



## Medical Conditions Policy

Quality Area 2: Children's Health and Safety

### Policy Statement

Tathra Preschool is committed to a planned approach to the management of medical conditions and recognise our duty of care to ensure the safety and well-being of all children in our care. Principles of inclusion, confidentiality and ethical conduct provide the framework for this policy. Administering medication to a child is considered a high-risk practice. Legislative requirements contained within the Education and Care Services National Regulations, and any other relevant legislation, will be strictly adhered to by our preschool, educators and staff. This policy recognises the fact that educators are not qualified medical practitioners and will therefore never attempt to diagnose a child's illness or decide on the dose of medication to be given.

Clear procedures are required to support the health, wellbeing and inclusion of all children enrolled at Tathra Preschool. Policy and procedures 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.

### Policy Goals

- 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.
- All educators will act in the best interests of the children in their care at all times; meet the children's individual health care needs; maintain continuity of medication for their children when the need arise.

- Teachers and Educators feel equipped 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 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 for these.
- 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 Plan.
- All children with diagnosed medical conditions have a current Risk Minimisation Plan that is accessible to all staff.
- All staff are adequately trained in the administration of emergency medication.
- Clear procedures are in place to support the health, wellbeing and inclusion of all children enrolled at Tathra Preschool.

## **Strategies: How will it be done?**

### **Enrolment**

- On application for enrolment, families will be required to complete full details about their child's medical needs. We will assess whether teachers/ educators are appropriately trained to manage the child's health considerations at that time.
- Where children require medication or have specific medical needs for long term conditions or complaints, 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.

- The Nominated Supervisor will also consult with the child's family to develop a Risk Minimisation and Communication Plan. 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.
- Children with specific medical needs must be reassessed in regard to the child's needs and our preschool'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.

### **Administration of Prescribed Medication**

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.

## **Medical Management Plans**

Medical Management Plans are required if a child enrolled at our preschool has a specific health care need, allergy, or relevant medical condition. In this case:

- A parent/guardian of the child is required to provide Medical Management Plan for the child signed by GP or medical practitioner.
- 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 Medical Management Plan will be followed in the event of an incident relating to the child's specific health care need, allergy, or relevant medical condition.

## **Risk Minimisation and Communication Plans**

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

- To ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.
- If relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented.
- 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.
- To ensure that all staff members and volunteers can identify the child, the child's Medical Management Plan and the location of the child's medication.
- If relevant, to ensure that practices and procedures ensuring that the child does not attend the preschool 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.

## Communication Strategies

Our Preschool will maintain the review and development of communication strategies to ensure that:

- Relevant staff members and volunteers are informed about the medical conditions policy and the Medical Management Plan and Risk Minimisation Plan for the 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.
- Families and educators communicate regarding the child's/children's changing requirements and any interventions undertaken by the educators.

## Asthma

Whenever a child with asthma is enrolled at our preschool, or newly diagnosed as having asthma, communication strategies will be developed to inform all relevant staff (teachers, educators, including students and volunteers, of:

- The child's name, and days enrolled.
  - Risk Minimisation Plan.
  - Location of Medical Management Plan.
  - Location of child's preventer/reliever medication.
  - Teacher in Charge responsible for administering treatment.
- Asthma reliever medications will be stored out of reach of children, in an easily accessible central location.
- Reliever medications together with a spacer will be included in our Preschool's First Aid kit in case of an emergency situation where a child does not have their own reliever medication with them.
- Asthma Australia (along with other registered training organisations) 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 attend, or have attended, an EAM course.

It is a requirement that at least one Educator or other person that is trained in EAM is at the preschool at all times children are present.

- Asthma Australia produces recommended guidelines on asthma management within early childhood settings, including an Asthma Care Plan for education and care services.

## **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 Australia (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 adrenaline autoinjector must be administered first, then reliever medication.

## **Anaphylaxis**

Whenever a child with severe allergies is enrolled at our preschool, or is newly diagnosed as having a severe allergy, a Communication Plan will be developed to inform all relevant teachers, educators, including students and volunteers, of:

- the child's name and days enrolled.
- The child's Risk Minimisation Plan
- Location of the child's Medical Management Plan.

- Location of child's adrenaline auto-injector.
  - Teacher in charge/ educators/staff will be responsible for administering the adrenaline auto-injector.
- In accordance with the Education and Care Services National Regulations, our preschool will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at Tathra Preschool. Notices will be posted in the foyer, and on the wall of the room that the child is based in. The notice will advise which foods (if any) are allergens and therefore not to be brought to the preschool.
  - It is required that the child at risk of anaphylaxis will have a Medical Management Plan. (Refer to: The Australian Society for Clinical Immunology and Allergy (ASCIA) for a plan template [www.allergy.org.au](http://www.allergy.org.au)). Educators will become familiar with the child's plan and develop an Individual Anaphylaxis Risk Minimisation 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.

