

Policy title	2.1 Dealing with Serious Medical Conditions
Policy type	Management
Group	Family and Children

Rationale

An approved service must have a Policy and Procedures for managing serious medical conditions of children enrolled in a service. For the purpose of this Policy, serious medical conditions include but are not limited to anaphylaxis, asthma and epilepsy. Careful consideration of health/medical conditions allows all children to fully participate in the program.

Specific actions may be required to manage medical conditions like anaphylaxis, asthma, diabetes, epilepsy and other individual health needs. It is the responsibility of families and service staff to develop an agreed management plan for these health needs to ensure that precautions are taken and treatment actions are clearly defined. Plans should be completed prior to a child being enrolled at a Moonee Valley City Council education and care service, or as soon as the families become aware of the health need, to ensure appropriate management actions can be taken.

The purpose of this Policy is to ensure that families and Council staff understand the individual medical management plan requirements to care for children with medical conditions or specific health needs. This Policy should be read in conjunction with other specific policies and procedures including:

- Anaphylaxis Management
- Asthma Management
- Administration of First Aid
- Administration of Medicine

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Family and Children's Services	Michele Leonard	2.1 Dealing with Serious Medical Conditions Procedure	17/150872	August 2017	August 2019

Policy statement

Moonee Valley City Council is committed to:

- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and *Education and Care Services National Regulations 2011*, *Victorian Children's Services Regulations 2009*, and *Children's Services Act 1996* to ensure that those involved in Council education and care services are protected from harm
- providing a copy of the Dealing with Medical Conditions Policy and procedures to parent/guardian during enrolment and as soon as families advise a service that their child experiences a medical condition
- establishing clear procedures to support the enrolment and participation of children and families with specific healthcare requirements
- developing an individual medical management plan for children with serious conditions in conjunction with the child's parent/guardian and the family's registered medical practitioner
- ensuring that educators/contractors have the necessary expertise to support the inclusion of children with additional health needs
- managing all medical details held by Council's Family and Children's Services in accordance with the *Health Records Act 2001*
- where a child is at risk of anaphylaxis or asthma, the *Education and Care Services National Regulations 2011* require the development of a specific Anaphylaxis or Asthma Action Plan (see Policy 2.2 Asthma Management and Policy 2.3 Anaphylaxis Management). Reference to 'medical management plan/s' in this Policy and Procedures is a generic term which covers anaphylaxis, asthma, epilepsy, diabetes and other
- implementing the Dealing with Serious Medical Conditions Policy involves a shared responsibility between all involved in the operation of education and care services — educators/contractors, staff, volunteers, children and families. Council is committed to providing a safe environment for children with medical conditions or specific health needs by applying the following procedures and practices

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Procedure	2.1 Dealing with Serious Medical Conditions Procedure
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Action	Approved provider	Responsible Person or Primary Nominee	Educator/contractor	Families	Education and Care Services National Regulations 2011	Education and Care Services National Law Act 2010	Children's Services Regulations 2009 & Children's Services Act 1996
When a child has a medical condition, the parent/guardian must provide an individual medical management plan prior to their child attending an education and care service.	✓	✓	✓	✓	r.90 r.91 r.95 r.173 r.181	s.167	r.28 r.31 r.34 r.40 r.41 r.43 r.67 s.26
The plan is developed by a registered medical practitioner in consultation with the parent/guardian.	✓	✓	✓	✓	r.90 r.95	s.167	r.28 r.31r.34 s.26 s.29B
The plan must include what actions to take in a medical event, written permission to implement the action plan if required, and be dated and signed by the registered medical practitioner.	✓	✓	✓	✓	r.90 r.95 r.173	s.167	r.28 r.31r.34 s.26 s.29B
The medical management plan is reviewed every 12 months or as the child's condition changes. Any changes to the child's condition, medication or dietary requirements are updated on the plan by the registered medical practitioner. The updated, signed and dated plan is provided to the Responsible Person or Primary Nominee as soon as practicable.	✓	✓	✓	✓	r.90 r.181	s.167	r.28 r.31 r.34 s.26 s.29B

