



Dealing with Medical Conditions Procedure

Legislation & Support Documentation

- Work Health & Safety Act 2011
- Work Health & Safety Regulation 2011
- First Aid Code of Practice 2004
- Public Health Act 2005
- Education & Care Services National Regulations 2011
- Education & Care Services National Law Act 2010

This procedure is to assist in caring for children attending the service who have support needs and to aid in the provision of emergency care for children who become unwell during care due to a medical condition. The aim of this procedure is to implement best practice and management of specific conditions. It is aimed at raising the awareness of educators, in the administration of prescribed medications and first aid and the management of specific conditions.

By providing clear guidelines and expectations, educators working with children with support needs, can effectively implement management and procedures effectively. Services rely on and value the co-operation of parents, medical practitioners, health services and relevant agencies to support them in this role, and will work in conjunction with all stakeholders to ensure the needs of children are met.

First Aid and Medical Administration Procedures should be adhered to in conjunction with this procedure.

Principle: 1 Action Plans

An action plan must be developed for any child as deemed necessary by an authorised medical practitioner or authorised asthma professional.

There are three different documents which may be used to assist in addressing a student's specialised health needs. These documents should be developed in consultation with and signed by a medical professional. If the information on the plans is transferred from a letter or other document signed by a medical professional, then that should be kept on file and noted on the plans where a signature is required.

ACTION PLAN

An action plan is developed by a medical or qualified health practitioner to provide guidelines to support a child with the specialised health needs of Anaphylaxis or Asthma. There are a variety of nationally approved and standardised Action Plan proformas developed by peak medical organisations available for medical or qualified health practitioners to complete.

There may be circumstances where a child requires a specific plan outlining their health needs and procedures to ensure their ongoing wellbeing. In these situations, *Emergency Health Plans* and *Individual Health Plans* may be developed, as advised by the child's medical practitioner or health professional.

EMERGENCY HEALTH PLAN

This provides clear step-by-step directions of how to safely manage a predictable medical emergency specific to certain chronic health conditions and the correct use of emergency (rescue) medication. The plan is developed by a qualified health practitioner, in consultation with the service staff, parent/carer, child, medical and other health professionals.

INDIVIDUAL HEALTH PLAN

Provides a daily guideline for the management of a student's health condition and may contain some instructions concerning the routine medication regime. The plan is developed by a qualified health practitioner, in consultation with the service staff, parent/carer, child, medical and other health professionals.

In all references to *Action Plan*, this may also be taken to include *Emergency Health Plan* and *Individual Health Plan*.

This procedure requires the family to provide their child's individualised health/management plan, if one is required. It must be signed by an authorised medical practitioner or authorised asthma professional. The family and service must negotiate what actions outlined in the individualised health/management plan are practicable and reasonable.

The child is not to attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition, if determined this poses a health risk to the child by the Nominated Supervisor (*National Education and Care Regulations* Div. 3 90) .

A risk minimisation plan is to be developed in consultation with all relevant parties. This must include:

- Child's specific health care need or relevant medical condition;
- If relevant, practices and procedures in safe handling, preparation and serving of food;
- If relevant, parents are notified of any allergens that pose a risk to the child (notice to be placed on the front door of the service – Health Alert Poster);
- Ensuring all staff members are able to identify the child.
- If relevant, to ensure that practices and procedures ensuring 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 care need, allergy or relevant medical condition are developed and implemented;
- How information will be communicated to families and staff.

Where the action plan outlines all the information necessary to fulfil these, then this plan will be accepted as the risk minimisation plan for that child. If additional risk minimisation strategies are required on the plan, then a separate risk minimisation plan will be developed in consultation with all stakeholders.

Where possible, the service should avoid implementing two documents (action plan and risk minimisation plan) to minimise the risk of conflicting information regarding appropriate response to a medical emergency.

Principle: 2 Medication Administration

Staff must assist with the administration of prescribed medication or health care procedures to children who exhibit signs outlined in their action plan at the immediate onset of any symptoms. Action plans and associated medication are required to be taken on all outings and excursions away from the primary place of care.

In the event of an emergency situation, all staff must be familiar with the location of:

- Action plans;
- Associated medication and equipment; and
- Emergency services/ambulance contact details (these should be predominately located close to phone)

Staff must follow hygiene and infection control procedures at all times.

