



Medical Management Policy

Policy Statement

To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical condition our OSHC Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency situation should they arise. Effective management of medical conditions is heavily reliant on good communication with families. The St Francis School OSHC service has a responsibility to share information with families in relation to medication. Health Support Planning in Education and Children's Services is a reference point and educators must undertake only those procedures and support for which they have current training.

The Education and Care Services National Regulations requires approved providers to ensure services have policies and procedures in place for medical conditions. We aim to efficiently respond to and manage medical conditions, St Francis OSHC Medical Condition Policy 2 | Page health care needs or allergies of children and staff ensuring the safety and wellbeing of all children, staff, families and visitors at our OSHC Service. This policy applies to children, families, staff, management and visitors of the St Francis OSHC Service.

Why this policy is needed

Our service staff will assist children to manage medical conditions and assist with medication that is prescribed by a doctor or appropriate medical professional and has the original pharmacy label detailing the child's full name, required dosage and storage requirements and is accompanied by a Medical Action Plan.

Who this policy is for

This policy applies to children, families and staff.

How this policy is used

The Medical Conditions and Medication Policy is used to guide staff in managing children's health and medical conditions, along with medication under clear guidelines.

Duty of Care

Our Service has a legal responsibility to take reasonable steps to ensure the health and medical needs of children enrolled in the service are met. This includes our responsibility to provide:

- a safe environment for children free of foreseeable harm and
- adequate supervision of children at all times.

Procedures

Medical conditions could include Asthma, Diabetes and the diagnosis of a child at risk of Anaphylaxis, as well as other conditions that require ongoing treatment.

This information should be included on the enrolment form and discussed as part of the enrolment process with the family.

The following should be provided to our service from the family/carer:

- Medical Communication Plan (to be provided to the family via ADOBE sign. Family to complete and return signed)
- Medical Action Plan (current-in date, completed in full, legible and signed by a medical professional)
- Child's medication in the original packaging with an original pharmacy label, as per their current Medical Action Plan (including their full name, medication name, dosage requirements and administration directions)
- Additional documentation is required if your child is self-administering medication, in consultation with the OSHC Director

St Francis School OSHC leadership will complete individual child Risk Minimisation Plans in collaboration with families.

These documents will be shared with educators within our service to ensure that everyone is informed of the required procedures and understand that the plan must be followed by providing regular interventions as detailed (e.g. blood glucose monitoring) or emergency first aid as described in the event of an incident involving the child.

Acute medical conditions that require medication (e.g. antibiotics) will also be catered for as required, assessed on a case by case basis.

Some medications or procedures of administering medication, such as insulin, are not covered under basic first aid and may require OSHC educators to undergo additional training to properly support the child. To ensure we are prepared, we kindly ask that you inform us of any specific medical needs at the time of enrolment, so we can arrange the necessary training or take any other required steps before your child starts. If your child's medical needs change during their enrolment, please notify us right away, so we can make the appropriate arrangements to accommodate them.

It is essential that we can safely support all children in our care at OSHC. If we are not equipped to meet your child's specific medical needs, alternative care arrangements may need to be made by the family in the interim.

We kindly request that any documentation and medication be provided at least three days before your child's first attendance at OSHC. This allows us to ensure it meets all regulations and gives us sufficient time to complete any necessary paperwork on our end.

All documents related to your child's health and medical needs must include their full name, the contact details of the relevant medical professional, and a signature. This can be a hard copy or an electronic signature through an online platform, as accepted and advised by CESA.

Failure to provide the required medication and requested documentation prior to your child's first attendance, will result in OSHC/Vacation Care being unable to care for your child/ren, as advised by CESA (Catholic Education South Australia). Session fees will still apply, if you cancel due to not supplying the above. Please note that OSHC/Vacation Care does not have access to medication stored in the school office.

If your child requires medication for potentially life-threatening conditions, such as Asthma or Anaphylaxis, as well as other medical needs, this medication must remain at our OSHC service at all times while your child is enrolled in our service. If any documents or medications are incomplete, inaccurate, signed out of our service or expired, a temporary hold may be placed on your child's account, noted as a temporarily ceased account, until the issue is resolved.

1. We will:

- Ensure that there is a minimum of one educator with First Aid training working with children at all times.
- Set up a process for informing all educators of the needs of individual children and the agreed management practice. This will be done in a way that protects the rights and dignity of the child.
- Undertake a risk assessment to identify what will be needed to support the inclusion of children with medical needs.
- Implement identified strategies and processes to support children with identified health care needs.
- Implement practices to ensure that families are kept informed.

Medication

The Director of our service is responsible for all medications on site regardless of whether it is administered by educators, parents or self-administered by the child.

Where medication is required for the treatment of long-term conditions, such as Asthma, Epilepsy, ASD or ADHD, the service will require a medical care plan with a medication authority from the child's medical practitioner or specialist detailing the medical condition of the child, the correct dosage and how the condition is to be managed. These forms are to also be signed by the parent.

