Neerim South Primary School **Outside School Hours Care Service**
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OSHC POLICY: MEDICAL CONDITIONS AND ADMINISTRATION OF MEDICATION

HELP FOR THOSE WITH LIMITED ENGLISH LANGUAGE SKILLS



Neerim South Primary School Outside School Hours Care Service offers support to stakeholders who have limited English language skills, including access to interpreting and translation services, to communicate key information about service policies and procedures.

If you need assistance to understand the information in this policy, please contact the Neerim South Primary School OSHC Service Coordinator or the School Administration Office and ask for language assistance.

POLICY STATEMENT & PRINCIPLES

Neerim South Primary School (NSPS) Outside School Hours Care (OSHC) Service welcomes all children into its service. This includes children with existing and emerging medical or health care needs. We are committed to prioritising the health, safety and wellbeing of children in our care, and to providing all children with a safe environment that supports their access, inclusion and participation in our educational program.

NSP OSHC Service recognises that it is important for families to feel confident that if their child has a medical condition, is sick or injured, that our staff, students and volunteers are trained and prepared to provide dedicated care. NSPS OSHC Service collaborates with families to maintain a safe environment for children. We recognise that this requires ongoing education and regular discussions between staff, students, volunteers and children about families' health, wellbeing and medical conditions.

This policy outlines the procedures and documentation necessary for staff, students and volunteers to effectively support and respond to children with identified health care or medical needs and administer medication safely to children; and ensures that all health and personal information collected in the process of providing care is handled with sensitivity and in accordance with privacy obligations.

For children with a medical condition such as asthma, epilepsy or diabetes, or who experiences allergies or is at risk of anaphylaxis, this policy should be read in conjunction with the following OSHC policies and procedures relating to Allergies and Anaphylaxis, Asthma, Diabetes policy, and Epilepsy and seizures policy and procedure.

This policy should also be read in conjunction with NSPS OSHC Service policies and procedures on the administration of first aid; Incident, injury, trauma; illness and infectious diseases; Infection control and immunisation policy; and Privacy and confidentiality of records.

BACKGROUND & SCOPE

Under the National Regulations, the service ensures that policies and procedures are in place for dealing with medical conditions and medication (r.90 and r.168) and takes reasonable steps to ensure those policies and procedures are followed (r. 170).

Under the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011 (the Regulations), NSPS OSHC Service must ensure that staff and volunteers have the skills, knowledge and resources necessary to implement this policy. This includes providing guidance that sets out:

- Procedures for administering medication if a child enrolled has a specific health care need or medical condition
- Information for staff, contractors and volunteers about administering medication
- Requirements for families to provide medication for their child and a Medical Management Plan created in consultation with the child's medical practitioner
- Handling all health and personal information in accordance with appropriate privacy and confidentiality requirements.

This policy applies when a child diagnosed with a medical condition is enrolled at the Service and when a child may require medication while attending. It applies to the child, their parents/guardians, educators, and the OSHC Management team. It also applies to other relevant members of the community, such as students, volunteers and visitors to the service.

DUTY OF CARE

NSPS OHSC Service has a duty of care to all children enrolled. This includes a legal obligation to ensure a safe environment free from foreseeable hazard and harm, where educators can address the individual health needs of each child, and always provide appropriate and adequate supervision.

The National Law requires the service to ensure that there is always at least one educator on duty and immediately available with a current approved first aid qualification HLTAID0012 which includes emergency life support, cardiopulmonary resuscitation and anaphylaxis. As a demonstration of duty of care and best practice, all NSPS OSHC educators hold current and approved first aid qualifications and receive regular training in managing children's medical conditions and administering medication, including implementing medical emergency procedures.

Duty of care obligations under the National Law requires educators to know enough about medical conditions and the administration of medication (including emergency medication) to ensure the safety and wellbeing of children. Service leadership and management ensure that all staff (including relief staff (including volunteers and students on practicum placement) have adequate knowledge of the service's medical conditions and medication policy and procedures to be followed in a medical emergency, including an awareness of children's medical management and/or action plans and risk management plans.

Children diagnosed with medical conditions are not discriminated against in any way and adjustments are made to prioritise all children' s full participation in all programs and activities at NSPS OSHC Service

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PROCEDURES - DEALING WITH MEDICAL CONDITIONS

NSPS OSHC Service implements a 5-step procedure to support and respond to children with identified health or medical needs enrolled with the service. Each step requires collaboration between families, children and staff, and includes ongoing communication and accurate record-keeping.

NSPS OSHC Service will ensure that all staff, volunteers and families of children enrolled with a specific health or medical condition understand and have access to this policy and procedure. Each person must understand and acknowledge their respective responsibilities relating to the implementation of this and other relevant policies.

STEP 1: ORIENTATION AND ENROLMENT

Before a child can commence orientation or attend NSPS OSHC Service, families must complete an enrolment form that contains detailed information about the child's health needs, including:

- any diagnosed medical condition
- allergies and the risk of anaphylaxis
- contact details for any person who is authorised to consent to medical treatment or administration of medication to the child.

