

Caring for Medical Conditions in Children

Inner West Council Children's Services have developed these Guiding Principles and consider them to be the policies and procedures required by law under the NSW Education & Care Services Regulations (2011 SI 653) – NSW Legislation. These Guiding Principles are relevant to all stakeholders including educators, staff, families and community who attend or visit our learning services.

Purpose

Inner West Council is committed to a planned approach to ensure the safety and well-being of all children with medical conditions while in our care and within our services.

We provide emergency First Aid training to our permanent and casual support education team to ensure they give the highest level of care within their capacity as First Aiders.

To support our team's confidence to manage health conditions, we encourage communication and teamwork, partnerships with families and we set clear guidelines to manage and respond appropriately to any child with a medical condition.

Inclusion of all children within our program is important. We reflect on each child's needs to ensure any barrier due to medical conditions is minimised, so all children are safe, feel included and have a sense of belonging.

Guiding Principles and Embedded Practice

Families agree to:

- Follow all requirements and guidelines within this Guiding Principle.
- Communicate openly and regularly with the NS about children's health and medical needs to support the team to provide a safe environment for their child.

The Nominated Supervisor (NS) and team diligently and purposefully, with reflection for continuous improvement, must:

- Follow all requirements and guidelines within this Guiding Principle.
- Openly communicate with families about children's health requirements in a culturally appropriate and sensitive way.
- Develop, follow and reflect for continuous improvement upon procedures for clear communication and updates about children with medical conditions.
- Ensure all Action Plans and Risk Minimisation & Communication Plans are followed.
- Ensure their training in the administration of emergency medication, First Aid and CPR are up to date.
- Ask questions to clarify understanding to support correct following of every child's medical plan.
- Respect confidentiality of information in the way plans and sensitive information is displayed and shared.
- Reach out to their Operations Manager for guidance if they are unsure how to support a child's medical condition.
- Safety of children is a team approach, and it is imperative the NS and team feels confident to support each child's medical needs.

Guiding Principles Quick Reference :

| | |
|--|----|
| During enrolment or the diagnosis process:..... | 3 |
| Families must provide a medical Action Plan for each medical condition | 3 |
| For children identified with Medical Conditions, the role of the Nominated Supervisor (NS) is divided into several responsibilities..... | 3 |
| A Development of procedures and embed safe practices to identify & communicate medical conditions to all stakeholders: | 3 |
| B Risk Minimisation & Communication Plans (RMCP) are created based on information in Action Plans and Medical Documentation:..... | 5 |
| C Practices and procedures are embedded, communicated and updated..... | 6 |
| D Communication about children with medical conditions..... | 6 |
| E Communication about changes to Action and/or Risk Minimisation & Communication Plans..... | 7 |
| F Documentation and record keeping:..... | 7 |
| G Emergency First Aid Kit equipped with Emergency medication and apparatus for administration..... | 7 |
| Excursions and Evacuation Rehearsals:..... | 8 |
| The role of the Cook (and casual cook) is to be | 8 |
| The role of the Educator relating to children with medical conditions:..... | 9 |
| Procedures and Embedded Practice identifying & communicating medical conditions:..... | 9 |
| Documentation and record keeping:..... | 10 |
| The role of families for their child with a medical condition:..... | 10 |
| Communication, Supporting Documentation and Medication:..... | 10 |
| Self-Administration of Medication..... | 11 |
| Children's Voices and Agency:..... | 11 |
| Staff diagnosed with a confirmed medical condition must: | 12 |
| In case of a medical episode or emergency (includes Asthma or Anaphylaxis)..... | 13 |
| Management of specific medical conditions:..... | 14 |
| Diabetes Management:..... | 14 |
| Safe disposal of sharps:..... | 14 |
| Seizure Management: epilepsy or febrile convulsions: | 15 |
| Children on permanent medication (ADD/ADHD, ALLERGIES):..... | 16 |
| Personal Emergency Evacuation Plan (PEEP):..... | 16 |
| Definitions:..... | 17 |
| Related Guiding Principles Policies & Attachments: | 18 |

During enrolment or the diagnosis process:

Families must provide a medical Action Plan for each medical condition:

Action plans can include:

- Asthma Action Plan;
- Allergy Action Plan;
- Anaphylaxis Action Plan;
- Diabetes Management Plan;
- Seizure Management Plan (also known as Epilepsy Management Plan);
- ADHD Management Plan;
- Or a letter from their doctor/emergency department advising of the medical condition, known triggers and actions to follow in case of emergency **until** an Action Plan can be provided.

