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**16**

**Managing Medical Conditions in FDC**

# In Family Day Care, all children have a right to safety and protection from harm

When a child who has a diagnosed health care need, allergy or a specific medical condition is enrolled in your Family Day Care, you as their educator, and the Family Day Care service you are registered with, must meet additional requirements to ensure they are safe and that their health is protected.

What sort of additional requirements?

- ▶ plans to ensure their chances of getting sick are minimised and that you know what to do in the event they do get sick
- ▶ specific authorisations from parents so you can give them medication if needed
- ▶ consultation with the child's parents
- ▶ possible changes to your usual practices to minimise the risk of harm to the child
- ▶ possible extra professional development or training
- ▶ record keeping requirements

**The aim of these additional requirements is to keep children with specific medical needs safe while in your care.**



# What are medical conditions?

A range of specific diagnosed health care needs are considered medical conditions in the context of education and care services.

They include more common medical conditions such as:

- ▶ Asthma
- ▶ Diabetes
- ▶ A diagnosis that a child is at risk of anaphylaxis (an acute allergic reaction)

And less common ones such as:

- ▶ Gastroesophageal Reflux Disease
- ▶ Chiari Malformations
- ▶ Epilepsy

A medical condition is a health need that requires a high and persistent level of individualised health care support. A child might have a medical condition from birth, or after an illness or injury.

## What is the difference between a disability and a medical condition?

Some children with disabilities such as autism may need special consideration to determine how they are going to be included in your Family Day Care. But a disability such as autism or blindness or cerebral palsy, is not a medical condition. Some children with these conditions may have medical conditions because of their condition – for example a child with cerebral palsy may require gastrostomy feeding (feeding through a special tube placed in the stomach), but their disability itself is not a medical condition.

A medical condition is a health need. A disability is a physical or mental condition that limits a person's movements, senses, or activities.

## What is the difference between a food preference and an allergy?

If a child has a food preference or dietary restriction, for example not drinking cow's milk as the parents do not want them to, this would not be considered a diagnosed medical condition. You still need to follow the parent's preference but you do not need to undertake the additional steps required for a child with a diagnosed medical condition.

**A medical condition and a disability are different things, although a child with a disability may have a consequent diagnosed medical condition.**



# Why is it important that we are equipped to deal with medical conditions in Family Day Care?

The *Guide to the NQF* puts it this way:

“Children’s health and physical wellbeing contributes to their ability to concentrate, cooperate and learn (*Early Years Learning Framework*, p. 30; *Framework for School Age Care*, p. 29). Being active, healthy, well rested and free of illness assists children to participate happily and successfully in the learning environment.

All education and care services must have systems in place to manage children’s diagnosed medical conditions.

Because Family Day Care educators work alone, it is even more important that we think through the possible situations that might occur when we are caring for a child with a diagnosed medical condition and have plans in place to minimise risks and to act if a medical emergency does occur.

Having planned and thought in advance means that we are more likely to know what to do if we do face a medical emergency.

**Every child’s health must be promoted and supported in Family Day Care.**





# What do the Learning Frameworks, the National Quality Standard and the Regulations say?

The *Early Years Learning Framework (EYLF)* and *My Time, Our Place (MTOPI)*, the Regulations and the National Quality Standard lay the foundations and expectations for us about managing medical conditions in Family Day Care.

## The Early Years Learning Framework

The EYLF says that:

*“Wellbeing incorporates both physical and psychological aspects and is central to belonging, being and becoming. Without a strong sense of wellbeing it is difficult to have a sense of belonging, to trust others and feel confident in being, and to optimistically engage in experiences that contribute to becoming. Wellbeing includes good physical health, feelings of happiness, satisfaction and successful social functioning. It influences the way children interact in their environments. A strong sense of wellbeing provides children with confidence and optimism which maximise*

*their learning potential. It encourages the development of children’s innate exploratory drive, a sense of agency and a desire to interact with responsive others.”*

The EYLF also tells us that “As children become more independent they can take greater responsibility for their health, hygiene and personal care and become mindful of their own and others’ safety”.

## What does this actually mean?

1. Children need to have a sense of their own wellbeing in order to belong and learn.
2. When children feel well they have the courage to explore and learn.

## Quality Area 2 of the NQS

The entire Quality Area 2 of the National Quality Standard requires us to provide education and care in a way that provides for children's health and safety.