The services are encouraged to acquire life-saving medication such as inhaler & auto-injectors for anaphylaxis and asthma emergencies.

Services may access *Asthma in Childcare* for guidelines in the management of asthma: http://www.asthmafoundation.org.au/asthma_in_childcare.aspx. Only staff members who have appropriate qualifications to administer asthma relievers and anaphylaxis training will be able to purchase medication from a pharmacy (Letters signed by principals/ Workplace, Health & Safety Coordinator, Catholic Education Diocese of Rockhampton are available to purchase auto-injectors).

The following procedures should be considered when administering medication to children:

- All staff should be familiar with action plans.
- The service should attempt to contact the child's parents/carers where possible prior to the administration of life-saving medication. However, if this is not possible, as soon as possible. In emergencies, qualified staff should demonstrate duty of care in all instances – parents are asked to sign the Enrolment Form that authorises the use of life-saving medication.

- A record of the medication administration is to be kept at the service.
- A child over preschool age may self-administer medication under the following circumstances:
- Written authorisation is provided by a person with the authority to consent to the administration of medication.
 - The Nominated Supervisor provides authorisation for the child to self-administer medication (this will be done in consultation with families and educators).
 - The child is supervised by an authorised educator whilst administering the medication unless otherwise stated by the medical practitioner on a child's action plan.
 - The child is required to notify an educator when medication has been self-administered.
 - The educator records the child's self-administration on the service's medical administration form and parents are informed.

Principle: 3 Parents Responsibilities

Parents are expected to:

- Cooperate with the child care service; staff/carers in relation to health matters;
- Inform the service; staff/carers of the health needs of their child at enrolment or when health conditions develop and negotiate reasonable and practicable procedures to support the child in the setting;
- Provide details of triggers, possible triggers, and child's reactions;
- Liaise with the child's medical practitioner about the implications of any health condition and relay this information to the service, staff/carers (e.g. if symptoms presented during the night at home);
- Provide all prescribed medications to the service required by their child for management of the child's health support needs, including replenishing medication which has expired, providing additional medication to ensure quantities are sufficient, and ensuring all devices and medication are clearly labelled in its original pharmacy container with the child's name, expiry dates and dosage;
- Provide a signed (by an authorised medical practitioner) action plan for their child, reviewed annually or more often as conditions, medication, or treatment plans change. With regard to any specific plans, they must be signed by a medical practitioner. Otherwise, in the event of an emergency, first aid procedures will always be followed.
- Negotiate with the service, the positioning of any action plans so that they are immediately accessible and visible to educators.

Principle: 4 Additional Service Responsibilities

The service is responsible for:

- Identifying children with health/management support needs during enrolment and informing parents of their responsibilities;
- Providing parents of children with health support needs with copies of the service *Dealing with Medical Conditions Procedure* for children with health support needs;
- Providing all staff/carers working directly with the child with a copy of the child's action plan;
- Displaying the child's action plan in a position where it is easily accessible to all staff (parent/carer to sign to allow the plan to be placed in an accessible and visible position, otherwise kept in a confidential position for reference);
- First aid kits or similar must contain individual child's medication, application devices (or associated equipment), action plans unless in location that can be easily accessed;
- Providing and/or encouraging staff/carers to undertake training in the administration of specialised prescribed medications and first aid;
- Promptly informing parents of any concerns about their child's health;
- Informing parents of expired medication held at the service and regularly maintaining all components of the First Aid kit or similar, (including cleaning devices after each use if required).
- Identifying and where practical, minimising triggers;
- Ensuring children are not left alone if their health deteriorates;
- Immediately following action plans if children at risk show any signs of their condition;
- Providing details to ambulance officers, parents or medical practitioners (as applicable) about child's condition, treatment provided, time and type of medication administered (this may

include writing on a child's arm in marker pen the time medication was given, providing original packaging of medication provided, and copies of individual emergency response plan if required, to assist ambulance or medical staff in managing child's condition ongoing);

- Administering medication as per action plan, and documenting details accurately;
- Following basic first aid and safety procedures, ensuring ongoing support is provided to the child through any emergency situation.
- Ensuring medication is inaccessible to children. However, medication for asthma and anaphylaxis is to be easily accessible to educators (or children over preschool-age if applicable).