



**MANAGING MEDICAL CONDITIONS
POLICY (ELC OSHC FDC)
EYL-ELCOSHCFDC-04-13-POL**

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| Document Number | EYL-ELCOSHCFDC-04-13-POL | | |
| Business Division Owner | Education Youth and Leisure | | |
| Documents Hierarch | Operational Policy | | |
| Document Owner | Executive Manager EYL | | |
| This Version | Approved By | Date Approved | Date Effective |
| v4.0 | ELT | 07\07\2024 | 07\07\2024 |
| Document Due for Review: 30 January 2027 | | | |



VERSION CONTROL

| Version | Description of Revision | Date Effective | Owner |
|---------|--|----------------|-------|
| v1.0 | First release | | |
| v2.0 | | 15/11/2016 | EM SD |
| v3.0 | <ul style="list-style-type: none"> Inclusion of allergy management in Purpose. Additional supporting documents: Food Safety & Hygiene Procedure, Food Safety Program, Risk Minimisation and Communication Plan, Emergency Management Manual – Anaphylaxis. Managing Highs and Lows (diabetes) - additional of need to refer to Medication Management Plan. | 08/05/2018 | EM SD |
| v3.1 | <ul style="list-style-type: none"> Inclusion of requirement to complete a Risk Minimisation and Communication Plan for anaphylaxis and asthma management. | 06/08/2019 | EM SD |
| v4.0 | <ul style="list-style-type: none"> Review and rename of existing policy <i>Managing Medical Conditions Procedure Early Education (SD-ELCOSH-04-13)</i> to <i>Managing Medical Conditions Policy ELC OSHC FDC (EYL-ELCOSHCFDC-04-13-POL)</i> Regulation 90(1)(c)(iii) and (iv) incorporated. Policy and Procedures aligned and FDC included in Policy. Communication Plan added to Risk Minimisation Plan. Self-Administration clarified. Qualified Educator and First Aider required to administer medications to children. Exception to authorisation for anaphylaxis and asthma renumbered | 07/02/2024 | |

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MANAGING MEDICAL CONDITIONS POLICY (ELC OSHC FDC)

1. PURPOSE

This policy sets out practices concerning the management of medical conditions, including but not limited to asthma, diabetes, epilepsy, allergies or anaphylaxis.

To meet Regulation 90 in the Education and Care National Regulations each child with a diagnosed health condition must have three plans in place:

1. *Medical Management (Action) Plan* (also known as a health care plan)
2. *Risk Minimisation and Communication Plan* (also known as safety and risk management plan)
3. *Communication Plan* (also known as health support agreement)

This policy and the attendant procedure and attachment documents are required under Divisions 3 and 4 (regulations 90 to 96).

2. SCOPE

This policy and accompanying procedures apply to all Y WA People, parents, children and young people, and others who access Y WA OSHC and ELCs, and Family Day Care, including during offsite excursions and activities.

3. POLICY STATEMENT

Our service practices support the enrolment of children and young people with specific health care requirements and their families in an Early Learning Centres, Family Day Care, and/or Outside School Hours Care.

children and young people are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing, and individual health care needs, will be met.

Our service practices support the wellbeing of children and young people enrolled at

its services by

- embracing inclusion,
- taking every reasonable precaution in the day-to-day management of their specific health care requirements,
- dealing with emergency situations as they arise.

4. DEFINITION OF TERMS

| Term | Definition |
|--|---|
| Authorisation to Administer Medication Form (Attachment 1) | A form that the parent completes stating the particulars of medication to be administered to their child. Can be completed for ongoing and/or daily medication. |
| Children’s Services’ Management Team | Includes <ul style="list-style-type: none"> • General Manager Children’s Services, • Area Managers, • Area Coordinators |
| Communication plan: | The Y WA plan for communicating with the parent and Y People in relation to this policy. The communication plan that addresses how the parent and staff at the Centre will be informed about children’s Risk Minimisation and Communication Plans and the emergency procedures to be followed is part of the <i>Risk Minimisation and Communication Plan</i> . |
| First Aider | holds a current approved first aid qualification (regulation 136). Each <i>FDC Educator</i> and <i>FDC Educator</i> assistant must hold the first aid qualification and have undertaken <ul style="list-style-type: none"> • current approved anaphylaxis management training • |

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| | <ul style="list-style-type: none"> current approved emergency asthma management training. |
| Infectious disease/ Communicable disease | A disease that is designated under a law of that jurisdiction or by WA Health as a disease that would require a person with the disease to be excluded from an education and care service. See Y WA Infectious Disease Policy and Procedure. |
| Medical condition: | In accordance with the Education and Care Services National Regulations 2011, the term <i>medical condition</i> includes (but is not limited to) asthma, diabetes, or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions. |
| Medical Management (Action) Plan | <p>A document that has been prepared and signed by a medical practitioner that describes symptoms, causes, clear instructions on action and treatment for the child’s specific medical condition and steps to take in an emergency. Includes the child’s name and a photograph of the child. Often referred to as the <i>Action Plan</i>.</p> <p>If an OSHC service uses a copy of the plans kept by the school and those plans are not up-to-date or in line with the service’s medical conditions policy the service may be in breach of the Education and Care National Regulations.</p> |
| medical practitioner | person registered under the Health Practitioner Regulation National Law to practise in the medical profession (other than as a student) |
| Medication | Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au). |
| Medication Administration | A record of the details of medications administered to a child. |

