MEDICAL CONDITIONS POLICY

POLICY STATEMENT

This policy acts to ensure that:

⊲ Children are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.

⊲ Families can expect that educators will act in the best interests of the children in their care at all times; meet the children's individual health care needs and maintain continuity of medication for their children when the need arises.

⊲ Educators feel competent to perform their duties; understand their liabilities and duty of care requirements; are provided with sufficient information and training regarding the administration of medication and other appropriate treatments.

⊲ There is collaboration with families of children with diagnosed medial conditions to develop a Risk Minimisation Plan for their child;

⊲ All staff, including casual staff, educators and volunteers, are informed of all children diagnosed with a medical condition and the risk minimisation procedures for these;

⊲ All families are provided with current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the Risk Minimisation Plan;

⊲ All children with diagnosed medical conditions have a current Risk Minimisation Plan that is accessible to all staff;

⊲ All staff are adequately trained in the administration of emergency medication.

GOALS – WHAT ARE WE GOING TO DO?

Clear procedures are required to support the health, wellbeing and inclusion of all children enrolled at the service.

Our service practices support the enrolment of children and families with specific health care requirements. Medical conditions can include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases, if not managed appropriately, these can be life threatening.

STRATEGIES – HOW WILL IT BE DONE?

Enrolment

⊲ On application for enrolment, families will be required to complete full details about their child's medical needs. We will assess whether educators are appropriately trained to manage the child's health considerations at that time.

⊲ Where children require medication or have specific health care needs for conditions, the child's doctor or allied health professional and parent/guardian must complete a Medical Management Plan such. Such a plan will detail the child's health support needs including administration of medication and other actions required to manage the child's condition.

◅ The Nominated Supervisor/teacher will also consult with the child's family to develop a Risk Minimisation and Communication Plan (appendix 1). This plan will assess the risks relating to the child's specific health care needs, allergy or medical condition; any requirements for safe handling, preparation and consumption of food; notification procedures that inform other families about allergens that pose a risk; procedures for ensuring educators/students/ volunteers can identify the child, and their medication. This will also detail how families will inform educators about specific requirements for child(ren) in regards to medical conditions, and how educators will communicate to families; any intervention undertaken in relation to their child's medical condition.

◅ Children with specific medical needs must be reassessed in regard to the child's needs and our service's continuing ability to manage the child's health considerations, on a regular basis, depending on the child's medical condition.

◅ If a child's medical, physical, emotional or cognitive state changes the family will need to complete a new Medical Management Plan and our service will re-assess its ability to care for the child, including whether educators are appropriately trained to manage the child's ongoing specific needs.

◅ Staff will help children with medical conditions feel safe while they are at the service by:

» Talking to the child about signs and symptoms of their condition so they learn to talk about and tell staff when they are experiencing symptoms.

» Taking the child's and their parent's/guardian's concerns seriously.

» Making every effort to address any concerns/worries they may talk about.

◅ New, relief and casual staff will be given information about the child's condition during the orientation process before the child is in their care.

Administration of Prescribed Medication (Appendix 2 & 3)

◅ Prescribed medication, authorised medication and medical procedures can only be administered to a child:

» with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))

» with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure

» if the prescribed medication is in its original container bearing the child's name, dose and frequency of administration.

◅ Prescribed medication will be placed in a location easily accessible to staff and stored at a temperature in accordance with instructions. In the case of prescribed adrenaline injectors will be stored where they are accessible and not available to children.

◅ Medication, including emergency medication, and Medical Management Plan information will be taken whenever the child goes to off-site activities.

◅ Medication will be checked at least quarterly to ensure it has not expired and does not need replacing. Staff will inform the parents/ guardians if medication needs to be replaced (if used or about to expire).

Medical Management Plans (Appendix 1)

Medical Management Plans are required if a child enrolled at our service has a specific health care need, allergy or relevant medical condition. This involves:

◅ requiring a parent of the child to provide an Action Plan from a doctor for the child. The Action Plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs. The plan needs to be prepared and signed by a registered medical practitioner.