For over-the-counter medication, a medication permission form signed by the parent, stating the requirement for treatment and dosage should be handed to the OSHC Director, Assistant Director or Responsible Person. Dosage amount must reflect the dosage amount stated on the original packaging (the original pharmacy label cannot be modified by handwriting on it.).

If children are receiving medication at home, but not at our service, we should be advised of the nature of the medication, its purpose and any possible side effects the medication may have on the child.

It is crucial that the medication is in date and corresponds exactly with the child's details and the Medical Action Plan or Medication Agreement. If there is any discrepancy, we will not be able to administer the medication. For example, if the medical action plan specifies Claratyne but the parent provides Zyrtec, this would be considered non-compliant. Similarly, if the medication is listed as Zyrtec liquid/oral but tablets are provided, this would also be non-compliant.

1. Storage of Medication

- Medication is stored in the OSHC room in our First Aid cupboard.
- Medication should be given directly to the Director, Assistant Director or Responsible Person, not left in the child's bag or with the child.
- Medications must be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container.
- Storage should be secure with clear labelling and access limited to the educators responsible for medication storage and supervision.
- Medication for children attending excursions, will be brought with us.

2. Administration of Medication

- Administration of medication will take place with two educators.
- Educators will perform checks to ensure that the documentation, medication, timing, and the child's details are correct before administering any medication. In most cases, families will be contacted to confirm when their child has received medication. However, for certain medications, such as insulin or ADHD medication, families will not be notified of the specific times the medication was administered, but this will be documented on a medication record.
- Educators will monitor children in the administration of their medication if approved to self-administer.
- Medication provided can only be used according to the Medical Action Plan or Medication Agreement and for its intended purpose. E.g. If medication is provided to manage Asthma symptoms, it should not be used to treat a headache, as this would be outside the scope of its intended use.

3. Self-administration of Medication

- A child over preschool age may self-administer medication under the following circumstances:
 - a parent or guardian provides written authorisation with consent (self-administration form)
 - medication is stored safely by an educator, who will provide it to the child when required (unless the medication is part of the child's treatment and cannot be removed, e.g. Insulin pump)
 - supervision is provided by an educator whilst the child is self-administering medication
 - an accurate record is made in the medication record for the child that the medication has been self-administered.

4. Everyone supervising medication administration must ensure that:

- the right child
- has the right medication, including label and in date
- has the right documentation
- right dose
- right route (e.g. oral or inhaled)
- at the right time

5. Record details of supply of medication on the student's medication

- A child should not take his/her first dose of a new medication while attending our service. The child should be supervised by the family or a health professional when taking new medication in case of an allergic reaction. (Except in an emergency, when directed by a medical professional, such as a paramedic, when administering an EpiPen).
- In South Australia, medication for the treatment of an Asthma emergency by a bronchodilator (e.g. Ventolin) via a puffer can be administered without written authority. The use of a bronchodilator is considered a standard first aid response. Educators must be trained in emergency Asthma first aid before administering a bronchodilator (e.g. Ventolin) via a puffer.
- In South Australia, the use of an adrenaline auto injector pen (EpiPen) for the treatment of an Anaphylaxis emergency requires an Anaphylaxis plan and EpiPen. Educators must be trained in emergency Anaphylaxis first aid before administering adrenaline via EpiPen.

6. Medication Error

If a child takes the wrong medication, the wrong amount of medication or takes medication via the wrong route, the following steps should be followed:

- Ring the Poisons Information Centre 13 1126 and give details of the incident and child.
- Act immediately upon the advice given (e.g. if advised to call an ambulance) and notify the child's family or emergency contact person as soon as practicable.
- Advise the OSHC Director and School Principal/Nominated Supervisor.
- Document your actions.

- The Director, Assistant Director or Nominated Supervisor will submit within 24 hours, an online report as per the guidelines to the NQAITS site.

Allergies

Where a child has a known allergy, it should be recorded on the enrolment form and all staff made aware of it. Where an allergy requires specific medication or treatment, there must be a current Medication Plan for the child in accordance with the requirements set out in the Health Support Planning in Education and Children's Services.

Our service will implement strategies to minimise the risk of exposure to an allergen.

Food safe practices will also address any identified allergen.

Asthma Management

Children with particular health needs, such as Asthma will be supported through the creation of an Asthma friendly environment in accordance with the recommendations of the National Asthma Council Australia.

Families of a child identified with Asthma through St Francis School OSHC enrolment process will be contact to discuss further information regarding their child's condition, which will be used to create an individual Risk Minimisation Plan.

The following information may be requested, along with any additional questions necessary to gather details that will help identify the individual needs of the child:

- Asthma or other medical condition triggers
- Strategies that minimise triggers
- Any previous emergency situations relating to the child's medical condition (e.g. recent Asthma attack)
- Types of medications used
- Administering of medication (e.g. self-administering under supervision)

All children diagnosed with Asthma must have a medical management plan, such as a Medical Action Plan, outlining what to do in an emergency and developed in consultation with families, educators and the child's medical practitioner.

