



DEALING WITH MEDICAL CONDITIONS

(required-regulation 90)

Policy Statement

New Lambton District OOSH (NLDOOSH) will work closely with children, families and where relevant schools and other health professionals to manage medical conditions of children attending the service. For the purpose of this policy, a 'Medical Condition' is any specific health care need, allergy or other relevant medical condition. We will support children with medical conditions to participate fully in the day to day program of the service in order to promote a sense of wellbeing, connectedness and belonging to the service ("My Time, Our Place" 1.2, 3.1).

Educators will be fully aware of the nature and management of any child's medical condition and will respect the child and the family's confidentiality ("My Time, Our Place" 1.4). The medical conditions policy will be provided to parents/ guardians who identify that their child has a medical condition and a medical plan will be completed for each child that is identified as having a medical condition.

At our service, the best interests of the child are our first and foremost consideration in all decisions and actions.

We are committed to:

Prioritising children's safety, wellbeing, and dignity at all times

Ensuring children are at the centre of all decisions about programs, environments, and routines

Making choices based on what is best for children, even when other priorities exist

Creating a safe, inclusive, and supportive environment for every child

This principle applies to all staff, volunteers, and decisions within our service, every day.

Procedures

- a. Parents/ guardians must record any medical condition their child may have on the enrolment form at the time of enrolment. If the child is diagnosed with a medical condition after enrolment, the parent/ guardian must notify NLDOOSH prior the commencement of the child's next session.
- b. Parents/ guardians of any child with a medical condition must then complete a:
 - a. Health Care Management Plan;
 - b. Risk Minimisation and Communication Management Plan
- c. For children diagnosed with Anaphylaxis, Allergy/ies, Diabetes or Asthma, an Action Plan completed by the child's doctor must be provided at enrolment or upon diagnosis.
- d. For children diagnosed with ADHD or ASD a request for any support plans will be made.

- e. Specific or long term Medical Conditions will require the parent/ guardian to provide a Medical Management Plan completed by the child's doctor.
- f. Parents/ guardians must notify NLDOOSH of any changes to their child's Health Care Management Plan, Risk Minimisation Plan, Action Plan, prior to the commencement of the child's next session.
- g. It is essential that parents/ guardians ensure their child does not attend NLDOOSH without medication prescribed by the child's doctor in relation to the child's medical condition. Failure to provide the centre with relevant medication will result in exclusion from the centre.
- h. If a child has a Medical Condition or diagnosis, the child's parents/ guardians will be provided with a copy of NLDOOSH's policies in relation to the management of children's medical conditions.
- i. To meet regulatory obligations it is a requirement that a Healthcare Management Plan including a Risk Minimisation and Communication Plan be developed in consultation with the parent/ guardian. A Qualified educator will meet with the parent/ guardian as soon as possible prior to the child's attendance to determine content of that plan to assist in a smooth and safe transition of the child into the service. The plans will include:
 - a. details on the specific health needs of the child
 - b. identification of any risks to the child or others by their attendance at the service
 - c. identification of any of the services practices or procedures that need adjustment to minimise risk eg food service
 - d. a process and time line for Orientation procedures for educators
 - e. methods for communicating between parents/ guardians and educators as well as any changes to the child's Health Care Management Plan.
- j. The Healthcare Management Plan, or in the event of Anaphylaxis, Allergy or Asthma, the child's Action Plan, will be followed in the event of any incident relating to the child's specific health care need, allergy or relevant medical condition (this is in accordance with regulation 90).
- k. All educators and volunteers will be informed of any special Medical Conditions affecting children and orientated to their management. In some cases, specific training will be provided to educators to ensure that they are able to implement the Health Care Management Plan effectively.
- l. Where possible the service will endeavour to not have the allergens identified in a child's Action Plan accessible in the service.
- m. Children who have an Anaphylaxis action plan will have their plan displayed in the first aid area to ensure all educators are aware should the child present with symptoms.
- n. All food related medical conditions will be placed on a noticeboard near the kitchen area (out of sight of general visitors and children). It is deemed the responsibility of every educator at the service to regularly read and refer to the list.
- o. All relief educators will be informed of the key on the bus roles during their orientation so they know of the children who have medical and dietary conditions. They will then be provided information on what action to take in the event of a medical emergency involving the children.
- p. Where a child has a life-threatening food allergy and the service provides food, the service will endeavour not to serve the particular food allergen in the service.

