

DEALING WITH MEDICAL CONDITIONS POLICY



Policy Statement

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.

Strategies and Practices

- The *Dealing with Medical Conditions Policy* is available to families upon enrolment and staff upon induction.
- The Service's Enrolment Record includes provisions for parents to detail any medical conditions or specific health care needs their child experiences (e.g. asthma, diagnosed risk of anaphylaxis, diabetes, epilepsy).
- Parents are required to provide the Service with a Medical Management Plan from the child's doctor on an annual basis. The Plan should include details of the actions to take in the event of an attack (including administering medication), and the details of the doctor/registered medical practitioner who signed the plan.
- The Service uses the Medical Management Plan provided to develop, in collaboration with the parents, a Medical Conditions Risk Minimisation and Communication Plan for their child. The Medical Conditions Risk Minimisation and Communication Plan identifies the possible risks to the child's specific condition or health care need while at the Service (e.g. exposure to known allergens) so that those risks can be minimised. Further, it ensures communication processes are in place so that, at all times, educators have the complete, correct and up-to-date information necessary to meet the child's health needs. The child's Medical Conditions Risk Minimisation and Communication Plan is communicated to staff upon commencement of employment and throughout the year as necessary. Staff are asked to sign that they have read and understand the child's Medical Conditions Risk Minimisation and Communication Plan and are asked to identify any further risk minimisation strategies that could be added to the Plan.
- The Service requires parents to provide an updated Medical Management Plan and a new Medical Conditions Risk Minimisation and Communication Plan each year from the date that the Medical Management Plan was originally created. Parents are also required to notify the service and provide information when any changes occur to the child's medical condition. E.g. at any time the child has been reassessed by the doctor or registered medical practitioner, the child's medication has been altered or discontinued, and at any other reasonable time that the Nominated Supervisor or Responsible Person requests.
- The expiry dates of all medications and medical management plans are stored in the Service's outlook calendar at least one month prior to them expiring. Families are sent an email detailing the expiry dates along with a copy of the current action plan to ensure that the plan they get renewed matches the medication prescription label.
- A copy of the Medical Management Plan and the Medical Conditions Risk Minimisation and Communication Plan is filed with the child's enrolment record. Copies are also available in a Medical Conditions Folder located on the top of the fridge in each room of the service. A copy of the Medical Management Plan is also kept where the child's medication is stored.
- Summaries of children's medical conditions are displayed on the fridges in each room of the service, kitchen and other strategic places throughout the Service. The summaries include a photo of each child, the medical condition and/or dietary requirement and the required treatment/action to follow.
- Children's medication and a copy of the Medical Management Plan is taken on any excursion the child attends.
- All parents are provided with a copy of the Family Handbook and families of children with medical conditions are provided with a copy of this Policy.

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- All staff, students and volunteers commencing at the Service are required to read this policy and are orientated in the practices of dealing with asthma, anaphylaxis, diabetes and other medical conditions during the induction process and as required.
- All medical details held by the Service are kept confidential.
- The Service takes every precaution to ensure that no child who has been prescribed medication in relation to a specific health care need, allergy or relevant medical condition attends the Service without that medication.
- The Nominated Supervisor or Responsible Person communicates the specific health needs of each child to all staff / educators including the whereabouts of copies of the Medical Management Plan and any medication for the child. The Nominated Supervisor or Responsible Person ensures that any updates are promptly conveyed to all staff/educators.
- Medical Conditions is a consistent agenda item at each staff meeting.
- The Nominated Supervisor or Responsible Person provides all students and volunteers with an induction before they commence at the Service. The induction includes information about specific health care needs, where Medical Management Plans are displayed and where the children's medications are kept.
- The contact numbers of Emergency Services are displayed beside all telephone outlets in the Service, in other rooms and outside.
- All EpiPen's and asthma medications are stored readily accessible to all staff, but inaccessible to children. Parents are required to provide a supply of their child's prescribed medication, for their diagnosed medical condition, to be stored at the service. Staff will monitor and advise families when supplies are running low or nearing their expiry date.
- The service has emergency EpiPens and asthma medications available to use in the event of an emergency. These are also taken on excursions.
- In the event of an incident relating to a child who has a Medical Management Plan, that Plan must be followed explicitly. An Incident, Injury, Trauma and Illness Record is to be completed.
- In the case that an ambulance is contacted, the Responsible Person on the premises at the time of the incident will designate an educator to travel to the hospital and stay with the child until the parent/carer arrives. The educator will take the child's action plan, medication, enrolment record and any other relevant information.
- First Aid kits are located where educators can readily access them in an emergency, and they are also taken on excursions.
- The Service maintains an up-to-date record of the First Aid qualification status of all educators, together with their anaphylaxis and asthma management training.
- The expiry dates of all qualifications are stored in the Service's outlook calendar at least one month prior to them expiring.
- The Service ensures safe practices in handling and preparing food and beverages consumed by children at the Service and prioritises the medical needs of children with known allergies. The Service is 'Allergy Aware' and currently prohibits food containing nuts and whole eggs (e.g. quiche, boiled egg sandwiches) to be brought into the service. Educators take all reasonable steps to ensure this mandate is upheld.
- At this time, the Service has no children who administer their own medication. However, should a specific need arise the Service's practices will be adjusted to meet that need.
- The service keeps a record of all staff medical conditions. All staff are required to read and sign that they are aware of each staff members condition and the actions to follow for their individual health care needs.

