



## **MANAGEMENT OF MEDICAL CONDITIONS (Including Asthma and Anaphylaxis)**

### **POLICY STATEMENT**

All children have the right to experience quality education and care in an environment that provides for their individual health and safety requirements. Holy Name is an inclusive community that welcomes and supports all children including those with ongoing medical conditions and health care needs.

We work in partnership with families and medical professionals to support the ongoing health and medical needs of children attending our service. All health care needs will be treated sensitively and respectfully.

Families of a child with a specific health care need or medical condition will be provided with a copy of the *Managing Medical Conditions Policy* and the *Administration of Medication Policy* and Health and Risk minimisation plan, upon enrolment or when their child is first diagnosed with a medical condition or specific health care need.

### **RATIONALE**

We rejoice in each child as a precious and sacred gift from God and aim to ensure that each child is treated with the dignity and respect God intended for them.

It is important to us that all children develop a sense of belonging, where they feel accepted and where they trust those who care for them. When children have a sense of safety and belonging, and their health needs are met sensitively they are better placed to engage with life's joys and complexities and to meet the challenges of everyday life.

### **PROCEDURES**

#### **Children's medical needs**

Upon enrolment families are required to provide full details about their child's health and medical requirements, by completing the health care plan and risk management plan. The nominated supervisor will support educators to ensure they have the resources and are appropriately trained to manage the child's health care needs.

The child's information will be entered into XAP, and this information will be displayed in all rooms, the kitchen, and the staff room. A copy of all health information will also be kept in the child's enrolment file.

#### **Staffing**

When new educators commence, they will be provided with all the children's details and health requirements.

Anaphylaxis, asthma and first aid trained educators are always on the premises. We encourage and support all staff to hold these qualifications

Relief staff will be given the procedure file and made aware of any children's allergies when commencing in a room to notify them of the specific needs of the children attending care

Children who require care that includes medical procedures may be accepted into the service only once educators are appropriately and professionally trained and are confident in administering the required medical assistance. In the instance that we cannot provide adequately and appropriately trained educators who are comfortable and confident to perform medical procedures or administer medication to a child, it may be agreed that the parent or another authorised person will come to the service to administer the medical procedure or medication.

We provide regular professional training, including asthma and anaphylaxis and diabetes to ensure all educators and staff are aware of serious medical conditions. We also provide other training as deemed necessary or topical, and associated to the needs of the children.

### **Medical plans**

Where a child has an ongoing medical or health care need that requires support or that may impact on the child's ability to participate in the program a Healthcare Plan and risk minimisation plan (Appendix A) is required to be completed. The plan details the child's support needs including administration of medication and other actions required to manage the child's medical condition and inclusion in the program and reduces risk to the child's health. Where applicable a *Medical Management Plan* or *Emergency Action Plan* signed by a medical practitioner must also be provided and updated annually, a long term medication form will also be required to be completed and updated every 3 months.

The nominated supervisor and educators will work in partnership with the child's family to develop a risk minimisation plan. This plan will assess the risks relating to the child's specific health care needs or medical condition and establish procedures for ensuring educators, staff and volunteers can identify the child, their medication and where applicable their *Emergency Action Plan*.

In the case of severe allergies, a risk minimisation plan may include any requirements for safe handling, preparation and consumption of food and notification procedures that inform other families about allergens that pose a risk to the child.

The needs of children with specific medical needs will be re-assessed on a regular basis to ascertain any changing needs and to assess and confirm the service's ongoing ability to meet those needs. These will be documented in the child's ongoing communication plan with educators and the Centre.

If a child's medical condition changes the family will be required to complete a new *Healthcare Plan* and the service will re-assess its ability to care for the child, including whether educators are appropriately trained to manage the ongoing special needs.

Should a child with special medical requirements arrive at a care session without their required medication or other items required to meet their medical needs the child will not be accepted until their prescribed medication or other items are available.

### **Anaphylaxis**

At least one staff member with an ACECQA approved anaphylaxis management training will be always on the premises.

Whenever a child with severe allergies is enrolled at the service, or a child is newly diagnosed as having a severe allergy, the nominated supervisor will inform all relevant educators and other service staff of the child's name, the contents of the child's risk minimisation plan (if appropriate), where the child's *Emergency Action Plan* will be located, where the child's adrenaline auto-injector

is located and which educators are responsible for administering the adrenaline should it be required.

The service will notify all families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service and depending upon the allergens families will be advised of allergens to avoid bringing into the service and any other precautions that may be required.

A copy of the action plan will be given to the cook and the educators and displayed in the staff room. All staff are to read the original document and a copy will be kept in the child's enrolment file.

In an anaphylaxis emergency educators will follow the child's *Emergency Action Plan*. If a child appears to be having an anaphylactic response but does not have an adrenaline auto-injector educators will only administer adrenaline if the service has an adrenaline auto-injector for general use. Another child's adrenaline auto-injector will not be used.

Staff administering adrenaline will follow the instructions on the ASCIA Action Plan stored with the device and an ambulance will always be called.

