



# DEALING WITH MEDICAL CONDITIONS POLICY

---

## Mandatory – Quality Area 2

### PURPOSE

This policy will provide guidelines for Cara Armstrong Kindergarten to ensure that:

- clear procedures exist to support the health, wellbeing and inclusion of all children enrolled at the service
- service practices support the enrolment of children and families with specific health care requirements.

### POLICY STATEMENT

#### 1. VALUES

Cara Armstrong Kindergarten is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements through implementing and maintaining effective hygiene practices. This will be achieved through:

- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved in the programs and activities of Cara Armstrong Kindergarten are protected from harm
- informing educators, staff, volunteers, children and families of the importance of adhering to the *Dealing with Medical Conditions Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service
- ensuring that educators have the skills and expertise necessary to support the inclusion of children with additional health needs.

#### 2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Cara Armstrong Kindergarten, including during offsite excursions and activities.

This policy should be read in conjunction with:

- Anaphylaxis Policy
- *Asthma Policy*
- *Diabetes Policy*
- *Epilepsy Policy*

#### 3. BACKGROUND AND LEGISLATION

##### Background

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- in the management of medical conditions
- when parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition
- when developing a risk minimisation plan in consultation with the child's parents/guardians

- when developing a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, parents/guardians must be provided with a copy of this and other relevant policies.

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 medication is in its original container bearing the child's name, dose and frequency of administration.

Refer to the *Administration of Medication Policy* for more information.

Staff may need additional information from a medical practitioner where the child requires:

- multiple medications simultaneously
- a specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Parents/guardians and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

### Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Section 173
- *Education and Care Services National Regulations 2011*: Regulations 90, 91, 96
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health is promoted
    - Element 2.1.1: Each child's health needs are supported
    - Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
  - Standard 7.1: Effective leadership promotes a positive organisational culture and builds a professional learning community
    - Element 7.1.2: The induction of educators, co-ordinators and staff members is comprehensive
- *Occupational Health and Safety Act 2004* (Vic)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

## 4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

**Ambulance Victoria How to Call Card:** A card that the service has completed containing all the information that Ambulance Victoria will request when phoned. A sample card can be downloaded from: <http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html>

**Communication plan:** A plan that forms part of the policy and outlines how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.

**Hygiene:** The principle of maintaining health and the practices put in place to achieve this.

**Medical condition:** In accordance with the *Education and Care Services National Regulations 2011*, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

**Medical management plan:** A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

**Risk minimisation:** The implementation of a range of strategies to reduce the risk of an adverse effect from the mismanagement of a specific medical condition at the service.

**Risk minimisation plan:** A service-specific plan that details each child's medical condition, and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children with specific medical conditions that require medical management plans, in consultation with staff at the service upon enrolment or diagnosis of the condition.

## 5. SOURCES AND RELATED POLICIES

### Sources

- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5<sup>th</sup> edition, 2013) National Health and Medical Research Council:  
<http://www.nhmrc.gov.au/guidelines/publications/ch55>

*Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, p 62: [www.acecqa.gov.au](http://www.acecqa.gov.au)

### Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Diabetes Policy*
- *Epilepsy Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

## PROCEDURES

### The Approved Provider is responsible for:

- ensuring that all staff and volunteers are provided with access to a copy of this policy and have a clear understanding of the procedures and practices outlined within
- developing and implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's specific health care

need, allergy or other relevant medical condition, this policy and its implementation

- ensuring educators/staff receive regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be carried out for the child's wellbeing
- ensuring at least one 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 service
- establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy
- ensuring families and educators/staff understand and acknowledge each other's responsibilities under these guidelines
- ensuring families provide information on their child's health, medications, allergies, their medical practitioner's name, address and phone number, emergency contact names and phone numbers, and a medical management plan signed by their medical practitioner, following enrolment and prior to the child commencing at the service
- ensuring 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
- ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with access to a copy of this and other relevant service policies
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

**The Nominated Supervisor is responsible for:**

- implementing this policy at the service and ensuring that all educators/staff follow the policy and procedures set out within
- informing the Approved Provider of any issues that impact on the implementation of this policy
- ensuring that the *Ambulance Victoria How to Call Card* (refer to *Definitions*) is displayed near all telephones
- identifying specific training needs of educators/staff who work with children diagnosed with a medical condition, and ensuring, in consultation with the Approved Provider, that educators/staff access appropriate training
- food preparation, food service and staff ensuring children do not swap or share food, food utensils or food containers
- ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis
- ensuring a copy of the child's medical management plan is visible and known to staff in the service. Prior to displaying the medical management plan, the Nominated Supervisor must explain to parents/guardians the need to display the plan for the purpose of the child's safety and obtain their consent (refer to *Privacy and Confidentiality Policy*)
- ensuring educators and other staff follow each child's risk minimisation plan and medical management plan
- ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan
- providing access to information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service
- administering medications as required, in accordance with the procedures outlined in the *Administration of Medication Policy*
- maintaining ongoing communication between educators/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.