◅ requiring the Action Plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.

◅ reviewing the plan at least annually in consultation with the child's parents/guardians to make sure information is up to date and strategies to reduce risk remain age appropriate.

It will also be reviewed when a child's allergies change or after exposure to a known allergen while attending the service or before any special activities (such as off-site activities) to make sure information is up to date and correct, and any new procedures for the special activity are included.

Risk Minimisation and Communication Plans (Appendix 1)

Risk Minimisation and Communication Plans are required to be developed in consultation with the parents of a child:

◅ to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.

◅ if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented.

◅ if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.

◅ to ensure that all staff members and volunteers can identify the child, the child's Action Plan and the location of the child's medication.

◅ if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition, are developed and implemented.

Communication Strategies (Appendix 1)

Our service will maintain the review and development of communication strategies to ensure that:

◅ Relevant staff members and volunteers are informed about the medical conditions policy and the Action Plan, Medical Management Plan and Risk Minimisation Plan for the child.

◅ A child's parent can communicate any changes to the Action Plan, Medical Management Plan and Risk Minimisation Plan for the child, setting out how that communication can occur.

◅ Families and educators communicate regarding the child's/children's changing requirements and any interventions undertaken by the educators.

◅ Personal information given by parents/guardians is collected, used, shared as needed, stored and destroyed (when no longer needed) according to the relevant Privacy Act in that state.

◅ The service receives written permission from the parents before the child's Action Plan is displayed in public areas.

Asthma

◅ Whenever a child with asthma is enrolled at our service, or newly diagnosed as having asthma, communication strategies will be developed to inform all relevant educators, including students and volunteers, of:

» the child's name, and room they are educated and cared for.

» where the child's Action plan & Medical Management Plan will be located

» where the child's preventer/reliever medication etc. will be stored

» which educators will be responsible for administering treatment.

◅ Asthma reliever medications will be stored out of reach of children, in an easily accessible central location.

◅ Reliever medications together with a spacer will be included in our service's First Aid kit in case of an emergency situation where a child does not have their own reliever medication with them.

◅ Educators who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care, will attend, or have attended, approved training. It is a requirement that at least one Educator or other person that is trained in Asthma management at the service at all times children are present.

◅ Asthma Australia produces recommended guidelines on asthma management within the child care setting, including an Asthma Care Plan for education and care services.

Asthma Emergencies

In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible. The National Asthma Council Australia (NAC), recommends that should a child not known to have asthma appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately.

The following steps are recommended:

If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma:

» Give 4 puffs of a reliever medication and repeat if no improvement;

» Keep giving 4 puffs every 4 minutes until the ambulance arrives;

» No harm is likely to result from giving reliever medication to someone who does not have asthma;

⊲ In the event of anaphylactic emergency and breathing difficulties, an adrenaline autoinjector must be administered first, then reliever medication.

Anaphylaxis

⊲ Whenever a child with severe allergies is enrolled at our service, or is newly diagnosed as having a severe allergy, a Communication Plan will be developed to inform all relevant educators, including students and volunteers, of:

» the child's name and room they are educated and cared for in;

» the child's Risk Minimisation Plan;

» where the child's Action Plan & Medical Management Plan will be located;

» where the child's adrenaline auto-injector is located; and

» which educators/staff will be responsible for administering the adrenaline auto-injector.

⊲ In accordance with the Education and Care Services National Regulations, our service will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Notices will be posted in the foyer, and on the wall of the room that the child is based in. The notice will advise which foods (if any) are allergens and therefore not to be brought to the service.

⊲ It is required that the child at risk of allergic reactions will have an Action Plan & a Medical Management Plan. The ASCIA Action Plan is designed to meet the requirements of a medical management plan (Refer to: The Australian Society for Clinical Immunology and Allergy (ASCIA) for a plan template www.allergy.org.au). Educators will become familiar with the child's plan and also develop an individual anaphylaxis Risk Minimisation Plan for the child in consultation with the child's parents/guardians and appropriate health professionals.

