



2.11 Dealing with Medical Conditions Policy

QUALITY AREA 2: Children's Health and Safety

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; maintain continuity of medication for their children when required.
- 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.
- Collaboration is sought with families of children with diagnosed medical 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:

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

Our service practices support the enrolment of children and families with specific health care requirements. Medical conditions 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

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 special health needs at that time.
- Where children require medication or have special medical needs for long term conditions or complaints, the child's doctor or allied health professional and parent/guardian must complete a Medical Action Plan, Risk Minimisation form and Health Communication Plan. Such forms will detail the child's special health support needs including administration of medication and other actions required to manage the child's condition.

- The Nominated Supervisor will also consult with the child's family to develop a Risk Minimisation and Communication Plan. 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) regarding 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 regarding the child's needs and our service's continuing ability to manage the child's special needs, on a regular basis, depending on the specific child's medical condition.
- If a child's medical, physical, emotional, or cognitive state changes the family will need to complete a new 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 special 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

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 (Reg. 92.3b)
- 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 and sign the administration forms.
- 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, they will not be locked away and will be stored where they are not available to children.
- Medication, including emergency medication, and Medical Management Plans 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

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

- requiring a parent of the child to provide a Medical Management Plan for the child. The Medical Management 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 Medical Management 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.

Risk Minimisation & Communication Plans

Risk Minimisation 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 and consumption 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 practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented.

Bellinghen Preschool will maintain and review the development communication strategies to ensure that:

- Relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child.
- A child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.

If relevant, to ensure that practices and procedures ensuring that the child does not attend the service without the medication prescribed in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented. **Children cannot attend preschool without their medication.**

Communication Strategies

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 Medical Management Plan and Risk Minimisation Plan for the child.
- A child's parent can communicate any changes to the 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 Bellinghen Preschool 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, photo and date of birth.
 - ~ Where the child's Medical Action Plan will be located.
 - ~ Where the child's preventer/reliever medication etc. will be stored.
 - ~ Which Educators will be responsible for administering medications.
- Asthma reliever medications will be stored out of reach of child, in the Allergy Buddy bag located in the office.
- Reliever medications together with a spacer will be included in our service's Buddy bag in case of an emergency where a child does not have their own with them.
- Asthma Australia provides training in Emergency Asthma Management (EAM) which instructs on all aspects of asthma management and administration of asthma reliever medications. Educators who will be responsible

for administering asthma reliever medication to children diagnosed with asthma in their care, will attend or have attended an Asthma EAM course. It is a requirement that at least one Educator or other person that is trained in EAM is always at the service children are present.

- Asthma First Aid Plan, Bellingin Community Preschool has an Asthma Record Card, which will be completed for each child diagnosed with asthma.

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 child's parent/guardian will be contacted as soon as possible

The National Asthma Council (NAC) recommends that should a child not known to have asthma appears 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.

*** See Asthma Policy for more information.**

Anaphylaxis

- Whenever a child with severe allergies is enrolled at Bellingin Preschool, or is newly diagnosed as having a severe allergy, a communications plan will be developed to inform all relevant educators, including students and volunteers of:
 - ~ The child's name, photo and date of birth
 - ~ Where the child's Emergency Action Plan will be located
 - ~ Where the child's adrenaline auto-injector is located
 - ~ Which educators/staff will be responsible for administering the Junior EpiPen.
- In accordance with the Education and Care Services National Regulations, Bellingin Preschool will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at Bellingin Preschool. Notices will be posted on the verandah notice board, in Newsletters and in **the Children's Medical Plans, Allergy and intolerances record on the wall in the office**. The notice will advise which foods are allergens and therefore not to be brought to the service.
- It is required that the child at risk will have an Australian Society for Clinical Immunology and Allergy (ASCI) Action Plan. Educators will become familiar with this plan and also develop an Individual Anaphylaxis Health Care 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.

*See Anaphylaxis Policy for information on how the risk of anaphylaxis will be minimised at Bellingin Preschool and how we will respond to children at risk, including first aid and the administration of an adrenaline auto-injector.

Anaphylaxis Emergencies

In any case where a child is having a severe allergic reaction or any symptom or signs of anaphylaxis, the educators should immediately:

Administer first aid or medical treatment according to either:

- ~ the child's Anaphylaxis First Aid or Emergency Medical Plan, or
 - ~ a doctor's instructions, or
 - ~ the administration of adrenaline (EpiPen Jr – the child's own or one purchased by preschool) **as per the Anaphylaxis Action Plan as recommended by Allergy training displayed in the kitchen and the office.**
 - ~ **Whilst another educator dials 000 for an ambulance** and notify the family in accordance with the Regulation and guidelines on emergency procedures.
- 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 and/or the child's registered medical practitioner will be contacted as soon as possible. An incident report will be completed.
 - For anaphylaxis emergencies, educators will follow the child's Emergency Action Plan.
 - **If a child does not have an adrenaline pen and appears to be having a reaction, the educator will administer the general purpose epi-pen located in the Allergy Buddy bag in the office. Staff administering the epi-pen will follow the instructions stored with the device.**
 - **An ambulance will always be called. The used epi-pen will be given to ambulance officers on their arrival and an incident report filed. Another child's adrenaline auto-injector will ONLY be used in extreme cases and replaced immediately by the Preschool.**

Diabetes

Diabetes is one of the most common chronic diseases of childhood and affects 1-2 per 1000 children and adolescents under 20 years. Appropriate diabetes care in the preschool setting is important for the immediate and long-term health and welfare of the child. Considerate care of Diabetes in the early learning setting enhances the child's ability to participate in the preschool environment alongside their peers and engage in learning at their highest potential.