**Certified Supervisors and other educators are responsible for:**

- ensuring that children do not swap or share food, food utensils or food containers
- communicating any relevant information provided by parents/guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the service is current
- undertaking relevant training to assist with the management of specific medical conditions of children at the service
- being aware of individual requirements of children with specific medical conditions and following their risk minimisation plan and medical management plan
- monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor (staff may use a thermometer to check a child's temperature).
- adequately supervising all children, including those with specific medical conditions
- informing the Nominated Supervisor of any issues that impact on the implementation of this policy.

**Parents/guardians are responsible for:**

- informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition
- developing a risk minimisation plan with the Nominated Supervisor and/or other relevant staff members at the service
- providing 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 must include a current photo of the child and must clearly outline procedures to be followed by educators/staff in the event of an incident relating to the child's specific health care needs
- notifying the Nominated Supervisor of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes
- informing the Nominated Supervisor of any issues that impact on the implementation of this policy by the service.

**Volunteers and students, while at the service, are responsible for following this policy and its procedures.**

**EVALUATION**

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any change to this policy or its procedures.

**ATTACHMENTS****Attachment 1: Sample risk minimisation plan****Attachment 2: Communication Plan**

**AUTHORISATION**

This policy was adopted by the Approved Provider of Cara Armstrong Kindergarten on 19/6/2017.

**REVIEW DATE: FEBRUARY 2019**

## Sample risk minimisation plan

The following information is not a comprehensive list but contains some suggestions to consider when developing/reviewing your service’s risk minimisation plan in consultation with parents/guardians.

<b>How well has the service planned for meeting the needs of children with allergies and those who have been diagnosed as at risk of anaphylaxis?</b>	
Who are the children?	<input type="checkbox"/> List names and room locations of each child diagnosed as at risk.
What are they allergic to?	<input type="checkbox"/> List all known allergens for each child at risk. <input type="checkbox"/> List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting certain foods/items not be brought to the service.
Do staff (including casual and relief staff), volunteers and visiting staff recognise the children at risk?	<input type="checkbox"/> List the strategies for ensuring that all staff, including casual and relief staff, recognise each at risk child, are aware of the child’s specific allergies and symptoms and the location of their adrenaline autoinjector kit including their ASCIA action plan for anaphylaxis.
Do families and staff know how the service manages the risk of anaphylaxis?	<input type="checkbox"/> Record the date on which each family of a child diagnosed as at risk of anaphylaxis is provided with access to a copy of the service’s <i>Anaphylaxis Policy</i> . <input type="checkbox"/> Record the date that parents/guardians provide an unused, in-date and complete adrenaline autoinjector kit. <input type="checkbox"/> Test that all staff, including casual and relief staff, know the location of the adrenaline autoinjector kit and ASCIA action plan for anaphylaxis for each at risk child. <input type="checkbox"/> Ensure that there is a procedure in place to regularly check the expiry date of each adrenaline autoinjector. <input type="checkbox"/> Ensure a written request is sent to all families at the service to follow specific procedures to minimise the risk of exposure to a known allergen. This may include strategies such as requesting specific items not be sent to the service, for example: <ul style="list-style-type: none"> <li>• food containing known allergens or foods where transfer from one child to another is likely e.g. peanut/nut products, whole egg, sesame or chocolate</li> <li>• packaging for food that is a known allergen e.g. cereal boxes, egg cartons.</li> </ul>
	<input type="checkbox"/> Ensure a new written request is sent to all families if food allergens change. <input type="checkbox"/> Ensure all families are aware of the service policy that no child who has been prescribed an adrenaline autoinjector is permitted to attend the service without that device. <input type="checkbox"/> Display the ASCIA generic poster <i>Action Plan for Anaphylaxis</i> in key locations at the service and ensure a completed Ambulance Victoria <i>How to Call Card</i> is next

