



Blackall-Tambo

Regional Council

Tambo Child Care Centre

Medical Conditions Policy

Policy Number: Admin 61	Effective Date: 20 April 2022
Version Number: One	Review Date: 20 April 2023
Policy Compiled by: Tambo Child Care Coordinator	
Policy Approved by: Director of Finance Corporate and Community Services	

****** Important ******

Please read and implement this procedure in conjunction with the definitions (appendix 1) and if applicable, relevant medical condition guide:

Anaphylaxis and allergies, Asthma, Diabetes and Epilepsy and seizures.

A child with a **diagnosed medical condition cannot commence enrolment until:**

- ★ Centre has a current medical management plan that has been prepared and authorised (date and signed) by a doctor.
- ★ A risk minimisation plan has been developed, documented and all centre staff have reviewed and completed the acknowledgement table.
- ★ A communication plan has been documented and implemented to ensure all staff are aware of the child's medical condition and health care needs. Refer to page 2 *Medical Conditions Checklist*.

If the diagnosis includes a **complex medical condition (e.g., diabetes, epilepsy or any medical condition or impairment that require tube feeding, tracheostomy care or rectal suppositories):**

- The centre coordinator notifies their ECEM/ECEC and ECPA.
- Relevant teachers/educators complete appropriate training.

If the diagnosed medical condition requires a **specialised health procedure be undertaken during the child's attendance at the centre, there must be:**

- An adequate number (minimum of 2) of trained teacher/educator volunteers per centre.
- There must be at least one trained teacher/educator volunteer rostered whenever the child attends the centre.

Prior to child commencing or immediately after new or changed diagnosis

Step 1 – Notification of Medical Condition (Parent / Guardian)

Notify centre of child's diagnosed medical condition

- Notify centre prior to commencement via Wait List Application or Enrolment Booklet or if child is already enrolled, immediately inform centre coordinator after new or changed diagnosis.

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- Obtain a current medical management plan (and action plan if applicable) (both documents to be no more than 6 months old), prepared and authorised (signed and dated) by a doctor/registered medical practitioner, must include current photo of child.



Step 2 – Review Child’s Information (Centre Coordinator)

- ★ **For new enrolments** - Review health information of all children received via Wait List Application and/or Enrolment Booklet/Online Enrolment Form.
- ★ **For existing enrolments** – Acknowledge in writing, receipt of the information provided by the parent/guardian and review the updated health information provided.



Step 3 – Advise ECEM/C and ECPA (Centre Coordinator)

Does the child have a complex medical condition? Refer to appendix of this procedure for definition e.g., diabetes, epilepsy or any medical condition or impairment that require tube feeding, tracheostomy care or rectal suppositories.

- If no, proceed to step 4.
- If yes, immediately inform the coordinator for advice and support. Proceed to step 4.



Step 4 – Medical Condition Checklist (Centre Coordinator)

Schedule and facilitate a formal face to face meeting with parents / guardians (and relevant other educators / teachers and external professionals) to discuss and plan for child’s medical condition and health needs.

At the meeting, the centre coordinator will:

- Refer to and commence completing the Medical Condition Checklist to ensure all required items are discussed and documents are completed and collated.
- ★ Provide parent / guardian a copy of this procedure and available guide (if relevant to the child’s diagnosed medical condition): Anaphylaxis and allergies, Asthma, Diabetes and Epilepsy and seizures.
- Outline this procedure and explain that parents / guardians have primary responsibility for their child’s health needs. This includes any costs associated with supporting their child’s health needs whilst attending the centre and if applicable, the cost of visiting health professionals.
- ★ Obtain a current medical management plan (and action plan if applicable) (both documents to be no more than 6 months old), prepared and authorised (signed and dated) by a doctor/registered medical practitioner with current photo of child. Discuss and review medical management plan (and action plan if applicable). Refer to appendix regarding what information must be included in a Medical Management Plan. ↓
- ★ Complete and document a risk minimisation plan in consultation with parent / guardian (when possible).
- Ask parent/guardian to complete the following Consent to display medical management plan and photo and if applicable:
 - Medication Authorisation Record
 - Permission to access services to support inclusion
- Schedule next meeting with parent/guardian for 6 months’ time (or sooner if health needs change).

