



### POLICY STATEMENT

Children and young people are provided with a safe and supportive environment in which they are given the opportunity to participate equally in all experiences and feel physically and emotionally well. Families of our service can feel safe in the knowledge that the wellbeing and health care needs of their children are being looked after by our educators as we encourage all children to be freethinkers with an inquisitive and confident nature. We act in the best interests of the children to ensure that, if they have a medical condition or are unwell, they are cared for and nurtured at our service. We administer medication at the request of our families, acting within the instructions of an Action Plan written by the child's general practitioner.

### BACKGROUND

As educators we have the responsibility to ensure that our policies and procedures are safe and act to protect the wellbeing of children and young people within our service, in line with the Education and Care Services National Regulation. We use close attention to detail when dealing with medical conditions in children and believe that meticulous record keeping, and careful considerations aid us in providing a safe environment for children and young people with medical conditions within our service.

### LEGISLATIVE REQUIREMENTS

Regulation	Description	Implementation
89	First aid kits	First aid kits are suitably equipped relative to the number of children at the service and are easily recognisable and accessible to educators.
90	Medical conditions policy	Policies are in place to manage children's medical conditions
91	Medical conditions policy to be provided to parents	The parents of the child with health care needs will have access to the medical conditions policy
92	Medication record	A medication record is kept for each child who have received medication administered by the service
93	Administration of medication	Medication is only administered to a child when it is authorised in accordance with legislative requirements
136	Procedure for administration of medication	All educators follow procedures for the administration of medication, as well as using the medication rights checklist
162 (c) (d)	Health information to be kept available	Details of any health care needs, including medical conditions are kept in an enrolment record along with health support agreements and medication agreements
168	Education services must have policies and procedures	Policies and procedures are in place for the safe running of our service
170	Policies and procedures are to be followed	Policies and procedures are followed by our educators at all times
171	Policies and procedures are to be kept available	Policies and procedures are kept available to all educators and families in the office cupboard

### PURPOSE

When a child is enrolled who has a specific health care need, severe allergy, or relevant medical condition, an Action Plan and Health Support Agreement must be prepared for each child. When a child with severe allergies or anaphylaxis is enrolled in the service, educators will be informed of the child's name and possible allergens and location of their medication. New educators are made aware of children with medical conditions at their induction into the service. A list of all children with medical conditions and relevant information about their health care needs is made available for all educators and located in the OSHC office, policies and procedures are located on the sign out bench in TR 9 and on the school website.

## **The Mawson Lakes School OSHC “Medical Conditions in Children” policy sets out the requirements for:**

- The management of medical conditions including asthma, allergies, diabetes, or anaphylaxis
- Informing the director, medication officer, and educators of practices in relation to managing those medical conditions and location of relevant action plans and medication

The policy applies at any time that a child with specific health care needs, allergies or medical conditions is being cared for by an education and care service.

### **RESPONSIBILITIES OF PARENTS AND GUARDIANS**

- Advise educators of the health care needs of their children, including medical conditions and allergies
- The action plan needs to be reviewed in line with the dates documented by the general practitioner, if the action plan doesn't have dates or has passed its recommended expiry date the Nominated Supervisor will work in consultation with the families to get a new action plan. In the meantime, the service will follow the action plan on file to ensure the children receives medication as needed.
- Medication officer develops a Health Support Plan that includes Safety and Risk Management Plan and a Medication Agreement
- Notify educators if there are any changes in the medical condition of the child
- Supply the required medication in its original packaging with the dispensing label attached with the dosage
- Ensure that the child is listed on the medication as the prescribed person and the medication is not expired
- Families must provide an educator with the required medication, not leave medication in the child's bag
- Parents should confirm that the child was given the required medication by speaking to the Nominated Supervisor on collection of the child

