

Quality Area 2.1.2 Health practices and procedures: Effective illness and injury management and hygiene practices are promoted and implemented.

BERALA JACK & JILL
PRE-SCHOOL



Medical Conditions

Policy Review date: February 2025

Next Review Date: August 2026

Aim:

This policy aims to ensure:

- 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 medical conditions to develop a Risk Minimisation and Communication 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.
- 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 and Communication Plan.
- All children with diagnosed medical conditions have a current Risk Minimisation and Communication Plan that is accessible to all staff.
- All Educators and the Nominated Supervisor are adequately trained in the administration of emergency medication.

Implementation:

Facilitate effective care and health management for children who are taking medications through clear procedures and guidelines for health prevention and/or the management of an illness, episode or medical emergency.

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.

Educators will ensure the effective administration of medications by following our policies and guidelines and the Medical Management Plan as documented by the child's doctor or other health professional supporting the child. These documents will be readily available at all times.

A minimum of 75% of Educators will have current First Aid Qualifications, including asthma and anaphylaxis training.

Enrolment

- On 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.
- In accordance with regulation 91, a copy of the medical conditions policy document is provided to the parent of a child enrolled at an education and care service if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition.
- 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 a plan will detail the child's health support needs including administration of medication and other actions required to manage the child's condition.
- A Risk Minimisation and Communication Plan will be developed in consultation with the child's parent and the Nominated Supervisor prior to the child's attendance. 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 regard to medical conditions, and how educators will communicate to families; any intervention undertaken in relation to their child's medical condition. This plan is reviewed by a parent and the director at the beginning of each term.
- Parents are required to sign permission to display a child's medical action plan upon enrolment.
- 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

- In accordance with regulation 93, 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 the first aid box, in the children's bathroom, easily accessible to staff and stored at a temperature in accordance with instructions.
- Our service has an First Aid kit, 2 EpiPen Jnr and Ventolin in date for use in emergency situations only. To ensure contents are in date, the service administrator will include the expiry date on the First Aid checklist which is located near the First Aid box. Posters are clearly displayed demonstrating correct emergency procedures for anyone suffering an asthma or anaphylaxis attack. An ambulance will be called in any emergency situation.
- Medication, including emergency medication, communication plan and medical management plans will be taken whenever the child goes to off-site activities.
- Medication expiry dates will be documented on the child's Risk Minimisation and Communication Plan. Staff will inform the parents/guardians if medication needs to be replaced if used or 1 month prior to expiry.

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 prior to their attendance. 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 and signed by a registered medical practitioner. A review date must be noted on the plan.
- 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.
- to ensure that all staff members and volunteers can identify the child, the child's medical management plan will be located near the First aid box.
- Reviewing the plan at the beginning of each term in consultation with the child's parents/guardian to make sure information is up to date and strategies to reduce risks.
- 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.

Risk Minimisation and Communication Plans

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

- to ensure that any child with an allergy 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.
- to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.
- to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food (specifically for a cooking experience) are developed and implemented.
- 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 and the child's medical management plan.
- to ensure all staff are aware of the location of the child's medication at the service.
- to ensure 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 can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.
- If parent does not wish to leave medication at the centre permanently, written authorisation through communication plan must be clear and risk minimisation plan implemented to ensure the medication accompanies the parent on everyday of the child's enrolment.
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Administration of Prescribed Medication

Ensure that a medication record is developed for each child requiring medication. The medication record must detail the name of the child, authorisation to administer medication signed by a parent or person named in the child's enrolment record as authorised to consent to administration of medication, the name of the medication to be administered, the time and date the medication was last administered, the time and date or the circumstances under which the medication should next be administered, the dosage of the medication to be administered, the manner in which the medication is to be administered. Once the medication is administered, details of the administration, including signatures from the administrator and the witness, need to be completed.

- In accordance with regulation 93, 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 (except in the case of FDC or an education and care service that is permitted to have only 1 educator to educate and care for children), 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.
- Ensure that written and verbal notification are given to a parent or other authorised person of a child as soon as practicable, if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners.
- Ensure that if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency, that the parent of the child and emergency services are notified as soon as practicable.

