



## DEALING WITH MEDICAL CONDITIONS POLICY

### 1. Policy Statement:

The purpose of this Policy is:

- To ensure that all educators are aware of their responsibilities in relation to children with medical conditions attending the Service.
- To ensure that all families are aware of our Policy regarding medical conditions.
- To ensure that families are aware of their responsibility to provide the Service with information about their child's medical condition(s).

### 2. Scope:

This policy applies to:

- Little Saints Early learning Centre (the Service) and
- St Andrew's After School & Vacation Care (the Service)

### 3. Policy Statement:

To ensure that children are kept safe while attending our Service, no child enrolled will be able to attend without medication prescribed by their medical practitioner if required. 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.

### 4. Details:

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 this 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.

All families will be asked to update all their details at the start of each year to ensure that all information held by the Service is accurate. Families will be reminded electronically before their medical management plans expire to provide a new copy.

## **5. Information Required**

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.

## **6. 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 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: In the staff room, in the Epi-Centre cupboard in reception and via email.
- 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 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.

## **7. Medical Conditions Risk Minimisation Plan**

The service will develop, a Medical Conditions Risk Minimisation Plan in consultation with a child's parents using a child's Medical Management Plan.

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 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, 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 and 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® it should be injected by an educator trained in anaphylaxis. CPR should be initiated should the educator or child stop breathing.
- All educators are required to be trained in anaphylaxis and at least one staff member must be on the premises with the relevant training at all times. Should a staff member or child have an anaphylaxis reaction, a spare EpiPen® is kept on the premises (in the locked cupboard under the phone in OSHC I block and in the locked cupboard in reception at Little Saints – both marked as First Aid & Epi-Centres) and should be used as required.
- All educators are required to be trained in asthma and at least one staff member must be on the premises with the relevant training at all times. Should a staff member or child have an asthma attack, a spare reliever (ventolin) and spacer is kept on the premises (in the locked cupboard under the phone in OSHC I block and in the locked cupboard in reception at Little Saints – both marked as First Aid & Epi-Centres) and should be used as required.
- 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 front of their Medical Bag (where their medication is stored) in the cupboard marked First Aid and Epi-Centre and also in the staff area. If the child is taken on an excursion, their Medical Bag with the 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.

- Risk minimisation practices will be carried out to ensure that Little Saints to the best of their 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 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. Little Saints will at all times have an EpiPen on the premises.
- 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 the designated Epi-Centre and is known to all staff, including relief staff; easily accessible to adults; 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.
- 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.
- 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.
- 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.
- Always follow correct health, hygiene and safe food policies and procedures.
- 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.
- The service will ensure that body lotions, shampoos and creams used on allergic children have been approved by their parent.
- 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
  - Call the College Nurse (term time school hours only) on 5471 5523
  - Commence first aid measures (including the use of the spare EpiPen for anaphylaxis or Ventolin and spacer for asthma)
  - 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 educated 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, asthma and anaphylaxis management training that has been approved by ACECQA. Educators will complete training at least every 3 years from the date their qualification was issued.

### **8. Measuring Tools:**

The following measuring tools will be used:

- Staff to attend training for asthma, First Aid, CPR and anaphylaxis before the expiry of their qualification.
- At least annually read the Medical Conditions Policy.
- Update Risk Minimisation Plans with families.
- Update Allergy/Asthma/Anaphylaxis Action Plans when required by medical practitioner.

### **9. Sources & Further Reading:**

- Education and Care Services National Law 2011
- Education and Care Services National Regulations 2012
- National Quality Standard
- Early Years Learning Framework
- Queensland Kindergarten Learning Guideline
- Queensland Health

### **10. Links to Other Policies:**

- Privacy Policy
- Child and Youth Risk Management including Excursions Policy
- Immunisation Policy Staff and Children
- Illness and Exclusion Policy