Each plan should be available and easily accessible in our First Aid cupboard or when on excursions.

Medical Management Plan

Any Medical Management Plan (Medical Action Plan or Medication Agreement) provided by a child's parents and/or registered medical practitioner should include the following:

- specific details of the diagnosed health care need, allergy or relevant medication condition
- supporting documentation (if required)
- a recent photo of the child
- current medication and dosage prescribed for the child
- if relevant, state what triggers the allergy or medical condition
- first aid/emergency response that may be required
- any medication that may be required to be administered in case of an emergency
- further treatment or response if the child does not respond to the initial treatment
- when to contact an ambulance for assistance
- contact details of the medical practitioner who signed the plan
- the date of when the plan should be reviewed

- a copy of the medical management plan will be displayed for educators and staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of our OSHC Service
- ensure the medical management plan remains current all times
- educators and staff are updated immediately about any changes to a child's medical management plan

Safety and Risk Minimsation Plan

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. (regulation 90(1)(c))

The Director will arrange a meeting will be arranged with the parents/guardian as soon as the OSHC Service has been advised of the diagnosed health care need, allergy or medical condition. During this meeting a Safety and Risk Minimisation plan will be developed in consultation with the parent/guardian to ensure:

- that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised.
- that practices and procedures in relation to the safe handling, preparation, serving, and consumption of food are developed and implemented.
- that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.
- practices are developed and implemented to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.
- that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or medical condition
- Safety and Risk Minimsation Plans are reviewed at 12 months from the date that they were created or last reviewed and/or revised with each change in the Medical Management Plan.
- all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by educators.

- parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed.
- appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the control of infectious diseases.

Medical Communication Plan

The Medical Communication Plan outlines the following:

- Child's details
- Specific health care needs or diagnosed medical conditions:
- Information regarding medical management
- Section for family to provide any additional information regarding their child's health/medical condition
- Agreement by parent/guardian

Relationships to other relevant Policies and Regulations

NATIONAL QUALITY STANDARD (NQS) QA 2: CHILDREN'S HEALTH AND SAFETY

2.1 Health Each child's health and physical activity is supported and promoted.

2.1.1 Wellbeing and comfort Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.

2.2 Safety Each child is protected.

2.2.1 Supervision At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

86 Notification to parent of incident, injury, trauma or illness

87 Incident, injury, trauma and illness record

90 Medical Conditions Policy

90 (1) (a) The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis

90(1)(iv) Medical Conditions Communication Plan

91 Medical conditions policy to be provided to parents

92 Medication record

93 Administration of medication

94 Exception to authorisation requirement—anaphylaxis or asthma emergency

95 Procedure for administration of medication

96 Self-administration of medication

136 First Aid qualifications

162(c) and (d) Health information to be kept in enrolment record

168(2)(d) Policies and procedures are required in relation to dealing with medical conditions in children, including the matters set out in regulation 90

170 Policies and procedures are to be followed

173(2)(f) Prescribed information to be displayed- a notice stating that a child

who has been diagnosed as at risk of anaphylaxis is enrolled at the service

St Francis School OSHC Medical Condition Policy

174 Time to notify certain circumstances to Regulatory Authority St Francis School OSHC Policies: Incident, Injury, Trauma and Illness Policy, Enrolment Policy and other relevant policies

7. Links to, but are not limited to

- OSHC/Vacation Care Parents/Carers Handbook
- Vacation Care Policy
- Grievance Policy
- Child safe environment
- Responding to incident, injury, trauma and illness Policy
- Incident, injury, trauma and illness record:
https://www.acecqa.gov.au/sites/default/files/2021-03/Incident_injury_trauma_and_illness_record_interactive_final.pdf

Resources

Coeliac Australia

Cystic Fibrosis Australia

Diabetes Australia

Epilepsy Foundation

National Asthma Australia

HLTAID012 Provide First Aid in an Education and Care Setting

Australian Children's Education & Care Quality Authority. (2014).

Australian Government Department of Education, Skills and Employment. (2011).

My Time, Our Place V2: Framework for School Age Care in Australia.

Australian Society of Clinical Immunology and Allergy. ASICA

<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Early Childhood Australia Code of Ethics.

Education and Care Services National Law Act

Education and Care Services National Regulations.

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations.

Guide to the National Quality Framework and Standards

8. Document Control

Review and Updated			
Approval Date	AUTHOR	COMMENTS	REVIEW DATE
November 2024	St Francis School OSHC	Written in consultation with Phil Schultz (School Principal and service Nominated Supervisor) and Alexandra Curtis (OSHC Director)	November 2026

Signed:



Position: School Principal / Nominated Supervisor