At orientation and enrollment, the OSHC Coordinator (or nominated supervisor) will discuss with families in regard to their child's health needs, including any adjustments that may be needed to support meaningful inclusion. The OSHC Coordinator (or nominated supervisor) will advise families of relevant policies and procedures, and any additional requirements that may need to be fulfilled before the child starts at the service.

STEP 2: MEDICAL MANAGEMENT PLANNING

A Medical Management Plan must be in place for every child enrolled at NSPS OSHC Service who has been diagnosed with a health care need or medical condition. This could be a general medical plan, or a specialised management plan specific to a medical condition; for example, an ASCIA Anaphylaxis Action Plan, Asthma Action Plan or Epilepsy Management Plan. Orientation may be delayed until a Medical Management Plan has been provided. All medical management plans for children enrolled at the service will be stored in a folder, which while the service is in operation will be located in an accessible location for staff.

If a child develops a specific health care need or medical condition after they are enrolled, their family will need to provide a Medical Management Plan as soon as possible. The Medical Management Plan must be:

- Prepared and completed by the child's medical practitioner or health care provider
- Provided to NSPS OSHC Service by the child's family
- Kept with the child's enrolment record and in the child's medication bag at NSPS OSHC Service
- Implemented at all times for any child with a specific health care need or medical condition; for example, asthma, type 1 diabetes, epilepsy or anaphylaxis as per the Medical conditions, risk minimisation and communication plan.

The Medical Management Plan should include the following:

- Details of the diagnosed health care need or medical condition
- If relevant, known triggers for the allergy or medical condition
- Any reasonable adjustments or supports required

- Any current medication prescribed for the child, including dosage, time to administer and storage requirements
- The response required from the OSHC Service in relation to the emergence of symptoms
- Any medication that must be administered in an emergency
- The response required if the child does not respond to initial treatment
- When to call an ambulance for assistance
- Contact details of the medical practitioner who signed the plan
- The date when the plan should be reviewed.

A copy of the Medical Management Plan will be displayed in areas for centre staff to view and access easily, while preserving the privacy of the child. NSPS OSHC Service must ensure the Medical Management Plan always remains current, and is reviewed at least annually, or according to the specific policy.

Families must update educators and staff immediately if there are changes to their child's Medical Management Plan.

STEP 3: RISK MINIMISATION PLANNING

NSPS OSHC Service staff must develop a Risk Minimisation Plan in consultation with the families of children with a health care need or medical condition. For specific medical conditions such as epilepsy, anaphylaxis, type 1 diabetes and asthma, the Risk Minimisation Plan is developed as part of the Medical Management Plan process (go to related policies). The Risk Minimisation Plan must be:

- Informed by the Medical Management Plan
- Updated immediately if there are any changes to the child's medical condition (staff and families to have regular discussions)
- Kept with the child's enrolment record and in the child's medication bag/box kept at the service
- Adhered to at all times as per the Medical conditions, risk minimisation and communication plan.

STEP4: MEDICAL COMMUNICATION PLANNING

The OSHC coordinator will communicate medical conditions and medication by.

- keeping records of medical conditions and medication on the child's enrolment record and in the child's medication box stored at the service.
- Staff (including visitors, volunteers and students on placement) will be informed about this policy and other related medical conditions policies in regular staff bulletins
- How relevant staff (including visitors, volunteers and students on placement) will be informed of the Medical Management Plans and Risk Minimisation Plans for all children at NSPS OSHC Service who have a diagnosed health care need or medical condition.
- Informing families that they must communicate any changes to their child's Medical Management Plan and Risk Minimisation Plan as per step one.
- This will be reviewed at least annually, or revised with any change made to the Medical Management Plan.

STEP 5: MONITORING AND REVIEW

Once the child is attending, all NSPS OSHC staff must continue to:

- Monitor the safety, health and wellbeing of the child
- Regularly review the child's Medical Management Plan, Risk Minimisation Plan and Communication Plan
- Ensure that the family is regularly asked to provide any updates about their child's health or medical condition
- If a family does not provide an up to date medical management plan the service can suspend the child's care until an updated medical management plan is provided.
- Ensure the practices and procedures of the service are inclusive of the child
- Consider what extra precautions may be needed to protect the safety, health and wellbeing of a child who has a specific health care need, medical condition or allergy.

PROCEDURES - ADMINISTRATION OF MEDICATION

PROVIDING MEDICATION FOR CHILDREN

The administration of medication is considered a high risk practice and as such carries obligations for both staff and families. All medications, regardless of whether they have been prescribed, or can be obtained over-the-counter or at supermarkets, are dangerous substances and need to be treated and handled accordingly.

Families providing medication for their children (including prescription, over-the-counter, homeopathic and cultural remedies) are responsible for supporting the service's compliance with National Law obligations, by ensuring that all medication:

- Has the original label clearly showing the name of the child
- Is in the original container or packaging
- Shows unobscured information and safety or warning instructions
- Has been prescribed by an authorised health practitioner
- Has clear instructions detailing the time of administration, required dosage and method of administration
- Shows the expiry or use-by date

PROVIDING AUTHORITY TO ADMINISTER MEDICATION

If a child requires medication during the OSHC session, families must provide the medication at drop-off by handing it to the relevant staff member with a completed Medication Authority Form and Medication Record (see Attachment) that authorises NSPS OSHC staff to administer medication.

