



## Medical Conditions Policy

### Background

Childcare legislation recognises that children with existing medical conditions attend out of school hours care services. To uphold the safety and wellbeing of these children at all times, it requires educators to be trained to respond appropriately to conditions such as asthma, anaphylaxis and diabetes. Legislation also requires that educators must know the precise response expected of them for each individual child as detailed in a current Medical Management Plan for that child provided by the child's parent(s).

### Policy statement

This Policy details how the Service ensures its educators are trained to respond appropriately to conditions such as asthma, anaphylaxis and diabetes. It also details how educators know the precise response expected of them for each individual child as detailed by the child's doctor.

### Strategies and practices

- At enrolment, parents are required to complete an enrolment form for their child. The form includes provision for parents to detail any medical conditions or specific health care need their child experiences (e.g. asthma, diagnosed risk of anaphylaxis, diabetes, epilepsy). In addition, the Nominated Supervisor or delegated staff purposefully directs parents' attention to this section of the enrolment form and stresses the need for accurate and complete information for the Service to effectively meet the child's medical needs. Refer to the Service's *Enrolment and Orientation Policy*.
- Parents are asked to provide the Service with any Medical Management Plan from the child's doctor. The Plan should include a photograph of the child, details of the actions to take in the event of an attack (including administering medication), written permission for the Service to implement the Plan as required, and the contact details of the doctor 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 Communications Plan for their child. The Medical Conditions Risk Minimisation and Communications 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, Service educators have the complete, correct and up-to-date information necessary to meet the child's health needs. The Service is guided by templates from recognised authorities such as Anaphylaxis Australia, Asthma Australia, and the

Australian Society for Clinical Immunology and Allergy when developing the Medical Conditions Risk Minimisation and Communications Plan.

- The Service requires parents to provide any updates to their child's Medical Management Plan (e.g. at any time the child has been reassessed by the doctor, the child's medication has been altered or discontinued, new photograph), and at other times when the Nominated Supervisor requests updates as agreed in the Medical Conditions Risk Minimisation and Communications Plan.
- A copy of the Medical Management Plan and the Medical Conditions Risk Minimisation and Communications Plan is filed with the child's enrolment form. A copy of the Medical Management Plan is also kept where the child's medication is stored.
- With parental consent, copies of each child's Medical Management Plan are displayed in strategic places throughout the Service, including food preparation and eating areas. With the child's right to privacy in mind, the plans are not accessible to visitors or other families. A copy of the Medical Management Plan is taken on any excursion the child attends.
- Parents that mark their child with a medical condition are handed a copy of this Policy when they enrol their child which is also located in the family handbook. In addition, if the parents have advised that their child has a specific health care need, the Nominated Supervisor or delegated staff discusses the Policy in detail with them and gives them the opportunity to ask any questions necessary to ensure they understand the Policy.
- All staff, educators, students and volunteers commencing at the Service are given a copy of this Policy, the Policy is discussed in detail, and they are given the opportunity to clarify their understanding of the Policy.
- All medical details held by the Service are kept confidential. Refer to the Service's *Privacy and Confidentiality Policy*.
- 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 delegated staff 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. They are given the opportunity to ask questions to clarify that they fully understand the child's medical needs and their responsibilities attending to those needs. The Nominated Supervisor ensures that any updates are promptly conveyed to all staff/educators.
- The Nominated Supervisor or delegated staff provides all students and volunteers with an orientation before they commence at the Service. The orientation includes information about specific health care needs, where Medical Management Plans are displayed and where the children's medication is kept. The Nominated Supervisor stresses the importance of alerting Service educators immediately of any concern regarding the health and wellbeing of any child.
- The Australasian Society of Clinical Immunology and Allergy has made available an information poster Anaphylaxis Action Plan (General) – ASCIA. Copies of this poster are displayed in strategic positions throughout the Service.
- The Asthma Foundation of Australia has made available an information poster Asthma First Aid. Copies of this poster are displayed in strategic positions throughout the Service.
- The contact numbers of emergency Service are displayed beside all telephone outlets in the Service.
- All EpiPens and asthma medication are stored readily accessible to all staff (including relief staff), but inaccessible to children. Refer to the Service's *Administration of Medication Policy*.
- First Aid kits are located where educators can readily access them in an emergency. Refer to the Service's *Incident, Injury, Trauma and Illness Policy*.
- The Service ensures its practices in handling and preparing food and beverages consumed by children at the Service prioritise the medical needs of children with known allergies. The Service is a nut aware zone, and educators take all reasonable steps to ensure this mandate is upheld.

Refer to the Service's *Nutrition, Food and Beverage Policy* and its *Food Preparation, Storage and Handling Policy*.

- At enrolment, parents are informed of the brands of the sun protection cream used in the Service and they acknowledge this in writing. Parents provide their own alternatives if they wish.
- The Service accesses information and resources on medical conditions and their management from recognised authorities, and provides this information to parents, educators, students and volunteers.
- Health and safety are regular items on team meeting agendas. The topics of common allergies and medical conditions experienced by young children and how to identify and respond to them are regularly discussed during these meetings
- The Service reviews its health and safety practices regularly as part of its Quality Improvement Plan. Refer to the Service's *Educator Professionalism and Ethics Policy*.
- The Service maintains an up-to-date record of the First Aid and CPR status of all educators, together with their anaphylaxis and asthma management training, in its Staff Summary Sheet. The required number of educators with these qualifications and positioned near children meet regulatory requirements at all times, including on excursions.
- Educators intentionally teach young children about health and safety. This includes making children aware that they and/or their friends may need to take special care about some matters (e.g. the type of food they eat, the brand of sunscreen they use).
- In the event of an incident relating to a child under a Medical Management Plan, that Plan must be followed explicitly. An Incident, Injury, Trauma and Illness Record is to be completed.
- 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.

## **DIABETES**

The service acknowledges that students with diabetes can do everything their peers can do, but due to their diabetes they may require:

- Special consideration
- Extra consideration if unwell
- Special provisions when sitting exams
- Special provisions for privacy if testing blood glucose levels and injecting insulin at school
- Close supervision
- To eat at additional times, especially with physical activity

## **ASTHMA**

The service will undertake to minimize triggers of asthma by:

- Minimizing plants containing pollens and promoting a low allergen garden
- Keep the service as dust free as possible
- Enforcing no smoking rules in accordance with new laws of January 2014
- Keep alongside of back burning operations in the areas
- Ask parents to identify detergents and soaps being used at the service that may cause allergy
- Ensure kitchen/food areas are kept clean and practices are promoted such as washing hands immediately after food preparation and eating

## **ANAPHYLAXIS**

In developing a risk minimization plan, several factors were taken into account including age of children at risk; what the child and/or children are allergic to; the severity of the child and/or children's allergy; the environment; level of training or education educators have received and consultation with parents/guardians regarding any risk/allergy that their child/children have had diagnosed or family history. The strategies outlined below will only apply to the child/ren that has been identified as suffering from allergies. At least one educator will hold a current approved First Aid, Anaphylaxis and Asthma training certificate.

The service considers obligations for child/ren at risk of anaphylaxis include:

### **Insect sting allergy**

Strategies that reduce the risk of insect stings vary depending on the insect the person is allergic to. Strategies both at OOSH and on excursions will include:

- Consider plant allergies when gardening or planting
- Where practicable, wear shoes outdoors near ant mounds and wear gloves when involved in outdoor gardening activities
- Parents are asked to supply and apply insect repellents that contain DEET (Diethyltoluamide, N, N-diethyl-3-methylbenzamide)
- Educators will be aware around bodies of water e.g Chlorinated pools attract bees; stagnant water attracts mosquitoes
  - Have mounds/nests removed during regular maintenance
  - Keep grass mowed
  - Educate children about stings, insects and not aggravating mounds or nests and report any found to educators

### **Food/beverages practices**

All medical records are noted where a food allergy is diagnosed and all Educators sight medical records after parents/guardians have updated information to be contained on those records. This Action Plan must include a recent photo of the child, indicate allergy triggers, treatment/medication required and signed by a medical practitioner. We accept all Medical Action Plans from child's school.

Medical Action Plan to be displayed for Educators to recognize the child. To be kept on the service premises and taken on excursions.

Ensure that practices and procedures are available to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimizing the risks are developed and implemented

## **CYSTIC FIBROSIS**

For each individual child enrolled in the service with CF, a Health Support Plan will be developed by the Nominated Supervisor in conjunction with the child's family. It will be based on the child's health support needs as identified in their CF care plan and other care information (for example if the child also has asthma or diabetes).

A Health Support Plan for a child with cystic fibrosis should address the following components:

- i. overall wellness
- ii. diet

- iii. therapy and care
- iv. internal body temperature control
- v. curriculum participation issues and
- vi. potential emergency/first aid situations.

The information should focus on what educators need to know to provide routine and emergency care. It will be used by educators in planning support for the child.

In addition, a health support plan documents individualised support which educator have agreed to provide in the areas of:

- i. first aid
- ii. supervision for safety
- iii. personal care, including infection control
- iv. behaviour support and
- v. additional curriculum support to enable continuity of education and care.

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### **Responsibilities of parents**

- To inform the Service of any updates to their child's Medical Management Plan.
- To ensure the child's medication is brought to the Service every time the child attends the Service.

### **Procedure and forms**

- Allergic Reactions Action Plan – ASCIA\*
- Action Plan for Anaphylaxis – ASCIA\*
- Asthma First Aid – Asthma Foundation\*
- Incident, Injury, Illness and Trauma Record
- Medical Conditions Risk Minimisation and Communications Plan
- Staff Summary Sheet

### **Links to other policies**

- Administration of Medication Policy
- Educator Professionalism and Ethics Policy
- Enrolment and Orientation Policy
- Food Preparation, Storage and Handling Policy
- Incident, Injury, Trauma and Illness Policy
- Nutrition, Food and Beverage Policy
- Students, Volunteers and Visitors Policy

### **Links Education and Care Service National Regulations 2011, National Quality Standard 2011**

Reg s	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	89	First aid kits

	90	Medical conditions policy
	91	Medical conditions policy 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
	136	First aid qualifications
	246	Anaphylaxis training
	247	Asthma management training

QA	2.1.1	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented
	2.1.3	Healthy eating and physical activity are promoted and appropriate for each child
	2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
	2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

### Sources

- Australian Society for Clinical Immunology and Allergy. (n.d.). *ASIA Action plan for anaphylaxis*. <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis> accessed 26 December 2017
- Education and Care Services National Regulations 2011
- Guide to the National Quality Standard 2011

### Further reading and useful websites

- Allergy New Zealand – <http://www.allergy.org.nz/> accessed 26 December 2017
- Allergy & Anaphylaxis Australia – <http://www.allergyfacts.org.au/> accessed 26 December 2017
- Anaphylaxis Australia. *What is anaphylaxis?* <https://www.allergyfacts.org.au/allergy-anaphylaxis/what-is-anaphylaxis> accessed 26 December 2017
- Asthma Australia – <https://www.asthmaaustralia.org.au/> accessed 26 December 2017

- Asthma Australia. (2017). *Resources*. <https://www.asthmaaustralia.org.au/qld/about-asthma/resources> accessed 26 December 2017
- Asthma Australia. *Asthma care plan for education and care services*. <https://assets.nationalasthma.org.au/resources/341-Asthma-Aus-Asthma-Care-Plan-for-education-and-care-services.pdf> accessed 26 December 2017
- Australian Society for Clinical Immunology and Allergy (ASCIA) – <http://www.allergy.org.au/> accessed 26 December 2017
- Diabetes Australia. (2017). *Request a Resource*. <https://www.diabetesaustralia.com.au/request-a-resource> accessed 26 December 2017
- Diabetes NSW & ACT– <http://diabetesnsw.com.au/> accessed 26 December 2017

### Policy review

The Service encourages staff and parents to be actively involved in the annual 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 the Service’s commitment to quality improvement. The Service consults with relevant recognised authorities as part of the annual review to ensure the policy contents are consistent with current research and contemporary views on best practice.

### Version Control

Version	Date Reviewed	Approved By	Comments/Amendments	Next Review Date
1	8 January 2018	Dr Brenda Abbey (Author)	Updated to changed NQF requirements 1 February 2018. Service to modify policies to its specific needs.	
2	4.9.18	Elizabeth Treadwell	Amended to suit our service	
3	30.06.2020		Modified to suit service practices	30.06.2021
4	14 April 2021		Collated medical conditions policy with managing medical conditions	13 April 2022