At the meeting, the Parent/Guardian is requested to:

- Share and discuss relevant information and documentation regarding their child’s diagnosed medical condition and health needs, including if applicable details of specialised health care procedures.



- Provide centre with a current medical management plan (and action plan if applicable). Both documents must be no more than 6 months old, prepared and authorised (signed and dated) by a doctor/registered medical practitioner with current photo of child.
- Complete additional forms as requested.



Step 5 – Obtain Further Advice (Centre Coordinator)

Is further advice needed to understand and follow the child’s medical management plan, action plan and/or finalise the risk minimisation plan?

- If no, proceed to step 6.
- If yes, immediately notify your ECEM for advice. If required, the advice of an external qualified/licenced health professional may be sought.



Step 6 – Specialist Health Procedures (Centre Coordinator)

Does the child’s medical condition require a specialised health procedure to be performed when they attend the centre? e.g., medication administration by injection (except EpiPen), tube feeding, tracheostomy care. Refer to appendix of this procedure for definitions

- If no, proceed to step 7.
- If yes, teachers / educators will be asked to volunteer to the perform specialised health procedure.

Specialised Health Procedure Volunteers

- A minimum of 2 trained educator/teacher volunteers are required. At least 1 trained volunteer must be rostered at any time child is in attendance.
- If no one volunteers or there is no trained volunteer able to be rostered immediately advise your ECEM. An alternative, acceptable solution will need to be arranged which may include the parent/guardian or another person authorised by the parent/guardian to attend the centre to complete the specialised health procedure.
- Volunteers are required to complete training (refer to step 4) and the Volunteering to Perform Specialised Health Procedure Form.
- Teachers/educators who no longer wish to volunteer are requested to provide at least 2 weeks written notice to their centre coordinator, this is to allow sufficient time to organise an alternative solution to support the child’s health care needs.



Step 7 – Document and Communicate (Centre Coordinator)

★ Document and implement communication plan

- Advise educators/teachers (including casuals), students and volunteers of child’s health needs, including:
 - Medical Management Plan
 - Risk Minimisation Plan – ALL staff must name, sign and date completed acknowledgment table.
 - (If applicable) Location of medication/specialist equipment. Document communication by updating induction material and via routine team communication strategies e.g., team communication book, team memo or team meeting minutes etc.
- If required and in consultation with child’s parents/guardians, sensitively share relevant information with other children and families.
- Display medical management plan in a prominent location(s)
- The Centre Health Summary Form can be completed and displayed throughout the centre in multiple, relevant locations. Update regularly as children’s needs change.



- If applicable, display 'medication here' sign where medication is stored. Keep a copy of child's medical management plan with medication.
- Set up and update Kidsoft reminders to ensure the following tasks are completed:
 - Formal meetings with parents/guardians are completed at least every six months
 - Medical management plans are updated (by doctor/specialist) at least every 18 months.
 - Biannual medical emergency scenario training is completed at team meetings.
 - Add child's details to the *Medical Conditions Annual Communication Planner and Record*.
 - Finalise *Medical Condition Checklist*.

Must do Kidsoft Tasks

Under 'Medical Condition Type' appropriately 'tag' children that require the following specialised health procedures:

- Diabetes Care
- Epilepsy Care
- Peg/Tube Feeding
- Rectal Suppository
- Stoma Care
- Tracheostomy Care
- Urinary Catheter Care

Scan and upload ALL child health documentation under child's record/ 'Medical Information'

- Medical Management Plan
- Risk Minimisation Plan
- *Consent to display medical management plan and photo Form*
- *Volunteering to Perform Specialised Health Procedure Form* (if applicable)
- *Permission to access services to support inclusion Form* (if applicable)
- *Medical Condition Checklist*
- Any other documentation relevant to the child's medical condition.

