

Procedure SO:03.09 Medical conditions



Policy – Inclusion

Area – Service Operations

Document Control	
Responsible Officer: General Manager, Children's Services	Procedure Number: SO:01.09
Contact Officer: Children's Services Manager	Policy Area: SO:03 Inclusion
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Scope

This procedure, when read with the policy, provides a framework to guide all actions for the C&K Board, C&K staff, C&K Central, C&K branch services, C&K affiliate services*, children, parents, volunteers, contractors and visitors.

C&K associate members are excluded from the scope of this procedure.

*This procedure is optional for affiliate services.

Definitions & acronyms

Medical Management Plan	<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 • Authorised - signed and dated by doctor / specialist
Complex Medical Condition	<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). Complex medical condition examples include (but not limited to):</p> <ul style="list-style-type: none"> • Epilepsy • Diabetes • 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>Please note, special requirements for children with complex medical needs are outlined in section 3 of the procedure.</p>
Specialised Health Procedure	<p>A specialised health procedure is a task performed to care for a child with a complex medical condition. Specialised health procedure examples include (but not limited to):</p> <ul style="list-style-type: none"> • Medication administration by injection (except EpiPen) • Tube feeding • Catheter care (please note, due to the nature of the procedure and risk of infection, educators <u>cannot</u> perform any catheter care tasks) • Tracheostomy care • Rectal suppositories <p>To appropriately perform a specialised health procedure, educators are required to undertake specific training (in addition to approved first aid and emergency management of asthma and anaphylaxis qualifications).</p> <p>Educators are asked to volunteer to perform specialised health procedures.</p>

Introduction

Inclusive environments benefit all children. C&K provides inclusive programs responsive to children’s individual needs. This is achieved through building collaborative relationships with children, families, community, support agencies and health professionals. Through these relationships, all children, including children with medical conditions, can access and participate within the program.

This procedure should be read with *SO: 01:08 Procedure Administration of medication*, and if applicable, relevant quick reference guides; Asthma, Anaphylaxis, Epilepsy and Diabetes.

Please note, the special requirements for children with complex medical needs are outlined in section 3 of the procedure.

Procedure

1 Responsibilities at enrolment or immediately after diagnosis

1.1 Parent / Guardian

- Notify the service of their child’s medical condition and health needs.
- Understand they have primary responsibility for their child’s health needs. This includes costs associated with their child’s health needs whilst attending the service and if applicable, the cost of visiting health professionals.
- Formally meet with the service Director:
 1. Share all relevant information regarding their child’s medical condition and health needs, including if applicable, complex health care procedures.
 2. Provide a current medical management plan informed and authorised (signed and dated) by doctor / specialist. Medical management plan templates can be found on the C&K website / C&K policies.
 3. Complete C&K forms as requested.
- Supply medication and specialist equipment as per medical management plan. A child will be unable to attend the service if medication and specialist equipment are not supplied. Educators will take care of equipment as instructed, however they are not liable for any damages or breakages.

1.2 Director / educators

Formal Meeting

- Prior to commencement or immediately after diagnosis the Director to formally meet with parents / guardians to:
1. Discuss child health needs, including if applicable, complex health procedures. Review child’s current medical management plan.
 2. Complete:
 - SO: 01. F3 Form Risk assessment
 - SO:01.09. F1 Form Consent to display medical management plan and photo
 - If applicable - SO: 01.08. F2 Form Long term medication authorisation and record
 - SO: 03.01. F3 Form Permission Accessing services to support inclusion
 - SO:03.09.F4 Form Checklist- Child with a medical condition
 3. Discuss, outline and provide a copy of this procedure and if available, relevant quick reference guide.

Implement Communication Plan

- Director:
- Complete the [C&K Intranet Wellbeing and Inclusion Information Form](#). **This form is critical and must be completed.**
 - Ensure all staff (including casuals), students and volunteers are advised of the child’s health needs, including:
 1. Medical management plan
 2. Risk minimising strategies (as per risk assessment) and,
 3. If applicable, location of medication / specialist equipment.
 This communication must be documented e.g. induction processes, team communication book, team memo or team meeting minutes.
 - If required, sensitively share relevant information with other children and families. This must be done in consultation with / approval of the child’s parents / guardians.



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Educator training
<ul style="list-style-type: none">• Educators are required to undertake training to competently support and care for the child.• When there is a significant number of children with medical conditions enrolled, the service Director is required to discuss and implement a training plan with their <i>Wellbeing and Inclusion Advisor</i>. It may be determined that additional periodic specialist training may be required.• To comply with C&K insurance requirements, training must be facilitated by a qualified health practitioner, recognised organisation or medical condition peak body.• A child's commencement will be delayed or paused until relevant educators attend / update specialist training.

② Responsibilities throughout enrolment

2.1 Parent / Guardian

- Formally meet with the service Director biannually or immediately after any change in medical needs:
 - Discuss and revise the child's medical needs, including any changes to the medical management plan. Any change must be authorised (signed and dated) by a doctor / specialist.
 - Replace child's photograph.
 - Revise risk assessment.
- Provide an updated medical management plan every 18 months or if the child's medical needs change. Changes made must be authorised (signed and dated) by a doctor / specialist.
- Continue to supply medication and specialist equipment as per medical management plan.
- If applicable, complete a *SO: 01.08. F2 Form Long term medication authorisation* when required.
- Ensure child's emergency contact details remain current.
- Understand their child will not be able to attend a service if:
 - A current medical management plan approved by doctor (signed and dated) has not been provided.
 - Medication or specialist equipment (as per medical management plan) have not been provided.
 - Medication provided has expired or equipment / aids are not in good working order.
 - There are no appropriately trained staff at the service.