Parents/ guardians of children with an allergy may be asked to supply a particular diet if required (eg soy milk, gluten free bread)

Medication

a. Parents/ guardians must hand medication directly to the listed Responsible Person on duty, or the Educator assigned on First Aid and complete the relevant Authority and Directive form. Medication must not be left in a child's school bag.

*** Medication must not be left at OOSH without ALL relevant paperwork being completed, returned and checked.**

b. Parents/ guardians of a child requiring the administration of daily long-term medication: for example, Schedule 8: Ritalin, must complete the *Authority and Directive to Administer Medication* form. This form is printed on yellow paper.

c. Parents/ guardians of a child requiring the administration of short-term medication: Schedule 4, for example: antibiotics, must complete the *Authority & Directive to Administer SHORT TERM Medication*, includes Record of Administration form. This form is printed on light green paper.

d. Authorisation to consent to the administration of medication from any person, other than the parents/ guardians or authorised nominee named on the child's enrolment record, cannot be accepted.

e. All medication must:

- be in an original container, or in the case of a schedule 8 medication it must be in a Webster pack
- display the name of the medication
- bear the original dispensing label
- state the child's full name
- state the frequency and dose
- state the route the medication is to be administered
- display the expiry/use by date.

f. The Centre will notify parents/ guardians a minimum of two (2) weeks prior to the expiry date of their child's medication. Failure to provide the Centre with in-date replacement medication will result in exclusion from the Centre.

g. No child shall be given medication without parent/ guardian/ medical doctor or relevant action plan authorisation.

h. Non-prescription medication will not be administered by the Centre unless authorised by a doctor.

i. Parents/ guardians will ensure children requiring medication for Anaphylaxis, Allergies and/or Asthma have the relevant and current Action Plan. Relevant medications must be provided to the Centre by the parents/ guardians. Failure to provide the Centre with relevant medication will result in exclusion from the Centre.

j. Parents/guardians of children receiving medication at home or school, should inform the Centre in writing regarding the nature of the medication, it's purpose, and any side effects it may have, so that educators can properly care for their child.

k. If a child with a medical condition requiring medication, attends NLDOOSH without their medication, a parent/ guardian/ authorised nominee shall be contacted and requested to provide the medication. In the event the medication is not provided the child is not permitted to attend the Centre.

l. NLDOOSH does not permit the self-administration of medication by children enrolled at the Centre. Exceptions only apply to children who have been authorised to self-administer.

m. A parent/ guardian stopping or changing their child's medication or dose should complete the *Notification of Change to Medication Authority & Directive* form. This form is printed on yellow paper.

n. Schedule 8 (Ritalin) medication and Epi Pens held by NLDOOSH will be returned to parents/ guardians at the end of term four (4), with parents/guardians completing the medication sign in/out register. All other medications (Ventolin etc) are available for return only at parent/guardian request and a medication sign in/out form must be completed.

Parents/ guardians are responsible for returning their child's medication before the first day of attendance in the following year. Families will be notified to make an appointment on the Pupil Free Day at the commencement of Term 1, where they will be asked to check all paperwork. This process must be completed before the child is allowed to attend.

Administration of Medication

- a. All records of administration of medication shall be recorded in the folder: Administration of Medication &/ Procedures and held securely in First Aid area.
- b. Staff administering long term medication, for example: Schedule 8 – Ritalin to a student, shall record each dose given in the *Administration of LONGTERM Medication Record* form/ Count Sheet/End of Shift Count.
- c. Staff administering short term Schedule 4 medication e.g antibiotics, to a child shall record each dose given on the bottom section of the form *Authority & Directive to Administer SHORT TERM Medication*, includes Record of Administration. This form is printed on light green paper.
- d. Staff administering Emergency/PRN medication: Unscheduled and Scheduled 2, 3 and 4, for example: Paracetamol (Panadol), Inhalers, Antihistamines (Claratyne) and EpiPens® shall record the medication details in the *Record of Administration – As required (PRN) Medication* form. This form is white with a green heading.
- e. Children shall be supervised whilst taking medication and a record shall be kept.
- f. Medication can only be administered by an Authorised Educator and must be witnessed, checked and signed by a second Educator.
- g. The Authorised Educator with a First Aid Certificate administering medication to a child shall:
 - Obtain and review the Authorisation to Administer Medication with a witness. The First Aid staffer and the witness will unlock the Medication Box (located in the first aid cupboard), removing the medication confirming the name of the intended recipient matches the name of the medication package.

