

POLICY AIM

The aim of Sweetpeas Kindergarten is to effectively care for, support the medical conditions, health care needs or allergies of children and staff, ensuring the wellbeing of all, in accordance with the *Education and Care Services National Regulations*.

RATIONALE

Clear procedures are required to support the health, wellbeing and inclusion of all children and staff at the service.

Our service 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.

SCOPE - WHO IS AFFECTED BY THIS POLICY?

- Educators
- Staff
- Families
- Children
- Management
- Students and volunteers

NATIONAL QUALITY STANDARD

QUALITY AREA 2

- Standard 2.1 (Health) - *Each child's health and physical activity is supported and promoted.*
- Element 2.1.1 (Wellbeing and comfort) - *Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.*
- Standard 2.2 (Safety) - *Each child is protected.*
- Element 2.2.1 (Supervision) - *At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.*
- Element 2.2.2 (Incident and emergency management) - *Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.*

RELATED POLICIES & LEGISLATION

RELATED SWEETPEAS POLICIES:

- Acceptance and Refusal of Authorisations Policy
- Administration of Medication Policy
- Child Safe Environment Policy
- Confidentiality Policy
- Enrolment and Orientation Policy
- Food Preparation, Safety and Storage Policy
- Incident, Injury, Trauma and Illness Policy
- Supervision Policy
- Work Health and Safety Policy

RELATED EDUCATION AND CARE SERVICES NATIONAL REGULATIONS:

- Regulation 12 - Meaning of a serious incident
- Regulation 85 - Incident, injury, trauma and illness policy
- Regulation 86 - Notification to parent of incident, injury, trauma or illness
- Regulation 87 - Incident, injury, trauma and illness record
- Regulation 89 - First aid kits
- Regulation 90 - Medical Conditions Policy
- Regulation 90(1)(iv) - Medical Conditions Communication Plan
- Regulation 91 - Medical conditions policy to be provided to parents
- Regulation 92 - Medication record
- Regulation 93 - Administration of medication
- Regulation 94 - Exception to authorisation requirement—*anaphylaxis or asthma emergency*
- Regulation 95 - Procedure for administration of medication

- Regulation 136 - First Aid qualifications
- Regulation 162(c)(d) - Health information to be kept in enrolment record
- Regulation 168 - Education and care services must have policies and procedures
- Regulation 170 - Policies and procedures are to be followed
- Regulation 173(2)(f) - Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
- Regulation 174 - Time to notify certain circumstances to Regulatory Authority

TERMINOLOGY

- **Medical Condition** - This may be described as a condition that has been diagnosed by a registered medical practitioner.
- **Medical Management Plan** - an action plan completed by a medical professional detailing a person's health support needs, including steps to take in an emergency and the administration of medication.
- **Risk Minimisation Plan** - each child enrolled with a medical condition has a risk minimisation plan, developed with their families, outlining the procedures in place to ensure that the risks of the child's specific health care need, allergy or relevant medical condition are assessed and minimised.

GLOSSARY OF ABBREVIATIONS

- **ASCIA** - Australian Society of Clinical Immunology and Allergy
- **NAC** - National Asthma Council of Australia

IMPLEMENTATION AND STRATEGIES

ENROLMENT:

- On application for enrolment families will be required to complete full details about their child's medical needs. We will assess whether educators are appropriately trained to manage the child's special health needs at that time.
- Where children/educators require medication or have special medical needs for long term conditions or complaints, the child's doctor or allied health professional and parent/guardian must complete a Medical Management Plan (e.g. an Asthma Action Plan). Such a plan will detail the child's special health support needs including administration of medication and other actions required to manage the child's condition.
- The Nominated Supervisor will also consult with the child's family to review the child's Medical Management Plan, emergency procedures, medication needs and food requirements to ensure the ongoing safety of the child.
- The Nominated Supervisor will communicate the above plans and needs to all educators via the private Facebook Messenger group for staff.
- Children with specific medical needs must be reassessed in regard to the child's needs and our service's continuing ability to manage the child's special needs, on a regular basis, depending on the specific child's medical condition.
- If a child's medical, physical, emotional or cognitive state changes the family will need to complete a new Medical Management Plan and our service will re-assess its ability to care for the child, including whether educators are appropriately trained to manage the child's ongoing special needs.

