

ST. CATHERINE'S EARLY EDUCATION CENTRE

MEDICAL CONDITIONS POLICY

To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical condition our Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency situation should they arise.

National Quality Standards:

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

National Regulations:

Children (Education and Care Services) National Law NSW	
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
162© and (d)	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service

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174	Time to notify certain circumstances to regulatory authority
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L03	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

Purpose

We aim to efficiently respond to and manage the medical conditions, health care needs or allergies of children and staff ensuring the safety and wellbeing of all children, staff, families, and visitors at our Service.

Related Policies

Additional Needs Policy
Administration of First Aid Policy
Death of a Child Policy
Emergency Evacuation and Management Policy
Enrolment and Orientation Policy
Food Nutrition and Beverage Policy
Health, Hygiene and Safe Food Policy
Immunisation and Disease Prevention Policy
Incident, Injury, Trauma and Illness Policy
Infectious Diseases Policy
Privacy and Confidentiality Policy

Scope

This policy applies to children, families, staff, management, and visitors of the Service.

Implementation

Our Service is committed to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical conditions. There are a number of matters 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, safety and wellbeing.

Our service will ensure:

- All enrolment forms are reviewed to identify any specific health care need, allergy or medical condition
- 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.
- Educators, staff and volunteers have knowledge and access to this policy and relevant health management policies (asthma management policy/ anaphylaxis management policy/diabetes management policy)

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- Educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition
- All aspects of operation of the service must be considered to ensure inclusion of each child into the program
- Communication between families and educators is on-going and effective
- Educators receive appropriate professional development and training in managing specific medical conditions and meeting children's individual needs
- At least one staff member or nominated supervisor is in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate
- Educators and staff have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy or relevant medical condition
- Families provide required information on their child's health care need, allergy or relevant medical condition, including:
 - Medication requirements
 - Allergies
 - Medical practitioner contact details
 - Medical management plan
- A medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the service and/or
 - An individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner eg: (ASCIA) or National Asthma Council of Australia
 - An individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner
- A risk minimisation plan has been developed in consultation with parents and management
- Record any prescribed health information and copies of medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- Educators have access to emergency contact information for the child
- Casual staff are informed of children and staff members who have specific medical conditions, food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis
- A copy of the child's medical management plan is visibly displayed (in an area not generally available to families and visitors) but known to staff in the Service

In the event that a child suffers from 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 (within 24 hours)
- Contact the emergency contact if the parents or guardian can't be contacted when practicable (within 24 hours)
- Notify the regulatory authority (within 24 hours)

Information that must be provided in Enrolment Record

The service's Enrolment Form provides an opportunity for parents to help the service effectively meet their child's needs relating to any health care need, allergy or relevant medical condition.

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The enrolment record will include details of any:

- Specific health care needs or medical conditions of the child, including asthma, diabetes, allergies, and whether the child has been diagnosed at risk of anaphylaxis.

Medical management plan

Any medical management plan provided by a child's parents and/or registered medical practitioner should include the following:

- specific details of the diagnosed health care need, allergy or relevant medication condition
 - supporting documentation (if required)
 - a recent photo of the child
 - current medication and dosage prescribed for the child
 - if relevant, state what triggers the allergy or medical condition
 - first aid/emergency response that may be required
 - any medication that may be required to be administered in case of an emergency
 - further treatment or response if the child does not respond to the initial treatment
 - when to contact an ambulance for assistance
 - contact details of the medical practitioner doctor who signed the plan
 - the date of when the plan should be reviewed
- 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 only in an area generally only available to staff of the Service.
 - the Service must ensure the medical management plan remains current at all times.

Note: Parents are responsible for updating their child's Medical Management Plan/providing a new Plan as necessary and will be regularly reminded by the service as per the Medical Management Communications Plan.

Identifying Children with Medical Conditions

Any information relating to a child's medical conditions will be shared with relevant educators, volunteers and the director/assistant director at the service. Educators will be briefed by the director /assistant director on the specific health needs of each child.

Our service will implement the following communications plan to ensure that relevant educators, staff are:

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- informed about the Medical Conditions Policy
- easily able to identify a child with medical conditions
- are aware of the requirements of any medical management plans and risk minimisation plans
- aware of the location of each child's medication
- updated on the child's treatment along with any regulatory changes that may affect practices for specific medical conditions.

