



OOSH DEALING WITH MEDICAL CONDITIONS POLICY & PROCEDURES

O4

1. Policy Information

Policy title	OOSH Dealing With Medical Conditions Policy & Procedures
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Review cycle	1 year
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Approval Authority	Approved Provider (Principal), DPP, OOSH Nominated Supervisor
Person/s responsible for policy	OOSH Nominated Supervisor

2. Overview

Toongabbie Christian College (the 'College') Out of School Hours (OOSH/the 'Service') is committed to providing a safe and supportive environment for the children in their care and has procedures in place to ensure that medical conditions are managed appropriately.

3. Policy

3.1 General Principles

- 3.1.1 OOSH will work closely with children, families and where relevant, College and other health professionals, to manage any medical conditions of children attending the service.
- 3.1.2 OOSH will support children with medical conditions and encourage them to participate in the daily program to support their sense of agency, confidence and their belonging to the Service.
- 3.1.3 Educators will be made aware of the nature of each known medical condition and how they are to be managed and are required to sign any new or updated plans.
- 3.1.4 Children are not allowed to attend the Service without medication that is prescribed by the child's medical practitioner on a Medical Management Plan.
- 3.1.5 Medication will only be administered by an educator.
- 3.1.6 All OOSH educators must hold a current First Aid credential.

4. Procedures

4.1 Allergies and Anaphylaxis

- 4.1.1 Families will be asked to inform the Service of any known medical conditions the child may have (on registration form).
- 4.1.2 Upon notification of a child's medical condition, the Service will provide a copy of this policy to parents/carers in accordance with Regulation 91.
- 4.1.3 Specific or long term medical conditions will require a ASCIA Plan developed by a medical practitioner.
 - 4.1.3.a The Nominated Supervisor contacts families prior to the expiry date to ensure that the Service has a valid plan.
- 4.1.4 A Risk Minimisation and Communication Plan for OOSH will be created together with the Nominated Supervisor and family. The Risk Minimisation and Communication Plan will include:

- 4.1.4.a identification and assessment of any risks to the child or others by their attendance at the Service.
- 4.1.4.b identification of any practices or procedures that need adjustment at the Service to minimise risk, including in the relation to the safe handling, preparation, consumption and service of food, along with their implementation.
- 4.1.4.c methods for communicating between parents/carers and educators any changes to the child's medical management plan.
- 4.1.5 The Medical Management Plan will be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.
- 4.1.6 Where possible, OOSH will try to avoid having the known allergen on the menu for the relevant days to limit the risk of exposure at the Service.
- 4.1.7 A 'Medical Quick List' will be updated upon the enrolment of a new child with a medical condition, or upon a change to a current child's medical condition. This will have a picture of each child with their allergen. It will be posted in the staff room as well as on the fridge in the kitchen.
- 4.1.8 All relief staff will be made aware of each child's allergen at the beginning of their shift.
- 4.1.9 A notice will be placed near the door. The notice will state that this is an 'Allergy Aware' centre. Parents/Carers will be asked to avoid bringing in these types of foods, and will be informed that strategies for minimising the risk are developed and implemented.
- 4.1.10 If a child goes into anaphylaxis, their Medical Management Plan will be followed.
- 4.1.11 The ambulance will be called immediately, whilst first aid is being applied, followed by informing the child's parent/carer.
- 4.1.12 If the ambulance arrives before the parent/carer, an educator must accompany the ambulance with the child, as authorised on the Enrolment form.
- 4.1.13 The Regulatory Authority must be contacted and made aware of the incident within 24 hours and an Incident Report will be completed.

