

	Procedure Service Delivery	
	Children with Medical Conditions and Illness	SD-PRO-2.14-01

Scope

This procedure applies to SDN Children’s Education and Care Centres.

Responsibilities

SDN (Approved Provider)

- ensuring the Nominated Supervisor fulfils all responsibilities relating to the management of children’s medical conditions
- ensures records are stored securely until the child is 25 years of age.

Nominated Supervisor/Responsible Person

- ensuring that any parent with a child enrolled at the service that has a specific health care need, allergy or other relevant medical condition is provided with a copy of the Children with Medical Conditions Policy and its Procedure at enrolment
- prior to a child’s attendance or on initial diagnosis, advising the family to provide the service with a Medical Management Plan which outlines management of their child’s medical condition, including the following information, and is signed by a Registered Medical Practitioner
 - details of the specific health care need, allergy or relevant medical condition including the severity of the condition
 - any current medication prescribed for the child
 - the response required from the service in relation to the emergence of symptoms
 - any medication required to be administered in an emergency
 - the response required if the child does not respond to initial treatment
 - when to call an ambulance for assistance.
- any medication required for the medical condition:
 - must be within its use by date

Minor/legislative amendment or modification history 15 June 2021, 1 July 2021, 6 August 2021, 19 January 2022	Details: Page 2: addition of defining communication plans by email or direct conversation, Service Leader title amended to Operations Manager Page 1: addition of alternative action plans for out of date medication Page 3: addition of Hypopack to emergency kit held on site (1 July 2021) Page 4: addition of COVID-19 Delta variant (1 July 2021) Page 3: HypoPack amended to a glucose product (6 August 2021) Pages 4/5: updated to remove COVID testing and addition of SDN will follow NSW Health Orders and Directives (6 August 2021) Page 4: removed Delta variant, highlighted combination of symptoms and added conjunctivitis to bring more in line with new Omicron variant (19 January 2022)
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- SDN are unable to keep out of date medications on site. If in-date emergency medication cannot be provided (for example, a national shortage Epipens) an alternative Action Plan must be provided by the medical practitioner which provide updated processes to follow should the child become ill without emergency medication available
 - if a medication passes its use by date the Centre will correctly dispose of it and inform the family
 - If the above requirements are not provided by the family, the child’s enrolment will be refused
 - completing a *Risk Minimisation and Communication Plan* with the family prior to enrolment or at the time a medical condition is diagnosed
 - ensuring that families know their responsibilities to:
- immediately notify the Nominated Supervisor, by email or direct conversation, as per the *Communication Plan*, any changes to the *Medical Management Plan* and *Risk Minimisation and Communication Plan*
- comply with the requirements and procedures in relation to children with medical conditions, administration of medication and completion of the *Medication Permission Form*
- provide the service with medication that is within its use by date.
- Ensure that the child’s medication is with the child for day of attendance. If the child arrives without their required medication, they will not be permitted to attend until they have their medication with them
 - discussing individual Medical Management Plan and Risk Minimisation and Communication Plan with the Operations Manager
 - ensuring that all *Medical Management Plan* and *Risk Minimisation and Communication Plan* are current, kept up to date, accessible to all staff, educators and volunteers and filed/stored in the respective child’s enrolment record, together with the other documents related to the medical condition of the child
 - ensuring that staff members, volunteers, students and educators (including casual/relief staff members):
- can identify the children with a medical condition
- know and understand the child’s *Medical Management Plan* and the location of the child’s medication
- have read and are aware of the Risk Minimisation and Communication Plan.
 - ensuring that permanent SDN staff are adequately trained to identify and respond to a medical emergency
 - developing staff rosters to ensure that at least one staff member on the premises at all times has completed:

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- a current first aid qualification
- asthma management training
- anaphylaxis management.
- keeping the following emergency medication and kit on the premises:
 - Ventolin Inhaler (puffer) and spacer
 - EpiPen Jr Auto-Injector
 - a glucose product
- displaying a copy of *General Action Plans* for Anaphylaxis and Asthma (as a minimum) near the place which contains the emergency medication
 - www.allergy.org.au for ASCIA Action Plan for Anaphylaxis - General
 - www.asthmaaustralia.org.au for Asthma First Aid Plan (commonly referred to as the 4x4 First Aid Plan).
- checking that any medication, including emergency medication has not expired – these checks are carried out in line with SDN’s monthly First Aid checks and documented the First Aid checklists
- storing medication appropriately and in a location that is known to all staff members (including relief/casual staff members), educators, volunteers and students which is easily accessible by adults (not locked away), inaccessible to children and away from direct sources of heat
- displaying a notice stating that a child diagnosed at risk of anaphylaxis is enrolled at the service (posted at the main entrance)
- ensuring that the relevant section of the *Medication Permission Form* is completed when medication is administered to the child
- ensuring that a *Child Incident, Injury, Trauma and Illness Form* is completed when a child with a medical condition experiences symptoms or requires medication.
- reporting a serious incident to the Regulatory Authority if a child requires urgent medical attention relating to their medical condition
- complying with the Medical Management Plan and Risk Minimisation and Communication Plan of each child diagnosed with a medical condition and relevant policies and procedures such as the Children with Medical Conditions Policy, Child Incident, Injury, Trauma and Illness Policy and their Procedures.