- Identify the correct child by name and photo
 - Verify the name of the medication
 - Verify the date, time and dose the medication was last administered
 - Verify the date, time and dose the medication is due to be administered
 - Verify the route the medication is to be administered, ie- with water, with food etc.
 - Ensure the child ingests the medication
 - Sign the relevant Record of Administration form recording both signatures.
The folder containing these forms will be returned to the lockable white medical cabinet. The cabinet is then locked after all forms are completed.
- h. The First Aid staffer and the witness will return the scheduled medication to the locked box, ensuring both the Medication Box and the first aid cupboard are secured afterwards.
- i. The first aid educator will wear the keys and be responsible for them for the length of their shift.

End of shift medication count

At the end of shift a count must be completed with 2 educators to ensure the correct number of medication is accounted for.

The count is completed on the child's Authorisation to Administer Medication paperwork, this needs to be collected from the white cabinet in the first aid area. The first aid educator will have the keys to unlock the relevant cupboards.

Educators ensure the medication matches the child's name on forms and a count of the medication is performed. Once verified, both educators sign the relevant fields on the form, return medication to box and lock away medication. The paperwork is returned to the white cabinet in first aid area and locked.

*****Should the medication count not equal, the Responsible Person is to be contacted immediately for consultation.

- j. In the event of a child refusing to take the prescribed medication, the parents/ guardians shall be informed and the details of the refusal documented.
- k. Medication may be administered to a child without authorisation in the event of an anaphylaxis or asthma medical emergency (pursuant to the Education & Care Services National Regulations 2013: regulation 94).
- l. If medication is administered in an anaphylaxis or asthma medical emergency, NLDOOSH must ensure that the child's parents/ guardians and emergency services are notified as soon as is practicable.
- m. The Approved Provider of NLDOOSH will ensure that the following staff members attend the Centre, and are always immediately available in an emergency whilst children are being educated and cared for:
- At minimum, one (1) educator holding a current approved first aid certificate
 - At minimum, one (1) educator holding a current approved anaphylaxis management training
 - At minimum, one (1) educator holding a current approved asthma management training.

Medication Storage

- a. Staff will ensure all medication is secure, kept out of reach of children and stored according to the directions on the packaging ie: refrigeration for antibiotics.
- b. Children carrying Asthma inhalers shall store them within their school bags on the storage hooks closest to the main entry.
- c. Children carrying an EpiPen® must bring their school bags into the First Aid area.
- d. Schedule 8 Medications shall be stored in a locked medication box that is secured inside the locked cupboard in the first aid room.
- e. The key to the First Aid area will be held in a locked key box in the OOSH office. Each session, the rostered First Aid officer will obtain the key from the Responsible Person and will wear the lanyard around their neck for the entire shift.
- f. At the end of their session the First Aid officer will return the key to the Responsible Person who will secure it in the locked key cupboard.
- g. Unscheduled and Schedule 4 Medications shall be stored in a box within the locked First Aid cupboard or in a locked box in the refrigerator.
- h. Medical emergency medications to support Action Plans (Inhalers, Antihistamines and EpiPens®) shall be held in the locked first aid cupboard with clear signage.

Asthma

Asthma is clinically defined as a chronic lung disease, which can be controlled but not cured. In clinical practice, asthma is defined by the presence of both excessive variation in lung function, i.e. variation in expiratory airflow that is greater than that seen in healthy children ('variable airflow limitation'), and 3 Kids United OSHC – Asthma Management Policy KIDS UNITED OSHC respiratory symptoms (e.g. wheeze, shortness of breath, cough, chest tightness) that vary over time and may be present or absent at any point in time (National Asthma Council Australia, 2015, p.4).

