

5.12.1

Medical Conditions Policy

Quality Areas

QA2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

Education and Care National Regulations 2011

Aim

All educators at St Peter's Preschool can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis to ensure the safety and wellbeing of children, educators/staff and visitors.

St Peters Preschool will minimise the risks around medical conditions of children by:

- Collaborating with families of children with diagnosed medical conditions to develop a risk minimisation plan for their child;
- Informing all educators/staff, including casual staff, educators and volunteers, of all children diagnosed with a medical condition and the risk minimisation procedures for these;
- Providing all families with current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the risk minimisation plan;
- Ensuring all children with diagnosed medical conditions have a current risk minimisation plan that is accessible to all; and
- Ensuring all educators/staff are adequately trained in the administration of emergency medication

The Approved Provider will:

Ensure the Nominated Supervisor fulfils responsibilities in the management of medical conditions.

The Nominated Supervisor will:

Ensure that any parent with a child enrolled at the service that has a specific health care need, allergy or other relevant medical condition is provided with a copy of this *Medical Conditions policy*;

Inform parents of the requirement to provide the service with a medical management plan of their child's condition;

Collaborate with families of children with medical conditions to develop a risk minimisation plan to ensure the child's safety and wellbeing:

- to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
- 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; and
- to ensure that practices and procedures ensuring that all educators/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; and
- 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; and
- Ensure that all staff and educators are aware of the medical management plan and risk minimisation plan;
- Ensure that educators/staff are adequately trained in procedures contained in the medical management plan; and
- Inform other families enrolled at the preschool of the need to prohibit any items which may present a hazard to children with diagnosed medical conditions.

Communication and display of medical information

The Nominated Supervisor will:

- Ensure all medical management and risk minimisation plans are accessible to all educators/staff;
- Ensure that all plans are current and kept up to date;
- Develop a communication plan to ensure that relevant educators/staff members and volunteers are informed of the medical conditions policy, the medical management plan and risk minimisation plan for the child;
- Develop a communication plan to ensure that parents can communicate any changes to the medical management plan and risk minimisation plan; and
- Update the communication plan as needed;

Educators and staff will:

- Ensure they are aware of enrolled children with medical conditions and be familiar with the medical management and risk minimisation plans of each child diagnosed with a medical condition; and
- Will consult the communication plan to ensure they are aware of their communication responsibilities.

Management of asthma and anaphylaxis

The Nominated Supervisor will:

- Ensure that all educators are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies; and
- Ensure that all educators are adequately trained in the administration of emergency medication such as the Epi-Pen or asthma medication.

Educators and staff will:

- Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma; and
- Administer emergency medication in accordance with their training, as required.

Documentation and record keeping

The Approved Provider will:

- Ensure records are confidentially stored for the specified period of time as required by the Regulation.

The Nominated Supervisor will:

- Provide a copy of the Medication Record to medical staff in the event further medical intervention is required.

Educators and staff will:

- Complete a Medication Record when a child receives emergency medication; and will provide parents with a copy of the Medication Record.

The medical conditions policy will be readily accessible to all educators, staff, families and visitors, and ongoing feedback on this policy will be invited.

Regular reviews of procedures and policy will be implemented.

Asthma Management

"Families will inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma."

Our Asthma Policy aims to:

- Raise awareness of asthma amongst those involved with the service;
- Implement strategies to support the health and safety of children with asthma enrolled at the service;
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities; and
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

The Approved Provider will:

- Provide *Emergency Asthma Management Training* to all educators

The Nominated Supervisor will:

