



Dara School

Out of School Hours Care

Medical Conditions Policy

OSHC MEDICAL CONDITIONS POLICY

1. BACKGROUND

The Dara OSHC (Out of School Hours Care) Service recognises the prevalence of children attending the Service who have health needs and relevant medical conditions, including asthma, diabetes or being at risk of anaphylaxis, which require sound practices and planning to ensure their health and wellbeing are cared for. The Service is committed to a planned approach to the management of relevant medical conditions, and one that meets the legislative compliance of an education and care Service (Education and Care Services National Regulations 77, 90-96, 160-162, & 168 (2)(d)).

Importantly, the Service recognises some children attend the Service with both highly sensitive and potentially life-threatening conditions. Management and responsiveness of these medical needs is a critical aspect of their care. All children with additional health needs or relevant medical conditions will have medical management plans provided and displayed. Additionally, the Service will work collaboratively with parents and families to ensure the Service understands and addresses risks associated with a child's need/condition (i.e., Risk Minimisation Plans). Embedded within these plans are the outlined procedures to update information and actions as required.

The Service is committed to ensuring our Educators are equipped with the knowledge and skills to support children's medical needs. The Approved Provider will seek to ensure all children in attendance receive the highest level of care and protection. Where relevant, additional training, resources and knowledge will be provided to Educators to support the practices of the Service to attend to relevant health and medical needs.

2. SCOPE

This policy applies to children, families, Educators, management, and visitors of the Service.

3. POLICY STATEMENT

The Dara OSHC Service staff will assist children to manage medical conditions and assist with medication if that medication is prescribed by a doctor and has the original label detailing the child's name, required dosage, and storage requirements, and is accompanied by a medication plan.

4. IMPLEMENTATION

4.1 Medical Conditions

Medical conditions include asthma, diabetes, and the diagnosis of a child at risk of anaphylaxis. This information should be included on the enrolment form and discussed with the family. The Service should receive a medical management plan to ensure that the Educators and other staff are informed of the required procedures and understand that the plan must be followed by providing regular interventions as detailed (e.g., blood glucose monitoring) or emergency first aid as described in the event of an incident involving the child.

Dara OSHC will:

Set up a process for informing all staff (including volunteers) of the needs of the individual children and the agreed management practice. This must be done in a way that protects the rights and dignity of the child.

- Undertake a risk assessment to identify what will be needed to support the inclusion of children with medical conditions. Family input should be sought.
- Implement identified medical management plans and risk minimisation plans to support children with identified health care needs.
- Implement practices to ensure that families are kept fully informed.

4.2 Management of Children's medical conditions

Medical documentation is essential for the safe management of care of children with medical conditions. Educators who hold current first aid qualifications (including emergency asthma and anaphylaxis management) will ensure that medical management plans are followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical conditions.

Dara School OSHC uses the following documents supplied by the parent or created with the Director to manage the care of children with medical conditions.

4.3 Action plan

Dara OSHC has a range of templates to be used for children with medical conditions. Our Educators receive training relating to the use of the templates, as they provide standardisation and consistency across our Service and supports the Educator to keep children safe. These medical templates are to be endorsed by the child's doctor.

In the instance that a management plan is unable to be provided, the parent of the child will be required to discuss details of support required with the staff and this information will be recorded as part of the child's General Risk Minimisation and Communication Plan.

4.4 Risk Minimisation and Communication Plan.

The Risk Minimisation and Communication Plan shall ensure that all risks relating to the child's specific health care needs, allergy or relevant medical condition are assessed and minimized. This document is to be created by the parent and Director and are signed off by

both parties. There are specific plans for asthma, anaphylaxis, allergies, diabetes, epilepsy and general medical conditions.

Where a child has a food allergy, the Risk Minimisation and Communication Plan will develop practices and procedures that Educators follow, in relation to the safe handling, preparation, consumption and serving of food and strategies for minimizing the risk. The Director is to notify the parent/s of any known allergens present in the OSHC that pose a risk to their child.

4.5 Medication

The Director is responsible for all medication on-site regardless of whether it is administered by Educators or parents or self-administered by the child.

Where medication is required for the treatment of long-term conditions or complaints, such as asthma, epilepsy, or ADHD, the Service will require a letter from the child's medical practitioner or specialist detailing the medical condition of the child, the correct dosage, and how the condition is to be managed. This can be requested for over-the-counter medication as well as a prescription-only medication. If a medication authority is not provided, staff should have written instructions from the parent/guardian (recommended in cases of short-term medication only). In all cases, the instruction must match those on the pharmacy label.

If children are receiving medication at home but not at the Service, the Service should be advised on the nature of the medication, its purpose and of any possible side effects it may have on the child.

Medication management strategies need to include plans for excursions and other off-site activities.

4.6 Storage of medications

- Where Educators are to assist with a child's medication, the medication should be given directly to the Director, not left in the child's bag or locker.
- Medications must be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Some families supply thermal carry packs to maintain safe temperature storage and for ease of transport on excursions.
- Medication must be within the expiry date and delivered to Educators as a daily supply (or a week's supply at most). This might require the family to organise a separate labelled container from the pharmacy for safe storage at home.
- Storage should be in locked cupboard with clear labelling and access limited to the Educators responsible for medication and supervision.