Parents/Carers must ensure all medication is:

- in its original container and bears the original label with the name of the student and information on the dosage and time to be administered

- accompanied by written directions including advice for storage and administration
- within its expiry date
- stored according to the instructions, particularly in relation to temperature

Medication (including prescription, non-prescription, over-the-counter and homeopathic medications) will not be administered to a child at NSPS OSHC Service without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child.

NSPS OSHC will not allow any child to self-administer any medication while attending OSHC unless specific authorisation to self-administer has been provided (See Attachment)

By signing this Administration of Medication Record, the family gives permission for NSPS OSHC supervisors to administer the prescribed medication in accordance with this policy, and confirms their acknowledgement that:

- Medication will only be administered as directed by the authorised health practitioner and only to the child for whom the medication has been prescribed
- The first dose of a new medication has been completed at home except in a medical emergency
- Expired medications will not be administered
- A separate form must be completed for each medication if more than one is required.

OVER-THE-COUNTER (OTC) MEDICATION, AND NATURAL/HOMEOPATHIC REMEDIES

At NSPS OSHC Service, medication can only be administered to a child attending the OSHC service as part of a medical management or health support plan with a written authorisation form that meets legal requirements under National Law, and confirms that the child is not infectious and is fit enough to attend the service

NSPS OSHC Service manages over-the-counter and natural/homeopathic remedies similarly to prescription medication. This may include (but is not limited to) vitamins and health supplements, antihistamines (oral and eye drops), first aid creams for insect bites or eczema or skin irritation relief, as well as cultural and natural and homeopathic remedies recommended by an alternative health care professional.

Families are encouraged to discuss their needs with the OSHC Coordinator or School Principal to ensure the health and safety of their child while attending the service, and of the staff and other children in the program.

Specific provisions apply to the following common OTC's:

- **Paracetamol (e.g. Panadol) and ibuprofen (e.g. Nurofen)**
  If a child has had paracetamol to treat a headache, cold or fever within the past 24 hours, families must advise educators prior to attending. If a child is receiving paracetamol to treat a stable condition, such as pain due to a fractured bone, and the child is well enough to engage in activities at the NSPS OSHC Service, they may attend. If a child falls ill at the service, records a temperature above 38°C, or has required an authorised dose of paracetamol or ibuprofen, the family will be notified to collect their child from the service.

- **Aspirin** - NSPS OSHC Service centre staff will not administer aspirin to a child at the centre without proof of prescription from a medical practitioner accompanied by a medical management or health support plan.

- **Cough and cold remedies** - NSPS OSHC Service centre staff will not under any circumstance administer cough suppressants or other remedies for colds and flu to children. Children who are too sick or unwell to safely engage in daily activities should not attend the NSPS OSHC Service until they are well. This decision is guided by the advice from the Royal Children's Hospital Melbourne who state that

there is no scientific evidence that cough medicines help treat cough in children, and that they are not recommended. https://www.rch.org.au/kidsinfo/fact_sheets/cough/

STORING MEDICATION

NSPS OSHC Service educators will store all provided medications securely. Prescribed medication to treat medical conditions such as asthma and type 1 diabetes must be stored in the child's medical management kit, according to manufacturer's instructions and in a location where it is accessible to staff but never to children.

In some instances where a child is authorised to self-administer asthma medication, an exemption may apply, as negotiated with the family and approved by the OSHC coordinator.

NSPS OSHC Service centre staff keep all prescribed and non-prescribed medication out of sight and out of reach of children, which includes:

- Storing medicines in an area that is not typically accessible to children without a high level of direct educator supervision.
- Not leaving medicines on a counter or table
- Ensuring that medicines that need to be kept in a fridge are kept there in a plastic container with a tightly fitting lid.
- Each child's medication kit will be labelled with their name and photo and will include medication and a copy of their Medical Management Plan, Risk Minimisation Plan and Communication Plan.

ADMINISTERING MEDICATION

The first dose of a new medication should be completed at home, except in a medical emergency.

Before administering medication, NSPS OSHC Service staff must ensure that authorisation to administer medication has been received through a completed Medication authority form and Medication Record form from families (see Attachment)

Before administering Educators must confirm the details in the Medication authority form and if relevant, a Medical Management Plan by confirming:

- The identity of the child with a colleague what about when working alone?
- The type and correct dosage of the medication according to written instructions provided with the medication and in the Medical Management Plan. If there is a discrepancy between these, details should be confirmed with the family prior to administration
- That it is the right time to administer the medication
- That the medication is in its original packaging and that it has been prescribed by an authorised health practitioner.

When administering the medication, NSPS OSHC Service must:

- Ensure that the correct dosage has been accurately measured before being administered
- Adhere to hygiene procedures, including correct handwashing
- Administer the medication with a colleague present what about when working alone?
- Administer the medication in a private location, where possible.