### **RESPONSIBILITIES OF MEDICATION OFFICER AND EDUCATORS**

- The medication officer will keep families up to date when medication and action plans are expiring
- All qualified educators are trained in first aid in an education and care setting in line with regulation 136
- Any medication given to a child is recorded as part of the Medication Records regulation and filed with the child's enrolment record
- Keep ongoing communication a priority with families of children with specific health and medical needs
- Are up to date with children that have additional medical needs or food and environmental allergies and are aware of the procedures or risk minimisation
- Keep families up to date with medication expiry dates and inform families at the earliest opportunity if the child's medication or action plans needs replacing
- Understand their roles in food safety through undertaking training in managing and the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving food
- Be aware of the location of the asthma emergency kit and the spare epi-pen at all times
- Understand the purpose and use of an Action Plan, Health Support Agreement and Safety and Risk Management Plan
- Complete the Medication Rights Checklist when administering medication
- Minimise the risk of children being exposed to known allergens through supporting our 'No Nut' policy

### **ADMINISTRATION OF MEDICATION**

In most cases, medication must be administered to a child being educated and cared for unless the administration is authorised under the Administration of Medication Regulation. The enrolment record kept for each child must include details of any person who is authorised to consent to medical treatment or administration of the medication to the child.

Action plan needs to be reviewed in line with the dates documented by the general practitioner, if the action plan doesn't have dates or has passed its recommended expiry date the Nominated Supervisor will work in consultation with the families to get a new action plan. In the meantime, the service will follow the action plan on file to ensure the children receives medication as needed.

- A medication log is kept for each child to whom medication is to be administered by the service, aligning with regulation 92, Medication Record. The record must include the authorisation to administered medication, signed by a parent
- In the care of an emergency, authorisation may be given verbally by a parent of a person named in the child's enrolment record as authorised to consent to administer of medication or, a registered medical practitioner, or an emergency service.
- Medication may be administered to a child without an authorisation in the care of an anaphylaxis or asthma emergency
- Educators ensure that parents have completed the authorisation of controlled medications form authorising qualified educators to administer the medication prior to administer it
- Qualified educators will ensure that the medication is administered promptly at the prescribed intervals
- All medication must be checked by another educator before being administered in line with regulation 95, procedure for administration of medication
- The authority to administer medication form is to be signed by the qualified educator administering the medication and the educator who has cross checked that the correct medication and dose has been given to the correct child at the right time according to the form. Our educators will not administer medication that is past its use by date or prescribed for another child
- In the event of medication being administered incorrectly the Nominated Supervisor is to call the "Poison Information Centre 13 11 26

Mawson Lakes School OSHC service is committed to supporting the health and wellbeing of all children and young people. We acknowledge that parents and guardians retain primary responsibility for their child's health care. This includes responsibility for providing accurate, up-to-date, relevant information for educators regarding children's routine and emergency health care needs. This will occur with respect for the child's age and stage of development.

#### KEY TERMS

Key Term	Meaning
<b>ACECQA</b>	The independent body that works with all regulatory authorities to administer the National Quality Framework.
<b>Approved first aid qualifications</b>	A first aid qualification that includes training in areas that related to children and has been approved by ACECQA.
<b>Health support Agreement</b>	A form created by the Department for Education that outlines a child's medical and health care needs, whilst also outlining requirements for supervision and risk minimisation
<b>Medication agreement</b>	A form created by the Department for Education that gives specific information about the medication for a specific child, including dosage, strength, and administration information.
<b>Action plan</b>	A form created by the child's doctor that outlines that child's health care needs, potential asthma and allergy triggers and response for emergencies.
<b>Medical Condition</b>	A condition that has been diagnosed by the child's doctor
<b>Risk minimisation</b>	A document prepared by educators in consultation with a child's family to outlines and minimise the risks to the child's health

## **ACTION PLAN PROCEDURE**

If a child is enrolled in the service with a medical condition, the family must provide the service with an Action Plan, created by the child's General Practitioner, for the child. The Action Plan must detail the following

- The details of the specific health care need, allergy, or medical condition including the severity of the condition
- Any current medication that is prescribed for the child
- The response that is required from the service in relation to emergency symptoms or reactions
- Any medication that is required to be administered in an emergency
- The response that is required if the child does not respond to initial treatment
- When to call an ambulance for assistance

## **HEALTH SUPPORT AGREEMENT PROCEDURE**

A Health Support Agreement must be developed through an in-person consultation with the parents of the child to ensure

- That the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised
- If relevant, that practices and procedures are in place including the safe handling, preparation, consumption and serving of food are developed and implemented
- Systems are put in place to monitor the health needs of the child
- The child is supervised in a way that is suitable to their health care needs and adjustments are made to the service to include all children
- All educators are informed of their responsibilities with the child's medical condition. All educators can access the child's information, Action Plan and Health Support Agreement through the Medication Records Book
- Ensure that practices are met, and that the child does not attend the service unless their relevant medications are in date

