

## **Purpose**

This policy applies to children enrolled at the Service who have a diagnosed health care need, allergy or relevant medical condition. Its purpose is to ensure that additional requirements are met to ensure that the child's safety, health and wellbeing is protected. The policy sets out the procedures for high risk scenarios, including establishing clear decision-making processes for calling an ambulance.

This policy sets out

1. practices in relation to the following:
  - a) the **management of medical conditions** diagnosed by a registered medical practitioner including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
  - b) **informing the nominated supervisor, staff members and volunteers** of practices in relation to managing those medical conditions
  - c) **requirements arising** if a child enrolled has a specific medical need.
2. practices in relation to self-administration of medication by children.
3. practices relating to recording in the medication record regarding self-administration.
4. In addition to the Nominated Supervisor, there will be at least one Supervisor in the service according to Regulations.

The approved provider must ensure that a medication record is kept (See Appendix 1).

## **Management of Medical Conditions**

Specific Conditions to which this Policy applies

### **Asthma**

A photographic board of students with asthma is displayed at all times near the OSHC office. This list is maintained by the school, but any updates are brought to the attention of the Nominated Supervisor.

Refer also to whole school Asthma Policy.

### **Diabetes**

A photographic board of students with diabetes is displayed at all times near the OSHC office. This list is maintained by the school, but any updates are brought to the attention of the Nominated Supervisor. All OSHC staff take reasonable steps to minimise the risk of foreseeable harm by being able to recognise the signs of hypoglycaemia or hyperglycaemia and are able to assist students to access emergency care.

### **Stakeholder Communications**

Diabetes Management Plans, Diabetes Action Plans, and Student Health Support Plans, and changes to same, are managed by the service and communicated to the Nominated Supervisor as required.

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All and any changes or additions to plans are communicated to OSHC staff by the Supervisors at monthly staff meetings, during induction for new staff, and on arrival at the service for relief/agency staff.

In signing the final page of the OSHC staff handbook, all staff confirm that they have read the action plans for any children attending the service with medical conditions.

### **Training**

In accordance with the DET Diabetes Guidelines, Supervisors are supported by the school to take professional development opportunities to build capability and confidence to support students with type one diabetes at school, voluntarily agree to undertake training and provide treatment and support to students as outlined in the student's Diabetes Management Plan, Diabetes Action Plan, and Student Health Support Plan. Supervisors are competent and confident in implementing a student's Diabetes Management Plan and Diabetes Action Plan.

All OSHC staff are aware of what type one diabetes is and how to respond safely in an emergency.

At all times, at least one Educator on-duty at the service is trained in administering insulin according to the specific needs of the student(s).

### **Treatment**

All staff have a duty of care to students which includes ensuring that medical assistance is provided if they are sick or injured. This may include emergency first aid to students experiencing severe hypoglycaemia.

### **Reasonable adjustments**

Students and parents/carers work with the service to identify changing needs and agree on reasonable adjustments. These adjustments may include access to food, secure storage for first aid equipment, and the provision of private spaces for management of their treatment.

Refer also to whole school Diabetes Guidelines.

### **Anaphylaxis**

A photographic board of students with anaphylaxis is displayed at all times near the OSHC office. This list is maintained by the school, but any updates are brought to the attention of the Nominated Supervisor.

Named auto-immune injectors and action plans are kept in an Esky in the First Aid Station; addition or removal of items from this container is strictly controlled by the Nominated Supervisor who is also primarily responsible for ensuring contents have not expired. The service also maintains a generic auto-immune injector. Antihistamines are kept in the First Aid Station.

Children's families are responsible for providing on-site medication at all times.

Refer also to whole school Anaphylaxis Policy.

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### **Informing Staff & Volunteers**

Each staff member and volunteer at the service will be provided with a copy of this policy and notified of practices in relation to managing medical conditions diagnosed by a registered medical practitioner at daily briefings and staff meetings. This information is based on each child's enrolment record on a weekly basis.

