

Medical Conditions Policy

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| 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. |

National Regulations

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| Regs | 90 | Medical conditions policy |
| | 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 |

EYLF

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| LO3 | Children are happy, healthy, safe and connected to others. |
| | Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community |
| | Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all |

Aim

The service and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, staff and visitors.

Implementation

The service will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of the Medical Conditions Policy must be provided to all educators and volunteers at the service. The Policy must also be provided to parents of children enrolled at the service. Educators are also responsible for raising any concerns with a child's parents about any medical condition **known to the service, or any suspected medical condition that arises.**

A child with a medical plan must have their medication with them every day of attendance. Families are required to provide a Plan for management for their child and the plan must be completed by a Registered Medical Doctor/Specialist. Parents are responsible for updating the service

Nominated Supervisor of any new plan, medication, ceasing of medication, or any changes to their child's prescription.

All educators at the service are required to hold a current first aid certificate, anaphylaxis and asthma certificates.

Information that must be provided on Enrolment Form

The service's Enrolment Form provides an opportunity for parents to help the service effectively meet their child's needs relating to any medical condition.

The following information must be completed on the appropriate form, and any information will be attached to the Enrolment Form as necessary and kept on file at the service –

- Asthma
- Diabetes
- Allergies
- Anaphylaxis
- Diagnosed at risk of anaphylaxis
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner using the Enrolment Form.
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner at any point during the child's education and care at the service.

Identifying Children with Medical Conditions

- Any information relating to the above medical conditions will be shared with the Nominated Supervisor, educators, volunteers and any other staff member at the service. Individuals will be briefed by the Nominated Supervisor on the specific health needs of each child.
- Information relating to a child's medical conditions, including the child's Health Support Plan, Medical Conditions Risk Minimisation Plan, and the location of the child's medication will be shared with all educators and volunteers and displayed in the following areas of prominence to ensure all practices and procedures are followed accordingly. Asthma and anaphylaxis plans are displayed in their playroom with child's name and photo.
- All educators and volunteers at the service must follow a child's Health Support Plan in the event of an incident related to a child's specific medical conditions requirements.
- All educators at the service must be able to identify a child with medical conditions easily.
- All educators at the service must be able to locate a child's medication easily.

Medical Conditions Risk Minimisation Plan and Health Support Plan (HSP)

Using a child's Health Support Plan, the service will develop a Medical Conditions Risk Minimisation Plan in consultation with a child's parents. The HSP must ensure that any risks are addressed and minimised. The Plan must be developed with the child's parents and medical professionals.

To promote consistency and ensure the welfare of all children using the service, we will follow all health, hygiene and safe food policies and procedures.

Any allergens that may be present at the service will be communicated to parents and addressed through the HSP Plan.

Whilst developing the HSP Plan and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, the service will consider and implement the following –

- While not common, anaphylaxis is life threatening. Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists.
- Be aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.
- Anaphylaxis can be caused by insect bites such as bees or wasps but is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.
- Other common groups of substances which can trigger allergic reaction or anaphylaxis in susceptible children include:
 - All types of animals, insects, spiders and reptiles.
 - All drugs and medications, especially antibiotics and vaccines.
 - Many homeopathic, naturopathic and vitamin preparations.
 - Many species of plants, especially those with thorns and stings.
 - Latex and rubber products.
 - Band-Aids, Elastoplast and products containing rubber based adhesives.
- Educators should be on the lookout for symptoms of an allergic reaction, as per their training. Educators should be on the lookout for symptoms as they need to act rapidly if they do occur. Educators should follow child's individual plan. If the child has no plan and not known to have anaphylaxis -call 000. If you know an educator or child is prone to anaphylaxis reactions, and they carry an EpiPen® it should be injected by an educator trained in Auto injection and First Aid. CPR should be initiated should the educator or child stop breathing.
- However, steps should be taken to prevent anaphylaxis occurring as outlined below:

Upon enrolment, seek medical information from parents about any known allergies. Ask parents for supporting documentation as well as a HSP Plan. This HSP should include a photo of the child, what triggers the allergy, first aid needed and contact details of the doctor who has signed the plan. This should be kept on the child's enrolment file and also be displayed in the service, in an area where all educators can easily access near a telephone. A copy should also be kept where the child's medication is stored. If the child is taken on an excursion, a copy of the management plan should be taken on the excursion. Should a child be known to have allergies requiring medication if a reaction occurs, the parents will be asked to provide the medication. Furthermore, should the child's treatment change, families are asked to provide the service with a new HSP from their child's medical practitioner. Documentation will then be updated at the service.

- If displaying personal information about children's or staff member's allergies in food preparation or serving areas, do so in accordance with privacy guidelines, such as displaying in an area accessible to staff and not accessible to visitors or other families. Explain to families the need to do so for purpose of safety of the child and obtain parental consent.
- Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an anaphylactic reaction in a child. These practices will be documented and reflected upon, with any practice that may be discovered amended to decrease risk. For example, a procedure to ensure that the child is never at the centre without their EpiPen or relevant medication.
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without the device.
- Develop an ongoing communication plan with the child's parents and with educators at the service to ensure that all relevant parties are updated on the child's treatment, along with any regulatory changes that may change the service's practices in regards to anaphylaxis.
- Provide support and information to the service's community about resources and support for managing allergies and anaphylaxis.
- The service will ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Routinely, the service will review each child's medication to ensure it hasn't expired.
- Families are requested to label all bottles with the child's name that they are intended for.
- The use of food products in craft, science experiments and cooking classes may need to be changed in order to allow children with allergies to participate.
- Food preparation staff will be instructed on the necessity to prevent cross contamination.
- When the child diagnosed at risk of anaphylaxis is allergic to milk, non-allergic babies will be held when they drink formula/milk.

- Restrict the use of foods likely to cause allergy in craft and cooking play.
- Always follow correct health, hygiene and safe food policies and procedures.
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children will not be permitted to ‘wander around’ the service with food.
- Cooks are aware of ingredients of recipes and will display menus with ingredients and will take into consideration any child with allergy or anaphylaxis plan on a daily basis.
- Risk minimisation plans provided by families will be consulted by the service when making food purchases and planning menus.
- The service will enforce a ‘no food’ from home policy (exception baby formula and breast milk).
- Be aware that a child may have a number of food allergies or there may be a number of children with different food allergies, and it may not be possible to have an allergy free policy for all those foods involved. Nuts and eggs are the most likely foods to cause a severe reaction.
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction, staff will:
 - 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.

N.B.Full policy available in foyer of Centres