## **EMERGENCY ANAPHYLAXIS PROCEDURE**

- All qualified educators are trained in first aid procedures and are available in an emergency, in line with regulation 136
- The child's Action Plan is placed in the Medication Records Book. This will ensure it can be regularly accessed by educators. The need to display the child's Action Plan will be fully discussed with the child's family and their authorisation obtained for this
- The child's individual anaphylaxis health care plan must include information relating to the immediate transport to the hospital in an ambulance after an anaphylactic reaction
- All information on the child's individual anaphylaxis health care plan is reviewed annually with the child's family to ensure information is current to the child's developmental level. It is reviewed through a face-to-face consultation with the child's family
- In case of emergency the child's family is contacted through a phone call
- Educators follow emergency anaphylaxis procedure
  1. Lay child flat
  2. Administer epi-pen by pulling off the blue safety release, holding the leg of the child still and placing the orange end of the epi-pen against the skin until a click is heard, leave it for 3 seconds and then remove epi-pen
  3. Call 000
  4. Call the child's family or emergency contact
- The child's medication must be labelled with the name of the child and recommended dosage. Medication is located in a position that is out of reach of the child, but readily available for educators. Consideration is also given to the need to keep medications away from excessive light, heat or cold when deciding on a suitable location

- Where it is known a child has been exposed to their specific allergen, but has not developed symptoms, the child's family are contacted. A request is made to collect the child and seek medical advice. The educators closely monitor the child until the family arrive. Immediate action to be taken if the child develops symptoms
- If educators believe a child with no history of anaphylaxis may be having an anaphylactic reaction, educators should administer an epi-pen immediately and call an ambulance
- Risk minimisations are considered by educators before the child attends any excursions of special activities
- After each emergency incident, the Individual Anaphylaxis Health Care Plan will be evaluated to determine if the service's emergency response could be improved

#### **EMERGENCY ASTHMA PROCEDURE**

- All qualified educators are trained in first aid procedures and are available in an emergency, in line with regulation 136
- The child's Action Plan is placed in the Medication Records Book. This will ensure it can be regularly accessed by educators. The need to display the child's Action Plan will be fully discussed with the child's family and their authorisation obtained for this
- The action plan needs to be reviewed in line with the dates documented by the general practitioner, if the action plan doesn't have dates or has passed its recommended expiry date the Nominated Supervisor will work in consultation with the families to get a new action plan. In the meantime, the service will follow the action plan on file to ensure the children receives medication as needed
- In case of emergency the child's family is contacted through a phone call
- The child's medication must be labelled with the name of the child and recommended dosage
- Medication is located in a position that is out of reach of the children, but readily available for educators
- Consideration is also given to the need to keep medications away from excessive light, heat, and cold when deciding on a suitable location
- If a child is suffering from an asthma attack, educators follow the approved asthma procedure
  1. Sit the child down and reassure them
  2. Give the child 4 separate puffs of emergency puffer through spacer
  3. Wait 4 minutes, if there is no improvement, give 4 more separate puffs
  4. If there is still no improvement, call 000
- If educators believe a child with no history of asthma may be having an asthma attack, educators follow the 4 by 4 by 4 emergency asthma method and call the child's family or emergency contact
- Risk minimisations are considered by educators before the child attends any excursion or special experiences
- After each emergency incident, the Individual Asthma Care Plan will be evaluated to determine if the service's emergency response could be improved

#### **REPORTING PROCEDURE FOR INCIDENT, INJURY, TRAUMA, AND ILLNESS**

- Educators will be debriefed after each emergency medical situation to discuss their own thoughts and feelings about what happened
- Educators that have been involved in the emergency are to complete an incident, injury, trauma, and illness record which is then to be signed by the Nominated Supervisor and the parent upon collection of their child
- Educators file a copy of the incident report into the child's enrolment file
- The Nominated Supervisor of the service must inform the principal of the school where they will complete an IRMS report through the portal
- The Nominated Supervisor will inform ACECQA about the incident through the NQAITS portal
- Educators will evaluate the child's Action Plan and Health Support Agreement to discuss the effectiveness of the procedures put in place

