

# SHARE Before, After & Vacation Care.

## Medical, Health Management Plan

This individual health care plan is developed in consultation with the parent, guardian Educators of SHARE and if necessary, the child's medical practitioner if applicable. It should be reviewed if there are changes in the child's medication or medical condition.

The medical management plan will be followed in the event of any incident relating to the child's specific health care need, allergy or relevant medical condition. All Educators including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated regarding the necessary management. In some cases, specific training will be provided to Educators to ensure that they are able to effectively implement the medical management plan.

Copies will be kept in the child's folder and if there is an action plan i.e Anaphylaxis/Asthma or other then a copy will be stored with the child's action plan in sick bay.

**It is the responsibility of the parent/ carer to inform SHARE of any changes to their child's medication or medical health management plan. This information is to be in writing, and accompanied by any Doctors documentation. Emails are acceptable.**

<b>Childs Name</b>		<b>D.O.B:</b>	<b>Class:</b>
<b>Health Conditions:</b>			
<b>If anaphylaxis, list confirmed allergies:</b>			
<b>Anaphylaxis Indicators: Please circle those that apply to your child.</b> Itchy Throat.    Tingly Tongue.    Shortness of breath.    Hives or welts on skin:    Other please specify:			
<b>If asthmatic please list allergens;</b>			
<b>Asthma Indicators: Please circle those that apply to your child.</b> Coughing:    Wheezing:    Shortness of breath:    Other please specify:			
<b>Identification of any practices or procedures that need adjustment at SHARE to minimise risk e.g. food preparation procedures in regards to anaphylaxis or any other medical issue.</b>			
<b>Medication supply, storage and replacement. For anaphylaxis this will include the Epi-Pen.</b>			
<b>Any other support/ information required:</b>			
<b>Parent/Carer contacts</b>	<b>Parent/Carer (1)</b>	<b>First Name:</b>	<b>Family Name:</b>
<b>Relationship to child:</b>	<b>Home phone:</b>	<b>Work:</b>	<b>Mobile:</b>

<b>Parent/Carer contacts</b>	<i>Parent/Carer (2)</i>	<i>First Name:</i>	<i>Family Name:</i>
<i>Relationship to child:</i>		<i>Home phone:</i>	<i>Work:                      Mobile:</i>
<b>Emergency Contacts if parent/carer unavailable</b>		<i>First Name:</i>	<i>Family Name:</i>
<i>Relationship to child:</i>		<i>Home phone:</i>	<i>Work:                      Mobile:</i>
<b>Medical practitioner/doctor</b>		<i>First Name:</i>	<i>Family Name:</i>
<b>Contact details:</b> <i>Surgery ph. no:</i>		<i>Mobile:</i>	
<i>Address of Doctor:</i>			
<b>Emergency Care:</b> <i>Notes: An emergency response plan is required if your child is diagnosed at risk of a medical emergency at SHARE. For children at risk of anaphylaxis the <u>ASCLIA Action Plan for Anaphylaxis</u> is the emergency response plan. This plan is obtained by the parent from the child's doctor and not developed by SHARE</i>			
<b>Emergency contact services contacts: e.g. Ambulance, local hospital, medical centre:</b>			
1.			
2.			
3.			
<b>In the event that an ambulance is called SHARE has ambulance insurance. If you give us the account, we can pass it on to our insurance company for payment. A print out of your child's medical requirements and condition will be printed out and will accompany your child to the hospital. SHARE will inform you of which hospital you child will be transported to.</b>			
<b>Special Medical notes:</b> Any special medical notes relating to religion, culture or legal issues e.g. blood transfusions. <b>Notes:</b> If your child is transferred to the care of medical personal e.g., paramedics this information, will if practicable in the circumstances, be provide to those personal. It will be a matter for the professional judgement of the medical personal whether to act on the information.			