### **Requirements arising from a child having a specific medical need.**

Each child enrolled at the service who has a diagnosed health care need, allergy or relevant medical condition, should have in place:

- i. a signed **medical management plan** must be provided by the parents of the child and
- ii. this plan is to be followed in the event of a related incident.
- iii. a signed **risk minimisation plan** developed between the service and the parents of the child
- iv. a **communications plan** (see Appendix 2) must be prepared for the service as part of the medical conditions policy to set out how:
  - relevant staff members and volunteers are informed about the medical conditions policy; and, the medical management and risk minimisation plans for children at the service who have a diagnosed health care need, allergy or relevant medical condition
  - a parent of the child can communicate any changes to the medical management plan and risk minimisation plan for their child through the Supervisor.

### **Practices in relation to administration of medication and recording of same.**

#### **Medication Record** (see Appendix 1)

A medication record is kept for each child to whom medication is to be administered by the service. The record must include the authorisation to administer medication (including, if applicable, self-administration, signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication.

This record must be completed each time medication is administered by staff or by self-administration.

#### **Administration of Medication.**

Medication must not be administered to a child unless the administration is authorised and then only in accordance with the procedure for administration in the School Administration of Medication Policy. Such authorisation must be included in the child's enrolment record. If medication is administered, it will be recorded in the Medication Record and a copy of this record will be provided to a family member as soon as practicable.

Medication must be prescribed by a registered medical practitioner and administered from its original container with original label bearing the name of the child and/or instructions, and before the expiry or use-by date.

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**Exception to authorisation requirement.**

In the case of an emergency, authorisation may be given verbally by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication or, if such a person cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.

Medication may be administered to a child without an authorisation in the case of an anaphylaxis or asthma emergency. If this occurs, OSHC will notify the parent of the child and emergency services as soon as practicable.

**Self-administration of medication.**

Children may self-administer medication if an authorisation is recorded in the medication record for the child in accordance with the school Administration of Medication Policy.

The approved provider must ensure that a copy of *this* policy is provided to the parent of a child enrolled at the service who has a diagnosed health care need, allergy or relevant medical condition listed in the enrolment record.

**Related documents and attachments**

- Education and Care Services National Regulations 2011
- OSHC Incident, Injury, Trauma & Illness Policy
- OSHC Medication Record (Appendix 1)
- School Asthma Policy
- School Diabetes Policy
- <https://www.education.vic.gov.au/school/principals/spag/health/Pages/diabetes.aspx>
- DET Diabetes Guidelines
- <https://www.education.vic.gov.au/Documents/school/principals/spag/health/diabetesguidetype1.pdf>
- School Anaphylaxis Policy
- Anaphylaxis Management School Supervisor's Observation Checklist.
- Communication Plan
- OSHC First Aid Policy
- School Administration of Medication Policy

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Appendix 1: **Medication Record**

|  |                  |  |             |  |
|--|------------------|--|-------------|--|
| Name of child  |                  |  |             |  |
| Signed authorisation   |                  |  |             |  |
| Authorisation given for child to self-administer (please circle).  | Yes              |  | No          |  |
| Name of medication to be administered                              |                  |  |             |  |
| Time and date of administration                                    | <u>Time</u>      |  | <u>Date</u> |  |
| Time and date of <b>next</b> administration                        | <u>Time</u>      |  | <u>Date</u> |  |
| Dosage to be administered  |                  |  |             |  |
| Manner in which medication should be administered                  |                  |  |             |  |
| <b><u>Once medication has been administered:</u></b>               |                  |  |             |  |
| Dosage   |                  |  |             |  |
| Manner in which administered                                       |                  |  |             |  |
| Time and date of administration                                    | <u>Time</u>      |  | <u>Date</u> |  |
| Name and signature of person who administered medication           | <u>Name</u>      |  |             |  |
|  | <u>Signature</u> |  |             |  |
| Name and signature of person who checked dosage and administration | <u>Name</u>      |  |             |  |
|  | <u>Signature</u> |  |             |  |