Our service will display information about a child's medical management plan, and the location of each child's medication in an area that is visible and easily accessed by all educators eg food preparation or serving area to ensure all procedures are followed. We will explain to families why this is important for the safety of the child and obtain parental consent.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating this must be displayed at the service, so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the public notice will not name the child unless parental consent has been given to do so.

Medical Conditions Risk Minimisation Plan

Using a child's Medical Management Plan, our service will develop a Medical Conditions Risk Minimisation Plan in consultation with a child's parents and medical professionals which will ensure that:

- any risks are assessed and minimised
- if relevant, practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented (note we will follow all health, hygiene and safe food policies and procedures)
- all parents are notified of any known allergens that pose a risk to a child and how these risks will be minimised
- a child does not attend the service without appropriate medication prescribed by their medical practitioner in relation to their specific medical condition.

Our service will provide support and information to all parents and other members of our community about resources and support for managing allergies, anaphylaxis asthma and diabetes.

Our service will routinely review each child's medication to ensure it hasn't expired.

Communication plan

- A communication plan will be created after the meeting with the parents/guardian to ensure:

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- All relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child; and
- An individual child communication book is created so that a parent can communicate any changes to the medical management plan and risk management plan for the child in writing.
- At all times, families who have a child attending the service who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child's health management and communication plans.

Medical Conditions Risk Minimisation Plan: Anaphylaxis/Allergy Management

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. We are aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.

Anaphylaxis 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. While developing the Medical Conditions Risk Minimisation Plan and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, our service will:

- not allow children to trade food, utensils or food containers.
- prepare food in line with a child's medical management plan and family recommendations.
- use non-food rewards with children, for example, stickers for appropriate behaviour.
- request families to label all bottles, drinks and lunchboxes etc with their child's name.
- consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate.
- instruct educators on the need to prevent cross contamination.
- where a child is known to have a susceptibility to severe allergy or anaphylaxis to a particular food, the service will enforce an "allergy-awareness policy" for that food e.g. an "Allergy-Aware (Nut) Policy" which would exclude children or other individuals visiting the service from bringing any foods or products containing nuts or nut material such as :
 - peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
 - any other type of tree or ground nuts, peanut oil or other nut-based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan

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- any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
- cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil that contain nut material.
- 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. Nut allergy is the most likely to cause severe reaction and will take precedence.
- hold non-allergic babies when they drink formula/milk if there is a child diagnosed at risk of anaphylaxis from a milk allergy.
- instruct food preparation staff and volunteers 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.
- closely supervise all children at meal and snack times and ensure food is eaten in specified areas. To minimise risk children will not be permitted to 'wander around' the service with food.
- consult risk minimisation plans when making food purchases and planning menus.

Allergic reactions and anaphylaxis are also commonly caused by:

- 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.

Our service will ensure that all sun creams, body lotions, shampoos and creams used on allergic children are approved by their parent.

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. These practices will be documented and reflected upon, and potential risks reduced if possible.

Our 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.

Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction our service will:

- call an ambulance immediately by dialling 000

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- ensure the first aid trained educator/educator with approved anaphylaxis management training provides appropriate first aid which may include the injection of an auto immune device EpiPen® in line with the steps outlined by the Australian Society of Clinical Immunology and Allergy <http://allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis> and CPR if the child stops breathing.
- contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Educators in our service recognise how serious anaphylaxis is and will undertake steps to minimise the possibility of occurrence. The service will maintain the following in relation to educator qualifications for anaphylaxis:

- all educators in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months.
- Practice using adrenaline auto-injection devices with the Anaphylaxis Resource Kits provided by the Victorian regulator will be undertaken annually and recorded. The kit will be stored separately to a child's medication to ensure that there is no confusion.

Our service does not permit a child of any age to self-administer medication.