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Notify the Responsible Person or Primary Nominee of any changes to the status of their child's medical condition, and provide new health and risk management plans in accordance with these changes.		✓	✓	✓	r.90	s.167	s.26
A risk management plan and communication plan are developed in consultation with the family prior to their child attending an education and care service.	✓	✓	✓	✓	r.90 r.95 r.173 r.181	s.167	r.28 r.31r.34 r.50 s.26 s.29B
Unexpired prescribed medication is required to be kept at the service for the duration of the child's enrolment.		✓	✓	✓	r.90 r.95	s.167	r.50 s.26 s.29B
The expiry date of medication stored at a service is checked quarterly, and families are advised of medication nearing expiry a minimum of four weeks prior.	✓	✓	✓		r.90 r.95	s.167	r.50 s.26 s.29B
If a child experiences or has experienced a medical condition outside of the service, the Responsible Person or Primary Nominee is notified.		✓	✓	✓	r.90	s.167	s.26
Where the child requires a specific medical procedure or multiple medications simultaneously it is recommended that additional information be sought from the family's medical practitioner.		✓	✓	✓	r.90 r.95 r.181	s.167	r.28 r.31s.26
If a child has a chronic illness or medical condition that requires invasive clinical procedures or support while enrolled at the service, then it is vital that arrangements are negotiated for either the parent/guardian, authorised contacts, or appropriate healthcare workers to attend		✓	✓	✓	r.90 r.95 r.162 r.181	s.167	r.28 r.31 r.34 s.26

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the service to perform the procedure. The parent/guardian and service staff should liaise with either the child's medical practitioner or another appropriate service provider to establish such an arrangement, following enrolment and prior to the child starting at the service.							
Encourage ongoing communication with parent/guardian regarding the current status of the child's medical condition, this Policy and its implementation.	✓	✓	✓	✓	r.90 r.91	s.167	r.41 s.26
Where a child has been diagnosed as being at risk of anaphylaxis, a notice stating this must be visible at the entrance of the service. Also display an 'Emergency Contact' card next to service telephones.	✓	✓	✓	✓	r.90 r.162 r.173 r.181	s.167	r.40 r.63 r.65 r.67 s.26
Ensure a copy of the child's medical management plan is visible and known to all staff in a service. Explain to families the need to do so for the purpose of ensuring their child's safety and wellbeing.		✓	✓	✓	r.90 r.95 r.162 r.173 r.181	s.167	r.28 r.31 r.34 r.40 s.26
When medical treatment has been given according to a child's individual medical management plan, the child's parent/guardian is notified.	✓	✓	✓		r.92 r.93 r.94 r.95 r.85 r.86 r.87	s.167	r.28 r.36 r.37 r.63 r.65 r.67 r.83 r.91 s.27 s.29A s.29B
All medication administered to the child is in the original container with the child's name, dosage and expiry date, before the child is able to attend an education and care service.		✓	✓	✓	r.92 r.93 r.95 r.86	s.167	r.28 r.36 r.37 r.50 r.53 r.83 s.26 s.27 s.29A

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<p>Medication and medical procedures can only be administered to a child:</p> <ul style="list-style-type: none"> with written authorisation from the parent/guardian when the medication is in the original container with the child's name, dose and frequency printed on a pharmacy label, and it is within its expiry date two (2) authorised staff are to be in attendance when medication is administered. One adult to be responsible for the administration and one adult to witness the procedure. In the case of family day care, medication can be administered by one educator; however, the educator must ensure that their first aid certificate is current (refer to Policy 2.8 Administration of Medication) document the administration of the medication in the medication record. 	✓	✓	✓	✓	r.92 r.93 r.94 r.95 r173	s.167 s.165 s.169	r.28 r.36 r.37 r.50 r.53 r.83 s.26 s.27 s.29A
<p>Monitor the signs and symptoms of specific medical conditions, and health and risk management plan implementation, and communicate any concerns to the Responsible Person or Primary Nominee and parent/guardians.</p>		✓	✓		r.90 r.86	s.167 s.165 s.169	r.50 r.53 s.26
<p>Communicate to the Responsible Person or Primary Nominee any relevant information passed on by the</p>		✓	✓	✓	r.90 r.86	s.167	r.28 r.31 r.34

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parent/guardian regarding their child's medical condition to ensure the child's record and individual medical management plan is updated.							
<p>If a child, who has not previously been diagnosed with a medical condition, appears to be suffering from anaphylaxis, asthma, seizure, febrile convulsion (a fit or seizure caused by a fever — a temperature above 38° Celsius), or is unresponsive or loses consciousness:</p> <ul style="list-style-type: none"> • call an ambulance immediately by dialling 000 • commence first aid measures • contact the parent/guardian • contact the person to be notified in the event of illness if the parent or guardian cannot be contacted <p>Inform the Responsible Person or Primary Nominee of any issues that impact on the implementation of this Policy.</p>		✓	✓		r.92 r.93 r.94 r.95 r.176 r.85 r.86 r.87 r.89	s.167 s.165 s.169	r.28 r.33 r.34 r.36 r.37 r.41 r.43 r.44 r.50 r.53 r.63 r.65 r.67 r.73 r.74 r.75 r.77 r.83 r.84 r.86 r.88 r.90 r.91 s.26 s.27 s.29A
Liaise with the Responsible Person or Primary Nominee in relation to any relevant training required by educators/contractors or staff to perform specific medical procedures (as required).		✓	✓	✓	r.90	s.167	r.43 r.63 r.65 r.67
Inform the Responsible Person or Primary Nominee of pending medical appointments so that relevant plan templates can be provided for completion by the medical practitioner. The child will be unable to attend an education and care		✓	✓	✓	r.90	s.167	s.26

