

ECEC POLICY



Dealing with Medical Conditions in Children	Document No:	r 90,91,96 & 168 2 (d)
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The City of Greater Geelong is a Child Safe Organisation. We take the wellbeing and safety of children seriously and have zero tolerance for child abuse of any kind.

1. PURPOSE

The City of Greater Geelong Early Childhood Education and Care (ECEC) services, recognise the need to ensure that children with specific diagnosed medical conditions have their medical requirements met whilst in early childhood services. This is an important part of our education and care delivery to ensure the full needs of the child are met.

Every child enrolled at the ECEC service with a medical condition is provided with the best possible care to ensure their health and wellbeing needs are met.

In line with the **Paramountcy Principle (s2A)** every person involved in delivering our education and care services will ensure that the safety, rights and best interests of children is the **paramount consideration in all their decisions and actions**.

2. SCOPE

ALL SERVICES:

To ensure all Services facilitate the safe, effective care and health management of children who have a diagnosed medical condition.

These conditions include (but are not limited to)

- Asthma
- Diabetes
- Anaphylaxis
- Epilepsy
- Allergies and other medically diagnosed conditions.

3. REFERENCES

- Education and Care National Regulations 2011
- Amendments 2017
- Education and Care National Law Act 2010
- Amendments 2017
- Education and Care National Quality Standard
- Asthma Foundation and or ASCIA

- Child safe Standards 2,5,6,,8,9,11

4. ECEC POLICY

IN ALL SERVICES, MANAGEMENT WILL:

- Ensure all staff across the Service are informed of any children diagnosed with a medical condition and where to find / view the Medical Action Plans & Risk Minimisation documents of all children. In particular - **as part of their new Staff Induction** – when entering a new Program room.
- Ensure the Communication Plans for medical conditions inform all staff (including casual educators who attend the Service) of where the documentation is kept, and where medication is stored relating to the medical conditions **as part of their new Staff Induction** – when entering a new Program room.
- Ensure there are clear written procedures for the collection, review, distribution and communication related to information provided for children with medically diagnosed conditions.
- Lead discussions with families to facilitate these Medical Action Plans being in place, complete and signed by Doctor. *Note: the Medical Action Plan does not expire, but does have a Review Date.*
- On enrolment or immediately after diagnosis, provide parents/guardians with the “Dealing with Medical Conditions in Children” policy and relevant paperwork (*ASCIA 2023version medical action plan, Council risk minimisation plan and communication plan) to ensure compliance.
- Ensure that there is a clear procedure for the collection and review of paperwork* ensuring all paperwork* is completed and signed appropriately with a current-coloured photo of the diagnosed child attached and is saved to Record Explorer (REX).
- Ensure all families understand the requirement of all information, all enrolment forms & signed documentation related to the medical condition and administering medications to be completed in full; prior to their child being able to commence attendance.
- Ensure that where a Medical Action Plan is required for a medical condition; this is displayed in a clearly visible space in the setting where the child attends.
- Ensure all educators have training as part of the induction process and ongoing training for the management of medical conditions.

IN ALL SERVICES, EDUCATORS WILL:

- Familiarise themselves and support all other staff, students or volunteers who work with the children who have a medically diagnosed condition.
- Undertake familiarisation of all children who have a Medical Action Plan displayed or require medication – **as part of their new Staff Induction** – when entering a new Program room.

- As Room Leaders ensure whole team working in program have familiarised themselves with each child's medical action plan, risk minimisation and communication plan and are aware of the location of the medication.
- Ensure medical action plans are displayed in a clearly visible space, and medication is stored in an accessible position to allow for easy access by adults in the event of an emergency.
- Make certain that medical action plans and medication accompany the relevant child on all excursions/ regular outings.
- Ensure that medical action plans are followed in the event of an incident relating to the child's specific healthcare need, allergy or relevant medical condition.
- Work with parents to develop an individual risk minimisation and communication plan (*annually or when the child moves to a new Program Room*) to ensure each child's specific needs are met, risks are minimised, and relevant stakeholders are informed.
- Only allow children, with a medically diagnosed condition, to attend the service with medication that is in date, prescribed for that child and is labelled with instructions that can be easily read and understood. *Children cannot stay in the service without correctly dated, properly prescribed medication.*
- Only administer medication to children diagnosed with a medical condition that has been authorised by a parent/ guardian or authorised nominee. (*Exception is: where Emergency Services instruct over the telephone while awaiting an ambulance to arrive to administer medication*)
- Ensure as Room Leader - all relevant medication authorisations / documents are signed and dated correctly as required, displayed and updated as new children attend or children move to new program rooms.
- Ensure in consultation with parents they review and update all medical action plans – **as per the Review Date**, risk minimisation plans and communication plans and medication expiry dates regularly, (*annually is best practice or more frequently where required*).
- Ensure their First Aid, CPR, asthma and anaphylaxis training is current and up to date.

RISK MINIMISATION/COMMUNICATION PLANS SHOULD:

- Be written in consultation with diagnosed child's parents/guardians.
- Ensure the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.
- If relevant, ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented.
- If relevant, ensure that practices and procedures to ensure that parents/guardians are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.
- Be available to all educators, staff, students and volunteers to ensure all stakeholders are aware of how to effectively minimise the risk to diagnosed children.
- Be updated regularly in line with the procedure or as parents provide new information, (*annually is best practice or more frequently where required*).

IN ALL SERVICES, FAMILIES WILL:

- Ensure they provide an up-to-date Medical Action Plan for any child with a medically diagnosed condition (where applicable).
- Understand the requirement of all information, forms & signed documentation related to the medical condition and administering medications to be completed in full; prior to their child being able to commence attendance.
- Work with the Service Management and Educators to develop a risk minimisation and communication plan, that assists the Service to minimise the risk to the child.
- Provide in date, well labelled, named and prescribed medication, specific for the child with a medically diagnosed condition.
- Ensure in date medication is available onsite whenever the child is in attendance. Children must not be left onsite without medication for any amount of time.
- Ensure all relevant medication authorisations are signed and dated as required.
- Respond to discussions with Service Management to facilitate these Medical Action Plans being reviewed – **as per the Review Date**, to ensure they are reflecting their child's current medical needs being met.
- Update educators and management when there are **any changes** to their child's diagnosis, treatment or medication.

IN ALL SERVICES, SELF ADMINISTRATION OF MEDICATION BY CHILDREN WILL ONLY BE ALLOWED:

- By children above preschool age.
- When written authorisation is provided by the person with the authority to consent to the administration of medication on the child enrolment form.
- When medication is provided to the educators for safe storage, and they will provide to the child when required.
- When fully supervised by the child's educator.

5. QUALITY RECORDS

ACECQA Policy Guidelines: Dealing with Medical Conditions in Children.

6. ATTACHMENTS

- Medical Action Plan Templates - **ASCIA Action Plans 2023** (preferred template)
Medical Action Plans do not Expire, but document a Review Date by a Medical Practitioner.
ASCIA Action Plans prior to the 2018 version should no longer be used.

- Risk Minimisation & Communication Plan **Template**