

### MEDICAL CONDITIONS POLICY

#### WHY?

Thrive Group Tasmania recognises that some children attending its early childhood education and care services will have medical conditions. Such conditions may vary in symptoms, reactions, severity and nature. For example, chronic medical conditions may include, but is not limited to anaphylaxis, asthma and diabetes.

Thrive believes that the safety and wellbeing of children with such conditions is a whole of community responsibility and that effective management of medical conditions will ensure children's safety and wellbeing. Similarly, Thrive believe in facilitating an inclusive environment where all children have equal opportunity to participate in every aspect of the service program.

Thrive also believes effective management will minimise the risk of an emergency occurring while a child is in care and maximise an Educator's response in the event of an emergency.

#### WHO?

This policy applies to families, staff and Educators enrolled with, or working in the following Thrive Children's Services:

- Early Learning Services
- Outside School Hours Care Services
- Family Day Care Services

#### WHAT?

This Policy is to be read in conjunction with Dealing with Infectious Diseases Policy and Procedure, and Administration of Medication Policy and Procedure.

For the purpose of this Policy, medical conditions have been defined as any health conditions which have been diagnosed by a registered medical practitioner.

#### Management of Medical Conditions

Planning is the key to effective management of medical conditions.

A **Medical Management Plan** for each child with medical conditions, is essential. This plan outlines the known triggers, signs and symptoms of the condition and the action or procedure to follow in the event of a reaction, episode or emergency.

**Risk Management and Communication Plans** are also vital in identifying risks associated with a child's medical condition and outlining strategies for minimising those risks in the service setting. These plans also clarify how information will be shared about the child's medical condition(s), including any changes in treatment or timing of reviews.

#### HOW?

Please refer to the Medical Conditions Procedure (following this Policy).

#### WHEN?

Staff/Educators need to have a copy of the following documents by commencement of care:

- Child's Enrolment Record
- Child's Medical Management Plan
- Risk Minimalisation and Communication Plan

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Staff/Educators also need to implement these strategies in their Risk Management Communication Plan at all times when the child is in their care. This serves as a proactive, and preventative measure.

Staff/Educators must implement the procedures outlined in the Child's Medical Management Plan in the case of an emergency.

Thrive will provide all employees covered by this Policy with the appropriate training, so they are made aware of their responsibilities and obligations.

Thrive retains the sole discretion to reasonably vary, terminate or replace this policy from time to time. Thrive will consult before any amendments are made and will notify and train those that the amendments apply to.

All persons covered under the paragraph 'Who' who breach this policy may be subject to the appropriate disciplinary action in accordance with the Disciplinary Policy and Procedure or removal from the workplace or termination of services (workers, other than employees and other persons in the workplace).

### MEDICAL CONDITIONS PROCEDURE

#### HOW?

##### Enrolment

As part of Thrive's enrolment process, information is sought about a child's specific health care needs or medical condition(s). Families are requested to document this information on the child's Enrolment Record.

##### Informing Families of Thrive Requirements

At the time of enrolment, parent(s)/guardian(s) of a child/children with a medical condition will be provided with:

- A letter confirming the need for medical information - See Appendix A
- A copy of the Medical Conditions Policy and Procedure
- A Medical Management Plan template (relevant to the child's condition – this can be provided by child's medical practitioner as long as it has the required information)
- A Risk Minimisation and Communication Plan

See example templates:

- Anaphylaxis Action Plan template – Appendix B
- Asthma Care Plan template – Appendix C
- Diabetes Management Plan – Appendices D and E

##### What Staff/Educators must do:

##### Upfront

Each Centre Service will have an appropriate number of staff who hold a current first aid, emergency asthma management and anaphylaxis management qualification.

Every registered Family Day Care Educator will hold a current qualification in first aid, emergency asthma management and anaphylaxis management.

Staff/Educators are to provide their service or Thrive with a copy of certificate updates.

##### Planning

Discuss the child's support needs with families at the initial interview or when the condition becomes known. Ensure parent(s)/guardian(s) provide Thrive with the child's Medical Management Plan, which has been signed by the child's registered medical practitioner. This must be received prior to care commencing or continuing. In consultation with the parent(s)/guardian(s), complete a Risk Management and Communication Plan – see Appendix F template.

##### Authorisations

Obtain from the parent(s), all necessary authorisations for the administration of medication, using Part A of the Medication Record form. See Administration of Medication Policy and Procedure.

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Ensure parent(s) provide staff/Educators with all medication and/or administration devices. These need to be labelled with the child's name and recommended dosage.

In the case of anaphylaxis, staff/Educators must display a notice indicating that a child enrolled in their service has been diagnosed as being at risk of anaphylaxis (do not indicate the child's name). See attached template, which may be adopted or modified at Appendix G.

### Ongoing Basis

Follow the strategies listed in the child's Medical Management Plan and implement risk minimisation procedures daily.

Display emergency contact numbers by the telephone.

Encourage ongoing and open communication with families regarding the child's allergies or diabetes.

Store children's medication e.g. Epi Pen kit in a readily accessible place for adults (not locked away), but out of the heat and reach of children. In the case of OSHC children who bring their medication from school, this may continue to be stored in their bag as long as their bag is clearly identifiable as having medication inside and presents no risk to other children.