The *Guide to the NQF* puts it this way:

*“The approved provider, nominated supervisors, co-ordinators and educators have responsibility for supporting the health, protection, safety and wellbeing of all children. In exercising their responsibilities, they must take reasonable care to protect children from foreseeable risk of harm, injury and infection.”*

This Quality Area tells us that each child's health must be supported and promoted because:

- ▶ “children's health, comfort and wellbeing strongly impact on their learning, confidence and self-growth
- ▶ all children have a right to safety and protection from harm
- ▶ adequate supervision and effective management of incidents and emergencies are paramount at all times to support children's safety and engagement in the educational program.”

## What does this actually mean?

1. Children's learning is impacted by their health

2. Children have a right to be safe

3. We can help children be safe by managing health emergencies

## Standard 2.1 of the National Quality Standard

Standard 2.1 demands that each child's health and physical activity is supported and promoted.

## Education and Care Regulations

The Regulations are the most important document regarding Medical Conditions. They tell you and the Family Day Care service you are registered with what you should do.

The most important parts of the law and regulations in regards to managing medical conditions require **your Family Day Care service to:**

- ▶ make sure that every reasonable precaution is taken to protect children from harm or hazards that could cause an injury while they are with you (Section 167)
- ▶ have procedures if a child is injured, becomes ill or suffers a trauma (Regulation 85)
- ▶ make sure that a parent of a child you care for is notified as soon as possible if the child is involved in any incident, injury, trauma or illness (Regulation 86)
- ▶ make sure you have a first aid kit (Regulation 89)
- ▶ have a medical conditions policy that covers what is required when a child is enrolled at the service with a specific health care need, allergy or relevant medical condition, (Regulation 90)
- ▶ makes sure parents have a copy of this policy (Regulation 91)
- ▶ make sure that a medication record is kept of when medication is given to a child in your care (Regulation 92)
- ▶ make sure you only give medication to a child if it has been authorised by the child's family and given properly (Regulations 93, 95 and 96)



- ▶ ensure your First Aid qualification is current and you have completed anaphylaxis and asthma training (Regulation 136)
- ▶ collect health information in the enrolment record of every child in your service, including specific health care needs and medical management and risk management plans (Regulation 162)
- ▶ have a medical conditions policy (Regulation 168)
- ▶ must take reasonable steps to make sure you follow this policy (Regulation 170)

Under the regulations **as a Family Day Care educator** you must:

- ▶ keep an incident, injury, trauma and illness record (Regulation 87)
- ▶ have a suitable first aid kit (Regulation 89)
- ▶ keep a medication record of when you give medication to a child (Regulation 92)
- ▶ make sure you only give medication to a child if it has

been authorised by the child's family and given properly (Regulation 93, 95 and 96)

- ▶ make sure you have every child's enrolment record (Regulation 160)

**The Regulations are the major document that says what you and the Family Day Care service you are registered with must do to keep children with diagnosed medical conditions safe.**



# What are the three plans you must have?

For every child with a diagnosed medical condition, you must have three specific plans.

## Risk Minimisation Plan

When you start caring for a child with a specific medical condition a **Risk Minimisation Plan** must be developed by you and your Family Day Care service, and with the child's family. Why? This document is to help you work out how to minimise the chance of the child having an asthma attack, being impacted by an allergy or having another medical issue while in your care. Essentially it is about how you can reduce the risk of the child's risk of medical care.

## Medical Management Plan

Sometimes, even with the best risk management in place a child will still have an acute medical episode. They may get stung by a bee and have an allergic reaction; another child may have inadvertently bought in food another child is allergic to. Or a child with diabetes could suddenly have too little or too much sugar in their system. That is when the

child's **Medical Management Plan** comes in. It tells you as an educator what you need to do as part of the first aid you give to the child.

## Communication Plan

When a child has a medical condition that might impact on them while they are in your care, communication between you, their family, the child themselves (especially school aged children) and their medical professionals becomes very important. A **Communication Plan** is developed with the family to make sure that you know if there are any changes to the child's Medical Management and Risk Management plans.



All children with a diagnosed medical condition must have all three of these plans and they must be regularly updated.



## Risk Management Plan

**A Risk Management Plan is about prevention.** Any child that has a diagnosed medical condition must have a *Risk Management Plan* developed by your Family Day Care service, you as an educator, and the child's family. You may also do wider *Risk Management Plans* for common medical conditions such as allergies and asthma.