ADMINISTRATION OF PRESCRIBED MEDICATION:

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

- See *Administration of Medication Policy*

MEDICAL MANAGEMENT PLANS:

Medical Management Plans are required if a child enrolled at our service has a specific health care need, allergy or relevant medical condition. This involves:

- requiring a parent of the child to provide a medical management plan for the child. The medical management plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs
- requiring the medical management plan to be followed in the event of an incident relating to the child's/educator's specific health care need, allergy or relevant medical condition.

RISK MINIMISATION PLANS:

Risk Minimisation Plans are required to be developed in consultation with the parents of a child:

- to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.
- if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented.
- if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.
- to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented.
- if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented.

COMMUNICATION STRATEGIES:

Our service will maintain the evaluation and development of communication strategies to ensure that:

- Relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and Risk Minimisation Plan for the child/educator.
 - Allergy and Asthma Plans and emergency procedures are displayed in the main room in the relevant colour coded medical conditions folder
 - Risk ID forms are completed and kept alongside Doctor's plans in the relevant folder
 - Risk ID tags of all known food allergies are located in the kitchen, on food trolleys, with evacuation bags and at strategic points around the service.
 - Plans are checked regularly by WHS officer to ensure they are current.
 - Educators will be informed of enrolled children or educators with medical conditions via the private Facebook Messenger group for staff.
- A child's parent can communicate any changes to the medical management plan and Risk Minimisation Plan for the child, setting out how that communication can occur.
 - Medical plans and allergy lists will be updated
 - Changes will be communicated to all educators via private Facebook Messenger group for staff.

ASTHMA:

- Whenever a child with asthma is enrolled at our service, or newly diagnosed as having an asthma, communication strategies will be developed to inform all relevant Educators, including students and volunteers, of:
 - the child's name, and group they are educated and cared for (in the child's Risk Minimisation Plan)
 - where the child's Medical Management Plan will be located (in the main room in the blue medical conditions folder and folder in emergency evacuation bag)

- where the child's preventer/reliever medication etc. will be stored (in the bag hanging by the back door)
- Asthma reliever medications will be stored out of reach of children, in the bags hanging by the back door.
- Reliever medications together with a spacer are included in our service's First Aid kit (kit by the back door) in case of an emergency situation where a child does not have their own reliever medication with them.
- A Risk ID form and Risk ID tags will be completed.
 - The Risk ID form will be kept with the child's asthma plan in the asthma folder
 - The Risk ID tag will be displayed at strategic points within the service along with other medical conditions Risk ID tags
- Sweetpeas encourages all staff to engage in training in Emergency Asthma Management (EAM) which instructs on all aspects of asthma management and administration of asthma reliever medications. Educators who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care, will attend or have attended an Asthma EAM course. It is a requirement that at least one Educator or other person that is trained in EAM is at the service at all times children are present.
- Asthma Australia produces recommended guidelines on asthma management within the early childhood care setting, including an Asthma First Aid Plan and Asthma Record Card.

ANAPHYLAXIS:

- Whenever a child with severe allergies is enrolled at our service, or is newly diagnosed as having a severe allergy, a communications plan will be developed to inform all relevant educators, including students and volunteers, of:
 - the child's name and group they are educated and cared for in;
 - the child's Risk Minimisation Plan;
 - the child's Risk ID form
 - where the child's Medical Management Plan will be located (in the main room in the red medical conditions folder);
 - where the child's adrenaline auto-injector is located (in the bags hanging by the back door); and
 - which educators/staff will be responsible for administering the adrenaline auto-injector.
- In accordance with the *National Regulations*, our service will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Notices will be posted in the foyer will advise which foods are allergens and therefore not to be brought to the service. As we provide all meals to children at Sweetpeas, there is minimal risk of families bringing high risk foods to the service.
- It is required that the child at risk of anaphylaxis will have a Medical Management Plan. (ASCIA has a plan format). Educators will become familiar with the child's plan and also develop an Individual Anaphylaxis Risk Minimisation Plan for the child in consultation with the child's parents/guardians and appropriate health professionals.
- A communication strategy will be developed with parents/guardians to ensure any changes to a child's health care needs are discussed and the health care plan updated as required.
- Sweetpeas stores an auto-injector for general use in the First Aid kit hanging by the back door.
- Each child enrolled with anaphylaxis will have a Risk ID form completed and stored in the red medical conditions folder with their Emergency Action Plan and Risk ID tags displayed at points throughout the service.

DIABETES:

Whenever a child with diabetes is enrolled at our service, or is newly diagnosed as having diabetes, a communications plan will be developed to inform all relevant educators, including students and volunteers, of:

- the child's name and group they are educated and cared for in;
- the child's Risk ID form;
- the child's Risk Minimisation Plan;

- where the child's Emergency Action Plan will be located (in the main room in the relevant medical conditions folder), and the folder in the emergency evacuation bag);
- where the child's insulin/snack box etc. will be stored;
- which educators will be responsible for administering treatment.

Educators will be aware of the signs and symptoms of low blood sugar including the child presenting pale, hungry, sweating, weak, confused and/or aggressive. Signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath.

The child will have Risk ID tags displayed in the kitchen, on food trolleys and in strategic locations along with other medical conditions Risk ID tags.

EMERGENCIES

ASTHMA EMERGENCIES:

In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible

The National Asthma Council (NAC) recommends that should a child not known to have asthma appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately.

The following steps are recommended:

- If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma; Give 4 puffs of a reliever medication and repeat if no improvement;
- Keep giving 4 puffs every 4 minutes until the ambulance arrives;
- No harm is likely to result from giving reliever medication to someone who does not have asthma.

DIABETIC EMERGENCIES

Management of diabetes in children at our service will be supported by the child having in place an Emergency Action Plan which includes:

- Administration of Insulin, if needed - information on how to give insulin to the child, how much insulin to give, and how to store the insulin. Insulin may be delivered as a shot, an insulin pen, or via an insulin pump.
- Oral medicine - children may be prescribed with oral medication.
- Meals and snacks - Including permission to eat a snack anytime the child needs it.
- Blood sugar testing - information on how often and when a child's blood sugar may need to be tested by educators
- Symptoms of low or high blood sugar - one child's symptoms of low or high blood sugar may be different from another. The child's Action Plan should detail the child's symptoms of low or high blood sugar and how to treat it. For high blood sugar, low blood sugar, and/or hypoglycaemia, educators will follow the child's Emergency Action Plan.

ANAPHYLAXIS EMERGENCIES:

- In the case of an anaphylaxis emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.
- For anaphylaxis emergencies, educators will follow the child's Emergency Action Plan. If a child does not have an adrenaline auto-injector and appears to be having a reaction, the educator will only administer adrenaline if the service has an additional adrenaline auto-injector for general use. Staff administering the adrenaline will follow the instructions stored with the device.
- An ambulance will always be called. The used auto-injector will be given to ambulance officers on their arrival. Another child's adrenaline auto-injector will NOT be used unless it can be immediately replaced.

RESPONSIBILITIES

RESPONSIBILITIES OF THE APPROVED PROVIDER:

- Ensuring staff receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs.
- 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.