Educators and staff members (including casual/relief staff members)

- are aware of symptoms, signs and triggers of medical conditions
- observing the children for symptoms or signs
- responding immediately to the needs of children in accordance with the *Medical Management Plan* and training

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- informing the Nominated Supervisor or Responsible Person, as soon as possible, of any incident or concern about a child’s health or wellbeing
- completing a *Child Incident, Injury, Trauma and Illness form* when a child with a medical condition experiences symptoms or requires medication
- completing the relevant section of the *Medication Permission Form* every time medication is administered to the child.

Volunteers and students

- are aware of the Medical Management Plan and Risk Minimisation and Communication Plan of each child diagnosed with a medical condition and relevant policies and procedures such as the Children with Medical Conditions Policy, Child Incident, Injury, Trauma and Illness Policy and their Procedures.
- are aware of and can identify each child with a diagnosed medical condition.

COVID-19

Children presenting with COVID-19 symptoms

When a NSW Health (or other relevant state/territory) directive is in place, SDN will follow the guidelines for exclusion, isolation and testing. At times our response may be based on location, suburb or LGA.

COVID has seen an increased risk of children contracting the virus and presenting with particular symptoms

All children with any symptoms of COVID-19 will be excluded from care based on the following:

- Fever (38 C and above)
- Runny nose
- Chills or night sweats
- Cough
- Sore Throat
- Tiredness, fatigue
- Difficulty breathing
- Headache
- Muscle or joint pain
- Loss of smell, distorted sense of taste, and/or loss of appetite
- Nausea, vomiting and/or diarrhea
- Conjunctivitis

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Exclusion and returning to care

SDN will follow NSW Health orders and directives at all times and expects families to also comply with these orders and directives.

Should a child present back to care with symptoms of being unwell with another infectious illness, as per the SDN Infectious Diseases Policy and Procedure and Child Incident, Injury, Trauma and Illness Policy and Procedure, children will be sent home and encouraged to seek medical advice. Children will be required to begin treatment or provide medical clearance to return.

Communicable Disease and Illness

SDN takes a preventative approach to illness within our Centres. In the event of an outbreak of a notifiable communicable disease or illness within the Centre SDN reserves the right to limit access/ request a medical clearance for any child displaying symptoms of being unwell.

Any child sent home from the Centre due to suspected illness must be collected within a reasonable timeframe as agreed to with the Nominated Supervisor / Responsible Person in Charge

A minimum of 24 hours exclusion is required after detection of a high temperature. A high temperature is determined as 38 degrees or above. If medication is required to reduce the temperature the 24-hour exclusion period will begin from the time of the final dose. Exclusion periods may be extended as guided by the relevant Health Authorities.

At all times the Nominated Supervisor has final say on whether they believe a child is well enough to remain at the Centre or to resume care if they have been unwell.

Related SDN Documents

Policies

- SD-OP-2.07: Enrolment, Orientation and Transition into SDN Services
- SD-OP-2.11: Nutrition
- SD-OP-2.14: Children with Medical Conditions
- SD-OP-2.15: Child Incident, Injury, Trauma and Illness
- SD-OP-2.18: Excursions, Incursions and Regular Outings
- WHS-OP-4.05: First Aid

Procedures

- SD-PRO-2.07-01: Enrolment, Orientation and Transition into SDN Services
- SD-PRO-2.14-02: Administration of Medication to Children
- SD-PRO-2.15-01: Child Incident, Injury, Trauma and Illness
- SD-PRO-2.18-01: Excursions, Incursions and Regular Outings
- WHS-PRO-4.05-01: First Aid

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Forms/Templates

- SD-FRM-2.14-01-01: Risk Minimisation and Communication Plan
- SD-FRM-2.14-02-01: Medication Permission Form
- SD-FRM-2.14-02-02: Non-Prescription Medication Permission Form
- SD-FRM-2.15-01-01: Child Incident, Injury, Trauma and Illness Form

Relevant Legislation/Regulations

- Education and Care Services National Law Act 2010, section 167
- Education and Care Services National Regulations 2011, regulations 90 to 92, 162 and 168(2)(d)
 - Schedule 1: National Quality Standard, standards 2.1 and 2.3, elements 2.1.1, 2.1.4, 2.3.2 and 7.3.5

Other References/Related Documents

- Medical Management Plan
- Asthma Foundation of Victoria – Asthma and the Child in Care Model Policy, version 6.2, January 2011 www.asthma.org.au/resources.aspx
- The Australasian Society of Clinical Immunology and Allergy (ASCIA) – www.allergy.org.au
- www.asthmaaustralia.org.au for Asthma First Aid Plan (commonly referred to as the 4x4 First Aid Plan).
- Staying Healthy Preventing infectious diseases in early childhood education and care services child care (5th Edition)
- NSW Health Department
- ACT Health Department

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