The plan is about what you will do to **prevent** the child becoming sick while in your care.

As you complete a *Risk Management Plan* with a family you need to discuss:

- ▶ what the risks are to the child's health in your Family Day Care
- ▶ how to make sure those risks are reduced

A *Risk Management Plan* needs to have in it:

- ▶ an assessment of the specific risks there are for this child's health needs, allergies or medical condition, while in your care
- ▶ what you are going to do to reduce the risks
- ▶ any requirements for safe handling, preparing or eating food (if relevant to the child's medical condition)

- ▶ how you will let other families know about allergens that pose a risk to children in your care (if this is relevant to this child)
- ▶ how you will make sure other people that may meet the child (for example Coordinators from your service or educator assistants) can identify the child and their medication (you also have to display a poster saying that a child at risk of anaphylaxis is attending your Family Day Care)
- ▶ any overall risk reduction strategies you have taken (for example, declaring your service nut free)

### **You need to act on your plans.**

There is no use in drawing up a *Risk Management Plan* for a child if you don't act on it! You need to make sure that you do the actions that are listed in the plan, always.

### **You need to consider the risks when you are away from your home**

It is often easier to manage the risks for a child with a medical condition when you are at your home. You have already cleared the home of potential allergens for example. But

what happens when you go on an excursion or to a play session? Your *Risk Management Plan* needs to consider what risks the child faces in other places you go. If a child has an increased risk of an asthma attack if they come into contact with a certain type of plant, how will you lessen the risk that they will come into contact with that plant when you go for a walk around your neighbourhood? (Remember also that all medications children must have or might need anytime you are away from your home including an emergency asthma kit, and an adrenaline auto-injector must be taken on excursions.)

***A Risk Management Plan is about how you will reduce the chance of a child with a medical condition becoming sick while in your care.***

# Medical Management Plan

**A Medical Management Plan is about treatment.** Any child that has a diagnosed medical condition must have a *Medical Management Plan* developed by a doctor.

The plan is about what you will do **if a child becomes sick** while in your care.

The *Medical Management Plan* will usually tell you:

- ▶ what you should do if the child shows symptoms of their medical condition or has been exposed to an allergen
- ▶ if and when a child needs to be given emergency medicine such as asthma medication, insulin or adrenaline through an auto-injector pen
- ▶ what you should do once you have given medication

A *Medical Management Plan* needs to have in it:

- ▶ a current photo of the child
- ▶ clear procedures you can follow if an incident relating to the child's specific medical condition occurs

A Medical Management Plan must be reviewed each year by the child's doctor and a new photo should be inserted at least once every two years.

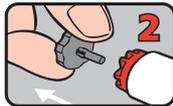
*A Medical Management Plan is about what you do if a child with a medical condition becomes sick or something has happened that may make them sick while in your care.*

## How to give adrenaline (epinephrine) injectors

### Anapen®



**1**  
PULL OFF BLACK  
NEEDLE SHIELD



**2**  
PULL OFF GREY SAFETY CAP  
from red button



**3**  
PLACE NEEDLE END FIRMLY  
against outer mid-thigh at 90°  
angle (with or without clothing)

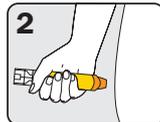


**4**  
PRESS RED BUTTON so it clicks  
and hold for 10 seconds  
REMOVE Anapen®

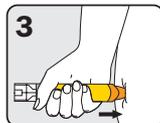
### EpiPen®



**1**  
Form fist around EpiPen®  
and PULL OFF BLUE  
SAFETY RELEASE



**2**  
Hold leg still and PLACE  
ORANGE END against  
outer mid-thigh (with or  
without clothing)



**3**  
PUSH DOWN HARD until a  
click is heard or felt and  
hold in place for 3 seconds  
REMOVE EpiPen®

## ASTHMA FIRST AID

**1**



**SIT THE PERSON  
UPRIGHT**

- Be calm and reassuring
- Do not leave them alone

**2**



**GIVE 4 SEPARATE  
PUFFS OF BLUE/  
GREY RELIEVER  
PUFFER**

- Shake puffer
  - Put 1 puff into spacer
  - Take 4 breaths from spacer
    - Repeat until 4 puffs have been taken
- OR give 2 separate inhalations of Bricanyl (6 years or older)  
OR give 1 inhalation of Symbicort Turbuhaler (12 years or older)  
OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)
- If no spacer available: Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

