

# MEDICAL CONDITIONS POLICY

Quality Areas: NQS 2 – Children’s Health and Safety

Policy Owner: Safety

A light blue speech bubble with a white outline, containing the text 'Why this is important' in a dark blue, cursive font.

Why this is important

## 1.0 Introduction and Purpose

We are committed to providing a safe and healthy environment for everyone. This policy describes the requirements for team members, students, or children with medical conditions such as anaphylaxis, asthma, cancer, diabetes, allergy, epilepsy, psychological or behavioural conditions to ensure we have sufficient written medical guidance in managing the person’s medical condition and welfare. The standards for caring for children being educated who have these and other medical conditions are found in the Health and Education Acts, the Education and Care Services National Law, Health and Safety legislation and in guidance from professional advisory bodies, such as Diabetes Australia.

## 2.0 Who does this policy apply to:

All Team Members, Children, Families, Network Leadership, Students, Support Office, and the Approved Provider

## 3.0 What is our Policy:

This policy applies to team members, students, all children (currently enrolled or enrolling into our centre) who have a diagnosed medical condition (physical or psychological). It excludes conditions covered by the Infectious Diseases Policy and conditions which will resolve in under 12 weeks (use the Return to Care Plan).

A ‘medical condition’ is a condition that has been diagnosed by a registered medical practitioner. Medical conditions can include (but not limited to) asthma, diabetes, allergies, anaphylaxis and seizures. If some medical conditions are not managed appropriately, they can be life threatening.

Our purpose is to provide an educational program for children to support their learning, development, and transition to school. Children attending must have the capacity to demonstrate continued progress in an educational program. We are not able to provide respite care or manage some complex medical conditions.

We will determine what additional support, specialised training, equipment, and resources are required as a condition of enrolment / continuation of enrolment to be able to respond and manage the medical condition/s.

Team members will follow written procedures within their scope of skills and training but are not trained health professionals who provide care in complex or palliative cases. The team members’ practices (broadly, include ‘how’ to manage a diagnosed condition) are outlined in the Medical Conditions Procedure.

### 3.1 Principles

1. The parent/guardian of a child with a known medical condition and their registered medical practitioners are central to this policy and are relied upon for written care plans (often referred to as medical management plan or medical action plan) and consent to implement them for each case. This may include self-medication by a school-age child if ordered by the medical practitioner and approved by the parent/guardian.

2. We along with the parent/guardian will develop the Risk Minimisation and Communication Plan.
3. Team Members will be informed about children with medical conditions, where their medication is stored and the risk minimisation procedures in place.
4. Some medical conditions cannot be managed within an early learning setting. Team members are Educators and not health care professionals and are not able to provide one-on-one care.
5. Processes essential to this policy are the Medical Conditions Procedure, an Inclusion Decision if required, Anaphylaxis and Food Allergy Procedure and the Medication Administration Procedure.
6. Team members have approved first aid training including CPR, asthma and anaphylaxis as well as being trained in the administration of emergency medication. Specialist training may be provided to support certain medical conditions eg. peg feeding, midazolam administration
7. Where the medical condition requires team members to undertake additional training (areas not covered by first aid training), this will be arranged by the centre with the support of the Safety Team and be provided by an appropriate recognised training provider.
8. Children may have to defer or pause enrolment until all training has been received and equipment and resources are in place. If the medical condition has funding for a support worker the child's attendance may be limited to only the times the support worker is present. This is to support the safety and needs of the child with the medical condition as well as the other children and team members.
9. Specialised advice for some medical conditions is published by recognised organisations and may be referred to for general guidance but does not override the medical practitioner's written care plan referred to as the medical management plan / medical action plan.
10. In the Risk Minimisation and Communication Plan the following should be addressed in the risk section; manual handling, handling of sharps, exposure to bodily fluids, increased stress, escalation, and practices required.
11. The medical management plan/medical action plan is reviewed at least every twelve months or sooner if details change. If no changes are needed, this advice must be in writing from the doctor eg. brief comments added to the original MMP stating "no change" but again signed plus current date. The family then works with the centre to review the Risk Minimisation and Communication Plan. If there is no review date noted on the ACSIA plans and all other information remains the same, then the family with complete a review of the Risk Minimisation and Communication Plan with the centre and sign it annually.
12. The same process is followed for a Team Member who has a medical condition which may require a response while the person is at work.

### **3.2 Health Practitioners and Allied Health Supports**

Treatment and support can be provided to a child at the centre at the discretion of the Centre Manager. Treatment and support must be supervised unless the Health Practitioner/ Support has a current working with children check and the family has provided written consent for the child to receive treatment unsupervised at the centre.

