

Medical Conditions Policy

Quality Area 2 Children's Health and Safety

Standard 2.1. Each child's health and physical activity is supported and promoted.

Standard 2.1.2 Effective illness, injury management and hygiene practices are promoted and implemented.

Standard 2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

Standard 2.2.2 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

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 given 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.
- No child enrolled at the service will be able to attend the service without medication prescribed by their medical practitioner. Families are required to provide this information on the Enrolment Form as outlined below and are responsible for updating the service on any new medication, ceasing of medication, or any changes to their child's prescription.
- It is the parents' responsibility to provide updated information to the office. Parents will be reminded via email each term to provide any updated information about medical conditions to the office. Regular reminders will also be included in the centre newsletter.

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 enrolment 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.
- Any Medical Management Plan put forward by a child's parents and/or registered medical practitioner. The Medical Management Plan must be used to inform the Medical Conditions Risk Minimisation Plan. Parents are responsible for updating their child's Medical Management 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 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 or representative on the specific health needs of each child.
- Information relating to a child's medical conditions, including the child's Medical Management 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: Each room in the centre including the staff room.
- All educators and volunteers at the service must follow a child's Medical Management Plan in the event of an incident related to a child's specific medical conditions requirements.
- All educators must ensure updated information in relation to a child's health and medical condition is reported to administration to ensure it is recorded and communicated.
- All educators and volunteers at the service must be able to identify a child with medical conditions easily.
- All educators and volunteers at the service must be able to locate a child's medication easily.

Self-administration of Medication

- Given the age of the children in attendance, Kardinia Childcare and Kindergarten does not allow self-administration of medication at any time.

Medical Conditions Risk Minimisation Plan

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

Whilst developing the Medical Conditions Risk Minimisation Plan (see below) 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 immediately call 000 if symptoms arise. If you know an educator or child is prone to anaphylaxis reactions, and they carry an EpiPen® or AnaPen® it should be injected by an educator trained in 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 Medical Management Plan. This Medical Management Plan 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 Medical Management Plan 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 service without their EpiPen or AnaPen or relevant medication.
- The service will display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet <http://www.allergy.org.au/content/view/10/3/#r1>
- 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.
- The service will not allow children to trade food, utensils or food containers.
- Ideally, children who have severe allergies should only be served food prepared at their homes. If it is decided that the child will have food prepared for them at the service, this will be prepared in line with their management plan and family recommendations.
- The service will use non-food rewards with children. For example, stickers for appropriate behaviour.
- Families are requested to label all bottles, drinks and lunchboxes etc 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.
- Parents will be asked not to send food with their children that contain high allergenic elements even if their child does not have an allergy. For example, a sign in the foyer reminding families not to send food with high allergenic elements to the service even if their child doesn't have an allergy.

- If appropriate, a child with allergies may have to sit at a different table if food is being served that he/she is allergic to. This will always be done in a sensitive manner so that the child with the allergy does not feel excluded. If a child is very young, the family may be asked to provide their own high chair to further minimise the risk of cross infection.
- When the child diagnosed at risk of anaphylaxis is allergic to milk, non-allergic babies will be held when they drink formula/milk.
- Where possible, ensure all children with food allergies only eat food and snacks that have been prepared for them at home.
- 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.
- Meals prepared at the service should not contain ingredients such as milk, eggs or nuts.
- Risk minimisation plans provided by families will be consulted by the service when making food purchases and planning menus.
- The service will ensure that body lotions, shampoos and creams used on allergic children have been approved by their parent.
- Where a child is known to have a susceptibility to severe allergy or anaphylaxis to a particular food, the service will have a “allergy-awareness policy” for that particular food, (e.g. a “Allergy-Aware (Nut) Policy”), which would exclude children or other individuals visiting the service from bringing any foods containing nuts or nut products 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.
 - 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.
 - Foods with spices and seeds such as mustard, poppy, wheat and sesame seeds.
 - Nut and peanut material is also often in cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil.
- 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 should take precedence.

- 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.
- Educators should be trained to recognise how serious anaphylaxis is and undertake the steps that need to be taken in order to minimise the possibility of occurrence. The service will maintain the following in relation to educator qualifications for anaphylaxis:
 - The service will ensure that all educators have completed first aid and anaphylaxis management training that has been approved by the Director at least every three years from the date their qualification was issued.
 - The service will ensure that 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.
 - The service will also ensure that all relief educators used by the service adhere to these qualification requirements.
- Practice of adrenaline auto-injection devices will be undertaken regularly, preferably quarterly, and recorded. All licensed children's services are provided with Anaphylaxis Resource Kits by Victorian authorities, which will be used to practice with. This includes a training auto-injection device. This will be stored separately to a child's medication to ensure that there is no confusion.
- **The service does not permit a child of any age to self-administer medication.**

Implementing the Medical Conditions Policy

Process for developing and implementing individual health management plans for children with specific medical needs

- Step 1** Identify specific medical needs at enrolment
- Step 2** Before child is permitted to attend centre get their doctor or specialist to complete a plan of management and a plan of action in time of an emergency.
- Step 3** Collect **all** contacts
- Parents
 - Carers
 - Doctor
 - Specialist
 - Emergency Incident Contacts
- Step 4** Make staff aware of specific medical needs and conduct training if required. This may include education and first aid training for all staff including, the administration of the EpiPen.
- Step 5** Display appropriate information regarding children's medical needs in appropriate areas such as kitchen for food allergies etc.
- For allergies - implement avoidance measures and eliminating the allergen from the allergic child's environment
- Step 6** From the management plan, identify the correct storage and labelling methods for the child's medication
- Step 7** Review medical needs and process biannually

Medical Risk Minimisation Plan

Child's name:	
1. What is the medical condition that this assessment addresses?	
2. Does the child need dietary modifications? (If yes, please comment in sections below.)	
3. Risk – What are the issues and/or the actual/potential situations that could lead to a medical emergency?	
4. Strategy – What can be done to reduce these risks? What resources are needed?	
5. Who – Who needs to be included in the process? Why?	
Unsafe foods & meals (If applicable):	
Safe foods & meals (If applicable):	

- I have read the attached Medical Communication Plan.

Educator's signature: _____ **Date:** _____

Parent's signature: _____ **Date:** _____

All relevant staff members have been made aware of this plan and understand the risk, plan to minimise the risk and how to respond if a risk has been detected.

Nominated Supervisor Signature: _____ **Date:** _____

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Policy Reviewed	Modifications	Next Review Date
February 2018	Updated the National Quality Standards references to comply with revised standards.	February 2019