**3**



**WAIT 4 MINUTES**

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above
- OR give 1 more inhalation of Bricanyl  
OR give 1 more inhalation of Symbicort Turbuhaler  
OR give 2 puffs of Symbicort Rapihaler through a spacer

### IF THERE IS STILL NO IMPROVEMENT

**4**



**DIAL TRIPLE  
ZERO (000)**

- Say 'ambulance' and that someone is having an asthma attack
  - Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives
- OR give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes – up to a max of 4 more inhalations of Symbicort Turbuhaler  
OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes – up to a max of 8 more puffs of Symbicort Rapihaler



# Communication Plan

**A Communication Plan is about making sure everyone knows about the child and their medical condition.** Any child that has a diagnosed medical condition must have a *Communication Plan* developed by your Family Day Care service, you as an educator, and the child's family.

The plan is about how you will find out about changes to a child's medical condition while in your care and how the family will find out about any medical incidents that their child has had while in your care.

The *Communication Plan* will usually tell you:

- ▶ how information will come to you about the child's medical condition and what needs to be done to keep them safe. Generally, the family would talk to your Family Day Care service and to you – but the Plan needs to make this clear.
- ▶ how you will be updated about changes to the child's medical condition or treatment

- ▶ how you will update the family and your service about the child's health.

It's a good idea to review a *Communication Plan* every year.

***A Communication Plan is about how everyone will communicate about the medical condition of a child who is in your care.***

# Giving Medications

When you have a child with a specific medical condition enrolled in your service you may have to give medications or undertake procedures to:

- ▶ assess how they are (e.g. testing a child's blood sugar levels)
- ▶ prevent them getting sick from their medical condition (e.g. asthma preventers)
- ▶ treat their condition (e.g., EpiPen)

Medication can only be given to a child:

- ▶ with written authorisation from the parent/guardian (or a person named in the child's enrolment record as authorised to give permission)
- ▶ if the prescribed medication is in its original container with the child's name on it, the dose and how often it needs to be taken.

When a family wants their child to take medication they must complete a *Medication Authorisation Record* stating:

- ▶ the name of the child
- ▶ the name of the medication
- ▶ details of the date, time and dosage to be administered (a general time, e.g. lunchtime can't be accepted)
- ▶ how the medication should be given, and
- ▶ their signature.

Medication must be given directly to you and not left in the child's bag. You need to store the medication in a designated secure place, clearly labelled and kept out of reach of children at all times.

Remember that an older child in your care (school aged) may be responsible for administering their own medicine (e.g. having asthma preventer spray). How they will do this and where their spray will be kept while they are with you needs to be clearly outlined in your service's *Dealing with Medical Conditions Policy* and they will need to be authorised by their family to do this.



## Checking medication:

**Before you give a child medication you need to check that:**

- ▶ the medication is in its original container,
- ▶ it has the original label with the child's name on it,
- ▶ it is within the expiry or use by date; or
- ▶ you will be giving it in line with how it has been prescribed (e.g. if the label says one tablet three times a day, you cannot give two tablets at lunch)

## Recording medication

Before you give a child medication you must make sure you have a record of:

- ▶ the child's name
- ▶ the authorisation to give the medication (check that this is signed by whoever is in the enrolment record as being able to sign for medication)
- ▶ the name of the medication
- ▶ the time and date the child was last given the medication

- ▶ when the medication should be given next (i.e., this dose)
- ▶ the dosage (how much of the medication should be given)
- ▶ how the medication is to be given

After you have given the medication you need to record:

- ▶ how much you gave
- ▶ how you gave it to the child
- ▶ when (time and date) you gave it
- ▶ your name and signature

**The only time when you do not have to get authorisation before giving medication is in the case of an anaphylaxis or asthma emergency. You can give an EpiPen or asthma medication in an emergency without explicit authorisation.**

# What if someone who does not have a diagnosed medical condition has an episode at your service?

All children who have conditions like asthma or who have an anaphylactic response to an allergy have to have their first reaction somewhere.

Often an allergic reaction is cumulative, with someone having stronger reactions each time they are exposed to their allergen.

This means there is a possibility that a child will have their first asthma attack or first anaphylactic episode while in your care.

What will you do?