Asthma Inhalers. Asthma medication for self-administration may only be carried when approved by the Centre Director. Parents/ guardians shall complete the *Authority & Directive for Child to Carry & Self-Administer Medication* form. This form is printed on blue paper. A record of use shall be maintained.

- In the circumstance that a child (who has an Asthma Plan or a *Authority & Directive to Carry & Self Administer*) or a staff member does not have an Asthma Puffer on site, they may use the centre medication. This medication must be replaced by the user as soon as possible.
- Should child or staff member suffer their first Asthma incident while at NLDOOSH, and the centre medication is used, it must be replaced by the user as soon as possible.

In both of the above situations, dosage must be recorded in the Asthma log.

Diabetes

Type-1 Diabetes is an autoimmune condition, which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type-1 diabetes is life threatening.

Type-2 Diabetes occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type-2 diabetes accounts for between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years but is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old.

Anaphylaxis

The key to the prevention of anaphylaxis and response to anaphylaxis within the Out of School Hours Care Service is awareness and knowledge of those children who have been diagnosed as at risk, awareness of allergens, and the implementation of preventative measures to minimise the risk of exposure to those allergens. It is important to note however, that despite implementing these measures, the possibility of exposure cannot be completely eliminated. Communication between the OSHC Service and families is vital in understanding the risks and helping children avoid exposure. Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Epilepsy

Epilepsy refers to recurring seizures where there is a disruption of normal electrical activity in the brain that can cause momentary lapses of consciousness, or sudden loss of body control (Epilepsy Australia, 2019). The effects of epilepsy can vary, some children will suffer no adverse effects while epilepsy may impact others greatly. Some children with epilepsy may have absence seizures where they are briefly unconscious. Our Out of School Hours Service will implement inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition. All children with epilepsy should have a Medical Management Plan. It is important that all those working with children living with epilepsy have a thorough understanding of the effects of seizures, required medication and appropriate first aid.

In relation to Asthma, Diabetes, Anaphylaxis, Epilepsy, ADHD and ASD

Families will:

- a. Ensure all relevant paperwork is completed prior to the child attending as per relevant policies.
- b. Provide medication as per relevant policies.
- c. Keep NLDOOSH updated with any changes as they arise.

NLDOOSH will:

- a. Be aware of the first aid procedure for Asthma, Diabetes, Anaphylaxis and Epilepsy.
- a. Ensure that all medications, medical management/action plans, monitoring equipment, medication records, and any prescribed medication on excursions and other events outside the Service.
- b. Recognise the symptoms of an Asthma, Diabetes, Anaphylaxis and Epilepsy emergency and treat appropriately by following the child's medical management/action plan

- c. All staff members should be aware of any child at risk of anaphylaxis enrolled in the service the child's individual medical management plan/action plan symptoms and recommended action for allergy and anaphylaxis and the location of their EpiPen® / Anapen ® device.

Considerations

Name	Reference
Education and Care Services National Regulations	90, 91, 93, 94, 95, 96, 136, 168
National Quality Standard	6.2.1, 6.3.1, 6.3.3
Other NLDOOSH policies/ documentation	<ul style="list-style-type: none"> • Administration of First Aid Policy • Individual Medical Management Plans and Corresponding resources • Authority & Directive to Administer SHORT TERM Medication • Record of Administration- As required (PRN) Medication Form • Authority & Directive for Child to Carry & Self-Administer Medication • Notification of Change to Medication Authority & Directive • Register of Staff Signature Verification Form • Administration of LONG TERM Medication Record Form • Dealing with Infectious Diseases Policy and Staff Procedure • HIV, Hepatitis and Other Blood Borne Viruses Infection Staff Procedure • Incident, Injury, Trauma, Illness and First Aid Policy • NLD OOSH Confidentiality Policy
Other	<ul style="list-style-type: none"> • <i>My Time, Our Place – Framework for School Age Care in Australia</i>, Council of Australian Governments 2011 • National Law Section 173 • Department of Health Guidelines • Department of Education Guidelines • Network of Community Activities • Disability Discrimination Act 1975 • NSW Anti- Discrimination Act 1977 • Work Health and Safety Act 2011 • Therapeutic Goods Act 1966 (TGA) • NSW poisons Standard 2016; Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP)

Policy status

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