4.7 Supervision of Medication

Everyone supervising medication needs to ensure that:

The *right* child has the *right medication* and the *right dose* by the *right route* (eg oral or inhaled) at the *right time* and they *record the details* on the Request to Administer Prescribed Medication Form.

A child should not take their first dose of a new medication whilst attending the Service. The child should be supervised by family or health professionals in case of an allergic reaction.

In South Australia medication for the treatment of an asthma emergency by a bronchodilator (e.g., Ventolin) via a puffer can be administered without written authority. The use of a bronchodilator is considered a standard first aid response. Educators must be trained in asthma emergency first aid before administering a bronchodilator (e.g., Ventolin) via a puffer.

In South Australia, the use of an adrenaline auto-injector for the treatment of an anaphylaxis emergency requires an anaphylaxis plan and a prescribed auto-injector. Educators must be trained in emergency anaphylaxis first aid before administering adrenaline via an auto-injector.

4.8 Self-Management of medication

While Dara OSHC's preference is for Educators to administer medications to children in attendance, a parent may make a request for their child to be approved to self-administer their own medication during session time while under the supervision of an Educator. Requests for self-administration of medication will be reviewed on a case-by-case basis and will take into account the type of medication involved, the administration method, the child's age, abilities and level of confidence with the process.

Where a child has been identified as capable of managing self-administrative medications:

- The provision of a written medication authority (and clear direction from the family and doctor that the child can self-manage) is supplied to the Service.
- The medication to be taken is provided in the original container in which it was dispensed.
- Quantities brought to the Service are limited to weekly dosages, but daily is preferred.
- The option for the Service to stop children storing their medication should there be any concern about the safety of the individual or others on site.
- An understanding is that if staff members observe a child self-medicating they can sensitively and privately ask to see the original pharmacy container and check with the parent/guardian.
- The responsibility of all people on the site is to respect others' medication and to keep one's medication secure to minimize the risk to others.

4.9 Medication Error

If a child takes the wrong medication, the wrong amount of medication, or takes medication via the wrong route, the following steps should be followed:

- Ring the Poisons Information Centre 13 11 26 and give details of the incident and the child
- Act immediately upon the advice given (eg if advised to call an ambulance) and notify the child's emergency contact person.
- Document your actions
- Complete a critical incident report and an accident and injury report form.

4.10 Allergies

Where a child has a known allergy, it should be recorded on the enrolment form and all staff made aware of it. Where an allergy requires a specific medication or treatment, there must be a current medication plan and risk minimisation plan for the child following the requirements set out in the *Health Support Planning in Education and Children's Services*.

It is the responsibility of the Service to minimize the risk of exposure to an allergen. Food-Safe practices need to address any identified food allergies.

5. OTHER OSHC POLICIES OR DOCUMENTS RELATED TO THIS POLICY

H3 First Aid OSHC Policy

A1 Enrolment OSHC Policy

H12 Risk Assessment OSHC Policy

H1 Child Safe Environment OSHC Policy

Form H4.1 Asthma Plan

Form H4.2 Anaphylaxis Plan

Form H4.3 Allergies Plan

Form H4.4 Epilepsy Plan

Form H4.5 Insulin Administration plan

6. RELATIONSHIP TO REGULATIONS

National Quality Standards (NQS)

Quality Area 2: Children's Health and Safety

Education and Care Services National Regulations

Children (Education and Care Service) National Law:

12-Meaning of a serious incident

85 – Incident, injury, trauma and illness policies and procedures

86 – Notification to parents of incident, injury, trauma and illness

87 – Incident, injury, trauma and illness record

88 – Infectious Diseases

89 – First Aid Kits

97 – Emergency and evacuation procedures

161 – authorisations to be kept in enrolment record

H4 Medical Conditions OSHC Policy

- 162 – Health information to be kept in enrolment record
- 168 – Education and Care Services must have policies and procedures
- 174 – Prescribed information to be notified to Regulatory Authority
- 176 – Time to notify certain information to Regulatory Authority.

7. REFERENCES

The Department of Education of South Australia, The Education and Children's Services Act 2019 accessed on 2 June 2022 at www.education.sa.gov.au/doc/oshc-policy

National Quality Framework (NQF) for Early Childhood Education and Care accessed on 2 June 2022 at www.acecqa.gov.au/nqf/national-quality-standard

Education Department South Australia anaphylaxis Guidelines for schools accessed on 2 June 2022 at www.education.sa.gov.au/doc/anaphylaxis-and-allergies-procedure

Best Practice Guidelines in schools, accessed on 2 June 2022 at <https://www.allergyaware.org.au/schools/best-practice-guidelines-schools>

Anaphylaxis risk minimisation strategies schools, accessed on 2 June 2022 at <https://www.allergyaware.org.au/schools/anaphylaxis-risk-minimisation-strategies>

Best Practice Guidelines, accessed on 2 June 2022 at <https://www.allergyaware.org.au/childrens-education-and-care/best-practice-guidelines-cec>

Anaphylaxis risk minimisation strategies, accessed on 2 June 2022 at <https://www.allergyaware.org.au/childrens-education-and-care/anaphylaxis-risk-minimisation-strategies>

Therapeutic Goods Act 1989 of the Commonwealth (National Regulations) www.legislation.gov.au/Details/C2017C00226

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Director Signature	Chairperson Signature