After administering the medication, NSPS OSHC Service staff must:

- Observe the child and seek emergency medical assistance if they are concerned the child has been negatively affected by the medication
- Adhere to hygiene procedures, including washing and cleaning of measuring devices
- Update the child's Medication Record (see Attachment), including:
    - The dosage that was administered
    - The way the medication was administered
    - The time and date the medication was administered
    - The name and signature of the person who administered the medication
    - The name and signature of the person who checked the dosage and the colleague who confirmed both the dosage and administration of the medication what about when working alone?
- ensure correct storage of the medication, including making sure any caps or lids are properly closed.

ADMINISTERING MEDICATION DURING A MEDICAL EMERGENCY

If a child is having a medical emergency, NSPS OSHC Service staff will call emergency services immediately, administer first aid if needed and continue providing support until qualified health professionals arrive. NSPS OSHC Service staff will notify families or emergency contacts as soon as possible (see the Incident, injury, trauma and illness policy).

Medication may be administered to a child under the instruction of emergency services without prior authorisation from the family in the event of an anaphylaxis or asthma emergency. If emergency medication is administered, whether with or without prior authorisation, staff must notify emergency services and the parent or carer of the child as soon as possible (see the Medical conditions: Anaphylaxis and allergies policy and procedure and the Medical conditions: Asthma policy and procedure).

If staff administer medication to a child in an emergency after verbal authorisation is provided by the afamily (person authorised to consent to medication) they must then be given written notice of the administration as soon as possible.

MAINTAINING A MEDICATION RECORD

A Medication Record (see Attachment) is a log of all medications that families and OSHC staff have administered to children attending NSPS OSHC Service. It must include the following information about the medication administered:

- the dosage that was administered
- the manner in which the medication was administered
- the time and date the medication was administered
- the name and signature of the person who administered the medication
- the name and signature of the person who checked the dosage and administration of the medication.

Accurate completion of the Medication Record is essential for ensuring the safety and wellbeing of all children attending NSPS OSHC Service and for ensuring that NSPS OSHC Service staff are fulfilling their legal obligations to all children attending. All centre staff will contribute to the collection and management of the Medication Record.

A copy of the Medication Record must be stored for a minimum of 3 years as required under National Law. If the record relates to an illness or injury, the record should be stored until the child is aged 25.

For children with chronic or ongoing conditions that require regular and long-term administration of medication, NSPS OSHC Service staff may use an individual medication book to reduce the amount of written information required each day and record information specific to the medical condition – for instance, diabetes monitoring. The information recorded in the individual medication book must be consistent with the information required on the Medication Record and detailed in the Medication Record weekly.

Educators must ensure an updated risk assessment is completed and implemented when circumstances change for a child's specific medical condition.

ADVERSE REACTIONS TO MEDICATION, OR REFUSAL TO TAKE PRESCRIBED MEDICATION.

Families will be notified by NSPS OSHC Service centre staff to pick up their child if any unusual side effect occurs after administration of medication (that does not require an emergency response).

Families will also be notified by staff if their child refuses medication after the educator works with the family to try and administer it. Staff and families must be aware of time-sensitive conditions requiring medication, such as diabetes or asthma. In some instances this will result in the family being asked to collect the child, or contacting emergency services.

INCIDENTS INVOLVING MEDICATIONS

If medication is administered at the wrong time or at the wrong dose, educators must immediately administer first aid and contact the Poisons Information Line on 13 11 26.

The child's family must be notified as soon as possible. Incorrect administration of medication may be considered a serious incident, and require additional reporting (see the Incident, injury, trauma and illness policy).

In some instances, particularly where overdose (toxic ingestion) is suspected, emergency response services may be contacted and emergency policies and procedures will apply.

REMOVAL AND DISPOSAL OF MEDICATION

If a child's medication is no longer required, unused or out-of-date, NSPS OSHC Service centre staff will:

- Ask the family to collect the medication
- Advise families that unclaimed medications will be disposed of
- Dispose of unclaimed medications through the National Return and Disposal of Unwanted Medicines Program
- Ensure safe disposal of sharps in accordance with the Infection control and immunisation policy.

NSPS OSHC Service centre staff must not dispose of medications in sinks or general rubbish bins. Proper disposal of expired or unwanted medicines is important for the safety of our service and the school, our community and the environment.

Neerim South Pharmacy is located at Shop 2, 85-87 Main Neerim Road, Neerim South VIC 3831. Staff and families can return unwanted and expired medicines to this pharmacy for safe disposal under the National Return and Disposal of Unwanted Medicines Program.

RESPONSIBILITIES

Responsibilities of the School Council (as the Approved Provider) and the OSHC Management Sub-Committee.

The approved provider is responsible for:

- Ensuring this policy is implemented.
- Monitoring complaints and incidents regarding this policy.
- Ensuring that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, staff, volunteers and families, and available for inspection.
- Reviewing and developing this policy at least annually, and when the need arises.
- Notifying families at least 14 days before changing the policy or procedures if the changes will affect the fees charged or the way they are collected or; significantly impact the service's education and care of children or; significantly impact the family's ability to utilise the service.