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service if plans have not been completed fully and signed by a medical practitioner.							
A medical certificate issued by a registered medical practitioner must be provided to the service stating the date when the child can attend after being unwell.		✓	✓	✓	r.162 r.181	s.167	s.26
Make a copy of this Policy available to all service staff, students and volunteers.	✓	✓	✓		r.90	s.167	r.41 s.26
Ensure families and educators/contractors understand and acknowledge each other's responsibilities under this Policy and these Procedures.			✓	✓	r.90 r.91 r.95	s.167	r.41 s.26
All permanent and relief staff, students and volunteers can identify children in the service with a medical condition, and locate the individual child's respective medical management plan and prescribed medication.	✓	✓	✓		r.90 r.95 r.173	s.165 s.167 s.169	r.40 r.50 r.53 s.26 s.27
Establish robust local induction sessions that include the provision of information regarding the procedures to be implemented as part of this policy.	✓	✓	✓		r.90 r.77 r.95	s.167 s.169	r.36 r.41 s.26 s.27
Ensure at least one educator/contractor/staff member, who has completed accredited training in emergency management requirements for specific medical conditions, and who is present in the service at all times.	✓	✓	✓		r.95	s.167 s.169	r.63 r.65 r.67 s.26

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Conduct regular training for educators/contractors/staff in asthma, anaphylaxis, epilepsy and diabetes management training, and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs.	✓	✓	✓		r.90 r.77 r.95 r.87	s.167	r.36 r.40 r.41 r.43 r.63 r.65 r.67 r.83 s.26 s.27
Train service staff in the management of health conditions, including awareness of common childhood conditions and their symptoms.	✓	✓	✓		r.90 r.77 r.87	s.167	r.36 r.41 r.43 r.63 r.65 r.67 r.83 s.26 s.27
Identify training requirements and schedules, and inform the approved provider to ensure an adequate budget is allocated to specific health training needs.	✓	✓	✓		r.90 r.77 r.95	s.167	r.36 r.41 r.43 r.83
Provide information to the community about resources and support for managing specific medical conditions while still respecting the privacy of families enrolled at the service.	✓	✓	✓		r.91	s.167	r.41 r.43 s.26
Inform relief staff, who are responsible for food preparation and/or food serving, of children and staff who have food allergies, the types of allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis.	✓	✓	✓	✓	r.90 r.77 r.173 r.87	s.165 s.169	r.40 r.41 r.43 r.50 r.53 r.63 r.65 r.67 r.78 r.80 r.81 r.83 s.26 s.27
Inform the approved provider or representative of any issues that impact on the implementation of this Policy.	✓	✓	✓	✓	r.90	s.167	s.26

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Self-administration by a child over preschool age (family day care only)

Services that provide education and care to a child over preschool age (as defined in the *Education and Care Services National Regulations 2012*), may allow a child over preschool age to self-administer medication. Council's Family Day Care Service has determined that the following procedures be adopted:

- where a child over preschool age can self-administer medication/medical procedures, written permission must be provided by the child's parent/guardian.
- parents/guardians are to provide written details of the medical information and administration protocols from the child's specialist/medical practitioner(s).
- the self-administration of medication or medical procedures with children over preschool age is to be undertaken **only** under supervision by a staff member with an approved first aid qualification.

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Resources and useful websites

This Policy and Procedures are aligned to National Quality Standard.

<http://acecqa.gov.au/national-quality-framework/the-national-quality-standard>

Diabetes Australia provides detailed information on Types 1 and 2 diabetes on their website: <http://www.diabetesaustralia.com.au/Understanding-Diabetes/>

Epilepsy Action Australia defines epilepsy as a disease characterised by the tendency to have recurrent seizures and states that it is a common *neurological condition* affecting up to 2 per cent of the population. While it is more likely to be diagnosed in childhood or senior years, it is not confined to any age group, sex, or race. More than 70 per cent of people become *seizure free* taking *medication*. More information can be accessed at <http://www.epilepsy.org.au/about-epilepsy>

Health Act 1958.

Health Records Act 2001.