Name of parent/carer/ guardian: \_\_\_\_\_

Signed (parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_

Risk	Elimination/control measures	WHO
<p><b>Anaphalaxis</b></p>	<p><b>SHARE</b> to be informed via enrolment form if child/ren has this medical condition.  Anaphalaxis action plan to be supplied by family.  Copy of action plan and Medical Health Management Plan to be kept in sick bay and child's folder in office.  Child/rens name and details of allergens to be displayed in kitchen on cupboard and in the data base for easy reference.  All families to be informed that children with severe allergies attend the service and <b>NOT</b> to send foods with peanut butter or products containing nuts with their children to the service at any time.  Food labels to be checked to see if they contain any allergens that children with Anaphalaxis are allergic too.  Alternative food products to be sourced.  All food storage and preparation areas to be well maintained and cleaned regularly.  Food preparation areas to be sanitised at beginning and end of day.  All Educators and children before entering kitchen are to wash their hands.  Educators are not to bring food that contains nuts or any of the particular allergens that the child/ren, other Educators and other stakeholders are allergic to into the service.  Food utensils used in the service to be wash in the dishwasher.  Educators are to be aware of cross contamination.</p> <p>Epi pens to be easily assessable. Epi pens and antihistamines to be taken up and down to school daily and on Excursions.  Alternative medication ie. Clarytine or any other preferred antihistamine by family to be kept in lockable medicine cabinet in sick bay.  <b>EpiPen's to be locked away when not required.</b>  At all times Educators are to be aware of cross contamination.  <b>Educators to be trained in the use and delivery of an Epi Pen.</b></p>	<p><b>Educators and others preparing food for the childrens consumption</b></p>

Risk	Elimination/control measures	WHO
<p><b>Asthma</b></p>	<p><b>SHARE</b> to be informed via enrolment form if child/ren has this medical condition.  Asthma action plan to be supplied by family.  Copy of action plan and Medical Health Management Plan to be kept in sick bay and child's folder in office.  Child/rens name and details of asthma triggers to be displayed in kitchen on cupboard and in the data base for easy reference.  All food storage and preparation areas to be well maintained and cleaned regularly.  Food preparation areas to be sanitised at beginning and end of day.  All Educators and children before entering kitchen are to wash their hands.  Food utensils used in the service to be wash in the dishwasher.  Educators are to be aware of cross contamination.,  All asthma spacers cleaned and sanitised Spacer: Wipe the inside and outside of the mouth piece with an alcoholic wipe and return to first aid kit.  Ventolin and Asthma spacers to be taken to school in the morning and afternoon and on excursions. antihistamines to be taken up  <b>Educators to be trained in the use and delivery of Ventolin and Asthma spacers.</b></p>	<p><b>All Educators</b></p>

# Dealing with Medical Conditions and Medication Administration

## **POLICY STATEMENT:**

*SHARE* will work closely with children, families and with relevant schools and other health professionals to manage medical conditions of children attending the service. We will support children with medical conditions to participate fully in the day to day program in order to promote their sense of wellbeing, connectedness and belonging to the service ("*My Time, Our Place*" 1.2, 3.1). Our 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). Medications will only be administered to children in accordance with the National Law and Regulations.

## **PROCEDURE:**

### **a) Dealing with medical conditions,**

- Families will be asked to inform the service of any medical conditions the child may have at the time of enrolment. This information will be recorded on the child's enrolment form.
- Upon notification of a child's medical condition, the service will provide the family with a copy of this policy in accordance with regulation 91.
- Specific or long-term medical conditions will require the completion of a medical management plan developed in conjunction with the child's doctor and family.
- It is a requirement of the service that a risk minimisation plan and communication plan is developed in consultation with the child's family. The Coordinator will meet with the family and relevant health professionals as soon as possible prior to the child's attendance to discuss the content of the plan to assist in a smooth and safe transition of the child into the service.
- Content of the management plan will include:
  - ✓ Identification of any risks to the child or others by their attendance at the service.
  - ✓ Identification of any practices or procedures that need adjustment at the service to minimise risk e.g. food preparation procedures.
  - ✓ Process and time line for orientation or training requirements of educators.
  - ✓ Methods for communicating between the family and educators if there are any changes to the child's medical management plan.
- The medical management plan will be followed in the event of any incident relating to the child's specific health care need, allergy or relevant medical condition. All Educators including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated regarding the necessary management. In some cases, specific training will be provided to Educators to ensure that they are able to effectively implement the medical management plan.
- Where a child has an allergy, the family will be asked to supply information from their doctor, if relevant, explaining the effects if the child is exposed to whatever they are allergic to and to explain ways the Educators can help the child if they do become exposed.
- Where possible the service will endeavour to not have that allergen accessible in the service.
- All medical conditions including food allergies will be placed on a noticeboard near the kitchen area. Parents sign consent forms here to give permission that they are okay with their child's allergies, food preferences etc are kept on the outside of the pantry door. It is deemed the responsibility of every educator at the service to regularly read and refer to the list.