The OSHC Management Sub-Committee is responsible for working closely with nominated supervisors to ensure that there are processes and systems in place for ensuring that:

- At least one educator on duty has current approved first aid qualifications (including emergency life support, cardio pulmonary resuscitation) and anaphylaxis and emergency asthma management as required by Law is on duty each session.
- At least one staff member who has current accredited training in emergency management requirements for specific medical conditions (as required) is in attendance and immediately available at all times that children are being educated and cared for at NSPS OSHC Service
- Staff receive training as part of robust induction, orientation and ongoing training in the management of medical conditions, including asthma management, anaphylaxis management and other training to support the specific health needs of children enrolled at the Service (e.g. diabetes)
- Staff have completed training to manage health and personal information, medical conditions and administration of medication
- Staff always adhere to this policy and procedures for the administration of medication
- Medication Records are kept and stored safely and confidentially until 3 years after the last date on which the child was educated and cared for at NSPS OSHC Service, or until the child is 25 years old in cases of severe injury or reportable incident (as required by Law)
- Medication is administered in accordance with Regulations 95 and 96 of the National Law
- All medical and health information is handled in accordance with the Privacy policy and any relevant legislation.
- All staff, including educators, students on placement and volunteers are provided with a copy of this policy and have a clear understanding of, and adhere to, its procedures and practices
- Families who are enrolling a child with specific health care needs are provided with a copy of this policy and other relevant NSPS OSHC Service policies..

Responsibilities of the OSHC Coordinator (or in the absence of the OSHC Coordinator, the Nominated supervisor/ Responsible person present)

Nominated supervisors are responsible for:

- At least one educator on duty has current approved first aid qualifications (including emergency life support, cardio pulmonary resuscitation) and anaphylaxis and emergency asthma management as required by Law is on duty each session.
- At least one staff member who has current accredited training in emergency management requirements for specific medical conditions (as required) is in attendance and immediately available at all times that children are being educated and cared for at NSPS OSHC Service
- Staff (including visitors, volunteers and students on placement) receive training as part of robust induction and orientation in the management of medical conditions at the service.
- Implementing this policy and ensuring all medical policies and procedures are adhered to
- Ensuring that all staff are aware of children who have a medical condition and understand the procedures to provide safe and appropriate care for all children at NSPS OSHC Service
- Developing and implementing a Communication Plan and encouraging ongoing communication between the child's family and staff about the current status of the child's specific health care need or medical condition, as well as about this policy and its implementation
- Ensuring staff have appropriate training to manage the medical conditions or specific health care needs of the children enrolled at NSPS OSHC Service
- Ensuring all staff are aware of and follow each child's Medical Management Plan, Risk Minimisation Plan and emergency procedures, such as the administration of specific emergency medication (e.g. Epipen/Anapen) as required
- Ensuring updates to policies, procedures and individual children's medical conditions, allergies or health care needs are reflected in the child's Risk Minimisation Plan and communicated to all staff
- Displaying discreetly the child's Medical Management Plan (preserving the child's privacy) and ensuring that all staff are aware of and follow the Risk Minimisation Plan for each child
- Ensuring communication with the child's family is ongoing and that the service is regularly updated about management of the child's health care needs or medical condition.
- Liaising with the approved provider about the management of medical conditions and medication, communication and risk minimization, including notification of serious incidents and currency of staff training.
- Ensure an Administration of Medication Record is kept for each child to whom medication is to be administered by the Service; and ensure that any authorisations for self-administration must be documented in the child's medical management plan and approved by the OSHC Service, parents/guardian and the child's medical management team.
- Ensure families of children who have medical conditions have been provided with a copy of this policy,
- Routinely review the first aid kit to ensure that it is complete and that children's medication provided by families has not expired.
- Conduct 'medical emergency response scenarios' and supervise practice sessions in medication (including adrenaline auto-injector) administration procedures to determine the levels of educators competence and confidence in locating and using emergency first aid anaphylaxis kits.
- ensuring that children who are too sick or unwell to safely engage in the daily activities are not permitted to attend until they are well, including if a child has been given medication for a temperature before arriving at the service – for example, paracetamol

In relation to the administration of medication, the nominated supervisor is responsible for:

- Ensuring that all centre staff are familiar with the procedures for the administration of medication

- Ensuring that there is documentation for all authorisations and that these are kept with the child's enrolment record, including if the child's family provides verbal authorisation to administer medication (and not written authorisation)
- Ensuring that a child's Medication records are completed accurately with all required details, and updated appropriately
- Obtaining verbal authorisation for the administration of medication from the child's parents, carers or authorised person, or a registered medical practitioner or medical emergency service when an authorised person cannot reasonably be contacted in an emergency
- Ensuring families are given written notice as soon as practicable if medication has been administered in an emergency and where authorisation has been given verbally
- Being aware of children who require medication for ongoing conditions or in emergencies. This includes ensuring that a Medical Management Plan is completed and attached to the child's enrolment form, and displayed for use by those caring for children (while being sensitive to privacy requirements)
- Developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions.

Responsibilities of Educators:

For staff who have food handling responsibilities:

- keeping up to date with professional training to help manage food allergies
- adhering to safe food handling and preparation requirements (see the Eating and drinking: Health, nutrition and food safety policy and procedure)
- implementing any requirements in a child's Medical Management Plan and Risk Minimisation Plan that are immediately related to menu preparation.