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| Record | (Attachment 3) |
| Neglect | (Includes) failure by a child’s parents to provide, arrange, or allow for adequate care for the child; or effective medical, therapeutic or remedial treatment for the child. |
| Notifiable incident | An incident that seriously compromises the safety, health or wellbeing of children. Notification needs to be provided to the regulatory authority and parents within 24 hours. |
| Over-the-Counter Medication | Any medication or cream/lotion that has a dosage limit listed on the container, available without prescription. |
| Parent | Parent or Guardian or Authorised Person - The people listed on the child’s enrolment form as having approval to make decisions for the child about health, emergencies, transport or other day-to-day decisions. Includes a Person named in the child’s enrolment record as a person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted; |
| Risk Minimisation and Communication Plan | The <i>Risk Minimisation and Communication Plan</i> should <ul style="list-style-type: none"> • be developed by families of children and young people with <i>Medical Management (Action) Plans</i>, in consultation with staff at the service, upon enrolment or diagnosis of the condition, • detail the child’s medical condition, and emergency procedures, • identify the risks of the medical condition, and • practical strategies to minimise those risks, and • who is responsible for implementing the strategies. • Identify channels for communication between parent and the service. |
| Risk minimisation: | The implementation of a range of strategies to reduce the risk of |

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| | an adverse effect from the mismanagement of a specific medical condition at the service. |
| Serious incident | An incident involving serious injury illness or trauma of a child for which the child attended, or ought reasonably to have attended, a hospital; Example: Severe asthma attack, seizure or anaphylaxis reaction. |
| Y WA Critical incident | A traumatic event which does or is likely to cause physical and/or emotional distress to educators, children, families and/or stakeholders. Critical incidents that extend beyond those incidents identified as serious incidents in the Regulations are the subject of the YWA Critical Incident Policy |
| Y WA People | Y WA Staff of the service, including Educators, Supervisors, cooks, cleaners, assistants, includes volunteers and students, and other people involved in delivering Y WA services. |

5. ROLES AND RESPONSIBILITIES

| Role Title | Responsibilities |
|------------|--|
| Educators | <p>Act in the best interests of the child in their care.</p> <p>Meet the child's individual health care needs.</p> <p>Maintain continuity of medication for children when the need arises.</p> <p>Feel competent and be competent to perform their duties.</p> <p>Understand their liabilities and duty of care requirements.</p> <p>Have sufficient information and training regarding the administration of medication and other appropriate treatments.</p> <p>Communicate any relevant information provided by the parent regarding their child's medical condition to the Nominated Supervisor or Responsible Person.</p> |

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| | <p>Monitor signs and symptoms of specific medical conditions and communicate any concerns to the Responsible Person.</p> <p>Ensure that the parent is contacted when concerns arise regarding a child’s health and wellbeing.</p> <p>Make sure children do not swap or share food, food utensils or food containers.</p> <p>All staff, including food preparation, food service and relief staff actively make sure they are informed of children and staff who</p> <ul style="list-style-type: none"> • have specific medical conditions or food allergies, and • the type of condition or allergies they have, and • the service’s procedures for dealing with emergencies involving allergies and anaphylaxis. |
| <p>Nominated Supervisor/ Responsible Person/Person in Charge/ Family Day Care Educator</p> | <p>Ensure:</p> <ul style="list-style-type: none"> • Staff are trained in, and follow, this procedure. • Ongoing and effective communication between families and Educators, including making available this policy, procedures, feedback channels, and forms. • Trained staff are available to manage any medical conditions. • Identify appropriate training to address Educators/staff training needs. • A <i>Medical Management (Action) Plan</i> is provided to the service before the first attendance of a child identified as requiring specific medical management. • The appropriate enrolment records are completed, highlighting the child’s additional requirements. • All staff <ul style="list-style-type: none"> • can identify the children with medical conditions, • have a clear understanding about children’s individual |

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| | <p>medical conditions, and</p> <ul style="list-style-type: none"> • can implement the service’s procedures for dealing with emergencies involving allergies and anaphylaxis. • All food preparation, food service and relief staff <ul style="list-style-type: none"> • are informed by the responsible person, and can identify any children and staff who have specific medical conditions or food allergies, and the type of condition or allergies they have. <p>Provide</p> <ul style="list-style-type: none"> • Opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their <i>Risk Minimisation and Communication Plan</i>. • Opportunities for parents to communicate with staff in person, and access to email addresses and phone numbers for the service. <p>Display public notices (that meet privacy guidelines) informing visitors that a child with anaphylaxis attends the centre.</p> <p>Display a copy of the child’s <i>Medical Management (Action) Plan</i> in a staff area.</p> <p>Share the location of medication and <i>Medical Management (Action) Plans</i> with all staff.</p> <p>Display a How to Call Card (how to use this phone) near all telephones.</p> <p>Update the service allergy/medical requirement chart.</p> <p>Provide information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.</p> <p>Inform Management of any issues that impact on the implementation of this policy.</p> |
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| | Track and follow-up <i>Medical Management (Action) Plans</i> annually with parent. |
| Parent | <p>Provide required information on their child’s medical condition, including:</p> <ul style="list-style-type: none"> • Medication (and dosage and times of administration) • Allergies • medical practitioner contact details • <i>Medical Management (Action) Plan</i> <p>Ensure child does not attend the service without prescribed medication.</p> <p>Keep service updated about changes to their child’s <i>Medical Management (Action) Plan</i>.</p> <p>Provide an updated copy of the child’s <i>Medical Management (Action) Plan</i> or discuss with staff, at least every 12 months.</p> <p>Provide an updated copy of the child’s <i>Medical Risk Minimisation and Communication Plan</i> and Communication Plan annually.</p> <p>Consult with Nominated Supervisor regarding development and implementation of Risk Management Plan.</p> <p>Provide authorisation to contact medical practitioner in cases of emergency.</p> <p>Give medication directly to an Educator. Medication must not be left in the child’s bag or locker.</p> <p>Tell the service if their child is receiving medication at home but not at the service. Advise Educators of the nature of the medication and its purpose and any possible side effects it may have for the child.</p> |
| Senior Leaders | <p>Informing Nominated Supervisors and Y People of practices in relation to this policy and managing medical conditions;</p> <p>Completing critical incident actions and reports to ECRU.</p> |

