



Medical Conditions Policy

Aim:

At Maryland Care and Early Education Centre our practices support the enrolment of children and families with specific health care requirements. Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases, if not managed appropriately these can be life threatening.

Legislative requirements / Sources:

Education and Care Services Regulations 2011:

85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of accident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Expectation to authorisation requirement – anaphylaxis or asthma emergency
95	Procedures for administration of medication
96	Self-administration of medication
136	First Aid qualifications
162 (c)	Health information to be kept in enrolment record – details of any (i) specific health care need of the child, including medical conditions and (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis
162 (d)	Health information to be kept in enrolment record – any medical management plan, anaphylaxis medical management plan or risk minimization plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c)
168	Education and care service must have policies and procedures

Children (Education and Care Services) National Law 2010:

167	Offence relating to protection of children from harm and hazards
175	Offence relating to requirements to keep enrolment and other documents

National Quality Standards (NQS):
Quality Area 2: Children’s health and safety

2.1	Health	Each child’s health and physical activity is supported and promoted
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented

Sources:

- NSW Department of Education – Asthma management fact sheet
- CELA – Medical conditions policy
- ACECQA: Dealing with medical conditions in children – policy guidelines
- Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Therapeutic Goods Act 1989 of the Commonwealth

Implementation:

Definitions:

- **Communication Plan:** A plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families 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
- **Medication:** Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic good in Australia are listed on the Australian Register of Therapeutic Goods, available on the therapeutic goods administration website tga.gov.au
- **Medical condition:** This may be described as a condition that has been diagnosed by a registered medical practitioner
- **Medical management plan:** A document that has been prepared and signed by a registered medical practitioner that describes symptoms, causes, clear instructions on action and treatment for the child’s specific medical condition, and includes he child’s name and photograph of the child
- **Risk minimisation plan:** A document prepared by the service for a child, in consultation with the child’s parents/guardian, setting out means of managing and minimizing risks relating to the child’s specific heath care need, allergy or other relevant medical condition
- **Asthma:** A chronic lung disease affects the airways and lungs
- **Anaphylaxis:** A common medical emergency and a life-threatening acute hypersensitivity reaction
- **Diabetes:** A chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces

Self-administration of medication by a child over preschool age:

Services who provide education and care to a child over preschool ages (as defined in the Education and Care Services Regulations 2011) may allow a child over preschool age to self-administer medication. A child may self-administer medication under the following circumstances:

- If the educators and parents/guardians have discussed the child's ability to self-medicate and both are comfortable with the child being able to perform the task appropriately and responsibly
- If written authority is provided by the child's parent/guardian
- If they are supervised by an educator
- Staff record the self-administration on a medication form

The Approved Provider will:

- Ensure that all staff members responsible for the children's health and safety have completed first aid training, anaphylaxis management training, asthma management training and is renewed every 3 years and refresher CPR training will be renewed annually
- Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis, asthma and diabetes at the service
- Notify the regulatory authority within 24 hours of any incident involving a serious injury or trauma to a child while that child is being educated and cared for, including any incident involving serious illness of a child while that child is being cared for by a service for which the child attended, or ought reasonably to have attended, a hospital eg severe asthma attack, seizure or anaphylaxis

The Nominated Supervisor/ Responsible Person will:

- Refer each family upon enrolment to read the information booklet located on our website for the Medical Conditions policy and Medication Policy and provide a copy of these policies when requested
- Ask all parents/guardians as part of the enrolment process, prior to their child's attendance at the service whether the child has allergies/ anaphylaxis and document this on the child's enrolment record. If the child has severe allergies/ anaphylaxis/ asthma/diabetes ensure a risk minimisation plan and medical management plan is provided that is:
 - updated annually
 - placed in the medication folder in the room
 - communicated to educators
 - included the action plan for the medical condition
- The development of a communication plan is required to ensure that relevant staff members are informed about the medical conditions policy, medical management plan and risk management plan. The parents of the child can communicate any changes to the medical and risk minimisation plan and how that communication will occur.

