

MEDICAL CONDITIONS POLICY

February 2020

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH, AND SAFETY	
2.1 Health	Each child's health and physical activity is supported and promoted.
2.1.1 Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2 Safety	Each child is protected.
2.2.1 Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
90	Medical Conditions Policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication

Purpose

Gidgillys EECC practices support the enrolment of children and families with specific health care requirements.

We aim to efficiently respond to and manage medical conditions at the Service ensuring the safety and wellbeing of all children, staff, families, and visitors. 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

Our Service is committed to adhering to privacy and confidentiality procedures when dealing with individual health and medical requirements. There are several concerns that must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled at the service. Key procedures and strategies must be in place prior to the child commencing at the Service to ensure their individual health and safety.

Enrolment

- On application for enrolment families will be required to complete full details about their child's medical needs (**National Regulation 90**). 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 Management Plan (**National Regulation 90**). 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 Approved Provider or the Nominated Supervisor will also consult with the child's family to develop a Risk Minimisation Plan (**National Regulation 90(c)(iii)**). 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, their medication. (See Attached)

- 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. Where the service staff have been found to have inadequate training, resources or facilities, training will be given, and resources will be considered and purchased where necessary.

Self-Administration of Medication

Children who self-medicate must be over preschool age (**National Regulation 90(2)**). Parents must give permission to the service for the service to allow the child to self-medicate and this will be kept in the child's file.

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 each child.
- A child's parent should communicate any changes to the medical management plan and Risk Minimisation Plan for the child, setting out how that communication is to occur.

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 (**National Regulation 92(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 (**National Regulation 95**).

Medical Management Plans

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 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 (**National Regulation 90(c)(i)**).

- 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 (**National Regulation 90(c)(ii)**).
- A copy of the Medical Management Plan will be displayed for Educators and Staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying in areas that are not generally high traffic areas of families.

Risk Minimisation Plans

All children with a diagnosed medical condition must have a risk minimisation plan in place.

Risk Minimisation Plans are required to be developed in consultation with the parents of a child (**National Regulation 90(c)(iii)**):

- 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 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.
- 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.

Asthma

- Whenever a child with asthma is enrolled at our service, or newly diagnosed as having a 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 (in the child's Risk Minimisation Plan)
 - where the child's 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.
- Asthma Australia has a free asthma workshop series which consists of 6 online modules which go through a range of asthma management topics (Designed for health professionals to provide asthma education to their patients).
- Asthma Australia provides asthma first aid training for staff in schools which is also free of charge. This course provides up-to-date information on asthma and its management within

the school setting. This is also relevant to early childhood services. This course is used as a refresher rather than an accredited asthma management course.

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 (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.

Anaphylaxis

- Whenever a child with severe allergies is enrolled at our service, or is newly diagnosed as having a severe allergy, a communications plan will be developed to inform all relevant educators, including students and volunteers (**National Regulations 90(1)(b)**), of:
 - The child's name and allergy/medical condition details
 - Where the risk minimisation plan and action plan is located
 - The child's days of attendance and which room they are located
 - Where the medication and or auto injectors are located in case of emergency and who is responsible in case of a medical emergency
 - Changes to the child's medical condition.
- 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 (**National Regulation 173(f)(i)**). Notices will be posted in the foyer that "children with anaphylaxis attend here", and on the wall of the room that the child is in as well as in the office and kitchen. 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 of anaphylaxis will have a Medical Management Plan. (The Australian Society for Clinical Immunology and Allergy (ASCIA) has a plan format which is at the end of the policy). 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 medical professional.
- A child is not allowed to be left at the service without their medication and action plan. The medication must be in date and action plan must be updated and relevant.
- Any changes to a child's medical requirements must be communicated to the relevant staff within the service.

Anaphylaxis Emergencies

- 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 Emergency Action Plan. If a child does not have an adrenaline auto-injector and appears to be having a reaction, the educator will only administer adrenaline if the service has an additional adrenaline auto-injector for general use. 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. Another child's adrenaline auto-injector will NOT be used.

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 hypoglycaemia, educators will follow the child's Emergency Action Plan.