Always carry the medication and a copy of the child's Medical Management Plan whilst on outings or excursions. Ensure the medication is carried securely (not accessible to under school aged children) and at the correct temperature.

Regularly check the medication's expiry date.

Ensure that new, casual or relief staff/Educators are aware of a child's medical condition, the location of the child's medication, together with his/her Medical Management Plan and service risk analysis and preventative practices.

Practice Epi Pen administration using an Epi Pen trainer and anaphylaxis scenarios on a regular basis.

In the case of Family Day Care, prior parent consent is required for a child to be cared for by a Family Day Care Assistant or Relief Educator. Parents retain the right to decline such arrangements.

Regularly review the child's progress with families and complete a new Medical Management Plan if a child's condition/treatment changes or in the event of a health-related incident.

**Do Not** accept children into care if you are not provided with the necessary medication by parents.

It is imperative that emergency medication/devices are available **AT ALL TIMES** while a child with a long term medical condition is attending the service or Family Day Care.

**If an emergency arises while a child is in care, e.g. child has an asthma attack, diabetic episode or suffers a severe allergic reaction leading to anaphylactic response:**

- Follow the emergency instructions or action plan for the particular medical condition
- Advise the Person in day-to-day Charge, emergency services, parents and the relevant Person with Management and Control at the earliest opportunity

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- Record details on the Incident, Injury, Trauma and Illness Record
- Forward report to the Thrive Person with Management and Control Centre Based Services or Person with Management and Control for Family Day Care Based Services within twenty-four hours of the emergency occurring.

If an asthma or anaphylaxis emergency arises and the staff member/Educator does not have prior parent authorisation, they may administer emergency medication.

In such a situation, the staff member/Educator must notify emergency services, the parents and Thrive within twenty-four hours.

### **Keeping Up to Date/Promotion**

As Thrive becomes aware of useful resources, latest research, fact sheets etc. Thrive will forward this information on to our services.

Thrive actively encourages services to become allergy aware and develop ways of maintaining and building their own knowledge base in this area. For instance, Centre Based Services may have a staff member who is interested in driving practices in the service.

### **Obtaining a Medical Management Plan**

A Medical Management Plan template will be supplied or can be provided to your child/children's medical practitioner. The plan needs to include the following details:

- Child's name and date of birth
- Medical condition(s)
- Documentation of known triggers
- Action to be taken in the event of an emergency
- Name and signature of medical practitioner
- Name of parent(s)
- Date of plan

### **Developing a Risk Minimisation and Communication Plan**

Staff/Educators and parents/guardians will jointly assess the risks relating to a child's condition and develop strategies to minimise them in the care setting. Factors to take into consideration in this process, include:

- Are there any allergies in the care setting environment which may pose a risk to this particular child?
- How can we avoid exposure to these allergens, both indoors and outdoors and while on excursion?
- How can we ensure the child's medication is available at all times?
- What level of supervision is required? If it is high level, how can we achieve this?
- How will Thrive communicate with parents on an ongoing basis?
- How will Thrive ensure that all staff members (including casuals and relief), Assistant Educator's and volunteers be informed about a child's medical condition and the location of the child's medication and relevant plans?
- The identified risks and Thrive's strategies to reduce them, together with the Communication Plan.

### Commencing Care

By the time care commences, Centre staff/Family Day Care Educators must ensure they have been provided with a Medical Management Plan, Enrolment Details and a completed Risk Minimisation and Communication Plan.

### Implementing the Child's Plan

Each service will follow the above plans daily. In the event of an incident, the child's Medical Management Plan (action component) will be activated.

It is critical that staff/Educators are provided with a child's medication on every occasion he/she attends the service and they are informed of any mid-stream changes to medication or management routines.

### Children Self-Administering Medication

A child must be of pre-school age or older to self-administer medication. He/she needs to have prior experience of self-administering. Families need to authorise their child to self-administer, using Part A of the Medication Record form.

There needs to be written instructions from the child's medical practitioner, including the expected level of supervision.

Medication must be passed on to the staff member/Educator for safe storage or, in an OSHC setting, an Educator must ensure medication is secure and appropriate precautions are taken.

Staff/Educator must observe/supervise the child administering his/her own medication and then record administration details on the Medication Record (Part B).

### Responding to an Undiagnosed Reaction

Where a child has not been diagnosed as having a medical condition, but appears to be having a reaction requiring an immediate response, the staff member/Educator needs to:

- Call an ambulance on 000
- Commence first aid measures
- Advise the Person with day-to-day Charge (Centre Based Services) or the Person with Management and Control (Family Day Care)
- Contact parents or authorised nominees, if parents cannot be contacted

### Review

Each service is to establish, in conjunction with families, a timeframe for reviewing the child's Medical Management Plan and Risk Minimisation and Communication Plan. Any changes to a child's medical condition or medication regime, or any health-related incidents in the care setting, will give automatic rise to a review of the existing plans.

These Procedures relate to legislation as detailed in the Medical Conditions Policy.

### BREACH OF THE PROCEDURE

Any breach of this procedure may result in disciplinary action including, but not limited to, termination of employment.

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Thrive retains the sole discretion to reasonably vary, terminate or replace this procedure from time to time. Thrive will consult before any amendments are made and will notify and train those to whom the amendments apply.

**POLICY VERSION & REVISION INFORMATION:**

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Review Date/s:  
Review Date: As required by the GM or as legislation changes

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