Action Plans must be provided to the Nominated Supervisor/Responsible Person:

PRIOR to their child's first day of care* or;

PRIOR to their child's return to care of care* after diagnosis or episode; and

Prepared by the child's independent Doctor/emergency room Doctor (not a parent of the child even if they are a registered Doctor). A letter from an emergency room may be accepted temporarily until diagnosis and an Action Plan is received.

***Note:** Within this guiding principle, each time the phrase (or similar wording) 'before the child's first day of care' is referred to, it means 'before the child's first day of care or prior to an enrolled child's return to care after a diagnosis.'

For children identified with Medical Conditions, the role of the Nominated Supervisor (NS) is divided into several responsibilities. These include:

A Development of procedures and embed safe practices to identify & communicate medical conditions to all stakeholders: The Nominated Supervisor must:

1. Develop procedures for clear communication and updates to all staff (including casual cooks and support staff) about children with medical conditions including:
 - their action plans;
 - Risk Minimisation & Communication Plans (RMCP);
 - Medication, expiry dates and storage;
 - Days of attendance (along with communicating changes of permanent attendance and/or casual days).

2. Safe food handling, preparation and consumption of food is a documented procedure to ensure:
 - (a) The cook (and casual cooks) follows procedure,
 - (b) each educator is aware of children with food allergies and;
 - (c) each child receives food appropriate for their needs.
 → Ensuring the cook (and casual cook) is:
 - (a) aware of and follows the documented procedure for preparing and serving food to children with medical and dietary conditions. This could include, but it not limited to, labels with the child's photograph, name and allergen to be placed onto all meals prepared for that child.
 - (b) is informed in advance of change of days **and/or** casual days of any child with a medical condition related to food.
 - (c) handling, storing, preparing and serving food safely to avoid cross-contact with allergens;
 - (d) offering alternative options or modifications to accommodate their needs;
 - (e) Following a regular cleaning schedule is essential for maintaining an allergy-free commercial kitchen.
3. Identify children with medical conditions before the child's first day of care* through conversations with families and enrolment documentation. Ask questions if you unsure or require any clarification.
4. Develop a Risk Minimisation & Communication Plan (RMCP) for each child (and each medical condition) based on the child's Action Plan and in consultation with the family that identifies, assesses and minimises the risks relating to the child's health care need, allergy or relevant medical condition.
5. Regularly discuss and reflect with the team:
 - (a) for continuous improvement about procedures and communication relating to medical conditions;
 - (b) to support clear communication of children's medical needs and;
 - (c) to share updated information about children with medical conditions as received.
6. Ensure all procedures within this Guiding Principle are actioned prior to the child's first day of care*.
7. Respect confidentiality of information in the way plans and sensitive information is displayed and shared.

8. Reach out to their Operations Manager for guidance if they are unsure how to support a child's medical condition. In the event the NS is on leave during identification of a medical condition, the Responsible Person (RP) is to follow all procedures within this Guiding Principle. The RP can reach out to their Operations Manager for full support and guidance throughout the process.

B Risk Minimisation & Communication Plans (RMCP) are created based on information in Action Plans and Medical Documentation: The Nominated Supervisor will ensure:

1. A copy of this Guiding Principle is provided to the family when an Action Plan is received, or medical condition is disclosed.
2. A Risk Minimisation & Communication Plan (RMCP) is prepared by the NS for each medical condition. The RMCP is developed referring to information provided from conversations with the family, the enrolment form, emails, action plans and medical documentation.

