



DEALING WITH MEDICAL CONDITIONS POLICY

National Quality Framework Quality Area, Standards & Elements

This policy relates to:

Quality Area 2 – Children’s Health and Safety

2.3 Each child is protected

2.3.3 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Quality area 7 - Leadership and Service Management

7.3.1 Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements.

7.3.2 Administrative systems are established and maintained to ensure the effective operation of the service.

7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

Aim

The centre and all educators will effectively respond to and manage medical conditions including, but not limited to, asthma, diabetes, epilepsy, allergies and anaphylaxis at the centre to ensure the safety and wellbeing of children, educators and visitors is maintained.

When to use this Policy

1. For any child with a Medical Condition including conditions such as Diabetes, Epilepsy and general Allergies.
2. Upon family orientation and enrolment.
3. During the operational hours at the Centre.
4. Throughout the daily routines, especially meal times or during any cooking experiences.

Process Steps

Centre

- The centre will involve all educators, families and children in regular discussions about medical conditions such as asthma (see individual policy), anaphylaxis (see individual policy), epilepsy and diabetes and general health and wellbeing throughout the curriculum.
- The centre will adhere to privacy and confidentiality procedures when dealing with individual health needs.
- A copy of the Medical Conditions Policy must be made available to all educators and volunteers at the centre. The Policy must also be made available to parents/guardians of children enrolled at the service.
- Each centre will work with the family to develop a Communication Plan that will involve the documentation of any changes to the child’s medical management or changes to their medical condition & how this will be communicated with educators & volunteers.
- Any information relating to the medical conditions will be shared with relevant educators, volunteers and the Centre Director at the service.
- Educators will be briefed by the Centre Director on the specific health needs of each child.
- Information relating to a child’s medical conditions, including the child’s Medical/Action Management Plan, Risk Minimisation Plan and, and the location of the child’s medication will be shared with all

relevant educators and volunteers and displayed in an area of prominence to ensure all policies and procedures are followed accordingly. A Communication Plan is to be developed with the family and educators. The privacy and confidentiality of the child will be maintained at all times.

Educators

- Educators must raise any concerns with a child's parents/guardians about any medical condition known to the centre, or any suspected medical condition that arises.
- All educators and volunteers at the service must follow a child's Medical/Action Management Plan in the event of an incident related to a child's specific medical conditions requirements.
- All educators and volunteers at the service must be able to locate a child's medication easily.
- All educators and volunteers at the service must be able to identify a child with medical conditions easily.

Parent/Guardian of Child

- No child enrolled at the centre will be able to attend the service without medication prescribed by their medical practitioner. Families are required to provide this information on the Enrolment Form and are responsible for updating the service on any new medication, ceasing of medication, or any changes to their child's prescription.
- The centres Enrolment Form provides an opportunity for parents/guardians to help the centre effectively meet their child's needs relating to any medical condition. The following information must be completed on the Enrolment Form, and any information will be attached to the Enrolment Form as necessary and kept on file at the service –
 - Asthma
 - Diabetes
 - Allergies
 - Anaphylaxis
 - Diagnosed at risk of anaphylaxis
 - Any other specific medical condition(s) mentioned by a child's parents/guardians or registered medical practitioner using the Enrolment Form.
 - Any other specific medical condition(s) mentioned by a child's parents/guardians or registered medical practitioner at any point during the child's education and care at the service.
 - Any Medical/Action Management Plan put forward by a child's parents/guardians and/or registered medical practitioner. The Medical Management Plan must be used to complete the Risk Minimisation Plan.
 - A signed Communication Plan
- Parents/Guardians are responsible for updating their child's Medical/Action Management Plan annually and will be reminded by the Centre Director.

Medical and Risk Minimisation Plan

- Using a child's Medical Management Plan, the service will develop a Medical Conditions Risk Minimisation Plan in consultation with a child's parents/guardians. The Medical Conditions Risk Minimisation Plan must ensure that any risks are addressed and minimised. The Plan must be developed with the child's parents/guardians and medical professionals and these individuals must inform the Medical Conditions Risk Minimisation Plan.
- Any allergens that may be present at the service will be communicated to parents/guardians and addressed through the Medical Conditions Risk Minimisation Plan.