## **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 Emergency Action Plan. If a child does not have an adrenaline auto-injector and appears to be having a reaction, the educator will only administer adrenaline if the preschool has an additional adrenaline auto-injector for general use. Educators/staff administering the adrenaline will follow the instructions stored with the device. An ambulance will always be called. The used autoinjector will be given to ambulance officers on their arrival.

## Diabetes

- Whenever a child with diabetes is enrolled at our preschool, or is newly diagnosed as having diabetes, a communications plan will be developed to inform all relevant teachers/educators, including students and volunteers, of:
  - The child's name and days enrolled.
  - The child's Risk Minimisation Plan
  - Location of the child's Emergency Action Plan.
  - Location of the child's insulin/snack box.
  - Teacher/educators (authorised person) responsible for administering treatment.
- Teachers/ 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 preschool 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.



## Role and Responsibilities

### Approved Provider will:

- Ensure a Communication Plan is developed in collaboration with the parent/guardian.
- Facilitate 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.
- Ensure regular training and PD for relevant teachers and educators to manage 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.
- Ensure at least one teacher/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 preschool.
- Ensure that a Risk Minimisation Plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually.
- Ensure that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant preschool policies.

### Nominated Supervisor will:

- Implement this policy and ensure that all staff adhere to the policy.
- Inform the Approved Provider of any issues that impact on the implementation of this policy.
- Identify specific training needs of staff who work with children diagnosed with a medical condition, and ensuring, that staff access appropriate training.

- Ensure children do not swap or share food, food utensils or food containers.
- Ensure 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 preschool's procedures for dealing with emergencies involving allergies and anaphylaxis.
- Ensure a copy of the child's Medical Management Plan is visible and known to all stakeholders.
- Ensure teacher/ educators follow each child's Risk Minimisation Plan and Medical Management Plan.
- Ensure inclusion and opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan.
- Provide information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the preschool.
- Maintain ongoing communication between teachers/educator/staff and parents/guardians in accordance with the strategies identified in the Communication Plan to ensure current information is shared about specific medical conditions within the service.
- Should there be an incident requiring emergency medical treatment, inform staff of the incident and undertake reporting requirements to the regulatory authority. Offer staff a debrief after each incident and arrange help as needed such as counselling. Review the child's medical management plan to identify if further risk minimisation strategies are needed, or some strategies need to be adapted.
- If a child has had an allergic reaction to a packaged food or to a meal provided by the service, this will be reported to the local food authority for investigation (Refer to: [allergyfacts.org.au/allergy-management/risk/reporting-an-allergic-reaction](http://allergyfacts.org.au/allergy-management/risk/reporting-an-allergic-reaction)). If

the reaction is to a food sent from home, it is the parent's responsibility to report the reaction.

### **Early Childhood Educators will:**

- Communicate any relevant information provided by parents/guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the preschool is current.
- Be aware of individual requirements of children with specific medical conditions and follow their Risk Minimisation Plan and Medical Management Plan
- Monitor signs and symptoms of specific medical conditions and communicate any concerns to the Nominated Supervisor.
- Ensure that parents/guardians are contacted when concerns arise regarding a child's health and wellbeing.
- 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. (Curriculum resources are available: [allergyfacts.org.au/allergy\\_management/schooling-childcare/school-resources](http://allergyfacts.org.au/allergy_management/schooling-childcare/school-resources))
- 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.
- Complete an incident report should a child require emergency medical treatment.

### **Families will:**

- Inform the preschool of their child's medical conditions, if any.
- Inform the preschool of any specific requirements that their child may have in relation to their medical condition.
- Develop a Risk Minimisation Plan with the Nominated Supervisor and/or other relevant staff members at the preschool.
- Provide 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 signed by a GP or medical practitioner 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.

## Monitor, Evaluation and Review

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the preschool will review this policy every 3 years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the preschool will ensure that families of children enrolled at the preschool are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the preschool; a family's ability to utilise the preschool; the fees charged or the way in which fees are collected.

### Relevant Legislation

- Education and Care Services National Law Act 2010: Section 167, 17
- Education and Care Services National Regulations: Regulations 85-87, 89-96, 136, 162(c) (d), 168, 173
- My Health Records Act 2012

## Guidelines, Standards and Frameworks

- National Quality Standard, Quality Area 2: Children’s Health and Safety – Standard 2.1, 2.2
- National Quality Standard, Quality Area 7: Governance and Leadership – Standard 7.1, Elements 7.1.2, 7.1.3

## Sources and References

- National Asthma Council Australia – [www.nationalasthma.org.au](http://www.nationalasthma.org.au)
- Asthma Australia – [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)
- Australasian Society of Clinical Immunology and Allergy – [www.allergy.org.au](http://www.allergy.org.au)
- Diabetes Australia – [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)

### SOURCES

- ACECQA’s Guide to the National Quality Framework
- 2021, Community Early Learning Australia (CELA).

## Updated

April 2024

## Review Date

2027 or when procedure, practice or legislation changes.