The NS will consult with their Operations Manager for guidance if they do not understand the child's health requirements or need guidance to complete the plan.

3. Ensure a current photograph of the child is on the Action Plan and the RMCP. The family will provide a current digital photograph of the child if the service does not have access.
4. Share the draft RMCP with the family for addition of further comments or information. The family will sign the RMCP and return to the NS.
5. Provide the family an Authorisation of Medication form for all emergency medication listed on the plan. This form is to be completed, signed and returned to the NS **before** the child's first day of care*.
6. The RMCP will be communicated to the team **before** the child's first day of care*.
7. Each educator and staff member will read these documents to become familiar with any triggers, allergens and required medical care. Questions to clarify information are encouraged to ensure full understanding.
8. Each educator and staff member (including the Cook and Administration Officer) will sign the RMCP to acknowledge their understanding.
9. Display the Action Plan with the RMCP in the agreed locations and method (such as on the wall, in a display stand) for staff to access at any time.
10. These plans are displayed in the most appropriate location (with consideration given to confidentiality) to ensure staff are aware and can care for each child's needs. It is suggested that food allergen plans are visible from:
 - the area where children eat meals;
 - on each food trolley that could be used for the child's meals;
 - the kitchen for the cook.

11. **The Nominated Supervisor will:**

- (a) Create and maintain an updated, easy reference list of children with medical conditions to be always displayed on the wall and on each food trolley for quick reference during meal service. Information will include:
 - The child's name;
 - Current photograph of the child;
 - Days of attendance;
 - Known allergy or medical condition.
- (b) Communicate to the cook of the service of the medical conditions relating to food intolerances and allergies.
- (c) Create an individual medical box or bag easily accessible to all educators and store in the agreed location, preferably close to the area used most by the child containing:
 - A label on the front (for easy identification and quick access) with the child's name, current photograph, allergen/medical condition, medication names and expiry dates;
 - A copy of the Action Plan AND RMCP for quick access in case of an emergency;
 - The medications listed on the allergy plans including apparatus required for administration (medicine spoon, cup or syringe, or spacer along with Ventolin).

C **Practices and procedures are embedded, communicated and updated:**

The Nominated Supervisor will ensure:

- 1. A register of all permanent educators is maintained with evidence of current first aid, CPR and anaphylaxis & asthma training including expiry dates.
- 2. Site specific Induction for staff and educators includes children with medical conditions.
- 3. Practices and procedures in relation to the safe handling, preparation and consumption and service of food are developed and implemented.
- 4. Educators are informed about the Action Plan and RMCP for each child and this Medical Conditions Guiding Principle (this includes students and volunteers).
- 5. Educators are trained in:
 - safe handling, preparation, consumption, and service of food.
 - procedures contained in the Risk Minimisation & Communication Plan prior to the child's first day of care*.

D **Communication about children with medical conditions:**

The Nominated Supervisor will ensure:

- 1. Procedures for staff (including casual educators) to identify each child with medical conditions including:
 - visual/photographic identification by sight of each child;
 - knowing the location of Action Plans, RMCP and medication.

- Families enrolled at the service are informed of the need to prohibit food or items which may present a hazard to diagnosed medical conditions (such as nuts).
- A notice on the front door stating a child has been diagnosed as at risk of anaphylaxis is enrolled at the service [Regulation 173 (f)(i)];
- An Allergy Aware poster on the front door of the service advising the name of known allergens (for food allergies) to make aware to all persons entering.

E Communication about changes to Action and/or Risk Minimisation & Communication Plans: The Nominated Supervisor will ensure:

1. Changes to the Action Plan and/or RMCP as communicated by the parents are documented and communicated to the team. The team sign that they have read and understood the changes.
2. **Up to date medication**, devices and equipment used for medical management: are stored in each child's individual medication box/bag and are replaced **before** expiration.
3. Families are reminded in advance prior to expiry dates of medication or action plans and their responsibility to update or provide these new medications prior to expiry.
4. Children do not attend the service without the medication specific to their health care needs allergy, or relevant medical condition.