4.2 Diabetes

- 4.2.1 Families will be asked to inform the service of any known medical conditions the child may have (on registration form).
- 4.2.2 Upon notification of a child's medical condition, the service will provide a copy of this policy in accordance with Regulation 91.
- 4.2.3 Specific or long term medical conditions will require a Medical Management Plan developed by a medical practitioner.
 - 4.2.3.a The Nominated Supervisor contacts families prior to the expiry date to ensure that the Service has a valid plan.
- 4.2.4 The Medical Management Plan will be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.
- 4.2.5 A Risk Minimisation and Communication Plan for OOSH will be created together with the Nominated Supervisor and family. The Risk Minimisation and Communication Plan will include:
 - 4.2.5.a identification and assessment of any risks to the child or others by their attendance at the Service.
 - 4.2.5.b identification of any practices or procedures that need adjustment at the Service to minimise risk, including in the relation to the safe handling, preparation, consumption and service of food, along with their implementation.
 - 4.2.5.c methods for communicating between parents and educators any changes to the child's medical management plan.
- 4.2.6 A "Medical Quick List" will be updated each term. This will have a picture of each child with their medical condition. It will be posted in the staff room as well as on the fridge in the kitchen.

- 4.2.7 All relief staff will be made aware of each child's medical condition at the beginning of their shift.
- 4.2.8 Younger children may be assisted with their insulin, older children (with parent/carer permission) will be encouraged to administer their own insulin under the guidance of an educator.
- 4.2.9 Educators will record the BGL.
- 4.2.10 If the BGL is high, the Educator will contact the parent/carer to let them know.
- 4.2.11 If the BGL is low, the child will be given fruit juice and or lollies to bring their BGL back to a reasonable level. The parent/carer will be notified.
- 4.2.12 If a child goes into a diabetic coma, their Medical Management Plan will be followed.
- 4.2.13 As soon as practical, the ambulance will be called, as well as the child's parent/carer.
- 4.2.14 If the ambulance arrives before the parent/carer, an educator must go in the ambulance with the child, as authorised on the Enrolment form.
- 4.2.15 The Regulatory Authority must be contacted and made aware of the incident within 24 hours and an Incident Report will be completed.

4.3 Epilepsy

- 4.3.1 Families will be asked to inform the service of any known medical conditions the child may have (on registration form).
- 4.3.2 Upon notification of a child's medical condition, the service will provide a copy of this policy in accordance with Regulation 91.
- 4.3.3 Specific or long term medical conditions will require a Medical Management Plan developed by a medical practitioner.
 - 4.3.3.a The Nominated Supervisor contacts families prior to the expiry date to ensure that the Service has a valid plan.
- 4.3.4 The Medical Management Plan will be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.
- 4.3.5 A Risk Minimisation and Communication Plan for OOSH will be created together with the Nominated Supervisor and family. The Risk Minimisation and Communication Plan will include:
 - 4.3.5.a identification and assessment of any risks to the child or others by their attendance at the Centre.
 - 4.3.5.b identification of any practices or procedures that need adjustment at the Service to minimise risk, along with their implementation.
 - 4.3.5.c methods for communicating between parents and educators any changes to the child's medical management plan.
- 4.3.6 A "Medical Quick List" will be updated each term. This will have a picture of each child with their medical condition. It will be posted in the staff room as well as on the fridge in the kitchen.
- 4.3.7 All relief staff will be made aware of each child's medical condition at the beginning of their shift.
- 4.3.8 If a child has a seizure at the service, the Medical Management Plan must be followed.
- 4.3.9 The ambulance will be called immediately, whilst first aid is applied, followed by informing the child's parent/carer.
- 4.3.10 If the ambulance arrives before a parent/carer does, an educator must accompany the child, as authorised on the Enrolment form.
- 4.3.11 The Regulatory Authority must be contacted and made aware of the incident within 24 hours and an Incident Report will be completed.

4.4 Asthma

- 4.4.1 Families will be asked to inform the service of any known medical conditions the child may have (on registration form).
- 4.4.2 Upon notification of a child's medical condition, the service will provide a copy of this policy in accordance with Regulation 91.