For staff who have training in first aid and emergency life support (including CPR) as well as anaphylaxis emergency asthma management:

- keeping up to date with certification as approved by ACECQA and ensuring staff record is up to dat with evidence of currency
- adhering to health and requirements and accepting responsibility for the administration of medication (including emergency medication) as well as the administration of first aid procedures.

For all staff:

- Maintain current certification for approved first aid and emergency life support (including asthma and anaphylaxis) training as required.
- Knowing which child/ren are diagnosed with a medical condition, know about their signs and symptoms of a medical episode, and the location of their medical management plans including risk management plans and any prescribed medications.
- Understanding the individual needs of children in their care who have a Medical Management Plan and Risk Management Plan in place
- displaying Medical Management Plans for easy access by those caring for children, while being sensitive to privacy requirements
- Ensuring all Risk Minimisation Plans are carried out in line with this policy and procedure

- Ensuring all staff, including the nominated supervisor, are informed of any changes to a child's medical condition
- Monitoring the child's health closely, being aware of any symptoms and signs of ill health, and contacting families if changes occur
- Following the Administering medication procedure, including appropriate storage, administration and disposal of medications
- ensuring that medication is only administered to a child when it is authorised (written or verbal), except in the case of an anaphylaxis or asthma emergency
- ensuring that medication is not accessible to children and is stored in a childproof container, including in the refrigerator for medications requiring refrigeration
- obtaining verbal authorisation for the administration of medication from the child's parents, carers or authorised person, or a registered medical practitioner or medical emergency service, when an authorised person cannot reasonably be contacted in an emergency
- Ensuring any medical emergencies are clearly documented in the Incident, Injury, Trauma or Illness Record and advise parents as a matter of priority, when practicable.
- Regularly communicating with families about their child's medical condition
- Ensuring that children who have ongoing medical conditions and health support needs can participate in all activities safely and to their full potential, ensuring an inclusive program.
- Ensuring all children's health and medical needs are taken into consideration on excursions and during outdoor play (see the Excursions, incursions and regular outings policy and procedure)
- Following the procedures for collecting children's medication and managing medical conditions during emergencies and excursions (see the Emergency and evacuation management policy and the Excursions, incursions and regular outings policy and procedure).
- Ensuring that children with a medical condition are not discriminated against in any way and can participate in programs and activities at NSPS OSHC Service centres
- Communicating any concerns to parents/guardians if a child's health or medical condition (and how management requirements are met) is limiting their ability to participate fully in all activities.
- Ensuring families can access this policy, and communicating procedures outlined in this policy with parents or carers when they are requesting medication be administered to their child, as well as making the Medication Record available for recording information during operational hours.

Responsibilities of Families:

During enrolment, families should discuss their child's medical condition, allergy or health care needs and management with the nominated supervisor, and provide NSPS OSHC Service with a Medical Management Plan from their child's medical practitioner or health care provider.

If a child has a health care need or medical condition, NSPS OSHC Service must develop a Risk Minimisation Plan and Communication Plan in collaboration with the child's family. Sometimes this is done in tandem or as part of developing a Medical Management Plan. Learn more about the related policies.

Families are responsible for:

- Providing a completed enrolment form for each child that contains detailed information about the child's health needs
- Informing NSPS OSHC Service of their child's medical condition, allergy or health care needs

- Ensuring all information provided about their child's medical condition, allergy or health care need is accurate and up to date; and informing the service of any changes to their child's medical conditions or medication and providing updated documentation as soon as possible
- Providing secondary contact details to use if the family cannot be reached in the event of an emergency relating to their child's health and wellbeing; and providing the name, address and telephone number of any person who is authorised to consent to medical treatment or administration of medication to the child
- Providing a Medical Management Plan from the child's medical practitioner at enrolment for an existing condition, or as soon as possible after an enrolled child is diagnosed with a medical condition
- Completing required details in the Medication Authority Form, including detailed information about their child's health needs. This includes whether their child currently requires medication for a specific health care need, allergy or medical condition, and a record of all authorisations to consent to medical treatment
- Collaborating with NSPS OSHC Service staff to develop a Risk Minimisation Plan for their child
- Providing adequate supplies of their child's required medication and medical authorisation as per the Administration of medication policy and procedure.
- Informing staff if any medication has been given to the child before attending the session and whether the medication may affect the needs or behaviours of the child
- Being familiar with any applicable associated policies procedures, which may include specific medical or health conditions such as anaphylaxis and allergies, asthma, diabetes or epilepsy
- Asking questions about implementation, and raise concerns with service management.
- Notifying the OSHC Service in writing via email or through the Notification of Changed Medical Status form of any changes to their child's medical condition status and provide a new Anaphylaxis Action Plan in accordance with these changes
- Communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's medical conditions and needs.
- Encouraging their child to learn about their medical or health condition, and to communicate with Service staff if they are feeling unwell or experiencing symptoms.
- Providing medication is accordance with legislated requirements related to labelling, packaging, and instruction.
- Physically handing the medication to the nominated supervisor or educator and informing them of the appropriate storage and administration instructions for the medication
- Ensuring that no medication is left in their child's bag or locker
- Providing a current Medical Management Plan (see the Management of medical conditions policy and procedure) when their child requires long-term treatment of a health or medical condition with medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency
- Keeping NSPS OHSC Staff fully informed of their child's health, symptoms, treatment and recovery if they go home or are absent due to illness.