RESPONSIBILITIES OF THE NOMINATED SUPERVISOR/RESPONSIBLE PERSON:

- Ensuring that a Risk Minimisation Plan is developed for each child or educator 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 a copy of this and other relevant service policies.
- Ensuring the development of 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.
- Implementing this policy at the service and ensuring that all staff adhere to the policy.
- Informing the Approved Provider of any issues that impact on the implementation of this policy.
- Identifying specific training needs of staff who work with children diagnosed with a medical condition, and ensuring, that staff access appropriate training.
- 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.
- Ensuring 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 information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.
- Maintaining ongoing communication between staff and parents/guardians in accordance with the strategies identified in the Risk Minimisation Plan to ensure current information is shared about specific medical conditions within the service.
- Ensuring Risk ID forms and tags are completed for every child enrolled with a medical condition and displayed: in the relevant folder, in strategic points throughout the service.

RESPONSIBILITIES OF THE EDUCATORS:

- 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.
- Being aware of individual requirements of children with specific medical conditions and following their Risk Minimisation Plan and medical management plan. All staff, including casuals should make themselves familiar with the medical conditions folders located within the room.
- Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor.
- Ensure that parents/guardians are contacted when concerns arise regarding a child's health and wellbeing.
- Keeping First Aid qualifications up to date, including Asthma and Anaphylaxis management training.
- **WHS officer is to regularly review allergy lists and Medical Management Plans to ensure they are current.**
- Educators must comply with current COVID-19 restrictions and ensure they are abiding by government rules, this will be ongoing until restrictions are gone completely.

RESPONSIBILITIES OF THE FAMILIES:

- 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 staff in the event of an incident relating to the child's specific health care needs.
- Providing medication required for the management of the child's condition, including the completion of any relevant medication forms.
- Ensuring medical management plans and medication provided to the service are up to date at all times.

Families should be aware that for the safety of their child, it is the policy of Sweetpeas to deny entrance to the service of children with out-of-date medication (related to a medical condition) or medical management plans.

RELATED SWEETPEAS DOCUMENTS

- Risk Minimisation Plans
- Risk ID forms
- Risk ID tags

RELATED RESOURCES

- ASCIA Action Plan for Eczema: <https://www.allergy.org.au/patients/skin-allergy/eczema-action-plan>
- ASCIA Action Plans and First Aid Plans for Anaphylaxis: <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>
- Asthma Australia: <https://asthma.org.au/>
- Diabetes Action and Management Plans: <https://as1diabetes.com.au/schools/diabetes-plans/>
- Diabetes Australia: <https://www.diabetesaustralia.com.au/>
- Epilepsy Foundation: <https://epilepsyfoundation.org.au/>
- Epilepsy Management Plans: <https://epilepsysmartschools.org.au/epilepsy-management-plan/>
- National Asthma Council Australia - Asthma action plan library: <https://www.nationalasthma.org.au/health-professionals/asthma-action-plans/asthma-action-plan-library>

REFERENCES

- ACECQA
- Australian Society of Clinical Immunology and Allergy
- Early Childhood Australia Code of Ethics (2016)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations (2017)
- Guide to the National Quality Framework
- National Asthma Council Australia
- National Health and Medical Research Council (2013) - Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Ed.)
- Privacy Act 1988
- Revised National Quality Standard (2018)
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2018

REVIEW AND AMENDMENTS

This policy will be updated regularly to ensure compliance with all relevant legal requirements. Appropriate consultation of all stakeholders (including staff and families) will be conducted on a timely basis. In accordance with *Regulation 172* of the National Regulations, families of children enrolled will be notified at least 14 days and their input considered prior to any amendment of policies and procedures that have any impact on their children or family.

Version	Amendment(s)	Review Date	Updated By
3.1.	<ul style="list-style-type: none">Policy updated changes to add educators' roles throughs the pandemic	July 2021	Janine Evans (Nominated Supervisor)
3.2.	<ul style="list-style-type: none">Policy updated to add new Risk ID tags and Risk ID forms	July 2022	Cassandra Way (Assistant Manager)
3.3.	<ul style="list-style-type: none">Cosmetic changes to update policy to new templateUpdated references and added resources section	September 2022	Cassandra Way (Assistant Manager)
3.4.	<ul style="list-style-type: none">Corrected typosChecked hotlinks + added additional links	December 2023	Cassandra Way (Assistant Manager)