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| Y WA People | Y WA Staff, volunteers, contractors or sub-contractors, labour hire employees, apprentices or trainees and volunteers involved with the activities of the Y. |
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6. PRINCIPLES

1. The Y WA recognises the importance of providing a safe and inclusive environment for children and young people with specific medical, and health care requirements.
2. The Y WA will ensure there are policies and procedures in relation to dealing with medical conditions in children and young people.
3. The parent of a child with a specific health care need, allergy or a diagnosed medical condition, will be asked to provide a *Medical Management (Action) Plan* signed by a medical practitioner for assessment by the service, prior to the first day of care.
4. An assessment of the child's needs against the capacity of the service will be made by the Y WA.
5. Educators will ensure there is no discrimination against any child with a health condition.
6. A *Risk Minimisation and Communication Plan* will be completed by the Nominated Supervisor/ Family Day Care Educator in conjunction with the parent prior to the child's first day of attendance.
7. The service has communications plans and ways of informing Educators, staff, volunteers, children and young people and families of the importance of adhering to the *Managing Medical Conditions and Administration of Medication Policy and Procedures*.
8. Educators will discuss the infectious illnesses and exclusion practices with parents seeking care.
9. Whenever possible medication should be administered by the parent at home.
10. The parent will be asked whether their child who is requiring medications for a

non-ongoing illness, poses a risk to the health of other children and young people and is well enough to attend the service.

11. Accurate records are kept of children and young persons' required medication and administered medication.
12. Educators and staff will maintain the privacy of children and families in relation to medical conditions.
13. Parents are made aware of their responsibility to ensure their child or young person does not attend the service without prescribed medication.
14. All medication will be stored safely out of reach of children, but readily accessible to authorised staff, and in accordance with the medication's requirements.
15. School age children and young people are supported to self-administer medications when requested in the child's *Medical Management (Action) Plan*.
16. Educators are provided with the training and knowledge to have the skills and expertise necessary to support the inclusion of children and young people with additional health needs. This training may be at the expense of the parent.
17. We will communicate with families about their children's health requirements in a culturally sensitive way.

7. ENROLMENT

On application for enrolment, parents will be required to complete full details about their child's medical needs, and a *Medical Management (Action) Plan* may be required.

Y WA will assess whether the available educators are appropriately trained and have the capacity to manage the child's special health needs at that time.

Where the centre cannot provide enough adequately trained educators confident to perform medical procedures or administer medication, care at the centre may only be possible if the parent, or a health professional, can attend the centre to perform the procedure. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

Any person attending the service must agree to the expectations and policies of the Y WA.

8. MEDICAL MANAGEMENT (ACTION) PLAN

Where a child requires medication or has additional health needs for long term conditions or complaints, the child's medical practitioner and parent must complete a *Medical Management (Action) Plan* clearly outlining procedures to be followed in the event of an incident relating to the child's specific health care needs.

The *Medical Management (Action) Plan* should:

- Identify the child.
- Detail the child's additional health support needs including administration of medication and other actions required to manage the child's condition.
- Have supporting documentation if appropriate. Include a photo of the child.
- If relevant, state what triggers the allergy or medical condition. Include first aid needed.
- Include contact details of the medical practitioner who signed the plan.
- State when the plan should be reviewed.
- Detail the communication of the *Medical Management (Action) Plan* and *Risk Minimisation and Communication Plan* to staff.
- Detail channels of communication between the parent and the service.

9. EVENT RELATED TO A MEDICAL CONDITION

If a child suffers from reaction, incident, or situation related to a medical condition the Service and staff will:

- Follow the child's *Medical Management (Action) Plan*.
- Call an ambulance immediately if required.
- Commence first aid measures/monitoring.

- Contact the parent as soon as practicable or the emergency contact. Inform the ELC Area Manager or OSHC Area Coordinator
- Children Services Management to notify the regulatory authority (per ECRU requirements).
- Children Services Management to follow the *Y WA Incident, Injury Trauma or Illness Policy and Procedure*.

10. ADMINISTERING MEDICATION

Medication will only be administered:

- With written authorisation from the parent. (Regulation 92(3)(b)).
- With two adults in attendance, one of whom must be a Qualified Educator. The Qualified Educator will be responsible for the administration and the other adult will be a First Aider if possible, and witness and check the administration procedure.
- When the medication is in its original container bearing the child's name, dose and frequency of administration.

