

# The ISP Guidelines Series

## No. 3 Including Children with serious Medical and Health Conditions

### Including Children with serious Medical and Health Conditions

When early childhood education and care (ECEC) services include children with serious medical or health conditions there may be barriers which prevent the child's access and participation in the service's program alongside their peers. Barriers to the child's inclusion can be often addressed through accessing advice, training and support to ensure that educators have the knowledge, skill and confidence to meet the medical or health needs of the child. The Inclusion Support Program (ISP) can assist services to build educator capacity to support educators to include children with serious health or medical conditions in ECEC services.

### Service responsibilities when including children with serious medical or health conditions

The [National Regulations](#) require all services to have appropriate practices and procedures in place, including the management of and response to risks concerning children's health and safety. The following must be in place when **enrolling a child with a specific health care need or relevant medical condition** (for example diabetes, asthma, allergy or anaphylaxis):

- **Medical Management Plan** provided by the parents, which must be followed by educators and other staff in the event of an incident relating to the child's specific health care need, allergy, or relevant medical condition
- **Risk Minimisation Plan** developed in consultation with the parents of the child to ensure risks associated with the child's medical condition are assessed and minimised and to ensure that practices and procedures are in place for all educators and other staff to follow. This includes the development of practices and procedures in relation to the safe handling, preparation, consumption, and service of food are developed.
- **Communication Plan** developed to ensure staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child; and a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child.

It is a service's responsibility to ensure an appropriately trained person carries out medical/nursing procedures such as the administration of insulin and monitoring of glucose levels. A service must ensure there is adequate staffing, and training and procedures in place, to enable educators to undertake these duties if required.

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### Support available through the Inclusion Support Program (ISP)

#### Inclusion Agency

A service can contact the Inclusion Agency to help identify and discuss the barriers to inclusion for a child with a serious medical or health condition commencing at the service. The Inclusion Professional (IP) will be able to provide advice and support, including assisting the service to plan strategies and actions to address the barriers to inclusion to ensure that educators have the knowledge, skill, and confidence to include the child.

The IP will assist educators to consider the whole child, not only their serious medical or health condition, and look for strategies to support the child's participation in the program and interactions with peers.

For instance, the Inclusion Agency could assist educators to:

- Meet with families and other professionals working with the child
- Access appropriate training and information
- Review service policies and procedures; and/or
- Adjust educator practices, programs, and environments.

#### Inclusion Development Fund

#### Funded Support Options

There are funded support options that can assist a service to include a child with serious medical or health conditions, depending on the barriers to inclusion at the service and in accordance with the Inclusion Support Program (ISP) Guidelines. Services should contact the Inclusion Agency to discuss whether any of these funding options are appropriate.

#### ► Specialised training

To enrol a child with a medical condition, educators may require specific training that is essential to the child's inclusion. That is, the child could not attend the service without educators having this specific knowledge and skill, and this training is above the requirements set out in the National Regulations. If there is a barrier to educators accessing this training the service can apply to access Innovative Solutions Support to enable the service to provide this essential training for educators.

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### ► **Medical advice and support**

Educators may require the specific advice and support of a medical practitioner or allied health professional to include a child with a serious medical or health condition. This support may relate to strategies educators need to implement which are specific to the individual child and/or relate to how to implement strategies in the care environment in a way to support the child's participation in the program and interactions with peers. If there is a barrier to educators accessing this support, such as it is not included in the child's NDIS Plan, services can apply to access Innovative Solutions Support to enable the service to provide this support to educators.

### ► **Establishment of new educator practices and procedures**

Services may apply for Immediate/Time Limited Support if there are immediate barriers to the child's inclusion where an increase in educator to child ratios in the care environment for a short-term period is the most appropriate strategy to address the barriers and support the child's ongoing inclusion. This provides educators additional support in the care environment to implement strategies above what would be expected for a child of the same age. For instance, specific strategies to support the child to settle in to the care environment and begin to participate and interact with their peers, as well as additional time to trial and establish appropriate medical procedures and educator practices to support the child's ongoing inclusion.

### ► **Supporting children with complex additional and ongoing high support needs**

Some children who have medical conditions may also have another additional need, such as a diagnosed disability or developmental delay. Educators may therefore be required to implement additional strategies within the day-to-day program, **unrelated to the medical/nursing assistance or supervision and monitoring required**, to support the child's ongoing inclusion.