## **Asthma**

At least one staff member with an ACECQA approved Emergency Asthma Management training will be always on the premises.

Whenever a child with asthma is enrolled at the service, or a child is newly diagnosed with asthma, an *Asthma Management Plan* completed by the child's medical practitioner must be provided in addition to a *Healthcare Plan and risk management plan*.

As recommended by the National Asthma Council, a child experiencing acute respiratory distress, whether known to have asthma or not, will have the Asthma First Aid Plan applied immediately.

Educators caring for the child will be notified of the plan and required to read the original document. All relief staff must be shown this document upon commencement of their shift.

An asthma emergency first aid plan will be displayed in the child's room and in the staff room and a copy kept in the enrolment file.

## **Diabetes**

Whenever a child with Type 1 diabetes is enrolled at the service the child's current *Individual Diabetes Management Plan* prepared by the child's diabetes medical specialist team must be provided in addition to the completion of the *Healthcare Plan* and Risk minimisation plan.

A communication plan will be developed to inform all relevant educators and other service staff of the child's name and the contents of the child's *Individual Diabetes Management Plan*.

Educators will always comply with the requirements of the Individual Diabetes Management Plan but particularly in relation to meal and exercise times. Consideration will be given to children's dietary requirements when planning celebrations that incorporate food.

Each child's diabetes management plan will be reviewed prior to an excursion with additional advice provided by the child's Diabetes Medical Specialist Team and/or parents as required.

## **Medical risks minimisation strategies:**

### **Management**

- We are an Egg and Nut aware centre.
- The medical management plan, risk minimisation plan and medication are accessible to all educators. They are displayed in the room near the first aid cupboard. The child's medication is stored in this cupboard for the safety of the other children. The service EpiPen and emergency asthma kit is available in the babies room kitchen and in the centre managers office.
- There is a notification poster of child at risk of anaphylaxis displayed in the front foyer with other prescribed information.
- The centre manager will notify the parents of any allergens that pose a risk to the child.
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### **Educators**

- The child's medication will be checked regularly by educators to ensure it has not expired.
- A copy of parent's authorisation to administer medication(long term medication) is attached to medical management plan and original filed in enrolment folder for child. A copy is kept in the first aid cupboard.
- We will display the child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children's rooms, staff room and kitchen to alert all staff, volunteers, and students.

### **Families:**

- Parents are required to authorise administration of medication on a long term medication record, and educators will complete administration of medication record whenever medication is provided.
- Parents are required to provide the Centre with updated medication for their child.

### **Educators, staff and volunteers minimise effects of the triggers:**

eg Centre will be cleaned daily to reduce allergens.

Children will be given a quiet place to sit if they are at risk of and asthma attack and encouraged to sit quietly.

Children will not participate in physical play if they demonstrate a risk of asthma.

Child will be supported to wear appropriate clothing during weathers changes.

Child will not be in direct contact with the Centre pets.

### **Food handling, preparation, consumption, and service**

Eg. No outside food must be brought into the Centre.

The Centre cook will prepare food as per the advice of the child's families.

The child's food will be clearly labelled.

Child will be always supervised vigilantly while other children are eating and drinking.

Child to be seated a safe distance from other children when eating and drinking with an educator positioned closely to reduce the risk of the child ingesting other children's food or drinks.

### **REFERENCES**

Education and Care Services National Regulations (WA) 2012.

Australian Children's Education and Care Quality Authority (2017), The Guide to the National Quality Framework (Feb 2018), ACECQA, NSW.

Anaphylaxis Management Guidelines, Western Australian Schools, retrieved 13<sup>th</sup> of December 2013 from  
<http://www.health.wa.gov.au/anaphylaxis/docs/schools/11289%20SK13%20Guidelines.pdf>

Diabetes Australia Vic, Diabetes, *Developing a Diabetes Policy for Education and Care Services* retrieved from <http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents/diabetes-and-early-childhood> on the 13th of October.

Medical Conditions at School website, a resource for schools and medical professionals, accessed October 2013 <http://medicalconditionsatschool.org.uk/download-files/>

The Asthma Foundation Victoria, Asthma and young children, information sheet, Accessed 10 October 2013 <http://www.asthma.org.au/LinkClick.aspx?fileticket=yCV8bXO6mRg%3d&tabid=279>

### **RESOURCES**

Medication record forms can be downloaded from  
<http://files.acecqa.gov.au/files/Templates/MedicationRecord.pdf>

### **Review history**

<b>YEAR OF REVIEW</b>	<b>AMENDMENTS</b>
January 2014	Reviewed and edited content to align with requirements under the national regulations.
January 2015	Reviewed and edited content to align with requirements under the national regulations.
September 2018	Updated Risk minimisation to include new templates.  Include keeping the details in the enrolment form to formalise the procedure.
2019	2020
2020	2021
March 2021- added medical plans from doctors must be updated annually	2022
March 2022 new software introduced XAP	March 2023

**Date written:** September 2018

**Next review:** March 2023