⊲ A communication strategy will be developed with parents/guardians to ensure any changes to a child's health care needs are discussed and the health care plan updated as required.

⊲ Children prescribed with an adrenaline injector will be required to make one device available to the service while in the care of the service. Parents/guardians are responsible for supplying the adrenaline injector and making sure it has not expired.

⊲ All staff will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice.

⊲ A staff training register will be kept.

Anaphylaxis Emergencies

⊲ Adrenaline (epinephrine) given through an adrenaline injector (EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the first line emergency treatment for anaphylaxis.

◅ In the case of an anaphylaxis emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.

◅ For anaphylaxis emergencies, educators will follow the child's Action Plan. The general use adrenaline injector can be used if the child does not have their prescribed adrenaline injector, if their device is not administered correctly, if the child requires a second dose or if a child does not have a prescribed device.

◅ Educators/staff administering the adrenaline will follow the instructions stored with the device. An ambulance will always be called. The used auto-injector will be given to ambulance officers on their arrival.

◅ A process will be in place to regularly check (quarterly) that general use adrenaline injectors have not expired. General use adrenaline injectors will be replaced before they expire.

◅ A child (or staff member/visitor) with no history of anaphylaxis may have their first anaphylaxis whilst at the service. If the service staff think a child/staff member/visitor may be having anaphylaxis, the general use adrenaline injector should be given to the individual immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance.

◅ Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to two hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.

» Where it is known that a child has been exposed to whatever they are allergic to, but has not developed symptoms, the child's parents/guardians will be contacted and asked to come and collect their child.

» The service will carefully monitor the child following instructions on the ASCIA Action Plan until the parents/guardians arrive.

» Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the child begin to develop allergic symptoms.

◅ After an allergic reaction/anaphylaxis, the individualised anaphylaxis management plan will be reviewed to determine if the service's risk minimisation strategies and emergency response procedures need to be changed/improved.

Diabetes

◅ Whenever a child with diabetes is enrolled at our service, or is newly diagnosed as having diabetes, a communications plan will be developed to inform all relevant educators, including students and volunteers, of:

» the child's name and room they are educated and cared for in;

» the child's Risk Minimisation Plan;

» where the child's Emergency Action Plan will be located;

» where the child's insulin/snack box etc. will be stored;

» which educators will be responsible for administering treatment.

⊲ Educators will be aware of the signs and symptoms of low blood sugar including the child presenting pale, hungry, sweating, weak, confused and/or aggressive. Signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath.

⊲ Management of diabetes in children at our service will be supported by the child having in place an Emergency Action Plan which includes:

» Administration of insulin, if needed – information on how to give insulin to the child, how much insulin to give, and how to store the insulin. Insulin may be delivered as a shot, an insulin pen, or via an insulin pump.

» Oral medicine – children may be prescribed with oral medication.

» Meals and snacks – Including permission to eat a snack anytime the child needs it.

» Blood sugar testing – information on how often and when a child's blood sugar may need to be tested by educators.

» Symptoms of low or high blood sugar – one child's symptoms of low or high blood sugar may be different from another. The child's Action Plan should detail the child's symptoms of low or high blood sugar and how to treat it. For high blood sugar, low blood sugar, and/ or hypoglycemia, educators will follow the child's Emergency Action Plan.

ROLE	AUTHORITY/RESPONSIBILITY FOR
Approved Provider	⊲ Ensuring the development of a Management Plan including an Action Plan, Communication Plan and a Risk Management Plan. Encouraging ongoing communication between parents/guardians and educators/staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation. ⊲ Ensuring relevant educators receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs. ⊲ Ensuring at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service. ⊲ Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies. ⊲ Ensure there is at least one general use adrenaline injector at the service and staff are informed of the location of this. Undertake a risk assessment to determine how many general use adrenaline injectors are required by the service and where the device/s will be located, including whether they will be taken to off-site activities.