Through development of the Strategic Inclusion Plan (SIP) a service may determine that an Additional Educator is required in the care environment to help all educators to implement strategies, **not** related to non-approved purposes and above the general educator practices expected for the age group, to address the barriers to inclusion. In these circumstances a service may apply for long term support through the IDF Subsidy for an Additional Educator.

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### Purpose and eligibility for IDF Subsidy

The IDF Subsidy subsidises the employment of an Additional Educator to increase the educator to child ratio in the care environment to support the inclusion of children with ongoing high support needs with typically developing peers. In the care environment educators work as a team, including the Additional Educator, to implement strategies documented in the Strategic Inclusion Plan (SIP), to ensure children's participation and interaction with peers.

To be eligible for IDF Subsidy for an Additional Educator or Immediate/Time Limited Support the service must meet [eligibility requirements](#), including the support requested **not** relating to [non-approved purposes of IDF](#) and being the most appropriate solution to the identified barriers to inclusion.

### What a service should consider when determining if IDF Subsidy is the most appropriate solution to the inclusion barriers

Services **must** consider the following prior to applying for IDF Subsidy:

- Their responsibilities as a service provider under the National Regulations and National Law, including in relation to the child's serious medical or health condition.
- Whether the request for IDF subsidy is for **non-approved purposes** (outlined below).
- Their existing capacity, or access to information and resources, to meet the child's serious medical or health condition.
- Whether the child has additional and ongoing high support needs.
- Whether an increased educator to child ratio is the most appropriate solution to the identified barriers to inclusion within the care environment.
- How the Additional Educator will be utilised to support all educators to implement strategies to address barriers to inclusion.

**Non-approved purposes of the IDF Subsidy** are listed in the [Inclusion Support Program \(ISP\) Guidelines](#). These include, but are not limited to, the following primary purposes:

- Administer medical/nursing assistance or backfill an existing staff member to do so.
- Provide one to one support for a specific child.
- Assistance to meet requirements under the National Regulations and National Law, including licensing requirements, such as management of and response to risks concerning children's health and safety and the provision of adequate supervision of children, as outlined in the [National Regulations](#).

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**Examples** of requests for IDF Subsidy which **cannot** be approved include:

- For the provision of adequate supervision of children
- Implementing practices and procedures to ensure the safe handling, preparation, consumption and service of food
- Administration of insulin and monitoring of glucose levels
- Oxygen administration and monitoring
- Percutaneous endoscopic gastrostomy (PEG) feeding

### Further information and clarification

(sourced from The Guide to the National Quality Framework (NQF) Operational Requirements, Australian Children's Education and Care Quality Authority (ACECQA))

The [National Regulations](#) require all services to have appropriate practices and procedures in place, including the management of and response to risks concerning children's health and safety. This includes:

- Services must ensure they have a policy for dealing with medical conditions in children, even if they have no children with a medical condition at the service, as circumstances could change or emerge. Policies must include management of medical conditions including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis.
- Services are required to ensure there are always staff on the premises who have current approved training in first aid, anaphylaxis management and emergency asthma management.
- Monitoring the safety, health and wellbeing of all children being educated and cared for.

### Adequate Supervision of children

The approved provider, nominated supervisor and family day care educator must ensure all children being educated and cared for by the service are adequately supervised at all times. Educator to child ratios alone do not achieve adequate supervision (National Law 165).

Adequate Supervision means:

- That an educator can respond immediately, particularly when a child is distressed or in a hazardous situation; and
- Knowing where children are at all times and monitoring their activities actively and diligently.

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Children of different ages and abilities need different levels of supervision. Factors which can assist services and educators to determine the adequacy of supervision include:

- the number, ages, abilities and individual needs of children
- the number and positioning of educators
- each child's current activity
- areas where children are playing, in particular visibility and accessibility
- risks in the environment and experiences provided to children including excursions or on transportation provided or arranged by the service.
- the educators' knowledge of each child and group of children
- the experience, knowledge and skill of each educator

### Useful Resources

[Best Practice Guidelines for Anaphylaxis prevention and Management in Children's Education and Care Services \(Including outside school hours care\)](#), National Allergy Strategy

[Dealing with Medical Conditions in Children Policy Guidelines](#), ACECQA, June 2021

- Quality Area 2: Children's health and safety, 2.1 Adequate supervision and 2.8 Medical Conditions Policy, Section 4, [The Guide to the National Quality Framework \(NQF\) Operational Requirements \(February 2018\)](#), Australian Children's Education and Care Quality Authority (ACECQA)

[Quality Area 2 Active Supervision: Ensuring Safety and Promoting Learning, National Quality Standard | Information sheet](#), ACECQA, 2020

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