F Documentation and record keeping: The Nominated Supervisor will:

1. Prepare records to be confidentially stored as directed by the Approved Provider until the child turns the age of 25 years or as required by the Regulations and Privacy Act.
2. Provide a copy of the Medication Record to the family and/or medical staff in the event further medical intervention is required.

G Emergency First Aid Kit equipped with Emergency medication and apparatus for administration: The Nominated Supervisor will:

1. Ensure processes are in place stock the Emergency First Aid kit with emergency medication including an EpiPen Jnr. Or Anapen Jnr Auto Injector AND Asthma Medication with at least 2 spacers.
2. Document the expiry dates of these medications and ensure they are always within expiry date.
3. If a child with asthma or anaphylaxis arrives at the centre without the appropriate medication, they will be excluded until appropriate medication is provided to the centre. However, if the child has an asthma attack or anaphylactic reaction whilst on the premises, educators will administer the centre emergency medication.
4. Spacers for Asthma: Ensure all spacers: –
 - within the emergency kit are single person use only and are not shared.
 - Are cleaned after each use or at least once a month.
 - are replaced within the kit every 12 months.

Excursions and Evacuation Rehearsals: **The NS and Educators** will ensure

1. Emergency medication and individual child's medical plans including the Risk Minimisation & Communication Plan for diagnosed medical conditions are to be taken on all excursions and transportation of children, during evacuations and fire drills.
2. Risk Assessments will identify whether the greater risk requires the centre asthma emergency kits and/or the centre emergency EpiPen to be kept on site during excursions OR taken off-site as part of the excursions IF no child attending the excursion is diagnosed with asthma or anaphylaxis.
3. Educators attending the excursion are to be aware of each child's plan.
4. A designated educator must be assigned to directly supervise any child with a medical condition – this educator is to hold the child's medication and management plan throughout the excursion.
5. An Educator will telephone '000' immediately if:
 - If a child diagnosed with anaphylaxis, or unknown to be anaphylactic, experiences an anaphylactic reaction or;
 - a serious emergency, illness or accident requiring immediate medical attention is presented.

The Nominated Supervisor and Operation Managers must be informed of the emergency as soon as possible.

The role of the Cook (and casual cook) is to be:

1. Aware of and follow the documented procedure for preparing and serving food to children with medical and dietary conditions always. This could include, but it not limited to, labels with the child's photograph, name and allergen to be placed onto all meals prepared for that child;
2. Informed in advance of change of days **and/or** casual days of any child with a medical condition related to food; and be proactive in finding out this information in advance;
3. Handling, preparing and serving food safely to avoid cross-contact with allergens;
4. Store allergen-free products separately from allergen-containing produces to prevent cross contamination. Use separate storage areas, equipment and utensils. Also store allergen-free used kitchen utensils in a closed container between use.
5. Clearly labelling allergens on food products, menus and storage containers to prevent accidental exposure to allergens.
6. Recording date food was prepared and labelling ingredients within frozen foods made by the cook, including baby foods.
7. Offering alternative options or modifications to accommodate their needs;
8. Following a regular cleaning schedule is essential for maintaining an allergy-free commercial kitchen.

The role of the Educator relating to children with medical conditions:

Procedures and Embedded Practice identifying & communicating medical conditions:

Educators' responsibilities are:

1. Follow all procedures within this Guiding Principle.
2. Actively seek information to know all children diagnosed with a medical condition or specific health care need and the risk minimisation procedures in place, and any changes to these plans as they occur, before the child's first day of care*.
3. Read and sign in acknowledgement that they have read and understood each child's Action Plan and Risk Minimisation & Communication Plans (RMCP).
4. To ask questions to their NS if they don't understand any part of the medical condition, action plan, RMCP or how to care for any child. Questions to gain clarification and confidence to keep children safe are welcomed.
5. To always check which children within their care, have medical conditions relating to food intolerance or allergy, **before** they provide food to any child. Never assume. Always check.
6. Food being served to children follows a documented procedure to ensure each educator is aware of all children with food allergies and each child receives food appropriate for their needs.
7. Encourage peers to follow all procedures as set out by the NS, and speak up if you notice irregularities or breaks of procedures, particularly in relation to the serving of food to children.
8. To actively document permanent changes of attendance and/or additional casual days picked up by the child when notified.
9. To update the NS of any changes communicated to them by a parent;
10. Know where medication is stored and/or any specific dietary restrictions relating to their health care need or medical condition.
11. Up to date first aid certifications are maintained prior to expiry, including anaphylaxis and asthma management every three years.
12. CPR training updated annually or as close to annually as possible (CPR every 12 months is recommended).
13. Families and other children are aware of hazards to children with medical conditions.
14. Openly communicate with families about known medical condition while keeping identity confidential.
15. Daily programs and environments are modified to include and accommodate child's medical needs and abilities if necessary and in consultation with families;

Documentation and record keeping:

Educators will:

1. Refer to this Guiding Principle for specific medical conditions when needed.
2. Complete a Medication Record when a child receives emergency medication.
3. Inform the family about the medical episode and any administration of medication through provision of a copy of any relevant records including the Administration of Medication Record.

The role of families for their child with a medical condition:

Communication, Supporting Documentation and Medication:

Families are always expected to:

1. Follow all requirements and guidelines within this Guiding Principle.
2. Advise the service of the child's medical condition and their specific needs as part of this condition upon enrolment, investigation or diagnosis.
3. Provide to the service copies of all documentation and/or plans relating to their child's medical condition.
4. Work with the service to develop a Risk Minimisation & Communication Plan (RMCP) to identify triggers and strategies to assess, manage and minimise the risks relating to the child's health care need, allergy or relevant medical condition.
5. To sign and return the RMCP in a timely manner.
6. Sign and return the Long-Term Medication Administration form.
7. Provide a current digital photograph of their child which clearly focuses on the child's face, if requested.
8. Ensure emergency medication noted in the plan is either kept at the service (or sent with the child each day the child attends – if agreed and discussed in advance with the service), including apparatus for administration including but not limited to spacer, medicine cup or medicine syringe.
9. Ensure their child's medication expiry dates are noted and medication is replaced prior to its expiry.
10. Understand that a child will not be accepted into care if the emergency medication is not provided upon arrival each day or is out of the expiry dates.
11. Understand that the service will not administer the child's first ever dosage of medication or the first increased/updated dosage of medication for the first time. This must happen within the home, at least 24 hours prior to care.
12. Ensure their child's Action Plan is reviewed by the due date or at least annually.

13. Provide regular updates to the service on the child's medical condition including any changes, and ensure all information provided is up to date in writing.
14. Advise the service of any episode that child may have experienced because of their medical condition and seek medical attention prior to returning to care.
15. Ensure their emergency contact list is always updated – including those authorised to consent to the administration of medication.
16. Understand that our team require time with the documentation, specified medication and equipment to prepare all required plans and communicate medical needs with the team prior to the child's attendance. Understand this may result in delay of the child's first day or return to care after diagnosis/episode while these guiding principles are actioned in full.

Families can expect that educators will always act in the best interests of the children in their care and meet the children's individual health care needs.

Self-Administration of Medication: In accordance with Regulations 90(2) and 96 a child over preschool age may self-administer medication.

A meeting will be arranged with the family of the child to discuss how and if we can support children in OSHC services to self-administer with:

Any Risk Minimisation & Communication Plans, developed in consultation with the family, where self-administration is the goal, the administration of medication by the child will always be supervised by the NS/RP or an educator.

Children's Voices and Agency:

Our children's voices and agency are valued by our team, and we will not force any child to take medication if they express any concern or physically refuse the medication. Parents may be contacted in this instance to support the team and to discuss possible strategies to support the child during future medication dosages.

If the child refuses to take medication during a medical episode, an ambulance will be called to support the health of the child.