11. AUTHORISATION REQUIREMENTS

Written authorisation from the parent is required for every day that medication is to be administered by the enrolment form or *Authorisation to Administer Medication Form* (Attachment 1).

11.1 Exception to Authorisation Requirement: Anaphylaxis or Asthma Emergency

Medications may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.

If medication is administered without authorisation, the Area Coordinator, Manager or Nominated Supervisor must ensure that the parent and emergency services are

contacted as soon as practicable.

11.2 Routes of Medication Administration

Medication that requires administration any way other than orally or topically (e.g. via an auto injector pen or pump, aurally, via inhalation, syringe needle, injection, inserting catheters or suppositories) will only be administered by Educators who

- have a current First Aid Certificate, and
- have received specific instruction from a health care professional, and
- are competent to do so.
- feel they are confident to do so.

Where specific training is required, and an Educator is prepared to undertake the training, any costs incurred will be borne by the child's parent.

11.3 Self-Administration by child or young person

Medication must not be self-administered by an enrolled child who is pre-school aged or younger, except

- with direct supervision of a qualified and first aid certified Y WA person. and/or
- where the need for the child to carry a non-prescription asthma inhaler and self-administer has been confirmed by a medical practitioner's note to the service (see the child's *Medical Management (Action) Plan*)

Self Administration of medication must be authorised on *the Medication Management (Action) Plan*.

12. RECORDS

12.1 Medical Management (Action) Plans

Where a child requires medication or has additional health needs for long term conditions or complaints, the child's medical practitioner and parent must complete a *Medical Management (Action) Plan* (Appendix 3) clearly outlining procedures to be followed in the event of an incident relating to the child's specific health care needs.

A copy of the *Medical Management (Action) Plan* should be kept with the child's enrolment information.

12.2 Risk Minimisation and Communication Plan

A *Risk-Minimisation and Communication Plan* (Appendix 4) will be developed in consultation with the parents of a child to ensure that the risks relating to the child's *Medical Management (Action) Plan*, specific health care needs, allergy or medical condition are assessed and minimised.

The *Risk Minimisation and Communication Plan* will detail how relevant Y WA People are informed about plans in place for the child, and how parents can communicate any changes to their child's *Medical Management (Action) Plan* or *Risk Minimisation and Communication Plan* to the service's staff.

The *Risk Minimisation and Communication Plan* will be kept with the child's enrolment.

12.3 Authorisation to Administer Medication Form

For non-ongoing medications, or to change an existing medication, the parent must complete and sign the *Authorisation to Administer Medication Form* (Attachment 1) each day, specifying the time and dose to give the child.

12.4 Medication Records

Y WA will maintain and store medication records safely and securely for three years after the child's last attendance.

A *Medication Administration Record* (Attachment 3) must be kept for each child to whom medication is administered by the service. The record must be matched with the appropriate authorisations.

For non-ongoing medications, parents will be instructed to complete and sign the *Authorisation to Administer Medication Form* (Attachment 1) each day, specifying the dose to be given and the time.

When the medication is administered to a child, the following details should be recorded on the *Medication Administration Record* (Attachment 3):

- the expiry date of the medication,
- the dose that was administered,

- how the medication was administered,
- the time and date the dose was administered,
- the name and signature of the person who administered the medication,
- the name and signature of the person who checked the identity of the child,
- dose and administration selected for use.

13. FEEDBACK

The document owner is responsible for:

- Keeping this policy up to date with current legislation, research, policy and best practice.
- Reviewing this policy part of the Y WA’s regular policy review cycle, or as required, with feedback from those affected by the policy regarding its effectiveness.
- Monitoring the implementation, compliance, complaints and incidents in relation to this policy

14. RELATED LEGISLATION REGULATIONS AND STANDARDS

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|---|
| Children and Community Services Act 2004 |
| Education and Care Services National Regulations WA 2012 [168 (d), 90-96] |
| Education and Care Services National Law (WA) 2012 |
| Guide to the National Quality Standard [NQS2] |
| Disability Discrimination Standards for Education |
| Disability Discrimination Act 1992 |
| Parliamentary Commissioner Act 1971 |

15. SUPPORTING PROCEDURES, POLICIES AND DOCUMENTS

| Document ID | Document Title |
|---|---|
| SD-ELCOSH-04-06 | Medication Procedure |
| PC-006-POL | Health and Safety Policy |
| SD-ELCOSH-02-18-PROD | Critical Incident Reporting Procedure |
| SD-ELCOSH-04-01-PROD | Food Safety & Hygiene Procedure |
| SD-FDC-04-18-PROD | Nutrition Policy |
| | Medical Risk Minimisation and Communication Plan |
| ASCIA Australian Society of Clinical Immunology and Allergy | Emergency Management Manual - Anaphylaxis |
| ACECQA Australian children's Education and care Quality Authority | Dealing with medical conditions in children policy Guidelines |
| Diabetes WA | Diabetes Australia position statement. A new language for diabetes: Improving communications with and about people with diabetes. Managing Diabetes at School - Diabetes in Schools schools-plan-insulin-injections.pdf schools-plan-insulin-pump-1.pdf schools_plan_type_2.pdf |
| National Epilepsy Support Service | Epilepsy Management Plan Epilepsy Management Plan Guide Epilepsy Seizure Management Plan Epilepsy Seizure Management Plan Guide |