	◅ Provide support for service staff who manage a severe allergic reaction and for the child who experienced the anaphylaxis and any witnesses. ◅ Notify the regulatory authority within 24 hours of any incident involving a serious injury or trauma to a child while that child is being educated and cared for, including any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis

ROLE	AUTHORITY/RESPONSIBILITY FOR
Nominated Supervisor Responsible Person	◅ Implementing this policy at the service and ensuring that all staff adhere to the policy. ◅ Informing the Approved Provider of any issues that impact on the implementation of this policy. ◅ Identifying specific training needs of staff who work with children diagnosed with a medical condition, and ensuring, that staff access appropriate training. ◅ Ensuring children do not swap or share food, food utensils or food containers. ◅ Ensure staff awareness that unexpected allergic reactions, including anaphylaxis, might occur for the first time in children not previously identified as being at risk, in the service. ◅ Ensuring food preparation, food service and casual staff/educators are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis. ◅ Ensuring a copy of the child's Action Plan & Medical Management Plan is visible and known to staff in the service. ◅ Ensuring staff/educators follow each child's Risk Minimisation Plan and Medical Management Plan. ◅ Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan. ◅ Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.

	◅ Maintaining ongoing communication between staff/educators and parents/guardians in accordance with the strategies identified in the Communication Plan to ensure current information is shared about specific medical conditions within the service. ◅ Should there be an incident requiring emergency medical treatment, inform staff of the incident and undertake reporting requirements to the regulatory authority. Offer staff a debrief after each incident and arrange help as needed. Review the child's medical management plan to identify if further risk minimisation strategies are needed, or some strategies need to be adapted.

ROLE	AUTHORITY/RESPONSIBILITY FOR
Early Childhood Educators	◅ Communicating any relevant information provided by parents/guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the service is current. ◅ Being aware of individual requirements of children with specific medical conditions and following their Risk Minimisation Plan and Medical Management Plan. ◅ Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor. ◅ Ensure that parents/guardians are contacted when concerns arise regarding a child's health and wellbeing. ◅ Include information and discussions about food allergies in the programs they develop, to help children understand about food allergy and to encourage caring, acceptance and inclusion of children with food allergies. (Curriculum resources are available: allergyfacts.org.au/allergymanagement/schooling-childcare/school-resources) ◅ Provide age-appropriate education of children with allergies and their peers to manage risks in the service. This may include signs and symptoms of an allergic reaction, what to do if their friend is having an allergic reaction, not sharing food, drinking from their own water bottle, washing their hands after they have eaten something another child is allergic to. ◅ Complete an incident report should a child require emergency medical treatment
Families	◅ Informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition or updates as they occur.

	◅ Developing a Risk Minimisation Plan with the Nominated Supervisor/Teacher and/or other relevant staff members at the service. ◅ Providing an Action Plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This Action Plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs.

MONITORING, EVALUATION AND REVIEW

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy annually or as changes occur.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

RELATED LEGISLATION, GUIDELINES, STANDARDS AND FRAMEWORKS

◅ Education and Care Services National Law Act 2010: Section 167, 175

◅ Education and Care Services National Regulations: Regulations 85-87, 89-96, 136, 162(c) (d), 168, 173

◅ My Health Records Act 2012

◅ National Quality Standard, Quality Area 2: Children's Health and Safety – Standard 2.1, 2.2

◅ National Quality Standard, Quality Area 7: Governance and Leadership – Standard 7.1, Elements 7.1.2, 7.1.3

◅ National Allergy Strategy: Best Practice Guidelines for anaphylaxis prevention and management in children's education and care services (including outside school hours care) - allergyaware.org.au/images/cec/NAS_Best_Practice_ Guidelines_CEC_WEB_CORRECTED.pdf

RESOURCES/USEFUL LINKS

◅ National Asthma Council Australia – www.nationalasthma.org.au

◅ Asthma Australia – www.asthmaaustralia.org.au

◅ Australasian Society of Clinical Immunology and Allergy – www.allergy.org.au

◅ Diabetes Australia – www.diabetesaustralia.com.au

◅ Allergy Aware - Children's education and care: Best practice guidelines resources - www.allergyaware.org.au/childrens-education-and-care