If children within OSHC services express a desire to self-medicate, a meeting will be planned with the family for further discussion.

Staff diagnosed with a confirmed medical condition must:

1. Never carry medication in their pocket or on their person.
2. Must ensure their medication is in its original packaging, preferably with a pharmacist label containing the educator's name.
3. Provide an Action Plan or letter to their Direct Line Manager from their doctor advising of the condition.
4. Prepare a Risk Minimisation & Communication Plan in consultation with their Direct Line Manager. This plan is to be reviewed annually and documented on the staff emergency contact list and held in their file.
5. For emergency medication such as Ventolin or Epi-pen - ensure the team knows the location and it is easily accessible (preferably located with the children's emergency medication) to ensure easy access should the medication be required in an emergency.
6. Non-emergency medication - may be stored in your personal bag inside your locked locker or a locked medication box in the playroom.

Confidentiality is always observed, and exposure of this information is on a need-to-know basis and shared for the wellbeing of the educator only.

In case of a medical episode or emergency (includes Asthma or Anaphylaxis)

| |
|--|
| Remove other children away from the area of the episode/medical emergency |
| Two Educators minimum remain with the child to tend to the emergency |
| Educator 1 – stay with child. Educator 2 – collect child's Emergency Medication Box/Bag and return to the child. |
| If the child is having a seizure, move any dangerous objects away from the child. Put a pillow under the child's head (if safe to do so). Do not put anything near or in the child's mouth. |
| Follow the child's Action Plan |
| Educator or NS to document: <ul style="list-style-type: none"> → the time and dosage of any medication on Regular Ongoing Administration of Medication form. → Required information on the Incident, Injury, Trauma Report OR Illness Report, including what happened prior to the episode. |
| If an educator feels emergency treatment is required – call 000 for an ambulance. Follow the instructions of 000 over the telephone. Ask for guidance as needed. |
| If parent/authorised nominee does NOT arrive before the ambulance – One educator is to accompany the child to the hospital with the following documentation: <ul style="list-style-type: none"> → Child's enrolment form with medical information, parent and authorised persons contacts information. → Emergency Medication box/bag complete with Action Plan, Risk Minimisation & Communication Plan and medication. → Copy of the Administration of Medication form or on the Incident, Injury, Trauma Report or Illness Report which include recorded doses and times medication was administered. |
| An Operations Manager will make their way to the site, and assist with ratio or support. |
| If the parent/authorised nominee arrives before the ambulance – they accompany the child and all educators remain on site. |
| NS or RP to check on all educators and children remaining on site to re-assure them the child is in good hands. |
| Nominated Supervisor will email the report to the Operations Manager as soon as possible. |
| The Operations Manager will advise Senior Manager, Children's Services of the incident as soon as possible. |
| The Operations Manager will lodge with ACECQA a S101 Notification of Serious Incident Form within 24 hours of the episode. |
| NS, RP, Operations Manager – will de-brief with all educators after the incident. |
| Free and confidential counselling will be available to all employees through IWC's Employee Assistance Program. T:1300 687 327. |
| NS to follow up with the child's family on child's health condition later that day or the next day. Team reflection to identify possible changes to practice or procedure, if required. |

Note: under Regulation 94, in case of an anaphylaxis or asthma emergency, medication may be administered without an authorisation. The child's family will be contacted as soon as possible.

Management of specific medical conditions:

Diabetes Management:

The family must provide (in addition to the signed RMCP) a:

- Long Term Medication Administration Form
- Diabetes Emergency Plan
- Diabetes Long Term Testing Authorisation (Doctor),
- Diabetes Long Term Testing Record (parent),
- Diabetes – Injection Action Plan
- Diabetes – Pump – Action Plan

It is the family's responsibility to:

- ensure that a store of current blood glucose testing kit is maintained at the service.
- monitor the kit and keep it stocked with the current "hypo pack energy" food.