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| Government of WA Department of Health | Gastroenteritis infection prevention and control factsheet (PDF 69KB) Gastroenteritis Staying Healthy In childcare (external link) Control of Communicable disease manual for Teachers, childcare workers, local government authorities and health practitioners (updated July 2023) Exclusion of People with Enteric Diseases and their Contacts |
| Australian National Health and Research Council | Staying healthy: Preventing infectious diseases in early childhood education and care services NHMRC 6 th edition will be available in 2024 Resources |

16. CONSIDERATIONS

| | |
|--------------------|--|
| CCS Act | Early childhood workers will become mandatory reporters of child Sexual Abuse from 1 November 2024 |
| Section/regulation | Description |
| s167 | 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 authorisation |
| 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 healthcare needs of the child, any medical condition; and (ii) allergies, including the child has been diagnosed as at risk of anaphylaxis (d) any <i>Medical Management (Action) Plan</i> , anaphylaxis <i>Medical Management (Action) Plan</i> or <i>Risk Minimisation and Communication Plan</i> to be followed for specific healthcare need, medical condition or allergy |
| Regulation 168 | Education and care services must have policies and procedures |
| Regulation 170 | Policies and procedures to be followed |
| Regulation 171 | Policies and procedures to be kept available |
| Regulation 172 | Notification of change to policy and procedure. |
| Regulation 173 (2) (f) | Prescribed information to be displayed For the purpose of section 172 (f) of the Law, (f) if applicable – (i) in the case of a centre-based service, a notice stating that a child diagnosed as at risk of anaphylaxis is enrolled at the service; |
| NQS- Q A 2.1.2 - | Children’s health and safety. |



Note form to be constructed and online form available

| | |
|---|--|
| Date | (insert parent /guardian name) |
| hereby give permission to qualified Educators at the YMCA WA (Centre name/ name of service) | |
| To administer to my child (child's name) | |
| the following medication until | (insert expected end date) |
| Name of medication | |
| Prescribed by | |
| Expiry date of the Medication | |
| Method of giving Medication | |
| Storage of Medication | |
| Dosage | |
| Times to be given | |
| Reason for medication: | |

| | | |
|-----------------------------------|------|------|
| Medication last given to child: | | |
| Date | time | Dose |
| (Print name and signature) | | |

If the child requires medication for more than one day within one week (Mon to Fri) parent must provide authorisation for each day medication is required.

Please date and initial for every day medication is required.

| | | | | | |
|---------------------------|--------|---------|-----------|----------|--------|
| Days medication required: | Monday | Tuesday | Wednesday | Thursday | Friday |
| Dates: | | | | | |
| parent Initials: | | | | | |

Attachment 1. MEDICAL MANAGEMENT (ACTION) PLAN

(long term)

NOTE: FORM TO BE CONSTRUCTED

If your child has a diagnosed medical condition, requires medication, or has additional health needs, your child's medical practitioner and parent must complete a *Medical Management (Action) Plan* clearly outlining procedures to be followed in the event of an incident relating to the child's specific health care needs.

You should ask your medical team or GP to help develop this plan and it should include the diagnosis, symptoms, medications and how to respond if your child becomes unwell. The *Medical Management (Action) Plan* will be communicated to all staff and be followed in the event of an incident relating to your child's medical condition.

children's medical needs must be reassessed (usually 12 months) and parents are required to update regularly. You may need to complete a new *Medical Management (Action) Plan* when there are changes to your child's medical, physical, emotional, or cognitive state.

Y WA will re-assess its capacity to care for the child, including whether Educators are appropriately trained to manage the child's specific ongoing needs and medical condition.

The *Medical Management (Action) Plan* should

- detail the child's additional health support needs including administration of medication and other actions required to manage the child's condition.
- Have supporting documentation if appropriate. Include a photo of the child.
- If relevant, state what triggers the allergy or medical condition. Include first aid needed.
- Include contact details of the medical practitioner who signed the plan.
- State when the plan should be reviewed.

The *Medical Management (Action) Plan* must be displayed in an area only accessible to Y WA People and must include a current photo of the child.

A *Medication Form* (Attachment 1:) attached to a child's *Medical Management (Action) Plan* will authorise emergency/in response to symptoms and/or regular/ongoing

administration or self-administration of medication.

Acceptable examples of Medical Management (Action) Plans:

[Diabetes Management Plan Fact Sheet](#) The diabetes management plan will usually be developed by the child or young person's diabetes treating team in collaboration with the child or young person and family.

[Diabetes Management Plan Insulin Pump](#)

[Diabetes Management Plan Insulin Injections](#)

[Diabetes Management Plan Type 2 School Settings.pdf \(diabeteswa.com.au\)](#)

[ASCIA Action Plan Anaphylaxis Red Anapen 2023](#)

[ASCIA Action Plan Anaphylaxis Red EpiPen 2023](#)

[Asthma Action Plan](#)

[Allergic Reactions Action Plan Green](#)

[Epilepsy Management Plan Guidelines \(Editable PDF\)](#) Epilepsy Smart Australia is a collaboration of state-based epilepsy service providers (including Epilepsy WA, coordinated by the Epilepsy Foundation).