- Whilst developing the Medical Conditions Risk Minimisation Plan and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, the centre will consider and implement the following –
 - While not common, anaphylaxis is life threatening. Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists.
 - Be aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.
 - Anaphylaxis can be caused by insect bites such as bees or wasps but is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children, eggs and cow's milk.
 - Other common groups of substances which can trigger allergic reaction or anaphylaxis in susceptible children include:
 - All types of animals, insects, spiders and reptiles.
 - All drugs and medications, especially antibiotics and vaccines.
 - Many homeopathic, naturopathic and vitamin preparations.
 - Many species of plants, especially those with thorns and stings.
 - Latex and rubber products.
 - Band-Aids, Elastoplast and products containing rubber based adhesives.
 - Educators should be on the lookout for symptoms of an allergic reaction, as per their training. Educators should be on the lookout for symptoms as they need to act rapidly if they do occur. Educators should immediately call 000 if symptoms arise. If you know an educator or child is prone to anaphylaxis reactions, and they carry an EpiPen/ Anapen it should be injected by an educator trained in first aid. CPR should be initiated should the educator or child stop breathing.
 - However, steps should be taken to prevent anaphylaxis occurring as outlined below:
 - Upon enrolment, seek medical information from parents/guardians about any known allergies.
 - Ask parents/guardians for supporting documentation as well as a Medical Management Plan.
 - This Medical Management Plan should include a photo of the child, what triggers the allergy, first aid needed and contact details of the doctor who has signed the plan.
 - This should be kept on the child's enrolment file and also be displayed in the service, in an area where it can easily be accessed near a telephone. A copy should also be kept where the child's medication is stored.
 - If the child is taken on an excursion, a copy of the management plan should be taken on the excursion.
 - Should a child be known to have allergies requiring medication if a reaction occurs, the parents/guardians will be asked to provide the medication. Furthermore, should the child's treatment change, families are asked to provide the service with a new Medical/Action Management Plan from their child's medical practitioner. Documentation will then be updated at the service.
 - The service will display an Australasian Society of Clinical Immunology and Allergy inc(ASCI) generic poster called Action Plan for Anaphylaxis in a key location at the service, for example, in the children's room, the educator room or near the medication cabinet. <http://www.allergy.org.au/content/view/10/3/#r1>
 - Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the centre without the device.
 - Develop an ongoing communication plan with the child's parents/guardians and with educators at the centre to ensure that all relevant parties are updated on the child's

treatment, along with any regulatory changes that may change the centres practices in regards to anaphylaxis or any known pollens or allergens that may be within the centre.

- Provide support and information to the centres community about resources and support for managing allergies and anaphylaxis.
- The service will ensure that the auto-injection device kit is stored in a location that is known to all educators, including casual educators; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Routinely, the service will review each child's medication to ensure it hasn't expired.
- Educators will be instructed on the necessity to prevent cross contamination.
- All parents/guardians will be asked not to send food with their children. For example, a sign in the foyer or near the front door reminding families not to bring food to the centre.
- When the child diagnosed at risk of anaphylaxis is allergic to milk, non-allergic babies will be held when they drink formula/milk.
- Always follow correct health, hygiene and safe food policies and procedures.
- Cooks should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk, children will not be permitted to 'wander around' the room with food.
- Risk minimisation plans provided by families will be consulted by the service when making food purchases and planning menus.
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction, educators will:
 - Call an ambulance immediately by dialling 000
 - Commence first aid measures
 - Contact the parent/guardian
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Communication plan

- Relevant staff members and volunteers are informed about the medical conditions policy, the medical management plans and risk minimisation plans for the children attending this service on induction to the centre, quarterly at educator meetings, through notices and displays in each room and at the time of any changes.
- Each child attending the services parent/guardian commit on enrolment or on diagnosis of a medical condition, to communicate any changes to the medical management plan and risk minimisation plan for the child at any time via email, verbally to the group leader or nominated supervisor and in writing on an updated management plan from the child's medical practitioner.

Educator techniques

- The majority of educators must hold a current approved first aid qualification.
- The majority of educators must undertaken current approved anaphylaxis training and asthma management training. The approved anaphylaxis and asthma management training must be updated at least every 3 years.
- Educators must recognise how serious anaphylaxis is and undertake steps to minimise the possibility of occurrence.
- All educators in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 12 months.

- All educators must make themselves aware of any children with medical conditions within the centre and their Medical/Action Management Plan, Communication Plan & Medical Conditions Risk Minimisation Plan.
- All educators must follow techniques outlined in the Risk Minimisation Plan.
- All educators must follow procedures outlined in the Medical/Action Management Plan in the case of an incident relating to the child's specific medical health care need, allergy or medical condition.
- All educators must follow techniques as outlined in this policy.

Standard/Element

National Law and National Regulations

2.3.3	regulation 98 Telephone or other communication equipment
7.3.1	regulations 158– 162 Attendance and enrolment records
7.3.1	regulation 167 Record of service's compliance
7.3.1, 7.3.5	regulations 168–172 Policies and procedures
7.3.1	regulations 173–176 Display and reporting of prescribed information
7.3.1	regulations 177–180 Prescribed records

Related Requirements

2.3.3	regulation 160 Child enrolment records to be kept by approved provider and family day care educator
2.3.3	regulation 161 Authorisations to be kept in enrolment record
2.3.3	regulation 162 Health information to be kept in enrolment record
2.3	regulation 168 Education and care service must have policies and procedures

Related Policies

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| <ul style="list-style-type: none"> • Development and Training • Emergency • Family Orientation • First Aid • Food Handling • Inclusion and Anti Bias • Infection Control | <ul style="list-style-type: none"> • Outdoor Supervision • Privacy • Record Keeping • Safety • Sickness and Medication • Indoor Supervision • Anaphylaxis |
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Sourced

Education and Care Services National Regulations 2011

<http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/nqf/edcareservices.pdf>

Education and Care Services National Law Act 2010

www.legislation.vic.gov.au/Domino/Web_Notes/.../10-069a.doc

National Quality Framework Kit

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