Archive ALL outdated documents once new versions are uploaded to Kidsoft

Responsibilities throughout the child's enrolment

Parent/Guardian Daily responsibilities

- Supply medication and specialist equipment as per the medical management plan.
- If required, ★ complete *Medication Authorisation Record* and other documentation as required and requested.
- Immediately advise centre when child's medical condition/health needs and emergency contact details change.
- Understand their child may not be able to attend the centre if:
 - A current medical management plan, prepared, signed, and dated by a doctor, has not been provided.
 - Medication and specialist equipment as per the medical management plan have not been provided.
 - Medication has expired.
 - Specialist equipment is not in good working order.
 - There are no appropriately trained teachers/educators at the centre.

**Meet with centre Coordinator every six months,
when requested or when child's medical condition or health needs change:**

- Review and update (if necessary) child's medical information including medical management plan (and if applicable action plan) that has been prepared, signed, and dated by a doctor/ medical practitioner. Medical Management Plan must be updated by a doctor / medical practitioner at least every 18 months.
- Replace child's photograph (if required) on medical management plan.
- With centre Coordinator and relevant educators, assist in the review of the risk minimisation plan.



Centre Coordinator

Daily responsibilities

- Ensure at least one trained (teacher/educator) volunteer is rostered whenever a child with a complex medical condition is in attendance. If this is not possible, seek the immediate advice of your ECEM. An alternative solution will need to be arranged which may include the parent / guardian or another person authorised by the parent / guardian to attend the centre.
- Regularly monitor and support teacher/educator (including casuals, students, and volunteers) understanding of and implementation of all actions/strategies to support and manage child's medical condition and health needs.



Centre Coordinator

★ Continue to implement/document communication plan

- Schedule and document communication activities via the *Medical Conditions Annual Communication Planner and Record*.
- If child has a complex medical condition, maintain communication with ECEM regarding the child's inclusion and care needs.
- Formally meet with parents/guardians at least every six months (or more frequently if the child's needs change) to discuss/review child's medical condition(s) and health needs, replace child's photograph and revise risk minimisation plan. Medical Management Plan must be updated by a doctor / medical practitioner at least every 18 months.
- Ensure ALL staff (including casuals, students, and volunteers) are advised of child's health needs as they change. Document communication by updating induction material and via routine team communication strategies e.g. *Centre Health Summary Form*, team communication book, team memo or team meeting minutes etc. All staff to complete acknowledgement table when changes are made to the risk minimisation plan.
- Consult with parents/guardians prior to excursions and special events to ensure all matters of care are considered. When needed, update risk minimisation plan before events and advise all staff, students, and volunteers of changes.
- Maintain educator/teacher understanding of child's health needs by facilitating biannual medical emergency scenario training at team meetings.
- Ensure ALL staff are aware of child's health care needs when the child transitions to next (new) group.
- Set up and update Kidsoft reminders to ensure the following tasks are completed:
 - Formal meetings with parents / guardians are completed at least every six months
 - Medical management plans are updated (by doctor / specialist) at least every 18 months.
 - Biannual medical emergency scenario training is completed at team meetings.
 - Expiry of medication.
- Scan and upload updated Medical Management Plan Risk Minimisation Plan to Kidsoft



ALL teachers/educators

Daily responsibilities

- Do not undertake any specialised health procedures that that you are not approved, authorised, and trained to perform.
- Maintain an understanding of child's health needs, medical management plan and risk minimisation plan, and consistently implement all actions/strategies.
- Support colleague's (including casuals, students, and volunteers) understanding and implementation of all actions/strategies to support and manage child's medical condition and health care needs.
- Ensure supplied medication and equipment is consistent with medical management plan.



- Undertake a weekly audit of medication expiry dates as per daily indoor and/outdoor safety checklist.
- Notify parent/guardian when medication is 6 weeks prior to expiry.
- Consider and plan for child's health needs during curriculum activities, excursions, and emergencies. When required and in consultation with parent/guardian and centre coordinator, update risk minimisation plan.
- When needed, contact ECPA for advice.