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 (in the child's Risk Minimisation Plan)
 - where the child's Medical Management Plan and Risk Minimisation and Communication 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 the First Aid box which is located in the children's bathroom.
- Reliever medications together with a spacer will be included in our service's First Aid kit and emergency evacuation bag in case of an emergency situation where a child does not have their own reliever medication 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 have attended an Asthma EAM course. 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.

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;
- In the event of anaphylactic emergency and breathing difficulties, an EpiPen must be administered first, then Ventolin.

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 Medical Management Plan will be located
 - where the child's adrenaline auto-injector is located
 - 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 entry. The notice will advise which foods are allergens and therefore not to be brought to the service.
- 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. The service administrator will inform the families one month prior to the expiry of the adrenaline injector. The child will be excluded from the service until a device is available.
- It is required that the child at risk of allergic reactions will have a Medical Management Plan. Educators will become familiar with the child's plan and the Nominated Supervisor will develop an Risk Minimisation and Communication 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.
- All permanent educators will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice.
- Staff involved in the preparing, serving and supervising of meals will undertake food safety training

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 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 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 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.
- Anaphylaxis emergency response drills (like a fire drill) will be practised and assessed twice a year to make sure staff understand the anaphylaxis emergency procedure and know what to do.
- 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 hypoglycaemia, educators will follow the child’s Emergency Action Plan

All Medical Action Plans and Risk Minimisation Plans will be reviewed as required unless changes occur throughout the year.

There will be opportunities for a child to participate in any activity, exercise or incursion/excursion that is appropriate and in accordance with their Risk Management Plan.

Any relevant information regarding medical conditions, resources and support for managing specific conditions will be provided while respecting the privacy of families at our service.

First Aid Qualifications

The industry standard is that first aid qualifications, anaphylaxis management training and emergency asthma management training will be renewed every three years and refresher training in CPR will be undertaken annually.

Roles and Responsibilities

Role	Responsibility
Approved Provider Nominated Supervisor Responsible Person	<p>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.</p> <p>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.</p> <p>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.</p> <p>Ensuring that a Risk Minimisation and Communication 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</p>

	<p>needs are provided with a copy of this and other relevant service policies.</p> <p>Ensure there is at least one general use adrenaline injector at the service and staff are informed of the location of this. Determine where the device will be located, how many devices the service should have at hand including whether they will be taken to off-site activities.</p> <p>Provide support (including counselling) for service staff who manage a severe allergic reaction and for the child who experienced the anaphylaxis and any witnesses.</p> <p>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.</p> <p>Identifying specific training needs of staff who work with children diagnosed with a medical condition, and ensuring, that staff access appropriate training.</p> <p>Ensuring children do not swap or share food, food utensils or food containers.</p> <p>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.</p> <p>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.</p> <p>Ensuring a copy of the child’s Medical Management Plan is visible and known to staff in the service.</p> <p>Ensuring staff/educators follow each child’s Risk Minimisation Plan and Medical Management Plan.</p> <p>Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan.</p>
<p>Early Childhood Educators</p>	<p>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.</p> <p>Being aware of individual requirements of children with specific medical conditions and following their Risk Minimisation Plan and Medical Management Plan.</p>

	<p>Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor.</p> <p>Ensure that parents/guardians are contacted when concerns arise regarding a child’s health and wellbeing.</p> <p>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.</p> <p>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.</p> <p>Complete an incident report should a child require emergency medical treatment.</p>
Families	<p>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.</p> <p>Developing a Risk Minimisation Plan with the Nominated Supervisor and/or other relevant staff members at the service.</p> <p>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.</p>

Sources:

Education and Care Services National Regulations and Guide to the National Framework
CELA
National Asthma Council
Diabetes Australia

- Please refer to these policies:**
- Acceptance and Refusal of Authorisations
 - Allergic Reactions and Anaphylaxis
 - First Aid
 - Asthma
 - Child Safe Environment
 - Enrolment and Orientation
 - Risk Management