- All relief Educators will be informed of the list on initial employment and provided orientation on what action to take in the event of a medical emergency involving that child.
- 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 when the child is in attendance and families will be advised not to supply that allergen for their own children. Families of children with an allergy may be asked to supply a particular diet if required (e.g. soy milk, gluten free bread).
- Where medication for treatment of long-term conditions such as asthma, diabetes, epilepsy, anaphylaxis or ADHD is required, the service will require an individual medical management plan from the child's medical practitioner or specialist detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition is to be managed in the service environment.
- In the event of a child having permission to self-medicate this must be detailed in an individual medical management plan including recommended procedures for recording that the medication has been administered. The doctor must provide this plan if relevant. In one off circumstances the service will not make an exception to this rule and will require the families to complete the procedure for the educators to administer the medication.

## **b) Administration of Medication**

- Prescription medication will only be administered to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication will not be administered at the service unless authorised by a doctor or requested by a parent who will be required to fill in the relevant paper work. "Administration of Medication"
- Educators will only administer medication during services operating hours.
- Permission for a child to self-medicate will be administered with the families written permission only, or with the verbal approval of a medical practitioner or parent in the case of an emergency.
- In the event that a case of emergency requires verbal consent to approve the administration of medication, the service will provide written notice to the family as soon as practical after administration of the medication.
- An authorisation is not required in the event of an asthma or anaphylaxis emergency however the authorisation must be sought as soon as possible after the time the parent and emergency services are notified
- Families who wish for medication to be administered to their child or have their child self-administer the medication at the service must complete a medication form providing the following information;
  - ✓ Name of child
  - ✓ Name of medication
  - ✓ Details of the date, time and dosage to be administered. (General time, e.g. lunchtime will not be accepted.)
  - ✓ Where required, indicate if the child is allowed to administer the medication themselves or have an educator do it.
  - ✓ Signature of family member
- Medication must be given directly to an Educator and not left in the child's bag. Educators will store the medication in a designated secure place, clearly labelled and ensure that medication is kept out of reach of children at all times.
- If anyone other than the parent is bringing the child to the service, a written permission note from the parent, including the above information, must accompany the medication.
- An exception to the procedure is applied for asthma medication for severe asthmatics in which case the child may carry their own medication on their person with parental permission. Where a child

carries their own asthma medication, they should be encouraged to report to an Educator their use of the puffer as soon as possible after administering and the service maintain a record of this medication administration including time, Educator advised and if the symptoms were relieved.

- Before medication is given to a child, the Educator (with current First Aid Certificate) who is administering the medication will verify the correct dosage for the correct child with another Educator who will also witness the administration of the medication.
- After the medication is given, the Educator will record the following details on the medication form: Name of medication, date, time, dosage, name and signature of person who administered and name and signature of person who verified and witnessed.
- Where a medical practitioner's approval is given, Educators will complete the medication form and write the name of the medical practitioner for the authorisation.

## **CONSIDERATIONS:**

<b>Education and Care Services National Regulations</b>	<b>National Quality Standard</b>	<b>Other Service policies/documentation</b>	<b>Other</b>
r90-91, 92-96, 178, 181-184  Law s167, 173	Standards 2.1, 6.2 and 6.3	<ul style="list-style-type: none"> <li>- Parent Handbook</li> <li>- Staff Handbook</li> <li>- Enrolment and Orientation Policy</li> <li>- Providing a Child Safe Environment Policy</li> <li>- Management of incident, Injury, Illness and Trauma policy</li> <li>- Administration of First Aid policy</li> </ul>	<ul style="list-style-type: none"> <li>- Disability Discrimination Act 1975</li> <li>- NSW Anti-discrimination Act 1977</li> <li>- Work Health and Safety Act 2011</li> <li>- Individual Medical Management Plans and corresponding resources.</li> <li>- My Time, Our Place.</li> </ul>

## **ENDORSEMENT BY THE SERVICE:**

**Approval date: March 2017.**  
**Date for Review: March 2019**