

Purpose

The aim of Quality Area 2 under the NQS is to safeguard and promote children's health and safety, minimise risks and protect children from harm, injury and infection.

All children have the right to experience quality education and care in an environment that provides for their physical well-being. Where a child has identified medical conditions, it is important the OSHC service can manage a child's needs safely and appropriately. A shared partnership between the family, school and OSHC is therefore important as it assists all parties in understanding the medical condition, the care requirements and medication if required.

Once a medication plan is determined, systems will be established to manage risk and enable the effective management and operation of a quality service.

Scope

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| NQF Quality Area 2 | Children's Health and Safety |
| Standard 2.1. Health | |
| NQF Quality Area 6 | Collaborative Partnerships with Families & Communities |
| Standard 6.2 Collaborative Relationships | Element 6.2.1 Transitions |
| Standard 6.2 Collaborative Relationships | Element 6.2.2 Access and Participation |
| NQF Quality Area 7 | Governance & Leadership |
| Standard 7.1 Governance | Element 7.1.2 Management Systems |
| National Regulation 91 | A copy of the medical conditions policy is provided to the parent of a child enrolled if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition. |

Process/guidelines

As part of the enrolment process, families are required to inform the service if their child has a specific health care need, allergy or relevant medical condition.

Once identified, the Director will ensure:

- 1) That a copy of the medical conditions policy document is provided to the parent of a child.
- 2) That a current health care plan and if required, a medication plan, is provided before a child can start at OSHC.
- 3) Health care plans are developed by medical personnel in consultation with families with a copy supplied to the service, however additional documentation regarding the implementation of the plan may need to be developed before a child can start at the service
- 4) All health care plans and medication plans are updated annually.
- 5) A child does not attend the service without the medication prescribed by the child's medical practitioner.
- 6) If required, a risk-minimisation plan will also be developed and implemented.
- 7) If needed, practices and procedures in relation to the safe handling, preparation, consumption and service of food will be developed and implemented.
- 8) A communications plan will also be developed, where the intent is to ensure all staff members are informed about the relevant medical needs of the child.

Medication

Wherever possible, OSHC will encourage families to dispense medication outside of school hours.

Where this is not possible, the following processes will be followed:

- 1) The service will maintain a medication record where the details of when each child is administered medication by the service:
The record will include:
 - the name of the child,
 - authorisation,
 - the name of the medicine, and time and date administered and by whom.

5. Dealing with Medical Conditions (continued)

- 2) Medication is only administered if it has been prescribed by a registered medical practitioner, in its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use-by date.
- 3) Before medication is administered, it must be checked by a person other than the person administering the medication. In particular, the second person's role is to check the dose and the identity of the child.

Self-Administration of Medication

School-age children are able to self-administer medication if this is at the request of the parent. To activate this request, the parent will need to talk to the Director and give written consent.

Emergencies

Medication is only administered at OSHC if the administration is authorised or in the case of an emergency.

Authorisation is in the majority of circumstances from a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.

Anaphylaxis

Despite Regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.

If medication is administered under this regulation, the nominated supervisor will ensure that the parent of the child and emergency services are notified ASAP.

Asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis

There is a requirement that the service must have established practices concerning asthma, diabetes, or a diagnosis where a child is at risk of anaphylaxis.

Roles and responsibilities

The OSHC Director will be responsible for ensuring that a meeting is held with every parent prior to a child starting at OSHC.

If the director, is aware that the child has a specific health care need, allergy or other relevant medical condition a copy of this policy will be provided to the parent.

This meeting will include arrangements about receiving a copy of the medical plan and medication (if required) prior to a child starting school.

The OSHC Director will ensure medication is appropriately stored, medication records are accurate and staff training needs are addressed.

Monitor, report and review

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