INDUCTION AND ONGOING TRAINING

The NSPS School Council the Approved Provider acknowledges the important role played by our service leaders, educators and staff. They are provided with the necessary training and support to implement Outside School Hours Care service policies and procedures.

To ensure that all NSPS OSHC service stakeholders are given adequate induction and ongoing support to develop a thorough understanding of these procedures, this policy will be provided in accordance with induction processes for the OSHC Service staff team.

KEY TERMS

TERM	MEANING
Duty of care	A legal concept that refers to the responsibility of all staff members at any Victorian early childhood service to take reasonable steps to protect children in their care from harm that is foreseeable.
Medical Condition	In accordance with the Education and Care Services National Regulations 2011, the term 'medical condition' includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.
Medical Management Plan	A document that has been prepared and signed by a medical practitioner that describes symptoms, causes, clear instructions on action and treatment for a child's specific medical condition. It includes the child's name and a photograph of the child.
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 (Cth). 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 www.tga.gov.au
Medical attention	Includes a visit to a registered medical practitioner or attendance at a hospital.
Medical emergency	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.
Medication record	The approved provider must keep a medication record for each child to whom medication is administered by the service. This record must include: ● the child's name ● signed authorisation to administer medication ● a record of the medication administered, including time, date, dosage, manner of administration, name and signature of the person administering the medication and of the person checking the medication, if required. A medication record template is available on the ACECQA website: www.acecqa.gov.au/media/22731
Risk minimisation plan	Risk minimisation is the practice of reducing risks to a child at risk of anaphylaxis by removing all major sources of the allergen, as far as is practicable, from NSPS OSHC Service and developing strategies to help reduce risk of an anaphylactic reaction. A risk minimisation plan is a plan specific to NSPS OSHC Service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in

	the care of NSPS OSHC Service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan is developed by the NSPS OSHC staff team in collaboration with families of children who are at risk of anaphylaxis. The plan is reviewed at least annually, and always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. Risk minimisation planning considerations are outlined in this policy.
Serious incident	An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the centre in contravention of the Regulations or is mistakenly locked in/out of the centre premises.
Trained Educator	For the purposes of this policy, this refers to those Educators who have received relevant, professionally run training in the treatment or technique required to administer medication, including administration of the adrenaline auto-injector. In addition, trained Educators hold first-aid qualifications and have undertaken current, approved anaphylaxis management training and emergency asthma management training approved by ACECQA, as prescribed in the Education and Care Services National Law Act 2010 in accordance with regulation 137 (1) (e).

LINKS TO OTHER NSPS OSHC SERVICE POLICIES

In compliance with r.171 copies of the current policies and procedures required under r.168 (including this policy and policies required under r.90) are available for inspection at the OSHC Service at all times that the service is operating, or otherwise on request.

Associated NSPS OSHC Service health and medical policies and procedures include:

- Administration of first aid policy and procedure
- Blood-borne viruses
- Infection control and immunisation policy
- Illness and infectious diseases
- Medical conditions: Anaphylaxis and allergies policy and procedure
- Medical conditions: Asthma policy and procedure
- Medical conditions: Diabetes policy and procedure
- Medical conditions: Epilepsy and seizures policy and procedure
- Incident, injury, trauma and illness policy

Other relevant policies and procedures:

- Acceptance and Refusal of Authorisations
- Enrolment and orientation
- Health, nutrition and food safety policy and procedure
- Evacuations and emergency management policy
- Excursions and routine outings
- Enrolment and orientation policy
- Privacy and confidentiality of records policy

SOURCES

Australian Children's Education and Care Quality Authority (2021) ***Dealing with medical conditions in children***
https://www.acecqa.gov.au/sites/default/files/2021-08/DealingMedicalConditionsChildrenGuidelines.pdf

Australian Children's Education and Care Quality Authority (2022) ***Six reasonable steps to ensure staff follow policies and procedures***
https://www.acecqa.gov.au/sites/default/files/2022-11/13-Six-steps-staff-policies-procedures%20v3.pdf

Australian Government Department of Education (2024) ***Child Care Provider Handbook*** https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook
Commission for Children and Young People (July 2022); ***Child Safe Standards.*** https://ccyp.vic.gov.au/child-safe-standards/
Royal Children's Hospital Melbourne (accessed Oct 2025) ***Factsheet; Cough*** https://www.rch.org.au/kidsinfo/fact_sheets/cough/
Victorian government Department of Education (Accessed October 2025) ***Managing children's medical conditions in early childhood services*** https://www.vic.gov.au/managing-childrens-medical-conditions-early-childhood-services