Educators will:

1. Attend diabetic management training with a credentialed diabetes educator, arranged by the parent if required, to administer insulin. The educator must be competent in this training before the child starts at the service. Insulin may be given as an insulin syringe, insulin pen or via an insulin pump.
2. Follow the child's Diabetic Action Plan.
3. Administer blood glucose test as instructed on RMCP.
4. In the event of low glucose level or high glucose level, follow the Diabetic Emergency Plan and complete emergency record.
5. Document blood glucose levels and disposal of tissues containing blood etc in the correct manner.
6. **In case of a diabetic attack** – If the child displays symptoms of a diabetic attack, too low – i.e. below 4, too high – i.e. above 18 or more, the service will contact the child's family and the child's action plan will be followed.
7. If an educator feels emergency treatment is required an ambulance will be called.

PLEASE NOTE: Educators will not be responsible to adjust/recalibrate children's pumps. If adjustment/recalibration is required, the family is responsible, and documentation must be in the child's Risk Minimisation & Communication Plan.

Safe disposal of sharps:

If a child diagnosed with diabetes attends the service, the following must be purchased:

- Sharps container. Must be replaced when 75% full or at manufacturer's instructions;
- Leather gloves & Pick Up Tongs (PPE)

Educators are to notify NS when containers need replacing.

Remind families to keep testing kits well stocked and in good condition.

Seizure Management: epilepsy or febrile convulsions:

The Family will provide (in addition to the signed RMCP) a:

- Seizure Management Plan, or Epilepsy Management Plan (EMP) to the service before the child's first day of care".
- Information to be contained within the RMCP including, but not limited to:
 - The child's seizure types (what does a seizure look like for this child)
 - Possible triggers;
 - How the child would like to be supported during a seizure;
 - Emergency procedures to follow in the event of a seizure;
 - Information about storing and transporting medication safely;
- Medication that is ingested via spray or syringe through the nose/mouth is acceptable (e.g. Bucal, Mucosa, Medasalin, Midazolam);
- Age-appropriate paracetamol (if part of a Seizure Management Plan).

The Nominated Supervisor will ensure Educators are:

- trained on how to administer medication in an emergency when/ if a child goes into status epileptics.

The Educators' will ensure :

- If a child displays symptoms of seizure attack, they will follow the Seizure Management Plan and RMCP.
- Be aware of the signs of a seizure including the child becoming:
 - stiff or floppy;
 - unconscious or unaware of their surroundings;
 - display jerking or twitching movements;
 - have difficulty breathing;
 - Roll eyes upwards
- Contact the family to advise of the episode and request they collect their child.
- If an educator feels that emergency treatment is required, an ambulance will be called.

Children on permanent medication (ADD/ADHD, ALLERGIES):

The family is responsible to:

- Provide a letter from the Doctor (not the parent if they are a doctor) advising:
 - reason for the medication;
 - name of the medication,
 - Dosage amount;
 - Frequency;
 - any specific and relevant instructions.
- Complete a Long-Term Medication Authorisation Form;
- Ensure review with the Doctor occurs every 12 months or when medication is adjusted;
- inform the service of any changes in the medication program;
- Provide only the required dose for the week or day to be left at the service (especially ADD/ADHD medication).
- Ensure the medication is given to their child at least 24 hours before the first administration at the service, for observation and reactions from the medication. Share with the educators any concerns or observations from the original dosage to help them keep the child safe.

Personal Emergency Evacuation Plan (PEEP):

Any child or staff member requiring physical help, consideration or assistance to evacuate in an emergency should have a personal emergency evacuation plan (PEEP).

A PEEP is a practical measure to ensure appropriate actions are taken for an individual in the event of an emergency, where that person requires additional or specific assistance to evacuate a building or premises.

It is recommended that a PEEP be developed for any child, staff member or visitor who may need assistance in the event of an emergency.

Nominated Supervisors should:

- ensure a PEEP is created for any child who may need physical assistance to evacuate.
- support their staff with a disability to prepare a PEEP.

PEEP's should be practiced as part of the regular rehearsals of emergency evacuation and lockdown.