2.2 Director / educators

Formal Meeting

Director to formally meet with parents / guardians biannually or immediately after any change to the child's medical needs to:

- Discuss and review the child's medical needs.
- Replace child's photograph.
- Revise risk assessment.



Implement Communication Plan

- Ensure ALL staff (including casuals), students and volunteers are advised of child's revised health needs. This communication must be documented (e.g. induction processes, team communication book, team memo or team meeting minutes).
- Consult with the child's parent / guardian prior to excursions and special events to ensure all matters of care are considered and planned for. Additional risk minimising strategies (via risk assessment) may be needed.
- When the child moves to another group within the service, educators will inform new educators of child's health needs. The service Director will plan educator training (as required) or staffing to

Procedure SO:03.09 Medical conditions



Policy – Inclusion

Area – Service Operations

support the child, display medical management plan and risk assessment, and implement risk minimising strategies as detailed in risk assessment.



Maintain understanding of child health needs

The service Director will facilitate biannual scenario training at team meetings. Educators will be required to reflect upon the following questions:

- What would be the immediate response if there was a medical emergency?
- Who will administer medication?
- Who will call emergency services?
- What needs to be considered when conducting excursions and special service events such as children's birthday celebrations, family morning teas? What control measures need to be implemented to support children's medical needs?

③ Supporting complex medical needs **Effective 1 January 2019**

- Educators will be asked to volunteer to perform specialised health procedures through completing a *SO:03.09. F2 Form Volunteering to perform specialised health procedure*.
- When there are no or insufficient educator volunteers at a service (minimum of two (2) educators per service*), the service Director will contact their Children's Services Manager / Wellbeing Inclusion Advisor. The Director with Children's Services Manager support, will liaise with the parent / guardian to discuss alternative solutions to support the child. Parents / guardians will be required to either:
 - At their cost, make alternative arrangements to ensure their child's health needs are met whilst their child is attending the service. OR
 - Attend the service to perform the specialised health procedure.
- Educators who no longer wish to volunteer and perform specialised health procedures are required to provide at least two (2) weeks written notice to their service Director and Children's Services Manager.
- When educators volunteer to perform specialised health procedures they will be required to undertake training. A child cannot commence until this training has been completed by at least two (2) educators.
- In order to meet insurance compliance requirements, training must be facilitated by a qualified health practitioner, recognised organisation or medical condition peak body.
- If the medical need is rated 'high' or 'very high' as per the C&K Risk Matrix, the Wellbeing and Inclusion Advisor will facilitate a Wellbeing and Inclusion Advisory Group management meeting. This meeting must occur prior to the child's enrolment or immediately after diagnosis (of an enrolled child). This group includes the Regional Manager, the Children's Services Manager, the Education Wellbeing and Inclusion Manager, the Quality and Regulation Manager and the Workplace Health and Safety Manager. This group will discuss the child's enrolment and actions required.

**Please note: Childcare services may require more than two educator volunteers. Consideration should be given to rosters and normal hours of attendance of the child.*

4.0 General risk minimising strategies

- In an easily assessable and prominent location, display medical management plans and risk assessment plans.
- Ensure medication and medical equipment are consistent with the child's medical management plan and is readily accessible at all times.
- Before a child commences or immediately after diagnosis, identify and document control measures (including the provision of equipment and training) (via a *SO: 01. F3 Form Risk assessment*)
- **Undertake a weekly audit of long term medication expiry dates** as part of the daily indoor and / outdoor safety checklist and notify the parent / guardian when medication is six (6) weeks prior to expiry.

Procedure SO:03.09 Medical conditions



Policy – Inclusion

Area – Service Operations

- Consider and plan for children’s medical needs during curriculum activities, excursions and emergencies. For example, taking medication when evacuating the service or undertaking a lock down.
- If required, contact your Wellbeing and Inclusion Advisor for assistance and advice.

Links to associated documents

SO:01.08	<i>Procedure - Administration of medication</i>
SO:01.09.F1	<i>Form - Consent to display medical management plan and photo</i>
SO:01.F3	<i>Form - Risk assessment</i>
SO:01.08.F2	<i>Form - Long term medication authorisation / record</i>
SO:03.01.F3	<i>Form - Accessing services to support inclusion</i>
SO:03.09.F2	<i>Form - Volunteering to perform specialised health procedure</i>
SO:03.09.F4	<i>Form – Checklist- Child with a medical condition</i>

References

- QLD Health (2011) Tube Feeding at Home, https://www.health.qld.gov.au/__data/assets/pdf_file/0032/360896/etf_tfah.pdf (Accessed 20/01/17)
- Feeding Tube Awareness Foundation, Tube Feeding in School, <http://www.feedingtubeawareness.org/wp-content/uploads/2016/09/School-tube-training-7-16-PDF.pdf> (Accessed 20/01/17)
- How to Care for a Catheter, http://www.ehow.com/how_2089345_care-catheter.html?ref=Track2&utm_source=ask (Accessed 23/01/17)
- How to Care for your Child’s PICC Line (Peripherally Inserted Central Catheter) <https://www.phoenixchildrens.org/sites/default/files/health-information/the-emily-center/child-health-topics/handouts/PICC%20426.pdf> (Accessed 23/01/17)

Revision Record

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1.0	8 June 2012	S Bowles	1 July 2013	2 years	Jul 2015
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3.0	20 Nov 2015	K Woods	25 Nov 2015		Nov 2017
4.0	6 June 2016	K Woods	7 June 2016		June 2018
5.0	21 Mar 2017	K Woods	23 Mar 2017		Mar 2019
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