LEGISLATIVE FRAMEWORK

Education and Care Services National Law Act 2010 (accessed October 2025) https://www.legislation.vic.gov.au/in-force/acts/education-and-care-services-national-law-act-2010/020
Equal Opportunity Act 2010 (accessed October 2025) https://www.legislation.vic.gov.au/in-force/acts/equal-opportunity-act-2010/030
Disability Discrimination Act 1992 (accessed October 2025) https://www.austlii.edu.au/cgi-bin/viewdb/au/legis/cth/consol_act/dda1992264/
Health Records Act 2001 (accessed October 2025) https://www.legislation.vic.gov.au/in-force/acts/health-records-act-2001/049
Occupational Health and Safety Act 2004 (accessed October 2025) https://www.legislation.vic.gov.au/in-force/acts/occupational-health-and-safety-act-2004/045
Public Health and Wellbeing Act 2008 (accessed October 2025) https://www.legislation.vic.gov.au/in-force/acts/public-health-and-wellbeing-act-2008/068
Privacy and Data Protection Act 2014 (accessed October 2025) https://www.legislation.vic.gov.au/in-force/acts/privacy-and-data-protection-act-2014/032
Public Records Act 1973 (accessed October 2025) https://www.legislation.vic.gov.au/in-force/acts/public-records-act-1973/043

NATIONAL QUALITY FRAMEWORK

Education and Care Services National Law https://www.acecqa.gov.au/nqf/national-law-regulations/national-law
The National Quality Framework operates under an applied law system, comprising the Education and Care Services National Law and the Education and Care Services National Regulations. The purpose of the applied law system is to set a national standard for children's education and care across Australia. The following regulations inform the implementation of this policy.

Regulation	Description
Regulation 4	Definitions
Regulation 8	National Quality Standard
Regulation 12	Meaning of serious incident
Regulation 13	Meaning of working directly with children
Regulation 73	Educational program
Regulation 85	Incident, injury, trauma and illness policies and procedures
Regulation 86	Notification to parents 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
Regulation 94	Exception to authorisation requirement – anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 97	Emergency and evacuation procedures
Regulation 98	Telephone or other communication equipment
Regulation 136	First aid qualifications
Regulation 137	Approval of qualifications
Regulation 161	Authorisations to be kept in enrolment record
Regulation 162	Health information to be kept in enrolment record

Regulation 168	Education and care service 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 policies or procedures
Regulation 173	Prescribed information to be displayed
Regulation 174	Time to notify certain circumstances to Regulatory Authority
Regulation 174A	Prescribed information to accompany notice
Regulation 175	Prescribed information to be notified to Regulatory Authority
Regulation 176	Time to notify certain information to Regulatory Authority
Regulation 183	Storage of records and other documents
Regulation 185	Law and regulations to be available

National Quality Standard https://www.acecqa.gov.au/nqf/national-quality-standard
The National Quality Standard (NQS) sets a high national benchmark for early childhood education and care and outside school hours care services in Australia. The NQS includes 7 quality areas that are important to outcomes for children. NSPS OSHC Service is assessed and rated by the Victorian Government Department of Education against the NQS and given a rating for each of the 7 quality areas and an overall rating based on these results. The following quality areas, standards and elements support the implementation of this policy.

Standard/Element	Item
Element 1.3.3	Information for families
Quality Area 2	Children's Health and Safety
Standard 4.1	Staffing arrangements
Element 4.1.1	Organisation of Educators
Element 5.1.2	Dignity and rights of the child
Standard 6.1	Supportive relationships with families
Element 6.1.1	Engagement with the service
Element 6.2.2	Access and participation
Element 7.1.2	Management systems
Element 7.1.3	Roles and responsibilities
Element 7.2.3	Development of professionals

Framework for School Age Care in Australia https://www.acecqa.gov.au/sites/default/files/2023-01/MTOP-V2.0.pdf
Under the National Law, services must deliver an educational program to all children being educated and cared for that is based on an approved learning framework, delivered in accordance with that approved learning framework, based on the developmental needs, interests and experiences of each child , and designed to take into account the individual differences of each child. The following principles, practices and learning outcomes support the implementation of this policy.

Principle/Outcome	Description
Principles	Partnerships
	Equity, inclusion, and high expectations
Practices	Holistic, integrated and interconnected approaches
	Collaboration with children and young people
Learning outcomes	Children and young people have a strong sense of wellbeing
	CHildren and young people are effective communicators

EVALUATION, REVIEW AND DEVELOPMENT

This policy will be reviewed and developed accordingly as part of the NSPS OSHC Service annual review process, or more often if necessary due to changes in regulations, circumstances, or operational matters. In response to the event of a serious incident involving a medical emergency, this policy and procedures will be reviewed and developed to ensure the effectiveness of its implementation.

NSPS OSHC Service ensures that all relevant stakeholders are notified at least 14 days before making any change to this policy, unless that notice period would pose a risk to the safety, health or wellbeing of any child

enrolled at the service. In this instance, stakeholders will be notified as soon as practicable after making a change in accordance with requirements under the National Law.

Date	Description	Author
03/10/2025	New policy developed in compliance with National Law requirements and informed by recommendations by and resources from recognised authorities including the Royal Children's Hospital.	OSHC Sub-Committee
18/05/2026	New policy approved by School Council	School Council