Responsibilities of the Approved Provider

- 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 (**National Regulation 90 (1)(c)(iv)**).
- Ensuring relevant staff have a clear understanding and 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 (**National Regulation 136(1)**).
- 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 (**National Regulation 91**).
- Ensuring educators have access to emergency contact information.
- Ensuring families have submitted a Medical Management Plan.

Responsibilities of the Nominated Supervisor

- 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 food preparation, food service and relief staff 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 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.
- 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 and parents/guardians in accordance with the strategies identified in the communication strategy to ensure current information is shared about specific medical conditions within the service.
- A copy of the child's medical management plan is visibly displayed in an area not generally available to families and known to staff in the Service.
- A child is not enrolled at, nor will attend the Service without a Medical Management Plan and prescribed medication by their Medical Practitioner. In particular, medication for life-threatening conditions such as asthma inhalers, adrenaline auto injection devices and Insulin.
- In the event that a child suffers from a reaction, incident, situation, or event related to a medical condition the Service and staff will:
 - Follow the child's Emergency Medical/Action Plan
 - Call an ambulance immediately by dialling 000
 - Commence first aid measures/monitoring
 - Contact the parent/guardian when practicable but as soon as possible
 - Contact the emergency contact if the parents or guardian can't be contacted when practicable but as soon as possible
 - Notify the regulatory authority (within 24 hours)

Responsibilities of the Educators

- Communicating any relevant/changes 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.

Responsibilities of the 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 upon enrolment of child(ren).
- Developing a Risk Minimisation Plan with the nominated supervisor and/or other relevant staff members at the service.
- 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 original 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 medical needs (**National Regulation 90(1)(c)(i)**).
- Families are responsible for communicating any changes to their child's medical management.

Related Statutory Obligations & Considerations

Australian Children's Education and Care Quality Authority (ACECQA)

<http://www.acecqa.gov.au/>

Asthma Australia <https://www.asthmaaustralia.org.au/nsw/about-asthma/asthma-emergency>

Asthma Australia <https://asthmaonline.org.au/product/asthma-workshop-series-for-health-professionals/>

Asthma Australia <https://asthmaonline.org.au/product/asthma-first-aid-for-schools/>

Australasian Society of Clinical Immunology and Allergy

<https://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare>

Australasian Society of Clinical Immunology and Allergy

<https://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment>

Children (Education and Care Services) National Law (NSW) 104a

<https://www.legislation.nsw.gov.au/#/view/act/2010/104a/full>

Department of Education - <http://www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care>

Diabetes Australia <https://www.diabetesaustralia.com.au/>

Early Years Learning Framework (EYLF) - http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf

Education and Care Services National Regulations
<http://www.legislation.nsw.gov.au/#/view/regulation/2011/653>

National Quality Framework (NQF) - <http://acecqa.gov.au/national-quality-framework/>

National Asthma Council Australia <https://www.nationalasthma.org.au/health-professionals/asthma-action-plans>

Related Telephone Numbers

- Early Childhood Directorate - 1800 619 113
- NSW Health - 9391-9000
- National Asthma Council - (03) 9929 4333
- Asthma Australia - 1800 278 462
- Diabetes Australia - 1300 136 588
- Health Direct - 1800 022 222
- Emergency Services - 000
- Asthma Assist - 1800 278 462

Amendment History

Date	Amendment	Notes of amendment
6 th June 2018	Policy Created	-
11 th February 2019	Policy review	-Risk minimisation plan attached to policy. -Authorisation to display information attached to policy
20 th February 2020	Policy reviewed and amended	-Grammar errors fixed -Formatting -NQS & Regulations Added

This policy will be updated to ensure compliance with all relevant legal requirements every year. Appropriate consultation of all stakeholders (including staff and families) will be conducted on a timely basis. In accordance with Regulation 172 of the *Education and Care Services National Regulation*, families of children enrolled will be notified at least 14 days and their input considered prior to any amendment of policies and procedures that have any impact on their children or family.