- Provide educators with a copy of this policy and brief them on asthma procedures upon their appointment;
- Ensure at least one educator who has completed accredited asthma training is on duty whenever children are present at the service;
- Ensure all enrolment forms contain the question: "Has your child ever had asthma?"
- Identify children with asthma during the enrolment process and inform educators;
- Provide families thus identified with a copy of this policy and Asthma Action Plan upon enrolment or diagnosis; (*Asthma Action Plan* template can be downloaded from www.asthma.org.au/LinkClick.aspx?fileticket=d-W_7r6MUrE%3d&tabid=282)
- Store *Asthma Action Plans* in the child's enrolment record; and document the internal procedures for emergency *Asthma First Aid*;
- Ensure that an emergency *Asthma First Aid* poster (available from www.asthma.org.au/LinkClick.aspx?fileticket=3vRlcsATxZw%3d&tabid=98) is displayed in key locations;
- Ensure that the *First Aid Kit* contains a blue reliever medication (e.g. Airomir, Asmol, or Ventolin), a spacer device, face mask, concise written instructions on *Asthma First Aid* procedures and 70% alcohol swabs;
- Ensure that an accredited staff member correctly maintains the asthma component of the *First Aid Kit* (eg. regular checks of expiry dates on medication);
- Provide a mobile *Asthma First Aid Kit* for use on excursions;
- Encourage open communication between families and educators regarding the status and impact of a child's asthma; and promptly communicate any concerns to families should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

Educators will:

- Ensure that they maintain current accreditation in *Emergency Asthma Management* (valid for three years);
- Ensure that they are aware of the children in their care with asthma;
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's asthma;
- Identify and, where practical, minimise asthma triggers;
- Where necessary, modify activities in accordance with a child's needs and abilities;
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written *Asthma Action Plan*;
- Administer emergency asthma medication if required according to the child's written *Asthma Action Plan*. If no written *Asthma Action Plan* is available the *Asthma First Aid Plan* outlined in this document should be followed immediately;
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities
- Ensure that children with asthma are treated the same as all other children.

Families will:

- Inform educators, either upon enrolment or on initial diagnosis, that their child has a history of asthma;
- Provide all relevant information regarding their child's asthma via the written *Asthma Action Plan*, which should be provided to the centre within seven (7) days of enrolment;
- Notify the Nominated Supervisor, in writing, of any changes to the *Asthma Action Plan* during the year;
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times, along with a spacer and face mask;
- Ensure that they comply with all requirements and procedures in relation to the Medications Record
- Communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous evening)
- Ensure, in consultation with educators, the health and safety of their child through supervised management of the child's asthma.

Children will:

- Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

Anaphylaxis Management

- Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications;
- Young children may not be able to express the symptoms of anaphylaxis;
- A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device;
- The licensee recognizes the importance of all educators responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device; and
- Educators and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Educators should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

At St Peters Preschool we will

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the preschool;
- Ensure that educators respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device;
- Raise the service community's awareness of anaphylaxis and its management through education and policy implementation;

The Approved Provider will:

- Ensure that all educators have completed first aid and anaphylaxis management training that has been approved by ACECQA by January 2013 then at least every 3 years; and
- Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the reschool.

In services where a child diagnosed at risk of anaphylaxis is enrolled the Approved Provider shall also:

- Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the preschool and develop a risk minimisation plan for the preschool in consultation with educators and the families of the child/ren
- Ensure that a notice is displayed prominently in the main entrance of the preschool stating that a child diagnosed at risk of anaphylaxis is attending the preschool.

The Nominated Supervisor will:

- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the preschool, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner;
- Ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the preschool;
- Ensure that educators on duty whenever children are present at the preschool have completed emergency anaphylaxis management training;
- Ensure that practice of the adrenaline auto-injection device is undertaken on a quarterly basis and recorded;
- Ensure that all relief educators in a service have completed current approved anaphylaxis management training including the administration of an adrenaline auto-injection device and awareness of the symptoms of an anaphylactic reaction;
- Ensure all educators know the child/children at risk of anaphylaxis, their allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit;
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the preschool without the device;
- Implement the communication strategy and encourage ongoing communication between parents/guardians and educators regarding the current status of the child's allergies, this policy and its implementation;
- Display an Australasian Society of Clinical Immunology and Allergy inc (ASCI) generic poster called *Action Plan for Anaphylaxis* in a key location at the service, for example, in the children's room, or near the medication cabinet;
- Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used;

- Ensure that all educators know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit
- Ensure that the educator accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

Educators will:

- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to educators;
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis;
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by **dialling 000**
 - Commence **first aid** measures
 - Contact the parent/guardian
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" on a quarterly basis;
- Ensure that the auto-injection device kit is stored in a location that is known to all educators including relief educators; is easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat;
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by an educator on all excursions;
- Regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month); and
- Provide information to the preschool community about resources and support for managing allergies and anaphylaxis.