ALL TCCC Early Childhood Team Management and Advisory personnel Responsibilities

- Provide support and advice to allocated centres. ECEMs to make regular contact with teachers / educators when a child with a complex medical condition is enrolled.
- Monitor compliance to this procedure (and relevant guide), child's medical management and risk minimisation plans:
- Approach non-compliance as a serious breach of regulation and TCCC procedure. Prioritise non-compliance and ensure centre takes immediate action. Evidence of remedied non-compliance must be provided in email by the centre coordinators to the TCCC Early Childhood team member by a nominated due date.
- When applicable, monitor teacher/educator volunteer compliance when performing specialised health procedure against child's medical management and risk minimisation plan.
- Complete an audit (at least annually) of required documentation for each enrolled child with a medical condition:
- Medical Management Plan (no more than 18 months old) displayed and uploaded onto Kidsoft
- Risk Minimisation Plan (reviewed at least every 18 months) read and signed by all staff and uploaded onto Kidsoft
- Induction material includes current Medical Management and Risk Minimisation Plans
- Consent to display medical management plan and photo Form and uploaded onto Kidsoft
- Volunteering to Perform Specialised Health Procedure Form (if applicable) and uploaded onto Kidsoft
- Permission to access services to support inclusion Form (if applicable) and uploaded onto Kidsoft
- Medical Condition Checklist and uploaded onto Kidsoft
- Child's details / communication activities planned and recorded via the Medical Conditions Annual Communication Planner and Record displayed in centre office.
 - Kidsoft reminders set up.



Appendix 1 - Definitions

<p>Medical Management Plan</p>	<p>A Medical Management Plan is a document containing the following details:</p> <ul style="list-style-type: none"> • The child's name • A recent photograph of the child • Name of medical practitioner • Name and description of medical condition / illness • Symptoms and signs of the medical condition / illness • First aid and / or emergency treatment • Medication name, frequency, dosage, method, and possible side effects • Prepared, signed, and dated by doctor / medical practitioner.
<p>Diabetes Action Plan</p>	<p>A Diabetes Action Plan is a document used in conjunction with the Medical Management Plan and contains the following details: https://www.diabetesqld.org.au/about-diabetes/young-people/school-plans/</p> <ul style="list-style-type: none"> • The child's name • Signs, symptom, and actions to be followed in response to the child's medical condition • Signed by parent / guardian • Authorised – signed and dated by an appropriately qualified health professional in the previous 6 months e.g., Credentialed Diabetes Educator (CDE)
<p>Complex Medical Condition</p>	<p>The criteria for defining medical condition complexity include illness severity, degree of impairment, the presence of multiple co-occurring medical conditions and the need to perform specific care management tasks (i.e., specialised health procedures).</p> <p>Complex medical condition examples include (but not limited to):</p> <ul style="list-style-type: none"> • Diabetes • Epilepsy • Any medical condition or impairment that require tube feeding, catheter care, tracheostomy care or rectal suppositories. <p>For the purposes of this procedure, Asthma and Anaphylaxis are not considered complex medical conditions.</p>
<p>Specialised Health Procedure</p>	<p>A specialised health procedure is a task performed to care for a child with a complex medical condition.</p> <p>Trained teachers / educators can undertake the following specialised health procedures (but not limited to):</p> <ul style="list-style-type: none"> • Medication administration by injection (except EpiPen) • Tube feeding • Tracheostomy care <p>Please note: Due to the nature of the procedure and risk of infection, teachers / educators <u>cannot</u> perform catheter care tasks. Educators are asked to volunteer to perform specialised health procedures.</p>
<p>Required content for specialised training</p>	<ul style="list-style-type: none"> • What is the medical condition? • Treatment • Medication action and timing • Storage of medication • Administration of medication • Everyday management of the medical condition including communication with family and what to do in a medical emergency.



Medical Conditions Policy

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| | <ul style="list-style-type: none">• If possible, a copy of child's medical management plan (with child's name blocked out) is taken to the training session to discuss / explore with trainer. |
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