[Epilepsy Management Plan – 1 Seizure Type \(Editable PDF\)](#)

[Epilepsy Management Plan – 2 Seizure Type \(Editable PDF\)](#)

[Epilepsy Management Plan – 3 Seizure Type \(Editable PDF\)](#)

[Epilepsy Management Plan – 4 Seizure Type \(Editable PDF\)](#)

[Epilepsy Management Plan – 5 Seizure Type \(Editable PDF\)](#)

[Seizure Management Plan Guide \(Editable PDF\)](#)

[Seizure Management Plan – 1 Seizure Type \(Editable PDF\)](#)

[Seizure Management Plan – 2 Seizure Type \(Editable PDF\)](#)



| | | |
|---|--|---|
| Name: <input type="text" value="Persons Name"/> D.O.B: <input type="text" value="Click to enter date."/> Room: <input type="text" value="Click to enter text."/> | | |
| Medical Condition/s | Causes/triggers | Symptoms |
| <input type="text" value="Choose a medical condition."/> | <input type="text" value="Click and enter text"/> | <input type="text" value="Click to enter text."/> |
| <input type="text" value="Choose a medical condition."/> | <input type="text" value="Click and enter text"/> | <input type="text" value="Click to enter text."/> |
| Name/s of Medication: <input type="text" value="Click to enter text."/> | Medication Expiry: <input type="text" value="Click to enter date."/> | |
| Additional information as per medical documentation: <input type="text" value="Click to enter text."/> | | |
| Is the child able to tell a staff member when they are unwell? <input type="text" value="Choose an item."/> Add comments if required: <input type="text" value="Click to enter text."/> | | |
| Indicate if there are specific times when medication or specific /testing is required <input type="text" value="AM/PM"/> / <input type="text" value="AM/PM"/> / <input type="text" value="AM/PM"/> / <input type="text" value="AM/PM"/> / <input type="text" value="AM/PM"/> / <input type="text" value="AM/PM"/> / <input type="text" value="AM/PM"/> / <input type="text" value="AM/PM"/> / <input type="text" value="AM/PM"/> | | |
| parent / Guardian/Nominee Authorisation and Release: I give my authorisations for the employees of this service to administer medication to my child. I understand this information may be released to emergency personnel in the event of an emergency. parent / Guardian Name <input type="text" value="Click to enter text."/> Signature/s | | |
| Emergency Contacts 1. Name: <input type="text" value="Name."/> Mobile: <input type="text" value="Mob Number"/> Home Ph: <input type="text" value="Phone"/> Work Ph: <input type="text" value="Phone"/> | | |
| Emergency Contacts 2. Name: <input type="text" value="Name."/> Mobile: <input type="text" value="Mob Number"/> Home Ph: <input type="text" value="Phone"/> Work Ph: <input type="text" value="Phone"/> | | |
| If there is only one emergency contact as per the child's enrolment, the CD/AD is to put a line through the second signature block and the CD/AD and parent are to initial next to the crossed-out signature. | | |



Attachment 2. MEDICATION ADMINISTRATION RECORD

| |
|----------------|
| Photo of child |
|----------------|

ADMINISTERED MEDICATION FORM – To be constructed FOR EDUCATOR USE ONLY

Name of child:

| Medicine: | Dosage: | Date/Time: | Given by: Name and signature | Verified by: Name and signature |
|-----------|---------|------------|---------------------------------|------------------------------------|
| | | | | |
| | | | | |
| | | | | |
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Attachment 3. MEDICAL RISK MINIMISATION AND COMMUNICATION PLAN

The Nominated Supervisor will consult with parents to develop a *Risk Minimisation and Communication Plan* and ensure that strategies for minimising the risk are developed, communicated, and implemented.

The *Risk Minimisation and Communication Plan* will explain the process for sharing information about the child's medical condition and ensure that all relevant staff at the kindergarten or early learning centre are informed.

This plan will assess:

- Risks relating to the child's specific health care needs, allergy, or medical condition;
- The requirements for safe handling, preparation and consumption of food;
- Authority to contact medical practitioner in emergency.

This plan will include actions and strategies to minimise the risk including communication and notification procedures that are developed and implemented to inform:

- other families about allergens that pose a risk, including signs at entrances and alerts in regular communications with parents;
- staff in relation to the safe handling, preparation, consumption, and service of food; and
- parents of any known allergens that pose a risk to their child,
- The parent of how they can communicate any changes to the *Medical Management (Action) Plan* and *Risk Minimisation and Communication Plan* for the child,

parents must be informed that their child cannot attend the service without the required in-date medication prescribed by the child's medical practitioner



ATTACHMENT 4 Medical Risk Minimisation and Communication Plan
Managing Medical Conditions Procedure ELC OSHC
(SD-ELCOSH-04-06-PROD)

To be completed by the parent in conjunction with the Nominated Supervisor/FDC Educator

Service

child's full name:

Date of Birth: ____/____/____

Age: _

Room

| |
|------------------------------|
| <u>Insert photo of child</u> |
|------------------------------|

| |
|---|
| 1. Details of medical condition/health requirements: |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| | | |
|---|-----|----|
| 2. Has a <i>Medical Management (Action) Plan</i> for this condition been submitted to the service? | Yes | No |
| Date | | |
| Review Date | | |
| Notes | | |