- 4.4.3 Specific or long term medical conditions will require a medical management plan developed by a medical practitioner.
 - 4.4.3.a The Nominated Supervisor contacts families prior to the expiry date to ensure that the Service has a valid plan.
- 4.4.4 The Medical Management Plan will be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.
- 4.4.5 A Risk Minimisation and Communication Plan for OOSH will be created together with the Nominated Supervisor and family. The Risk Minimisation and Communication Plan will include:
 - 4.4.5.a identification and assessment of any risks to the child or others by their attendance at the Service.
 - 4.4.5.b identification of any practices or procedures that need adjustment at the Service to minimise risk, along with their implementation.
 - 4.4.5.c methods for communicating between parents and educators any changes to the child's medical management plan.
- 4.4.6 A "Medical Quick List" will be updated each term. This will have a picture of each child with their medical condition. It will be posted in the staff room as well as on the fridge in the kitchen.
- 4.4.7 All relief staff will be made aware of each child's medical condition at the beginning of their shift.
- 4.4.8 If a child suffers from an asthma attack, their Medical Management Plan will be followed.
- 4.4.9 The ambulance will be called immediately, whilst first aid is applied, followed by informing as the child's parent/carer.
- 4.4.10 If the ambulance arrives before a parent/carer does, an educator must accompany the child. As authorised in the Enrolment form.
- 4.4.11 The Regulatory Authority must be contacted and made aware of the incident within 24 hours and an Incident Report will be completed.

4.5 Other Medical Conditions such as ADHD

- 4.5.1 Families will be asked to inform the Service of any known medical conditions the child may have (on registration form).
- 4.5.2 Upon notification of a child's medical condition, the Service will provide a copy of this policy in accordance with Regulation 91.
- 4.5.3 Specific or long term medical conditions will require a medical management plan developed by a medical practitioner.
 - 4.5.3.a The Nominated Supervisor contacts families prior to the expiry date to ensure that the Service has a valid plan.
- 4.5.4 The Medical Management Plan will be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.
- 4.5.5 A Risk Minimisation Plan and Communication Plan for OOSH will be created together with the Nominated Supervisor and family. The Risk Minimisation and Communication Plan will include:
 - 4.5.5.a Identification and assessment of any risks to the child or others by their attendance at the Centre.
 - 4.5.5.b Identification of any practices or procedures that need adjustment at the Centre to minimise risk , including in the relation to the safe handling, preparation, consumption and service of food, along with their implementation.
 - 4.5.5.c Methods for communicating between parents and educators any changes to the child's medical management plan.
- 4.5.6 These medical conditions will be on a separate 'Medical Quick List' to the allergies/medical conditions. This list will be locked in a cupboard for staff view only. This list will have a picture of the child and the medical condition.

4.6 Administration & Self Administration of Medication

4.6.1 Please refer to the *OOSH Administration of Medication Policy & Procedures*.

5. References

- none

6. Considerations

Education and Care Services National Regulations	National Quality Standard	Other service policies/documentation	Other
S167, R77, R85, R86, R87, R89, R90, R91, R92, R93, R94, R95, R96, R136, R155, R160, R161, R162, R168, R170, R171, R172, R173	QA2.1.2, QA2.2.1, QA2.2.2, QA4.1.1, QA5.1, QA5.2.2, QA6.1, QA7.1.2, QA 7.1.3	<ul style="list-style-type: none"> • OOSH Administration of Medication Policy & Procedures • OOSH Interactions with Children Policy & Procedures • OOSH Dealing with Infectious Diseases Policy & Procedures • OOSH Enrolment Policy & Procedures • OOSH Confidentiality Policy & Procedures • OOSH Staff Induction Policy & Procedures • OOSH Incident, Injury, Trauma & Illness Policy & Procedures • Educator Handbook 	<ul style="list-style-type: none"> • Disability Discrimination Act 1975 • NSW Anti-discrimination Act 1977 • Work Health and Safety Act 2011 • My Time, Our Place - V2.0 • Privacy Act