Medical Conditions Risk Minimisation Plan: Asthma Management

Asthma is a chronic lung disease that inflames and narrows the airways. While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- dust and pollution
- inhaled allergens, for example mould, pollen, pet hair
- changes in temperature and weather, heating and air conditioning
- emotional changes including laughing and stress
- activity and exercise

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 asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, our service will:

- ensure a first aid trained educator/educator with approved asthma management training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a

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medical management plan, the educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:

1. Sit the child upright
 - Stay with the child and be calm and reassuring
 2. Give 4 puffs of blue reliever puffer medication
 - Use a spacer if there is one
 - Shake puffer
 - Put 1 puff into spacer
 - Take 4 breaths from spacer
 - Repeat until 4 puffs have been takenShake, 1 puff, 4 breaths
 3. Wait 4 minutes
 - If there is no improvement, give 4 more puffs as above
 4. If there is still no improvement call emergency assistance 000
 - Keep giving 4 puffs every 4 minutes until emergency assistance arrives
- contact the child's parent or authorised contact where the parent cannot be reached

The service will ensure that an Emergency Asthma First Aid 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 at room temperature in dry areas. An Emergency Asthma First Aid kit should contain:

- Blue or grey reliever puffer
- At least 2 spacer devices that are compatible with the puffer
- At least 2 face masks compatible with the spacer for use by children under 5

Spacers and masks can only be used by one person. That person can re-use the spacer or mask but it cannot be used by anyone else. We will ensure the child's name is written on the spacer and mask when it is used.

Medical Conditions Risk Minimisation Plan: Diabetes

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin.

The most common form of diabetes in children is type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service. These include ensuring they do not suffer from

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hypoglycaemia (have a “hypo”) which occurs when blood sugar levels are too low. Things that can cause a “hypo” include:

- A delayed or missed meal, or a meal with too little carbohydrate
- Extra strenuous or unplanned physical activity
- Too much insulin or medication for diabetes
- Vomiting

Children with Type 1 diabetes may also need to limit their intake of sweet foods. Our service will ensure information about the child’s diet including the types and amounts of appropriate foods is part of the child’s Medical Management Plan and that this is used to develop the Risk Minimisation Plan.

Our service will ensure our first aid trained educators are trained in the use of the insulin injection device (syringes, pens, pumps) used by children at our service with diabetes.

If a child is displaying symptoms of a “hypo” our service will:

- ensure the first aid trained educator provides immediate first aid which will be outlined in the child’s medical management plan and may include giving the child some quick acting and easily consumed carbohydrate.
- call an ambulance by dialling 000 if the child does not respond to the first aid and CPR if the child stops breathing.
- contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Our service does not permit a child of any age to self-administer medication.

Educator Training and Qualifications

Our service will ensure that the majority of educator attending the service:

- holds a current approved first aid qualification
- has undertaken current approved anaphylaxis management training and
- has undertaken current approved emergency asthma management training (required from 1 January 2013).

If necessary, the service will undertake training of any medication condition that has been diagnosed of a child in the service. The training or information will be from a recognised authority of the condition i.e. Epilepsy Australia, Diabetes Australia or the RCH.

Our staffing Arrangements Policy has more details about educator training and qualifications in this area.

Sources

Australian Children’s Education & Care Quality Authority. (2014).

Australian society of clinical immunology and allergy. ascia.

<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

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Early Childhood Australia Code of Ethics. (2016).
 Federal Register of Legislation Privacy Act 1988.
 Guide to the Education and Care Services National Law and the Education and Care Services
 National Regulations. (2017).
 Guide to the National Quality Standard. (2020)
 National Health and Medical Research Council. (2012). Staying healthy: Preventing infectious
 diseases in early childhood education and care services.
 Occupational Health and Safety Act 2004.
 Revised National Quality Standard. (2018).

Review

The policy will be reviewed regularly.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

Implemented: July 2015

Date for review: September 2017

Policy Reviewed	Modifications	Next Review Date
July 2015	<p>Changes were made to ensure that the majority of educators attending the service have the appropriate first aid training.</p> <p>If necessary, the service will undertake training of any medication condition that has been diagnosed of a child in the service. The training or information will be from a recognised authority of the condition i.e. Epilepsy Australia or Diabetes Australia.</p> <p>Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.</p>	June 2018
July 2018	Updated the references to comply with the revised National Quality Standard	June 2020
Feb 2021	<p>Policy slightly reformatted.</p> <p>Information added to services' responsibilities, medication plans, risk minimisation plans and communication,</p>	June 2023
June 2023	<p>Regular policy maintenance</p> <p>National regulations have been added</p> <p>No major changes to the policy</p>	June 2025