Parents/guardians of children shall:

- Inform educators at the preschool, either on enrolment or on diagnosis, of their child's allergies;

- Develop an anaphylaxis risk minimisation plan with preschool educators;
- Provide educators with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan;
- Provide educators with a complete auto-injection device kit;
- Regularly check the adrenaline auto-injection device expiry date;
- Assist educators by offering information and answering any questions regarding their child's allergies;
- Notify the educators of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes;
- Communicate all relevant information and concerns to educators, for example, any matter relating to the health of the child
- Comply with the preschool's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the preschool or its programs without that device.

Diabetes Management

The management of a child's diabetic condition is dependent upon coordination between our preschool, the child's family and the child's doctor. St Peters Preschool recognises the need to facilitate effective care and health management of children who have diabetes and the prevention and management of acute episodes of illness and medical emergencies.

This Diabetes Management Policy aims to:

- Raise awareness of diabetes management amongst those involved with the preschool;
- Provide the necessary strategies to ensure the health and safety of all children with diabetes enrolled at the preschool;
- Provide an environment in which children with diabetes can participate in all activities to the full extent of their capabilities; and
- Provide a clear set of guidelines and expectations to be followed with regard to the management of diabetes.

The Approved provider will:

- Encourage all educators to complete senior first aid training.

The Nominated Supervisor will:

- Provide educators with a copy of this policy and brief them on diabetes procedures upon their appointment;

- Ensure at least one educators who has completed accredited senior first aid training is on duty whenever children are being cared for or educated;
- Ensure all enrolment forms contain the question: "*Has your child been diagnosed with diabetes?*"
- Identify children with diabetes during the enrolment process and inform educators;
- Provide families thus identified with a copy of this policy and Diabetes Action plan upon enrolment or diagnosis; (a *Diabetes Action Plan* template can be downloaded from www.chess.sa.edu.au/Pathways/diabcareplanjune2009.doc)
- Ensure that each *Diabetes Action Plans* are received for each child with a diagnosis of diabetes that contain information for the child's *Diabetic Management* and outline what do in relation to any *Diabetic Emergency* the child might face;
- Ensure families provide the service with the child's testing kit and hypo pack if required;
- Store *Diabetes Action Plans* in the child's enrolment record;
- Formalise and document the internal procedures for emergency Diabetes treatment;
- Encourage open communication between families and educators regarding the status and impact of a child's diabetes
- Promptly communicate any concerns to families should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities.

Educators will:

- Ensure that they maintain current accreditation in first aid;
- Ensure that they are aware of the children in their care with diabetes;
- Ensure that they are familiar with the symptoms of signs and symptoms and the emergency treatment of a low blood glucose level;
- Call an ambulance if they feel emergency treatment is required;
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's diabetes;
- Where necessary, modify activities in accordance with a child's needs and abilities;
- Ensure that a child's *Diabetes Action Plan* is followed at all times;
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities; and
- Ensure that children with diabetes are treated the same as all other children.

Families will:

- Inform educators, either upon enrolment or on initial diagnosis, that their child has diabetes;
- Provide all relevant information regarding their child's diabetes via a written Diabetes Action Plan, which should be provided to the preschool within seven (7) days of enrolment;
- Keep the child's testing kit and hypo pack updated as required;
- Notify the Nominated Supervisor, in writing, of any changes to the *Diabetes Action Plan* during the year;
- Ensure that they comply with all requirements and procedures in relation to the Medications Record;
- Communicate all relevant information and concerns to educators as the need arises;
- Ensure, in consultation with the educators, the health and safety of their child through supervised management of the child's diabetes.

Refusal of medical conditions treatment may occur if there is a treatment which is considered invasive, and the educators are not comfortable doing. This will be discussed with the child's family and a compromise will be negotiated eg the family will attend the preschool at the required time of the treatment and administer the treatment.

Review

The policy will be reviewed annually.

The review was conducted and approved by the:

Board of Management President on behalf of Committee: _____

Staff Nominated Supervisor on behalf of Staff: _____

Last reviewed: 07/07/2013

Date for next review: