, action plans, and first aid kits will be taken on all excursions.
- Children with diagnosed conditions will only attend excursions if safety can be ensured in accordance with their risk minimisation and medical management plans.

Review and Communication

- Plans will be reviewed annually or when changes to a child's health occur.
- Families will be informed of their responsibilities to provide updated documentation.
- The Coordinator will check medication expiry dates each term.

Sources:

- Education and Care Services National Regulations (2011 SI 653)
- National Quality Standards

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