Practices

To facilitate the effective care for a child with diabetes it is necessary to form a partnership with the child's family. Both stakeholders will have responsibilities to ensure the safety and wellness of a child with Diabetes.

The Preschool will ensure the family, parent or guardian provides the school with:

- Details of the child's health problem, treatment, medications and allergies
- Their doctor's name, address and phone number, and phone number for contact in case of an emergency
- A Diabetes Care / First Aid Plan following enrolment and prior to the child starting at the school which should include;
 - ~ When, how and how often the child is to have finger prick or urinalysis glucose or ketone monitoring
 - ~ What meals and snack are required including food contact, amount and timing
 - ~ What activities and exercise the child can and cannot do
 - ~ Whether the child is able to go on excursions and what provisions are required
 - ~ What symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
 - ~ What action to take including emergency contacts for the child's doctor and family or what first aid to give
- **Ensure all educators are aware of any child that has diabetes** prior to the children starting at the service. Photos are taken of any child with diabetes and placed in a prominent position in the office and classroom.
- **In any medical emergency involving a child with diabetes**, the educators should immediately **dial 000** for an ambulance, notify the family and **administer first aid or emergency medical aid according to** the child's Diabetes Care/First Aid Plan, or a doctor's instructions, or if these are not available, use the First Aid Plan for Diabetic Emergency from *Australian First Aid*, St John Ambulance Australia, 2011 on the following pages.
- **Ensure the family supplies all necessary glucose monitoring and management equipment.**

- **Ensure the family and centre educators know it is not the responsibility of the educators to administer a child's insulin**, or to administer parental injections of glucose or glucagons in an emergency. Ensure the family understands that a child's insulin should be administered before or after care in the centre.
- **Ensure there are educators who are appropriately trained to perform finger-prick glucose or urinalysis monitoring** and know what action to take if these are abnormal.
- **Ensure that there are appropriate glucose foods or sweetened drinks readily available to treat hypoglycemia (low blood glucose)**, e.g. Glucose tablets, glucose jelly beans, fruit juice
- **If a child has had an episode of hypoglycemia and needed glucose food or drink**, also provide the child with a slow acting carbohydrate food to help maintain blood glucose levels, e.g. milk, raisin toast, yoghurt, fruit
- **Ensure a location in the centre for privacy for the child when glucose monitoring occurs.**
- **Ensure child only has food and drink** that are appropriate for the child and are in accordance with the child's Diabetes Care /First Aid Plan.
- **Ensure opportunity for the child to participate in any activity, exercise or excursion** that is appropriate and in accordance with their Diabetes Care/ First Aid Plan.

Whenever a child with diabetes is enrolled at Bellinghen Community Preschool, 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, photo and date of birth
 - ~ 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 and the smell of acetone on the breath.
 - Management of diabetes in children at Bellinghen Preschool 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
 - ~ 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 are different from one another. The child's Action Plan should detail the child's symptoms of low or high bold sugar and how to treat it. For high blood sugar, low blood sugar, and/or hypoglycaemia, educators will follow the child's Emergency Action Plan.

Roles and Responsibilities

Roles	Authority/responsibility for
Approved Provider	<ul style="list-style-type: none"> ▶ Ensuring the development of a communication plan and encouraging ongoing communication between parents/ guardians and 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 staff 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 a risk minimisation plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually. ▶ 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.
Nominated Supervisor Responsible Person	<ul style="list-style-type: none"> ▶ 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. ▶ Ensuring a copy of the child’s medical management plan is visible and known to staff in the service. ▶ Ensuring staff 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. ▶ Maintaining ongoing communication between staff 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
Educators	<ul style="list-style-type: none"> ▶ 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. ▶
Families	<ul style="list-style-type: none"> ▶ 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. ▶ Developing a risk minimisation plan with the nominated supervisor and/or other relevant staff members at the service. ▶ Providing a medical management plan with evidence it is supplied by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management 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

Relevant Regulations

Section 167	Offence relating to protection of children from harm and hazards
168	Education and care service must have policies and procedures
103	Premises, furniture and equipment to be safe, clean and in good repair
181	Confidentiality of records kept by approved provider
183	Storage of records and other documents

USEFUL RESOURCES

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations
- Children and Young Persons (Care and Protection) Act 1998
- Australian Privacy Principles – www.oaic.gov.au
- Office of the Australian Information Commissioner – www.oaic.gov.au
- Privacy Act 1988 (Privacy Act) – www.oaic.gov.au/law/act

National Quality Standards (NQS)

Quality Area 7: Governance and Leadership		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

Review

POLICY REVIEWED	JANUARY 2021	NEXT REVIEW DATE	JANUARY 2024
MODIFICATIONS			