## **4.0 Responsibilities**

### **4.1 Approved Provider:**

- a. provides educational programs in a childcare setting with appropriately trained early learning team members
- b. reserves the right as a condition of enrolment to determine that a child's medical condition requires additional support, team member need further training, equipment or resources
- c. will ensure supporting procedures provide a safe standard of care and learning opportunities
- d. will ensure the provision of trained educators and appropriate resources for the centres
- e. will determine whether children are / are not benefitting from an educational program or have complex or palliative health care needs outside the scope of Guardian's expertise

### **4.2 Network Leadership (General Manager/Portfolio Manager) will:**

- a. ensure Centre Managers (Nominated Supervisor) and Team Members are aware of their responsibilities to report all incidents and injuries, undertake relevant training, complete investigations in a timely way, and monitor the safety of activities
- b. support the implementation of risk minimisation strategies
- c. hold Centre Managers (Nominated Supervisor) and Team Members accountable for their specific responsibilities and act on non-compliance
- d. children who are not able to progress in an educational program, or require extensive changes to the environment, need significant specialised equipment or who require trained healthcare support may need to engage with alternative care arrangements

#### **4.3 Centre Manager / Nominated Supervisor (NS) will:**

- a. for children yet to enrol – will provide access to a copy of this policy to the family and have a comprehensive exchange of information with the family prior to enrolment in line with this policy and relevant procedures
- b. for children already enrolled - ensure comprehensive exchange of information with the family occurs and follow the requirements of the Medical Conditions Policy and relevant procedures
- c. enter medical condition diagnosis into QikKids
- d. ensure that Team Members are appropriately trained to support the child/team member with the medical condition and are supervised adequately
- e. ensure the family provides a current medical management plan/ action plan as well as medication and any specialised equipment
- f. ensure the Risk Minimisation and Communication Plan includes individualised communication and risk minimisation strategies and is reviewed annually
- g. ensure all relevant Team Members are informed regarding early symptoms where a medical management plan/action plan is required for a child (those team members are trained in first aid, those preparing and distributing meals etc)
- h. ensure any equipment is provided and modifications to the environment have been completed
- i. identify Team Members at increased personal risk if caring for children with medical conditions and plan to minimise these risks
- j. consult with Team Members including when relevant students and contractors regarding conditions of care
- k. report incidents, illnesses and injuries in a timely manner and normally on the day of the incident by completing a BeSafe event record, follow up and review these BeSafe events
- l. consider the Emergency Management Plan and Procedures to accommodate medical condition by developing a Personal Emergency Evacuation Plan (PEEP)
- m. for new enrolling children and newly appointed team members the MMP/medical action plan and the Risk Minimisation and Communication Plan needs to be completed before commencement
- n. ensure the Risk Minimisation and Communication Plan is up to date, and information is consistent with what is occurring in practice eg. medication administered (active ingredients) is same as medication listed in the MMP/medical action plan eg Loratadine is the active ingredient in Claratyne, Fexofenadine Hydrochloride is the active ingredient in Telfast
- o. ensure the MMP/medical action plan and the Risk Minimisation and Communication Plan is updated at least annually or more often if there are any changes to the medical condition requirements. Refer to section 3.1 point 11 above for further details
- p. seek advice from the Safety Team in complex matters related to the Medical Conditions Policy or Procedures

#### **4.4 Educators/Team Members will:**

- a. follow the Medical Condition Policy and Procedures, including the proper use of any personal protective equipment supplied

- b. become familiar with the needs and risk minimisation strategies of children or team members at the centre who have medical conditions
- c. seek information or advice from an appropriate Team eg Lead Educator or Centre Leadership Team before performing new or unfamiliar tasks
- d. report all incidents and injuries to their supervisor (Lead Educator/Responsible Person) as soon as is practicable and complete a BeSafe report including follow up information and medical outcomes
- e. complete relevant records and forms
- f. follow the emergency evacuation procedures and any instructions given by emergency personnel

#### 4.5 Families will:

- a. inform the team members of any existing medical condition or any such condition as it becomes diagnosed
- b. provide a medical management plan/ action plan outlining symptoms, causes, and prescribed medication together with administration equipment and instructions
- c. respond in a timely manner to requests from team members for information on the current condition, updated information, and complete required documentation
- d. exclude their child as requested by Centre Leadership Team and if team members require further training, equipment, changes to the environment or similar support to be implemented prior to the provision of care. This may also include the completion of the Risk Minimisation and Communication Plan
- e. provide any specialist equipment and medication described in the Risk Minimisation and Communication Plan, provide the centre with copies of the manufacturer's instructions for the operation and safe use of any equipment used to manage the medical condition i.e. diabetes pump, blood glucose monitor
- f. ensure family or emergency contacts are current and with sufficient alternatives
- g. ensure that the medical management plan/medical action plan is reviewed at least every twelve months or sooner if details change. Refer to section 3.1 point 11 above for further details

## 5.0 Definitions

**Centre Manager** (Nominated Supervisor) is the Team Member appointed into the Centre Manager (Nominated Supervisor) role with the alternative being the Responsible Person who is in charge.

**Children** are those children potentially enrolling or currently enrolled in Guardian's Early Learning Programs as distinct from those under 18 yrs old who may be present at our facilities or events.

**Children being educated** is a term from the ACECQA policy and procedure guidelines "Dealing with Medical Conditions in Children" as defining the difference between an early learning purpose versus a health care purpose – see ACECQA's Policy Statement example.