## Anaphylaxis

Follow your anaphylaxis management training but remember:

- ▶ Always give an adrenaline injector first, if someone has severe and sudden breathing difficulty (including wheezing, persistent cough or hoarse voice), even if there are no skin symptoms. Then seek medical help.
- ▶ Never use another child's EpiPen to give someone adrenaline. You should have a spare EpiPen with you at your service or in your excursion kit.
- ▶ You can cause more harm by not giving someone who may be experiencing an allergic reaction adrenaline, than by giving a dose in error.
- ▶ **If you are ever unsure about what you should do call the ambulance immediately (dial 000).**

## Asthma

Follow your asthma training

- ▶ If a person stays conscious and their main problem seems to be breathing, follow the asthma first aid steps.
- ▶ Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

# Using your service's Dealing with Medical Conditions Policy

Your service must have a *Medical Conditions Policy* under the Regulations. It must include:

- ▶ the management of medical conditions diagnosed by a registered medical practitioner including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis (or other medical conditions)
- ▶ how a school aged child can give themselves medication (if the service permits this) and any practices for recording in the medication record where medication has been self-administered
- ▶ a *Communications Plan*
- ▶ a *Medical Management Plan* provided by the child's family from their medical practitioner
- ▶ a *Risk Minimisation Plan* developed between the service and the child's family

You need to follow this policy at any time that a child with a diagnosed health care need, allergy or relevant medical condition is being cared for by you, including during excursions.

The medical conditions policy must guide you in managing any medical condition that a child you care for may have. These medical conditions may be ongoing or short term.

The policy should also be your guide on what to do in emergencies including calling an ambulance.

You must follow the medical conditions policy at all times and your service must give it to the family of a child you are caring for who has a diagnosed medical condition.

Parents of children you care for must be notified at least 14 days before the service makes any change to the medical conditions policy if the change may have a significant impact on the care provided to any child or a family's ability to use the service.



# Keeping records

Keeping accurate records is important in dealing with medical conditions.

As a Family Day Care educator you are responsible for keeping some of these records.

## Incident, injury, trauma and illness record

This record details every incident, injury, trauma or illness that occurs in relation to a child while that child is being educated and cared for by an educator. You must keep it at your service while you are an educator and it must include:

- ▶ circumstances surrounding the incident, injury, trauma or illness
- ▶ details of any action taken by you, including medication administered and medical people contacted
- ▶ details of any person who witnessed the incident

The Information must be added to the record as soon as possible (no later than 24 hours after it occurred).

Authorised officers can inspect or request this record at anytime and parents can ask to see it.

**A record relating to an incident, illness, injury or trauma suffered by a child must be kept in a safe and secure place until the child is 25 years of age.** A record relating to the death of a child while being cared for by the service or may have occurred as a result of an incident must be kept in a safe and secure place until seven years after the death.

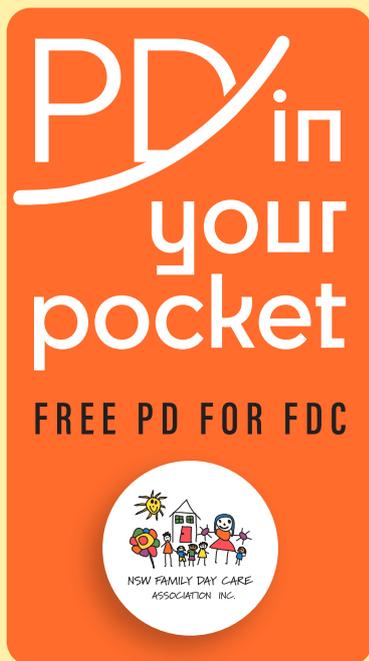
## Medication records

These records include information on each child who requires medication while at your Family Day Care. The record is kept at your service and must include details of medication administration.

Authorised officers can inspect or request this record at any time and parents can ask to see documentation relating to their child.

**Medication records must be kept in a safe and secure place until three years after the child last attended.**

# This booklet is part of the PD In Your Pocket professional development program.



This topic – **Managing Medical Conditions in Family Day Care** – has an accompanying webinar and video, both of which can be viewed as videos or listened to as podcasts.

There is also a Facebook Group where you can discuss the topic with other Family Day Care educators in NSW.

For more information about PD In Your Pocket, go to:

[www.nswfdc.org.au/pdinyourpocket](http://www.nswfdc.org.au/pdinyourpocket)



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Guide to the NQF

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