- If a child had an unknown diagnosis the Nominated Supervisor will work with the family to put procedures in place to ensure the child’s health and wellbeing

### SAFE FOOD PRACTICES - NUT FREE SERVICE

The service ensures that safe food practices are in place to allow children with allergies to feel safe and supported. Any food provided by the service must be nutritious, adequate in quantity and be chosen having regard to the dietary requirements of children including any health needs. We pay close attention to possible allergens and provide alternative food choices for those with anaphylaxis and allergies. We implement safe food handling and utilise separate cooking utensils to avoid cross contamination. A child at risk of anaphylaxis can only eat their own lunch and snacks that have been prepared at home or at the service under supervised conditions. Children do not swap or share food, or food containers to avoid allergens. Due to the common nature of nut allergies in children, we do not allow nuts or nut products in the service. This means children are not allowed to bring in any foods that contain nuts.

### ROLES AND RESPONSIBILITIES

Roles	Responsibilities
<b>Director</b>	<ul style="list-style-type: none"> <li>• Ensure the Dealing with Medical Conditions in Children policy and procedures are met, the appropriate medical management plans and safety and risk management plan are completed, and all relevant actions are managed to minimise the risks to the child’s health reg 90</li> <li>• Ensure families of children that have a specific medical condition have been given a copy of the Dealing with Medical Conditions in Children policy, reg 91, and any other relevant policies</li> <li>• In consultation with families, develop safety and risk management plans for children with medical conditions or specific health care needs</li> <li>• Ensure all educators are aware of each child’s medication</li> <li>• Ensure qualified educators are trained and understand each child’s triggers and safety and risk management plan</li> <li>• Ensure a written plan for ongoing communication between families and educators is developed as part of our risk minimisation plan, relating to the medical condition and any changes or specific needs. It should be in place before a child commences at the service, or as soon as possible after diagnosis for children already attending</li> <li>• If a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service</li> <li>• Take reasonable steps to ensure that educators follow the policy and procedures</li> <li>• Ensure copies of the policy and procedures are readily accessible to educators and available for inspection</li> <li>• Implement the Dealing with Medical Conditions in Children policy and procedures to ensure all action plans are in place are carried out</li> <li>• Ensure any changes to the policy and procedures or individual child’s medical condition or specific health care needs and medical management plan are updated in your risk minimisation plan and communicated to all educators</li> <li>• Notify the approved provider if there are any issues with implementing the policy and procedures</li> <li>• Display, with consideration for the children’s privacy and confidentiality, their medical management plan from the doctor and ensure that all educators and staff are aware of and follow the risk minimisation plans developed by the service for each child</li> <li>• Ensure communication is ongoing with families and there are regular updates as to the management of the child’s medical condition or specific health care need</li> <li>• Ensure educators have the appropriate training needed to deal with the medical conditions or specific health care needs of the children enrolled in the service</li> <li>• Ensure inclusion of all children in the service</li> <li>• Ensure all educators are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens</li> </ul>

<b>Educators</b>	<ul style="list-style-type: none"> <li>• Ensure all the action plans are carried out in line with the Dealing with Medical Conditions in Children policy and procedures</li> <li>• Ensure you monitor the child's health closely and are aware of any symptoms and signs of ill health, with families contacted as changes occur</li> <li>• Ensure that two people are present any time medication is administered to children</li> <li>• Ensure communication with families is regular and all educators are informed of any changes to a child's medical condition</li> <li>• Understand the individual needs of an action plan for the children in your care with specific medical conditions</li> <li>• Ensure a new safety and risk management plan is completed and implemented when circumstances change for the child's specific medical condition</li> <li>• Ensure all children's health and medical needs are taken into consideration on excursions</li> <li>• Maintain current approved first aid, CPR, asthma, and anaphylaxis training</li> <li>• Undertake specific training to ensure appropriate management of a child's specific medical condition.</li> </ul>
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## NATIONAL QUALITY STANDARDS

The following quality areas link to Safe Arrival of Children Policy & Procedure

QUALITY AREA 1 - EDUCATIONAL PROGRAM & PRACTICE		
Concept		Descriptor
1.1	Program	The educational program enhances each child's learning and development.
1.1.1	Approved learning framework	Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connections with community, wellbeing confidence as learners and effectiveness as communicators.
1.1.2	Child-centred	Each child's current knowledge, strengths, ideas, culture, abilities, and interests are the foundation of the program.
1.1.3	Program learning opportunities	All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.
1.2	Practice	Educators facilitate and extend on each child's learning and development.
1.2.1	Intentional teaching	Educators are deliberate, purposeful, and thoughtful in their decisions and actions.
1.2.2	Responsive teaching and scaffolding	Educators respond to children's idea and play and extend children's learning through open-ended questions, interactions, and feedback.