**Families** also means parent or guardian

**First Aider** is a Team Member who has completed relevant First Aid training within 3 years plus annual CPR training

**Medical condition** means a health-related disorder (physical or psychological) diagnosed by a registered medical practitioner which requires a care plan periodically reviewed by a medical practitioner. For the purposes of this policy, it does not include an illness under the Infectious Diseases Policy or a condition that will resolve in under 12 weeks.

**Medical emergency** is any medical condition which is life-threatening or may cause permanent damage if there is no immediate response by others. Severe pain may also require immediate response.

**Medical Management Plan (MMP)/Medical Action Plan** is a document completed and signed by a registered medical practitioner eg. a letter, Asthma Action Plan, ASCIA Action Plan, Diabetes Action Plan, Seizure Management Plan etc. that provides information about the symptoms, causes, prescribed medication, and

instructions on what to do in the event of a medical emergency. If there are no specific action plans available for the medical condition/s and the medical practitioner requests a form to complete, please provide the family with the Guardian Medical Management Plan Form.

### Medication

- 'Medication' includes all prescribed, non-prescribed, over the counter and alternative therapies (vitamins, minerals, supplements) that are administered in an education or care service. Education and care services can only administer medication orally, via an auto injector pen device, aurally (into the ear), through inhalation or topically (on the skin).
- Topical medication can be ointments, oils, creams, gels, foams, powders, and tinctures – Topical medication can be applied to the body surface such as skin or mucous membranes or inhaled to treat ailments. Examples are eye drops, ear drops, asthma medication, skin medications or medications applied to the surface of a tooth.
- Staff are not permitted or authorised to draw up medication into a syringe needle from a vial and inject any medications under the skin. Staff are permitted to use auto injector pen devices eg. EpiPen and NovoRapid pen if staff have the required training

**Personal Emergency Evacuation Plan (PEEP)** A PEEP must be developed for a person who has a medical or physical condition that may impact on their ability to respond effectively to any emergency and requires assistance. The PEEP is to be kept in a folder by the relevant room/floor warden and must be provided to emergency services if requested

**Personal Protective Equipment (PPE)** clothing and equipment provided by Guardian worn or used in order to provide protection against hazardous substances or environments. Examples include, gloves, safety goggles, apron, face mask, gloves.

**Registered Medical Practitioner** means a person registered under the Health Practitioner Regulation National Law to practice in the medical profession.

**Return to Care Plan** is a Form to be completed to support attending the centre while recovering from an injury, event or condition of short duration (less than 12 weeks) under the doctor's / Hospital's guidance. A Return to Care Plan would be used in situations such as, recovering from surgery, a broken leg in a cast for 6 weeks, having stitches for 14 days, 10 weeks of treatment for an ear condition impacting balance, temporary peg feeding post-surgery.

**Risk Minimisation and Communication Plan** - a comprehensive Centre-prepared communication and risk minimisation form agreed to by team members and the family for each child's medical conditions. A team member with a medical condition would complete this with two members of the centre leadership team.

## 6.0 Medication

### 6.1 Administration of Medication

Refer to the Administration of Medication Procedure

Team Members are **not** authorised or permitted to:

- Insert or remove catheters
- Administer suppositories
- Draw up from a vial and inject under the skin any medication via a syringe (the use of auto injectors and premeasured and labelled syringes are permitted)

### 6.2 Storage of medication

- Emergency medication must **NOT BE** in a locked container
- Medication must be kept in a designated location that is not accessible by children

- Medication is to be stored as per the directions on the medication container or label (i.e. refrigerated, away from direct light, within a certain temperature range etc).
- If there are multiple items required for an individual these should be stored together in a suitable labelled container or bag
- All Team Members are to be made aware of the location of medication and be able to always access the medication
- All medication outlined in the MMP / Action Plan must be at the centre for the child to attend

## 5.0 Tools and Resources

<p><b>The most important documents I need are:</b></p> <p>Guardian Medical Management Plan          Medical Conditions Procedure          Risk Minimisation and Communication Plan          Return to Care Plan          Allergy and Anaphylaxis Procedure          Information that must be displayed          Documents that must be accessible</p>	<p><b>Other supporting documents will include:</b></p> <p>Infectious Diseases Policy          Administration of Medication Procedure          Whereabouts of Medications          Medication Record          Centres Emergency Management Plan  <a href="#">Medical Conditions</a> Guardian Way page  <a href="#">Food Safety</a> Guardian Way page</p>
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## 6.0 Source

Section 167	Offence relating to protection of children from harm and hazards
Regulation 85	Incident, injury, trauma and illness policy and procedures
Regulation 86	Notification to parent of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 89	First aid kits
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement – anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 96	Self-administration of medication
Regulation 136	First aid qualifications
Regulation 162(c) and (d)	Health information to be kept in enrolment record
	(c) details of any –
	(i) specific healthcare needs of the child, including any medical condition; and
	(ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis
	(d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c).
Regulation 168	Education and care services must have policies and procedures
Regulation 169	Additional policies and procedures – family day care
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies and procedures
Regulation 173 (2)(f)	Prescribed information to be displayed
	For the purpose of section 172 (f) of the Law, the following matter and information are prescribed –
	(f) if applicable –
	(i) in the case of a centre-based service, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service; or



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