SOURCES

◅ ACECQA's Guide to the National Quality Framework

REVIEWED: 19/6/2023

Appendix:

1. Medical management plan (communication plan and risk minimisation plan included)
2. Medical authorisation form
3. Long term medical form

MEDICAL CONDITIONS PLAN

Childs Name: **D.O.B**

Condition:

COMMUNICATION PLAN

The risk minimisation plan is developed and completed with the room staff (& all other relevant staff)and the family		The risk minimisation has been developed in consultation with family & preschool.	
The nominated supervisor will communicate with Educators any changes to the child's medical condition		Any changes to their child's medical condition will be communicated immediately to the nominated supervisor by the family.	
Medication will be stored out of reach of the children, but in a recognisable, known location to educators. Medication will be checked to ensure its meets regulation/policy requirements.		All medications required will be on premises at all times the child is in attendance. The medication will be prescribed by the doctor, in date and clearly labelled	
The nominated supervisor will ensure the medical management, risk minimisation & communication plan is reviewed annually, or when changes are identified.		Family will ensure that changes of attendance and absences are notified to the preschool.	
The nominated supervisor will communicate the attendance days and any changes to the educators.		The medical management, risk minimisation & communication plan will be reviewed annually.	

Date plan implemented:

Date for review:

WHO TO CALL

Priority	Name	Relationship to child	Contact number 1	Contact number 2
1				

RISK MINIMISATION PLAN

Allergen/s & potential reaction	Times of potential exposure	Strategies to minimise the risk of exposure	Responsibility
			Nominated supervisor
	Special events	.	Educators
			Family

EG:Egg allergy-can not touch or consume eggs or asthma	• Meal times • Other children bringing food • Cold days	• Ensure strategies have been discussed with family & all relevant staff • Check other children's lunch boxes at meal times	Nominated supervisor, educators, family

I_____ have discussed the details of this risk minimisation and communication plan with {Nominated Supervisor) on _____, and I agree the risk minimisation and communication strategies outlined above are being implemented for my child .

Signed_____Date_____

I also give my permission for this information to be displayed near locations where risk could be high. This plan will be reviewed annually or when changes are identified. The next planned review date is ____/____/_____.

MEDICAL AUTHORISATION

Dubbo West Preschool Inc.
Quality Early Childhood Education

FOR PARENT/CARER TO COMPLETE

Name of Child: _____

Name of Medication: _____

Dosage: _____

Time(s) to be given: _____

Date to be given: _____

Time and amount of last dosage given before Preschool _____

_____

All medication left at the Preschool must be in its original container and stored in our locked first aid cabinet.

Parent/ Carer's Name _____

Signature _____

Date _____

FOR STAFF MEMBER TO COMPLETE

Name of staff who administered the medication: _____

Name of medication administered: _____

Dosage administered: _____

Time(s) the medication was administered: _____

Signature of the staff member who administered _____

Name of Witnessing staff member: _____

Signature of witnessing staff member _____

LONG TERM MEDICATION AUTHORISATION

Dubbo West Preschool Inc.
Quality Early Childhood Education

FOR PARENT/CARER TO COMPLETE

Name of child:_____

Name of medication: _____

Dosage to be given: _____

Time(s) to be given: _____

Manner of which medication was administered eg: oral syringe:_____

Dates to be given: _____

All medication left at the Preschool must be in its original container or accompanied by doctors instructions and stored in our locked first aid cabinet OR placed in the medication container in the fridge in the locked kitchen.

Parent/ Carer's Name: _____

Signature: _____

Date: _____

LONG TERM MEDICATION AUTHORISATION

Dubbo West Preschool Inc.
Quality Early Childhood Education

FOR STAFF TO COMPLETE

Name of Child: ____

Date	Staff Member	Name of Medication	Dosage Given	Time	Witnessed by