**ATTACHMENT 4 Medical Risk Minimisation and Communication Plan
Managing Medical Conditions Procedure ELC OSHC
(SD-ELCOSH-04-06-PROD)**

| 3. Predominant known triggers for the medical condition and potential reaction/s | |
|--|----------|
| Trigger | Reaction |
| | |
| | |
| | |
| | |
| | |
| | |

| 4. How often does your child display symptoms or suffer from reactions of the medical condition? <i>Tick the box</i> | | | |
|--|--------------------------|-----------------------------------|--------------------------|
| Infrequently (5 or less per year) | <input type="checkbox"/> | Occasionally (6 or more per year) | <input type="checkbox"/> |
| Monthly | <input type="checkbox"/> | Weekly | <input type="checkbox"/> |
| Daily | <input type="checkbox"/> | When exercising | <input type="checkbox"/> |
| More than once a day | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other <i>give details</i> | <input type="checkbox"/> | | <input type="checkbox"/> |

| 5. How do you, (the parent) recognise the symptoms/reactions? |
|---|
| |
| |
| |
| |
| |



**ATTACHMENT 4 Medical Risk Minimisation and Communication Plan
Managing Medical Conditions Procedure ELC OSHC
(SD-ELCOSH-04-06-PROD)**

| |
|--|
| 6. Is your child always able to recognise the symptoms/reactions? Yes No |
| <i>Details</i> |
| |
| |
| |
| |

| | | |
|--|-----|----|
| 7. Does your child require medication to treat the medical condition | Yes | No |
| <i>Details</i> | | |
| | | |
| | | |
| Will your child require medication whilst in care? If yes, a <i>Medication Authorisation Form</i> must be completed | Yes | No |
| <i>Medication Authorisation Form</i> completed and attached? | Yes | No |
| Is your child permitted to self-medicate? | Yes | No |

8. Location of Medical Management Plan and where medication is stored at the service.

| |
|---|
| <i>Details and special instructions</i> |
| |
| |

9. The circumstances under which the medication is to be given to your child whilst in care:

| | |
|---|--|
| As detailed in the Management Plan | |
| As per medication label/medical practitioner instructions | |
| Other <i>Details</i> | |



**ATTACHMENT 4 Medical Risk Minimisation and Communication Plan
 Managing Medical Conditions Procedure ELC OSHC
 (SD-ELCOSH-04-06-PROD)**

10. Risk Minimisation

How can we minimize the risks relating to your child's health care needs/medical condition and what strategies can we implement to avoid triggers?

| Risk <i>What are the issues and/or the actual/potential situations that could add to the risk of a reaction occurring or risks with administering medication?</i> | Strategy <i>What can be done about these risks? What resources do you need? What is the time frame for this to occur?</i> | Who is Responsible? <i>Who needs to be included in the process? Why?</i> |
|---|---|--|
| | | |
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Communication Plan

Name of child:

| parent | Yes | No |
|---|-----|----|
| Has received Y WA Policy and Procedure | | |
| Agrees to display of child's information in private area | | |
| Has contact phone numbers and email addresses for the service. | | |
| Will tell the Nominated Supervisor/Educator of changes to the medical management plan or medication as soon as possible after the change and completes new forms. | | |
| Provide and updated Medical Management Plan at least annually or when there are changes. | | |
| Given permission to contact a medical practitioner in case of an emergency. | | |
| Understands information may be released to emergency personnel in case of an emergency. | | |
| | | |
| | | |
| | | |
| | | |
| Educator | Yes | No |
| May verbally enquire about the child's health to check if there have been any changes in their condition or treatment | | |
| Advise parents if child's medication needs to be replaced. | | |
| Have forms available | | |
| Keep observation notes for parents if necessary for parent to pick up at end of day | | |
| | | |
| | | |
| | | |
| | | |



ATTACHMENT 4 Medical Risk Minimisation and Communication Plan

Managing Medical Conditions Procedure ELC OSHC

(SD-ELCOSH-04-06-PROD)

| Director | Yes | No |
|---|-----|----|
| Advised Y People about the location of the child's medical management plan and medication | | |
| Review the child's medical management plan, risk minimisation plan and medication regularly at staff meetings, and seek feedback from educators about any issues or concerns they may have in relation to the child's medical condition | | |
| | | |
| | | |
| | | |
| | | |

| Date | Issue/Concern/Request/Information | Action Required | Actioned By | Communicated to Staff |
|------|-----------------------------------|-----------------|-------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Parent Contact (1) | | Parent Contact (2) | |
|----------------------------------|--|----------------------------------|--|
| Name | | Name | |
| Relationship to child | | Relationship to child | |
| Home Phone | | Home Phone | |
| Work Phone | | Work Phone | |
| Mobile | | Mobile | |
| Authorised Decision Maker Yes No | | Authorised Decision Maker Yes No | |
| Emergency contact | | medical practitioner contact | |
| Name | | Name | |
| Relationship to child | | Practice address | |
| Home Phone | | Phone | |
| Work Phone | | | |
| Mobile | | | |
| Authorised decision Maker Yes No | | Permission to contact Yes No | |

Declaration

This Medical Condition *Risk Minimisation and Communication Plan* has been developed with my knowledge and input and will be reviewed every 12 months or as required.

| | |
|--------------------------------|--|
| Next review date | |
| parent /Guardian signature | |
| Date | |
| Nominated Supervisor name | |
| Nominated Supervisor signature | |
| Date | |