Asthma

- Whenever a child with asthma enrolls at Little Adventures Early Learning (LAEL), or is diagnosed with asthma during their enrolment, communication strategies are implemented to inform all educators, students and volunteers of:
 - the child's name, and the room in which they attend
 - the child's risk minimisation plan
 - where the child's Medical Management Plan is located; and,
 - where the child's medication is stored.
- Asthma reliever medications are stored in the individual child's Allergy Buddy in the laundry.
- There is an educator on the premises at all times who holds an approved qualification in emergency asthma management.
- Any child who has asthma is required to have a Medical Management Plan. The Service requires parents to provide an updated Medical Management Plan and a new Medical Conditions Risk Minimisation and Communication Plan each year from the date that the Medical Management Plan was originally created. Parents are also required to notify the service and provide information when any changes occur to the child's medical condition. E.g. at any time the child has been reassessed by the doctor or registered medical practitioner, the child's medication has been altered or discontinued, and at any other reasonable time that the Nominated Supervisor or Responsible Person requests.
- Emergency asthma reliever medication together with a spacer and mask are available at the service in case of an emergency situation.
- The services enrolment record includes provisions for families to authorise the following:
 - staff to administer Ventolin to their child in the event of an asthma emergency
 - staff to seek medical treatment from a registered medical practitioner, hospital or ambulance service; and,
 - transportation of their child by an ambulance service.
- Asthma medication can be administered without authorisation in the event of an emergency. If medication is administered in this circumstance, the service will ensure that a parent/guardian of the child and emergency services are notified as soon as practicable.
- 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. 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/anaphylaxis enrolls at LAEL, or is diagnosed with severe allergies/anaphylaxis during their enrolment, communication strategies are implemented to inform all educators, students and volunteers, of:
 - the child's name and the room in which they attend
 - the child's risk minimisation plan
 - where the child's Medical Management Plan is located; and
 - where the child's adrenaline auto-injector is located.
- The child's auto injector will be stored in the individual child's Allergy Buddy in the laundry.
- LAEL will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service and a notice will be displayed in the foyer.
- There is an educator on the premises at all times who holds an approved qualification in emergency anaphylaxis management.
- Educators are "Allergy Aware" of the common allergy causing foods and this information is used to guide their practice.
- Any child who is diagnosed at risk of anaphylaxis is required to have a Medical Management Plan. The Service requires parents to provide an updated Medical Management Plan and a new Medical Conditions Risk Minimisation and Communication Plan each year from the date that the Medical Management Plan was originally created. Parents are also required to notify the service and provide information when any changes occur to the child's medical condition. E.g. at any time the child has been reassessed by the doctor or registered medical practitioner, the child's medication has been altered or discontinued, and at any other reasonable time that the Nominated Supervisor or Responsible Person requests.
- Emergency EpiPen's are available at the service in case of an emergency situation.
- The services enrolment record includes provisions for families to authorise the following:
 - Staff to administer an Adrenaline autoinjector (EpiPen) if their child demonstrates signs of an anaphylactic reaction
 - Staff to seek medical treatment from a registered medical practitioner, hospital or ambulance service; and,
 - Transportation of their child by an ambulance service.
- An EpiPen can be administered without authorisation in the event of an emergency. If medication is administered in this circumstance, the service will ensure that a parent/guardian of the child and emergency services are notified as soon as practicable.
- For anaphylaxis emergencies, educators will follow the child's Medical Management Plan. If a child does not have an adrenaline auto-injector and appears to be having a reaction, staff will use the services emergency adrenaline auto injector. 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.

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Diabetes

- Whenever a child with diabetes enrolls at LAEL, or is diagnosed with severe diabetes during their enrolment, communication strategies are implemented to inform all educators, students and volunteers, of:
 - the child's name and room that they attend
 - the child's Risk Minimisation Plan
 - where the child's Medical Management Plan is located; and
 - where the child's medication is located.
- Educators are 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, the need to urinate, hot dry skin, and the smell of acetone on the breath.
- Any child who is diagnosed with diabetes is required to have a Medical Management Plan. The Service requires parents to provide an updated Medical Management Plan and a new Medical Conditions Risk Minimisation and Communication Plan each year from the date that the Medical Management Plan was originally created. Parents are also required to notify the service and provide information when any changes occur to the child's medical condition. E.g. at any time the child has been reassessed by the doctor or registered medical practitioner, the child's medication has been altered or discontinued, and at any other reasonable time that the Nominated Supervisor or Responsible Person requests.

References

- *Education and Care Services National Law*
- *Education and Care Services National Regulations*
- *Guide to the National Quality Framework*
- Australian Child Care Alliance NSW - <https://nsw.childcarealliance.org.au/members/policies-required-under-regulation-168>
- Asthma in Children Information Session – Coffs Harbour 2019
- www.preventallergies.org.au
- Australian Society for Clinical Immunology and Allergy (ACSI)
- Dr Brenda Abbey (Childcare by Design)

Policy Review

The Service encourages staff and parents to be actively involved in the review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur, and any issues identified as part of the Service's commitment to quality improvement. The Service consults with relevant recognised authorities, where necessary, as part of the review to ensure the policy contents are consistent with current research and contemporary views on best practice.