1.2.3	Child directed learning	Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.
1.3	Assessment and planning	Educators and co-ordinators take a planned and reflective approach to implementing the program for each child.
1.3.1	Assessment and planning cycle	Each child's learning and development is assessed and evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation, and reflection.
1.3.2	Critical reflection	Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.
1.3.3	Information for families	Families are informed about the program and their child's progress.

#### QUALITY AREA 2 - CHILDREN'S HEALTH & SAFETY

Concept		Descriptor
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 need for sleep, rest, and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.
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.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
2.2.3	Child protection	Management, educators, and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

#### QUALITY AREA 3 - PHYSICAL ENVIRONMENTS



3.1	Design	The design of the facilities is appropriate for the operation of a service.
3.1.1	Fit for purpose	Outdoor and indoor space, buildings, fixtures, and fittings are suitable for their purpose, including supporting the access of every child.
3.1.2	Upkeep	Premises, furniture, and equipment are safe, clean, and well maintained.
3.2	Use	The service environment is inclusive, promotes competence and supports exploration and play-based learning.
3.2.1	Inclusive environment	Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.
3.2.2	Resources support play-based learning	Resources, materials, and equipment allow for multiple uses, are sufficient in numbers, and enable every child to engage in play-based learning.
3.2.3	Environmentally responsible	The service cares for the environment and supports children to become environmentally responsible.
<b>QUALITY AREA 4 - STAFFING ARRANGEMENTS</b>		
4.1	Staffing arrangements	Staffing arrangements enhance children's learning and development.
4.1.1	Organisation of educators	The organisation of educators across the service supports children's learning and development.
4.1.2	Continuity of staff	Every effort is made for children to experience continuity of educators at the service.
4.2	Professionalism	Management, educators, and staff are collaborative, respectful, and ethical.
4.2.1	Professional collaboration	Management, educators, and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
4.2.2	Professional standards	Professional standards guide practice, interactions, and relationships.
<b>QUALITY AREA 5 - RELATIONSHIPS WITH CHILDREN</b>		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.

5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident, and included.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships.
5.2.1	Collaborative learning	Children are supported to collaborate, learn from, and help each other.
5.2.2	Self-regulation	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others, and communicate effectively to resolve conflicts.
<b>QUALITY AREA 6 - COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES</b>		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in the service and contribute to service decisions.
6.1.2	Parents views are respected	The expertise, culture, values, and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing.
6.1.3	Families are supported	Current information is available to families about the service and relevant community service and resources to support parenting and family wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing,
6.2.1	Transitions	Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.
6.2.2	Access and participation	Effective partnership support children's access, inclusion, and participation in the program.
6.2.3	Community engagement	The service builds relationships and engages with its community.
<b>QUALITY AREA 7 - GOVERNANCE AND LEADERSHIP</b>		
7.1	Governance	Governance supports the operation of a quality service.
7.1.1	Service philosophy and purpose	A statement of philosophy guides all aspects of the service operations.

7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community.
7.2.1	Continuous improvements	There is an effective self-assessment and quality improvement process in place.
7.2.2	Educational Leadership	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle.
7.2.3	Development of professionals	Educators, co-ordinators, and staff members' performance is regularly evaluated, and individual plans are in place to support learning and development.

## REVIEW

POLICY CREATED BY	Lorin, Sue & Mack - All educators	Nominated Supervisor	March 2023
POLICY REVIEWED BY	Lorin, Sue & Mack - All educators	Nominated Supervisor	March 2024
MODIFICATIONS - Update to NQS layout and reviewed child's action plan date.			
POLICY REVIEWED BY			
MODIFICATIONS			