Attachment 4. MONITORING AN UNWELL CHILD OR YOUNG PERSON

| | | | |
|-------------------------------------|--------------|----|----|
| Centre | | | |
| Date | | | |
| child's Name: | | | |
| Date of Birth: | | | |
| Time parents contacted: | | | |
| Authorisation for medication: | Yes / No | | |
| <i>Attach copy of authorisation</i> | | | |
| Medication: | | | |
| Dose: | | | |
| Time: | | | |
| Educator signature: | | | |
| Time checked: | Temperature: | L: | R: |
| Comment: | | | |
| Time checked: | Temperature: | L: | R: |
| Comment: | | | |
| Time checked: | Temperature: | L: | R: |
| Comment: | | | |
| Time checked: | Temperature: | L: | R: |
| Comment: | | | |
| Time child collected: | Temperature: | L: | R: |
| parent signature: | | | |

Attachment 5. INCIDENT INJURY or TRAUMA RECORD

(See also Incident, injury, trauma and illness policy)

| Details of person completing this record | |
|--|--|
| Name | |
| Position/role | |
| Service name | |
| Date record was made | |
| Time record was made | |
| Signature | |
| child's details | |
| childs full Name | |
| Date of birth | |
| Age | |
| Gender | |
| Incident/injury/trauma/illness details | |
| Date | |
| Time | |
| illness | |
| Location of service | |
| Location of incident/ injury/trauma/illness | |
| Name of person who witnessed the incident/ injury/trauma/illness | |

Attachment 5: Monitoring an unwell child or young person. Managing Medical Conditions
Procedure ELC OSHC

(SD-ELCOSH-04-06-PROD)

| | |
|--|--|
| Witness signature and date | |
| Details of incident/ injury/trauma/illness | |
| Circumstances leading to the incident/ injury/trauma/illness, including any apparent symptoms | |
| Action Taken | |
| Details of action taken (including first aid, administration of medication, etc.) | |
| Did emergency services attend? | |
| Time emergency services contacted | |
| Time emergency services arrived | |
| Was medical attention sought from a registered practitioner? If yes, provide details. | |
| Was medical attention sought from a registered practitioner / hospital? If yes, provide details. | |
| Have any steps been taken to prevent or minimise this type of incident in the future? If yes, provide details. | |
| Notifications (including attempted notifications) | |
| parent name | |
| Date and time | |
| Contact? | |



DRAFT

**Attachment 5: Monitoring an unwell child or young person. Managing Medical Conditions
Procedure ELC OSHC**

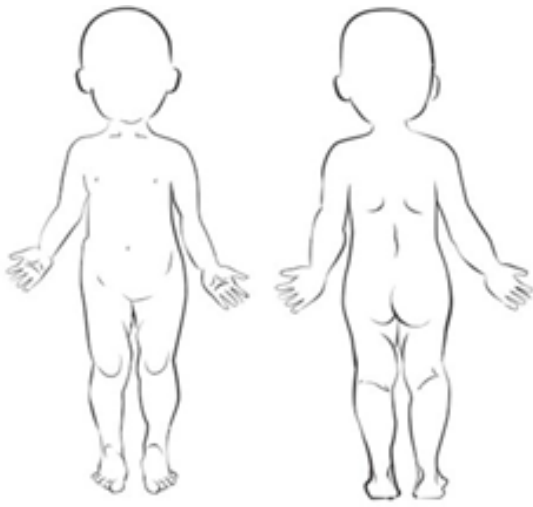
(SD-ELCOSH-04-06-PROD)

| | |
|--|--|
| parent name | |
| Date and time | |
| Contact? | |
| Director/educator/ coordinator | |
| Other agency (if applicable) | |
| parental acknowledgement | |
| I, (name) | |
| Have been notified of my child's incident injury trauma illness. | |
| Signature and date | |

Additional notes

Attachment 5: Monitoring an unwell child or young person. Managing Medical Conditions
Procedure ELC OSHC

(SD-ELCOSH-04-06-PROD)

| | | |
|--|---|---|
|  <p><i>Indicate on this diagram the part of the body affected</i></p> | <ul style="list-style-type: none"> <input type="checkbox"/> Abrasion / scrape <input type="checkbox"/> Allergic reaction (not anaphylaxis) <input type="checkbox"/> Amputation <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Asthma / respiratory <input type="checkbox"/> Bite wound <input type="checkbox"/> Bruise <input type="checkbox"/> Broken bone / fracture / dislocation <input type="checkbox"/> Burn / sunburn <input type="checkbox"/> Choking <input type="checkbox"/> Concussion <input type="checkbox"/> Crush / jam <input type="checkbox"/> Cut / open wound <input type="checkbox"/> Drowning (non-fatal) <input type="checkbox"/> Electric shock <input type="checkbox"/> Eye injury | <ul style="list-style-type: none"> <input type="checkbox"/> Infectious disease (incl. gastrointestinal) <input type="checkbox"/> High temperature <input type="checkbox"/> Ingestion / inhalation / insertion <input type="checkbox"/> Internal injury / infection <input type="checkbox"/> Poisoning <input type="checkbox"/> Rash <input type="checkbox"/> Respiratory <input type="checkbox"/> Seizure / unconscious / convulsion <input type="checkbox"/> Sprain / swelling <input type="checkbox"/> Stabbing / piercing <input type="checkbox"/> Tooth <input type="checkbox"/> Venomous bite / sting <input type="checkbox"/> Other (please specify) <p>.....</p> <p>.....</p> |
|--|---|---|