

## **SECTION 3**

### **HEALTH & SAFETY POLICIES**

#### **3.17 Medical Conditions Policy**

##### **Aim**

The service and all educators can effectively respond to and manage medical conditions including asthma, diabetes, and anaphylaxis.

##### **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 will be given to all educators and volunteers on induction and emailed out to all educators during policy review. The policy will be loaded onto our website, for all families to view. Educators are responsible for raising any concerns with a child's parents / guardians 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 without medication prescribed by their medical practitioner. Families are required to provide this information at enrolment and are responsible for updating the service on any new medication, ceasing of medication, or any changes to their child's prescription.

##### **Information that must be provided at Enrolment**

- Does your child have
  - Asthma
  - Diabetes
  - Allergies
  - Anaphylaxis
  - Diagnosed at risk of anaphylaxis
  - Any other specific medical condition
- When informed of any of the above conditions, the Parent /Guardian will be asked to provide the service with an Action Plan, from a health professional and to fill out a Risk Minimisation Plan. Parents / Guardians are responsible for updating their child's Action Plan and Risk Minimisation Plan as required. At minimum Parents / Guardians will be asked to provide updated Action Plans and Risk Minimisation Plans on an annual basis.

## **Identifying Children with Medical Conditions / Medical Management Communication Plan**

- Any information relating to the above medical conditions will be shared with the Director / Assistant Director, educators, volunteers, and any other staff member at the service. Individuals will be briefed on the specific health needs of each child.
- Information relating to a child's medical conditions, including the child's Action Plan, Risk Minimisation Plan, and the location of the child's medication will be shared with all educators and volunteers to ensure all practices and procedures are followed accordingly.
- All educators at the service must follow a child's Action 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 the office 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.

### **Medical Conditions Risk Minimisation Plan**

Using a child's Action Plan, the service will develop a Risk Minimisation Plan in consultation with a child's parents. The Risk Minimisation Plan must ensure that any risks are addressed and minimised. See Risk Minimisation Plans for Asthma, Anaphylaxis and High Risk of Aspiration. Separate Risk Minimisation Plans will be developed in consultation with families as new medical conditions arise.

Any allergens that may be present at the service will be communicated to parents and addressed through the Risk Minimisation Plan.

Whilst developing the 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
  - Many homeopathic, naturopathic and vitamin preparations
  - Many species of plants, especially those with thorns and stings

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- 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 immediately call 000 if symptoms arise. If you know an educator or child is prone to anaphylaxis reactions, and they carry an EpiPen or Ana Pen it should be injected by an educator trained in first aid. CPR should be initiated should the educator or child stop breathing.
- Each child's Action Plan and Risk Minimisation Plan will be kept in the first aid cabinet of their room, along with their clearly labelled medication. If going on a Regular Outing or Excursion, these plans will be placed at the back of the sign in / sign out sheet and medication placed in the first aid kit.
- Ensure that no child who has been prescribed an EpiPen or Ana pen is able to attend the service without the device.
- Develop an ongoing communication plan with the child's parent / guardian 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 regard to anaphylaxis.
- A copy of each child's communication plan, risk minimisation plan and action plan will be displayed in the staff room for all educators to become familiar with.
- Provide support and information to the community about resources and support for managing allergies and anaphylaxis via our website.
- Ensure that the Epi-Pen or Ana Pens are stored in the First Aid Cabinet of the room the child is enrolled. Ensure that all educators and staff in the centre, know where they are kept.
- All medication will be checked monthly by Team Leaders, to ensure that it is within date and appears in good condition.
- The use of food products in craft, science experiments and cooking classes may need to be changed to allow children with allergies to participate.
- Always follow correct health, hygiene and safe food policies and procedures
- All children need to be closely supervised at meal times to minimise risk to children with allergies and anaphylaxis reactions.
- To ensure that at least one staff member in every room on any given day has been trained in and qualifications are kept current in:
  - First Aid
  - Asthma & Anaphylaxis
- To ensure that all staff members have received training about other relevant medical conditions before a child starts at the service with that condition. To ensure that this training is kept current.

### **Communication Plan**

- Parent / Guardians are to bring in to the office updated Action Plans for their children when things change or at minimum annually.
- When Action plans are updated, the Director / Assistant Director will take a copy to be stored with the child's file, a copy for the room the child is in and a copy to go up in the staff room.

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- The Risk Minimisation Plan will be updated in consultation with the Parents / Guardians. The Director / Assistant Director will take a copy to be stored with the child's file, a copy for the room the child is in and a copy to go up in the staff room.
- The Director will advise all staff and Educators via email, of the change to the child's action plan and request they sign the register located in the staffroom to acknowledge the change.
- The Children with Severe Allergies / Anaphylactic Reactions Report will be updated and copies will be given to each room, the kitchen and placed on the 'In Case of Emergency Wall' in the office. In the rooms, these reports are kept behind the sign in / sign out sheets.

**In a situation where a child is diagnosed as being at risk or of having an anaphylactic reaction, the steps should be as follows:**

1. Call an ambulance (000)
2. From the first aid cabinet, grab the child's action plan and medication
3. Administer medication / Epi-Pen or Ana-Pen as per plan
4. Commence first aid measures if needed
5. Contact Parent / Guardian

**In a situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction, the steps should be as follows:**

1. Call an ambulance (000)
2. Commence first aid measures
3. Contact the parent / guardian

**Copies of the Communication Plan, Risk minimisation plan– Asthma, Risk minimisation plan – Anaphylaxis , Risk minimisation plan – High Risk of Aspiration and preferred Asthma action plan are on our website.**

**Relates to:** Education and Care Regulations, Regulation 90 – Medical Conditions Policy.