Occupational Health and Safety Act 2004.

Staying Healthy in Childcare: Preventing Infectious Diseases in Early Childhood Education and Care Services, 5th edition, (2012). National Health and Medical Research Council.

http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf

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Schedule 1 Risk minimisation plan for medical conditions

This plan is to be completed by the Responsible Person or Primary Nominee /family day care educator/contractor in consultation with the parent/ guardian on the basis of information provided by the child's medical practitioner.

Child's name:		
Date of birth:	Group:	
Child's health condition/diagnosis:		
Medical management plan provided by parent/guardian (please circle): YES / NO		
Medication at the service:		
Parent/guardian contact:	Parent/guardian information (1)	Parent/guardian information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:
Other emergency contacts (if parent/guardian not available):		
Medical practitioner contact:		
Medication storage:		
The following Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on _____.		
Signature of parent/guardian:		Date:
Signature of Responsible Person or Primary Nominee/FDC educator/contractor:		Date:

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Strategies to minimise medical condition risks

Child's name:			
Date of birth:		Group:	
Emergency care to be provided at service:			
Risk Minimisation Plan details			
Risk	Strategy	Who is responsible?	Date

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Schedule 2: Communication Plan (example)

Child's name: John Citizen		Date of Birth: 15/12/2012		
Child's medical condition: Asthma				Date diagnosed: 11/01/2014
Parent's/guardian's name: Mary Citizen				Preferred contact number: (0409) 111 222
What information are we communicating?	How will we communicate?	When we will communicate?	Who is responsible?	Date completed & signature
Enrolment process Service Policies and Procedures/Asthma Policy Service programs and contact details	Verbally and in print with families	Prior to and on enrolment	Responsible Person/educator	30/03/2015
The child has been diagnosed with asthma	Formal notification on Enrolment Form	On enrolment	Parent/guardian	30/03/2015
Asthma Management Plan (provided with prescribed medication and spacer)	Signed original plan and formal meeting	On enrolment and before the child attends Service	Parent/Guardian in consultation with Family's registered medical practitioner	30/03/2015
	Copy of the plan is kept with the child's enrolment record Display in medication bag so Action Plan is visible to all staff/educators.	Before the child attends service	Responsible Person	
Long-term Medication Form for the administration of medication	Signed original plan	Before the child attends service	Parent/guardian	
Risk Minimisation Plan	Signed original plan/formal meeting	Before the child attends service	Parent/guardian, educator	
Communication Plan	Formal meeting	Before the child attends service	Parent/guardian, educator	

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Child's name: John Citizen		Date of Birth: 15/12/2012		
Child's medical condition: Asthma				Date diagnosed: 11/01/2014
Parent's/guardian's name: Mary Citizen				Preferred contact number: (0409) 111 222
What information are we communicating?	How will we communicate?	When we will communicate?	Who is responsible?	Date completed & signature
Where the child's Asthma Management Plan and medication, medication records are located	Staff meetings and induction sessions	Before the child attends the service and during induction of staff, relievers, students, volunteers	Responsible Person	
Any changes to the child's Asthma Management Plan	In writing	As soon as possible after sign-off from family's registered medical practitioner	Parent/guardian	
All relevant information and concerns (ie. if asthma symptoms were present last night)	Verbally/by telephone	As soon as practicable, but no later than 24 hours after condition became apparent	Parent/guardian, educator	
	Documented in Accident, Injury, Trauma and Illness Record Book	As soon as notified	Responsible Person/educator	
Asthma first aid poster in key service locations	Poster displayed next to medication bag	At all times	Responsible Person	
Medical Emergency Action Plan and Ambulance Card '000'	Plan displayed on noticeboard above service phone	At all times and when inducting relievers, students, volunteers	Responsible Person	
Procedure for excursions <ul style="list-style-type: none"> • Child's Asthma Management Plan, medication, and mobile first aid kit • In the case of mild/moderate asthma attack, emergency 	<ul style="list-style-type: none"> • Formal meeting • Parent's/guardian's preferred emergency contact number • Contact number of registered medical practitioner 	Prior to excursion	Educator	
Medication reaching expiry date	Verbally and in writing	After quarterly check of medicines	Responsible Person/educator	

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Child's name: John Citizen		Date of Birth: 15/12/2012		
Child's medical condition: Asthma				Date diagnosed: 11/01/2014
Parent's/guardian's name: Mary Citizen				Preferred contact number: (0409) 111 222
What information are we communicating?	How will we communicate?	When we will communicate?	Who is responsible?	Date completed & signature
Risk Minimisation Plan review due	Verbally and in writing	Two weeks before review due date	Responsible Person/educator	

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