Date:	20 th February 2020
Version:	003
Last Amended By:	Natalie Payne
Next Review:	February 2021
Position:	Educational Leader



Medical Conditions Risk Minimisation Plan and Communication Plan

Child's Name

Specific health care need, allergy or diagnosed medical condition

Medical risks at the service and how these are minimised

- Anaphylaxis, asthma and first aid trained educators are on the premises at all times.
- The medical management plan, risk minimisation plan and medication are accessible to all educators. A copy of the medical management plan and risk minimisation plan will be stored in the child's main classroom, with the child's medication, with the First Aid Kit.
- The child's medication is stored in the first aid cupboard. The child's Auto-Injector/Asthma medication is accessible in the environment where educators are supervising the child (this may be an excursion)
- Service emergency asthma kit is stored in evacuation bag.
- The child's medication will be checked monthly to ensure it is current and has not expired.
- If we have a child with anaphylaxis enrolled at the centre, there is a notification of child at risk of anaphylaxis displayed in the front foyer with other prescribed information.
- The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child's medical management plan, risk minimisation plan and medication.
- Parents are required to authorise administration of medication on medication record, and educators will complete administration of medication record whenever medication is provided.
- The Nominated Supervisor will notify the parents of any allergens that pose a risk to the child.
- The service will display the child's picture, first name, medication held, and brief description of allergy/condition on a poster in all children's rooms and prominent places to alert all staff, volunteers and students. It is necessary to get parents approval for this or the information must be displayed so it is not visible to other families and visitors to protect the child's privacy.

The triggers for the child's health care need, allergy or medical condition are:

List triggers using medical management plan and information from parents

What educators, staff and volunteers will do to minimise effect of triggers:

This must be written in response to known allergens or child's health care needs.
Service may have a separate section for kitchen staff if child has an allergy to a food.

Medical Communication Plan

Service

Educators:

- will complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time).
- may enquire about the child's health to check if there have been any changes in their condition or treatment
- advise parents if child's medication needs to be replenished.

The Nominated Supervisor will:

- advise all new educators, staff, volunteers and students about the location of the child's medical management plan, risk minimisation plan and medication as part of their induction
- review the child's medical management plan, risk minimisation plan and medication regularly at staff meetings, and seek feedback from educators about any issues or concerns they may have in relation to the child's medical condition
- regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child's medical management plan, risk minimisation information and medication information through emails and verbal communication.
- update a child's enrolment and medical information as soon as possible after parents update the information.



Parents

Parents will:

- Give advice to the Nominated Supervisor of changes in the medical management plan or medication via email as soon as possible after the change, and immediately provide an updated medical management plan, medication and medication authorisation (if relevant)
- provide an updated medical management plan annually, whenever it is updated or prior to expiry
- provide details annually in enrolment documentation of any medical condition
- advise educators verbally or in writing on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms if known
- ensure the service has adequate supplies of the child's medication.

A copy of the Medical Conditions Policy is attached.

I/we agree to these arrangements, including the display of our child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children's rooms and prominent places to alert all staff, volunteers and students.

Parent/s signature _____

Nominated Supervisor _____

Date





DISPLAY OF ASTHMA/ANAPHYLAXIS/ALLERGY INFORMATION ACKNOWLEDGEMENT

At Gidgillys, our number one goal is to keep all children in our care safe. This also includes protecting children who have allergies. To fully protect children with allergies, we:

- Display your child's photo and Medical Emergency Plan in places that are accessible to staff, and occasionally, other families or members of the public. This is to protect your child, should an educator/staff member unknown to your child be in the room, by listing all children who have allergies on the wall in their classroom, the kitchen, the staff room and the office with their photo, and in the first-aid kit in the emergency evacuation bag.

This ensures ALL staff know at an instant which child have a medical condition. Once again, other families and members of the public may occasionally gain access to these areas.

With the above in mind, along with our upholding of Privacy Laws and in ensuring that Gidgillys respects your privacy, we will only display your child's medical information if you give us permission to do so.

If you do not give us permission, your child's Medical Alert will be only shown to staff and then filed away in a secluded place. While we do not advocate this, as we feel it could jeopardise your child's health/life if they were to ever have a reaction. We respect that it is a parent's right if you do not agree to us displaying your child's allergy/asthma details.

Please fill in the below, sign and return:

I, _____ give OR do not give
(please cross out whichever option is NOT applicable)

Gidgillys permission to display my child, _____ medical information, which will also include my child's photo and name.

Signed: _____

Date: _____