

MEDICAL CONDITIONS



Reviewed May 2023

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POLICY STATEMENT

This policy acts to ensure that:

- I. 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.
- II. 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 the need arise.
- III. 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.
- IV. There is collaboration with families of children with diagnosed medical conditions to develop a Risk Minimisation Plan for their child;
- V. 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;
- VI. 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;
- VII. All children with diagnosed medical conditions have a current Risk Minimisation Plan that is accessible to all staff;
- VIII. 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 the service.

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 or additional training to support the child's needs.

Where children require medication or have special medical needs for long term conditions, the child's doctor or allied health professional and parent/guardian must complete a Medical Management Plan. Such a plan 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 Medical Condition, Risk Minimisation and Communication Plan, or an Individual Health Care Plan in the case of allergies and/or anaphylaxis. 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 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 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 special needs.

MEDICAL MANAGEMENT PLANS

Issued by doctor or allied health professional.

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:

- I. 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; and
- II. 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.

MEDICAL CONDITION RISK MINIMISATION AND COMMUNICATION PLANS (MCRMC Plan)

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

- I. to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.
- II. to ensure that practices and procedures are implemented in relation to the safe handling, preparation, consumption and service of food are developed and implemented.
- III. to ensure that practices and procedures are implemented into 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.

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- IV. to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.
- V. To encourage medication and plans for individual children to remain on site as a dedicated supply for service attendance; or if not relevant
- VI. to ensure 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

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/guardian 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.

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:

- I. the child's name, and room they are educated and cared for (in the child's Risk Minimisation Plan)
- II. where the child's Medical Management Plan will be located
- III. where the child's preventer/reliever medication etc. will be stored

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 or an adult present at the service 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 undertake annual first aid refresher training including Emergency Asthma Management (EAM). It is a requirement that at least one Educator or other person that is trained in EAM is at the service at all times children are present.

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

ASTHMA EMERGENCIES continued...

The National Asthma Council (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:

- I. 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;
- II. Keep giving 4 puffs every 4 minutes until the ambulance arrives;
- III. No harm is likely to result from giving reliever medication to someone who does not have asthma;
- IV. In the event of anaphylactic emergency and breathing difficulties, an adrenaline auto-injector must be administered first, then Ventolin.

ALLERGY and ANAPHYLAXIS

Whenever a child with allergies or anaphylaxis is enrolled at our service, or is newly diagnosed as having anaphylaxis or an allergy, the Nominated Supervisor ensures the following is communicated to all staff including educators, students and volunteers, of:

- I. the child's name and room they are educated and cared for in;
- II. location of ASCIA plan and individual health care plan
- III. where the child's Medical Management Plan will be located;
- IV. where the child's adrenaline auto-injector and ASCIA Plan is located; and

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 centrally located kitchen and in the emergency bags located in the classroom that the child is based in. The notice will advise which foods are allergens to be avoided.

A notice of anaphylaxis triggers will also be on display upon entrance of the service, however no personal details of the child will be disclosed.

It is required that the child at risk of anaphylaxis will have an ASCIA Action Plan issued by their medical professional (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 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.

Educators undertake first aid refresher training including anaphylaxis management on an annual basis.

Anaphylaxis Emergencies

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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 ASCIA Action Plan.

If a child does not have an adrenaline auto-injector and appears to be having a reaction, the educator will administer the service's adrenaline auto-injector for general use.

Another individual's adrenaline auto-injector will NOT be used.

Educators/staff administering the adrenaline will follow the instructions stored with the device. Time will be noted when the adrenaline auto-injector is used on the pen or patient. An ambulance will always be called. The used auto-injector will be given to ambulance officers on their arrival.

Excursions

An auto-injector with an orange ASCIA Plan is to be taken on excursion even if no attending children or adults are not diagnosed with allergies or anaphylaxis.

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:

- I. the child's name and room they are educated and cared for in;
- II. the child's MCRMC Plan;
- III. where the child's Emergency Action Plan will be located;
- IV. where the child's insulin/snack box etc. will be stored; and
- V. 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.

- I. Oral medicine – children may be prescribed with oral medication.
- II. Meals and snacks – Enabling the child to access their snacks anytime the child needs it.
- III. Blood sugar testing – information on how often and when a child's blood sugar may need to be tested by educators.
- IV. 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.

ROLES AND RESPONSIBILITIES

Approved Provider responsibilities

- I. Ensuring the development of a communication plan and 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.
- II. 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.
- III. 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.
- IV. 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.
- V. 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 responsibilities

- I. Implementing this policy at the service and ensuring all staff understand and adhere;
- II. Informing the Approved Provider of any issues that impact on the implementation of this policy;
- III. Identifying specific training needs of staff who work with children diagnosed with a medical condition, and ensuring that staff access appropriate training.
- IV. Ensuring children do not swap or share food, food utensils or food containers.
- V. 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.
- VI. Ensuring a copy of the child's medical management plan is visible and known to staff in the service.
- VII. Ensuring staff/educators follow each child's Risk Minimisation Plan and medical management plan.
- VIII. Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan.
- IX. Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.
- X. 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.
- XI. Check medications for expiry dates in first aid kit and children's medications provided by families.

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Educator responsibilities

- I. 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.
- II. Being aware of individual requirements of children with specific medical conditions and following their Risk Minimisation Plan and medical management plan.
- III. Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor.
- IV. Ensure that parents/guardians are contacted when concerns arise regarding a child's health and wellbeing.

Family's responsibilities

- I. 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.
- II. Developing a Risk Minimisation Plan with the nominated supervisor and/or other relevant staff members at the service.
- III. Providing a medical management plan signed 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.
- IV. Provide medication, ie: asthma or auto injector with appropriate prescription label applied. Ensure supply is current and replaced if expiration date passes.

RELATED GUIDELINES, STANDARDS, FRAMEWORKS, LEGISLATION

National Quality Standards

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

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

Office of the Childrens Guardian: Child Safe Standards

Standard 1: Child safety is embedded in the organisational leadership, governance and culture.

Standard 3: Families and communities are informed and involved.

Standard 7: Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training.

Standard 10: Policies and procedures document how the organisation is child safe.

Legislation

Education and Care Services National Law Act 2010: Section 173

Education and Care Services National Regulations: Regulations 90, 91, 96 and 168

Health Records Act 2002

RESOURCES / USEFUL LINKS

National Asthma Council – 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

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 every two years.

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.