

# Health Care Plans in OSHC Services



To meet Regulation 90 in the [Education and Care National Regulations](#) each child with a **diagnosed health condition** must have **three plans** in place:

1. Medical management plan (also known as a [health care plan](#))
2. Risk minimisation plan (or [safety and risk management plan](#))
3. Communication plan (or [health support agreement](#))

The purpose of the 3 plans is to identify and minimise risks for each child and communicate all necessary information to relevant people. Health care plans for a range of specific health conditions are available [here](#).

## Requirements for Out of School Hours Care (OSHC) services

Health Care Plan requirements for schools and OSHC are not the same because OSHC services are regulated by National Law and National Regulations.

OSHC services must:

- ensure health care plans are completed in full and signed by a medical practitioner and have a start and review date
- only allow children with a diagnosed health condition to attend if the 3 plans are current and in place
- provide a copy of the service's medical conditions policy (required under [Regulation 168](#)) to families who have a child with a medical condition on enrolment ([Regulation 91](#)).
- ensure the service's medical conditions policy is aligned with service practice.

If these requirements are not met this will result in non-compliance of the service.

If an OSHC service uses a copy of the plans kept by the school and those plans are not up-to-date or in line with the service's medical conditions policy the service may be in breach of the [Education and Care National Regulations](#).

## Keeping plans up to date

Health care plans should be regularly reviewed and updated:

- when a child's medical condition or medical treatment changes
- by the review date listed on the plan. If this is a long review period encourage families to provide an updated version as children's health care needs can change over time
- when a child participates in an off-site activity or onsite special events.

Review of health care plans must:

- align with the timing specified in the OSHC service's medical conditions policy eg if the policy states a health care plan will be renewed annually, then this will be required for all health care plans.

To help ensure all 3 plans are kept up to date:

- Maintain an accurate spreadsheet or alternative system that will track and flag due dates for:
  - all 3 plans – health care plan, risk minimisation and communication plan
  - medication expiry dates
  - family reminder date/s prior to the review date for all 3 health care plans
- Notify families of the following before the health care plan review date:
  - A health care plan is required by law if a child has a medical condition
  - If a health care plan is not provided to the OSHC service their child may be at risk of not being able to attend
  - The due date for a new health care plan



- A health care plan needs to be signed by a medical practitioner and must have a start and review date.
- Ensure communication plans developed with families are understood and written practices are implemented and always followed by the service.
- Where a child's health need is still being identified, service staff should develop a risk minimisation and communication plan in collaboration with the family until the child's needs are fully understood/diagnosed and a health care plan is put in place.

Keep records of reminders sent to families asking for updated health care plans.  
Note some Child Care Subsidy (CCS) software packages may restrict a family's ability to book care if the health care plans are out-of-date.

## Medication Agreements

If a child is prescribed medication that needs to be administered while attending OSHC, a [medication agreement \(DOC 132KB\)](#) or [multiple medication agreement \(DOC 142KB\)](#) must be completed by the parent or caregiver (except if this is listed in an Asthma Care Plan, Diabetes Action and Management Plan, INM Medication Agreement or Anaphylaxis/Allergies Action Plan).

Controlled Scheduled 8 Medication, oxygen, insulin or pain relief eg paracetamol or ibuprofen to be administered for longer than 72 hours) also needs to be signed by a medical practitioner.

In accordance with [Regulation 95](#) medications must be provided by the parent or caregiver in the pharmacy packaging with correct pharmacy label, in date, with the name of the child matching the medication agreement.

Medication cannot be administered without this agreement in place (except medication administered in an emergency under [Regulation 94](#)). All medication agreements should be reviewed at least annually for continuing medication.

Where a 'review date' has passed, the medication agreement remains valid until an updated form is received. A review date is **NOT** an expiry or end date, unless the OSHC service's medical conditions policy states otherwise.

Where an 'end date' is included on the form, the medication agreement is no longer valid when that date has expired. A new medication agreement must be completed.

Ensure medication is administered according to [Regulations 92, 93](#) and [95](#). The clearly labelled authorised medication must be administered by appropriately trained staff in accordance with service policy and recorded and signed for by 2 education and care staff on the [medication log](#) to confirm the medication has been administered in accordance with the [medication rights checklist](#). Single staff services are exempt under [Regulation 95c](#) but should consider an appropriate process for administering medication as part of their risk assessment to operate as a single staff service.

## Medication storage

If OSHC personnel cannot quickly and easily access children's medication stored at the school, families will be required to provide additional prescribed medication to be held at the OSHC service. Emergency medication held by the service (such as an EpiPen or Ventolin) is for the purposes of an unexpected emergency as per [Regulation 94](#), not as a long term solution for families who do not want to provide additional prescribed medication required by their child's health care plan.

## Additional support

More information regarding medication management in education and care services can be found at the [Department for Education](#) website. If you need further assistance in regard to health care plans, please contact [education.health@sa.gov.au](mailto:education.health@sa.gov.au).