- Ensure at least one staff member on duty has completed emergency anaphylaxis and asthma management training and first aid training
- Ensure the centre auto injection device kit is up to date
- Ensure at least one staff member who has completed accredited Senior First Aid is on duty whenever children are present at the service
- Ensure food preparation, food service and casual staff are informed of children who have specific medical conditions or food allergies, and the services procedure for dealing with emergencies involving allergies and anaphylaxis
- Ensure a copy of the child's medical management plan is visible and known to staff
- Ensure staff follow each child's risk management plan and medical management plan
- Ensure that a complete auto-injection device kit/ asthma medication /Diabetes testing kit and hypo pack and spacer (which must contain a copy of the child's anaphylaxis/ Asthma/ Diabetes medical management action plan provided by ASCIA) is provided by the parent/guardian for the child while at the service and all educators are aware of the location of the kit/ medication and plans are kept in the medication folder.
- Ensure that no child who has been prescribed an adrenaline auto-injection device/ diabetes kit is permitted to attend the service without the device
- Ensure that staff members accompanying children outside the service carries the anaphylaxis/ asthma/ diabetes medication and a copy of the anaphylaxis/ asthma/ diabetes medical management plan with the auto-injection device kit / asthma/ diabetes medication.
- Promptly communicate any concerns to families should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities
- Ensure staff are familiar with the signs and symptoms and the emergency treatment of a low blood glucose level (see medication policy)

Educators will:

- Ensure that no nuts or products containing nuts are consumed at the service
- Ensure a copy of the child's medical management action plan is known to all staff in a service
- Follow the child's medical management action plan
- In the situation where a child has not been diagnosed as allergic but who appears to be having an anaphylactic reaction
 - Call an ambulance immediately by dialing 000
 - Commence first aid measures
 - Contact the parent/guardian
 - Contact an emergency contact if the parent/guardian cannot be reached
- Ensure that the auto-injection device kit is stored in a location that is known to all staff (including relief staff), is easily accessible to adults, inaccessible to children and away from direct sources of heat
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member on all excursions
- Regularly check the adrenaline auto-injection device expiry date
- When serving food **all** staff, including regular relief staff, need to be careful to use separate clean utensils to avoid the allergen when food is prepared for the child with a severe allergy.

- The centre menu will be reviewed to consider a range of recipes that may be adapted to exclude the allergen, whenever food is being prepared, which includes the allergen; it should be **prepared and served completely separately** to food for the child who may experience an anaphylactic reaction.
- Details of children’s food allergies will be displayed in the kitchen to assist with menu planning and meal preparation. These will be updated regularly
- Care should be taken with home corner items, craft materials used for construction, painting, collage and cooking, where recycled empty food containers are being used. Egg cartons or peanut butter jars, muesli bar boxes etc. can have traces of the food left on them and for some children this will be sufficient to trigger a reaction.
- Photos of children with food allergies are attached to the food trolley along with a list of the child’s allergies

Families will:

- Ensure that no nuts or products containing nuts are consumed at the service
- Inform staff at the service either on enrolment or on diagnosis of their child’s allergies
- Assist in the creation of a risk minimisation plan for the service
- Provide the service an anaphylaxis/ asthma /diabetes medical management action plan
- Provide a complete auto-injection device kit and check expiry date
- Ensure contact details for parents/guardians and other contacts are kept up to date
- Assist staff by offering information and answering any questions regarding their child’s allergies
- Notify staff of any changes to their child’s allergy status and provide a new anaphylaxis/asthma /diabetes action plan in accordance with these changes every 12 months. If any changes occur within the 12 months families must notify staff of these changes as soon as possible.
- Comply with this policy in that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without the device
- Notify the Nominated Supervisor in writing of any changes to the anaphylaxis/ asthma/ diabetes Action Plan during the year

Review:

This policy is the intellectual property of Maryland Care & Early Education Centre and is created with consultation of staff and families attending the service. This policy will be reviewed annually. This policy is available in other languages upon request.

Last Review: August 2024

Next Review: August 2025