	<p>to all telephone/s.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The adrenaline autoinjector kit, including a copy of the ASCIA action plan for anaphylaxis, is carried by an educator when a child diagnosed as at risk is taken outside the service premises e.g. for excursions.</li> </ul>
<p>Has a communication plan been developed which includes procedures to ensure that:</p> <ul style="list-style-type: none"> <li>• all staff, volunteers, students and parents/guardians are informed about the policy and procedures for the management of anaphylaxis at Cara Armstrong Kindergarten</li> <li>• parents/guardians of a child diagnosed as at risk of anaphylaxis are able to communicate with service staff about any changes to the child's diagnosis or anaphylaxis medical management action plan</li> <li>• all staff, including casual, relief and visiting staff, volunteers and students are informed about, and are familiar with, all ASCIA action plan for anaphylaxis and the Cara Armstrong Kindergarten risk management plan.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> All parents/guardians are provided with access to a copy of the <i>Anaphylaxis Policy</i> prior to commencing at Cara Armstrong Kindergarten and copies are accessible at the kinder.</li> <li><input type="checkbox"/> Staff will meet with parents/guardians of a child diagnosed as at risk of anaphylaxis prior to the child's commencement at the service and will develop an individual communication plan for that family.</li> <li><input type="checkbox"/> An induction process for all staff and volunteers includes information regarding the management of anaphylaxis at the service including the location of adrenaline autoinjector kits, ASCIA action plans for anaphylaxis, risk minimisation plans and procedures, and identification of children at risk.</li> </ul>
<p><b>Do all staff know how the service aims to minimise the risk of a child being exposed to an allergen?</b></p>	
<p>Think about times when the child could potentially be exposed to allergens and develop appropriate strategies including identifying the person responsible for implementing them (refer to the following section for possible scenarios and strategies).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Menus are planned in conjunction with parents/guardians of children diagnosed as at risk of anaphylaxis: <ul style="list-style-type: none"> <li>• Food for the at risk child is prepared according to the instructions of parents/guardians to avoid the inclusion of food allergens.</li> <li>• As far as is practical, the service's menu for all children should not contain food with ingredients such as milk, egg, peanut/nut or sesame, or other products to which children are at risk.</li> <li>• The at risk child should not be given food where the label indicates that the food may contain traces of a known allergen.</li> </ul> </li> <li><input type="checkbox"/> Hygiene procedures and practices are followed to minimise the risk of cross-contamination of surfaces, food utensils or containers by food allergens (refer to <i>Hygiene Policy</i> and <i>Food Safety Policy</i>).</li> <li><input type="checkbox"/> Consider the safest place for the at risk child to be served and to consume food, while ensuring they are not discriminated against or socially excluded from activities.</li> <li><input type="checkbox"/> Develop procedures for ensuring that each at risk child only consumes food prepared specifically for him/her.</li> <li><input type="checkbox"/> Do not introduce food to a child if the parents/guardians have not previously given this food to the child.</li> <li><input type="checkbox"/> Ensure each child enrolled at the service washes his/her hands upon arrival at the service, and</li> </ul>	

before and after eating.

- Employ teaching strategies to raise the awareness of all children about anaphylaxis and the importance of *no food sharing* (refer to *Definitions*) at the service.
- Bottles, other drinks, lunch boxes and all food provided by the family of the at risk child should be clearly labelled with the child's name.

#### **Do relevant people know what action to take if a child has an anaphylactic episode?**

- Know what each child's ASCIA action plan for anaphylaxis contains and implement the procedures.
- Know:
  - who will administer the adrenaline autoinjector and stay with the child
  - who will telephone the ambulance and the parents/guardians of the child
  - who will ensure the supervision of other children at the service
  - who will let the ambulance officers into the service and take them to the child.
- Ensure all staff have undertaken approved anaphylaxis management training and participate in regular practise sessions.
- Ensure a completed Ambulance Victoria *AV How to Call Card* is located next to all telephone/s.

### **Attachment 2: Communication Plan for children with specific health concerns (such as anaphylaxis, asthma, diabetes, epilepsy or another medical condition).**

1. Parents will be provided with enrolment forms to complete and return to the service prior to them attending Cara Armstrong Kindergarten.
2. The Enrolments Officer will check enrolment forms prior to children attending the service to identify children with specific health concerns. This information will be summarised for each kindergarten group and remain at the front of the enrolment details for each group.
3. Teachers of each group will also review enrolment forms prior to children attending the service to identify children with specific health concerns. They will confirm that the information has been accurately summarised for each kindergarten group and remains at the front of the enrolment details for each group.
4. Teachers will meet with parents of each child who have indicated their child has a specific health concern.
5. A risk minimisation plan will be completed in consultation with parents/guardians prior to the attendance of the child at the service, and will be implemented including following procedures to address the particular needs of each child.
6. Teachers and parents will also agree on a communication plan. This will involve parents informing staff of any changes to the child's medical condition or treatment. It may also involve staff providing parents/guardians with any specific observations after a kinder session.
7. All parents, including those of children with a medical condition, will be given access to all relevant policies.
8. An ASCIA action plan for anaphylaxis or a management plan for a medical condition for the child is completed and signed by the child's registered medical practitioner and is accessible

to all staff. All staff, including relieving staff, will be informed of where medical action plans are displayed.

9. A copy of the child's ASCIA action plan for anaphylaxis is included in the child's adrenaline autoinjector kit (refer to *Definitions*).
10. An adrenaline autoinjector (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service.
11. An adrenaline autoinjector is stored in an insulated container (adrenaline autoinjector kit) in a location easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold.
12. All staff, including casual and relief staff, are aware of the location of each adrenaline autoinjector kit which includes each child's ASCIA action plan for anaphylaxis.
13. All staff have undertaken approved anaphylaxis management training (refer to *Definitions*), which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions and emergency first aid treatment. Details regarding qualifications are to be recorded on the staff record (refer to *Definitions*).
14. All staff have undertaken practise with an autoinjector trainer at least annually and preferably quarterly. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).
15. A procedure for first aid treatment for anaphylaxis is in place and all staff understand it (refer to Attachment 4).
16. Contact details of all parents/guardians and authorised nominees are current and accessible.
17. Information regarding any other medications or medical conditions in the service (for example asthma and diabetes) is available to staff.
18. If food is prepared at the service, measures are in place to prevent cross-contamination of the food given to the child diagnosed as at risk of anaphylaxis.