Legislative Requirements:

| | |
|---------------------------|--|
| 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 Risk Minimisation & Communication Plan, anaphylaxis Risk Minimisation Plan or Risk Minimisation & Communication 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 (ii) in the case of a family day care residence or approved family day care venue, a notice stating that a child who has been diagnosed as at risk of anaphylaxis – (A) is enrolled at the family day care service; and (B) attends the family day care residence or family day care venue. |

Definitions:

ACECQA – Australian Children's Education & Care Quality Authority

EYLF – Early Years Learning Framework

FDC – Family Day Care Officers

IWC – Inner West Council

GP – Guiding Principle

NQF – National Quality Framework

NQS – National Quality Standard

NS – Nominated Supervisor

RP – Responsible Person.

OSHC – Out of School Hours Care

RMCP – Risk Minimisation & Communication Plan

Educators – all staff responsible for supervising and educating children, including IWC casuals.

Staff or Team – all staff including administration officers, cooks and educators.

Related Guiding Principles Policies & Attachments:

Medical Action Plan
 Risk Minimisation & Communication Plan
 Authorisation by Parent/Guardian – Acceptance and Refusal Guiding Principle
 Accident, Incident, Injury, Illness and Trauma Response Guiding Principle
 Emergency and Critical Incidents
 Privacy and Records
 Nutrition, Food, Beverage & Dietary Requirements Guiding Principle

Related Legislation and Online Resources:

- Children (Education and Care Service) National Law (NSW): Sections 167 & 173
- Education and Care Services National Regulations: Sections 85-96, 168 & 173
- Australian Children's Education and Care Quality Authority (ACECQA), National Quality Standards: Quality Areas 2, 6.1.1 & 6.2.1
- Staying Healthy in Childcare (6th Edition)
- Work Health and Safety Act 2011: Section 19
- National Health and Medical Research Council: Staying Healthy – Preventing infectious diseases in early childhood education and care services (6th Edition)
- National Health and Medical Research Council www.nhmrc.gov.au
- Australian Register of Therapeutic Goods www.tga.gov.au
- The Sydney Children's Hospital Network: CMV Fact Sheet
- Allergy & Anaphylaxis Australia www.allergyfacts.org.au
- Asthma Australia www.asthma.org.au
- Asthma Fact Sheets www.asthma.org.au/further-information/factsheets
- Diabetes Australia www.diabetesaustralia.com.au
- National Diabetes Service Scheme www.ndss.com.au
- Epilepsy Action Australia www.epilepsy.org.au
- Epilepsy Australia www.epilepsyaustralia.net/
- Pediatric Epilepsy Network NSW www.pennsw.com.au
- Health & safety in family day care: model policies & practices (2nd edition) (J Frith, N Kambouris, O O'Grady)
- [medical-conditions-and-medication.pdf \(nsw.gov.au\)](#)
- [Fact Sheet – A guide to retention and storage of health information in NSW for private health service providers](#)

Version Control

| Version | Amended By | Changes Made | Date |
|-----------------------------------|---|---------------------------------------|-----------------------|
| 1 | | Merged legacy protocols | February 2020 |
| 2 | Senior Manager Children's Services | Consistent terminology | June 2020 |
| 3 | Operations Managers Children Services | Re-write based on evaluation | August 2024 |
| Document: | Caring for Medical Conditions in Children | <i>Uncontrolled Copy When Printed</i> | |
| Custodian: | Children's Services | Version # | Version 01 |
| Approved By: | Senior Manager Children's Services | Location: | Children's Services |
| Adopted By: | Children's Services | Publish Location | 03.Service Operations |
| Adopted Date and Minute #: | June 2025 | Next Review Date | June 2028 |

Educator Declaration:

I have read and I understand this Caring for Medical Conditions in Children Guiding Principle. I agree to adhere to the requirements and procedures as outlined. I know how to access this Guiding Principle should I need to refer to it at any time to support me in my role to ensure children's safety and wellbeing is always maintained.

[illegible]