

DEALING WITH MEDICAL CONDITIONS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide guidelines for Alfred Nuttall Memorial 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

Alfred Nuttall Memorial 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 [Service Name] 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 Alfred Nuttall Memorial 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.

Self-administration by a child over preschool age

Services who provide education and care to a child over preschool age (as defined in the *Education and Care Services National Regulations 2011*) may allow a child over preschool age to self-administer medication. The Approved Provider must consider their duty of care when determining under what circumstances such permission would be granted:

- Where a child over preschool age can self-administer medication/medical procedures, written permission must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications.

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.

AV 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 affect 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* (5th 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

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 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 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 *AV 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
- 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 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
- 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.

Procedures specific to ANMK

(a) Management of medical conditions – General practice.

1. Parents will notify on their child's enrolment form if their child suffers from any medical condition.
2. Either before or at orientation or at a meeting time at the beginning of the year, the teacher will discuss this information with the parent.
3. Details will be recorded on the child's enrolment form and if required, further forms completed e.g information sheets, risk managements, action plans.
4. Required medication is to be provided by the parent who is also responsible for notifying staff of any changes to the child's medical condition.
5. If required, staff will attend training sessions related to specific medical conditions.

(b) Communication of the medical conditions policies and practices and children's needs to staff and volunteers.

1. The Nominated supervisor ensures all staff members and volunteers at the service are informed of the management of medical conditions policy when they commence working at ANMK and are regularly updated at staff meetings.
2. Updates will be required on at least an annual basis, or earlier as required when a new medical condition presents or when the policy/procedures need to be changed.
3. The nominated supervisor ensures all staff members knowledge on current authoritative information on management of specific health needs is updated through attending relevant trainings and the sourcing and reading of information from relevant government departments and associations.
4. If a child has a specific medical condition the nominated supervisor will ensure accurate information on the management of this condition is obtained through consultation with the child's family and relevant government departments, foundations or associations
5. The child's family is responsible for providing medical information from a qualified and relevant medical practitioner on the specific medical condition and management plan for their child.
6. The nominated supervisor will ensure all staff members working with the child are informed of their Individual health management plans and risk management plans.
7. A child's health needs are communicated in a formal discussion at the start of the year with each staff member working with the child.
8. Changes to a child's health needs or medical conditions will be communicated as soon as practicable to all staff working with this child and also to the nominated supervisor.
9. Relief staff are informed of child's health needs by a permanent staff member.
10. All medical conditions requiring action plans, such as but not limited to allergy, epilepsy, diabetes, asthma have identification lists of children diagnosed which are also located in the children's play room and copies of action plans stored in the children's files, first aid cupboard and evacuation bag.
11. A summary list of children, including a photograph of the child, with food allergies is located in the kitchen and a summary list of medical conditions is located inside the door of the first aid cupboard.
12. Staff relay information supplied by families regarding a child's immediate health needs with all staff working with the child on the day.
13. Staff confidentially and informally consult with another staff member concerns they may have regarding a child's health. This consultation is for the purpose of seeking clarification and a second opinion from another staff member in regard to necessary actions to take. For example, taking a temperature or calling to inform parents that a child is not feeling well

(c) The requirements arising if a child enrolled at ANMK has a specific health care need, allergy or relevant medical condition (i) A parent of the child to provide a medical management plan for the child Individual Health Management Plans

1. Individual health management plans are developed for children with specific medical conditions and children who have been diagnosed as at risk of asthma and anaphylaxis.

2. Individual Health Management Plans are displayed in the playroom (anaphylaxis) and are stored in the children's files, first aid cupboard and evacuation bag.
3. At enrolment, parents/guardians are asked to identify diagnosed medical conditions or allergies on a child's initial enrolment form.
4. If a diagnosed medical condition or allergy is identified on the enrolment form, ANMK give the parent/guardian an action management plan to be completed in consultation with the child's medical practitioner prior to the child's commencing at ANMK. This plan documents information received from families, medical professionals and/or alternative therapy providers including contact details, the condition, triggers or allergens, symptoms and medical treatment.

(ii) The medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition

1. ANMK staff members are required to know and follow the management plan in the event of an incident relating to a child's specific health care need, allergy or relevant medical condition.
2. The staff member who first observes the child's health need/medical condition /allergic reaction will immediately report this to the responsible person in charge of the child. This person will then immediately consult the child's action plan and implement the required first aid treatment.
3. Parents will be notified as soon as possible and medical emergency personnel contacted if required. If no action plan has been provided, (for example unexplained breathing difficulties) appropriate first aid treatment will be provided and parents notified as soon as possible with medical emergency personnel contacted if required.
4. An assessment and risk analysis will be conducted following any incident requiring first aid treatment to determine the cause of the incident with a view to minimize future incidents and to evaluate the effectiveness of staff responses.
5. The medication book must be completed if medication has been required to be administered to a child with a diagnosed medical condition and a management plan.
6. As required by regulation 12 and section 174 of the law, serious incidents requiring attention of a medical professional must be notified to the regulatory authorities.

(iii) The development of a risk-minimisation plan in consultation with the parents of a child

1. Risk management plans are completed with each child's family in the first week of commencing at ANMK and are kept in the child's file.
2. A copy is also given to the child's parent. This plan comprehensively guides the management of a child's needs to ensure the child's safe access to the environment and program. The plan:
 - A. Identifies possible risks to the child's health care needs, allergy or relevant medical condition.
 - B. Identifies relevant practices and procedures in relation to the safe handling, preparation, consumption and service of food
 - C. Identifies practices and procedures to ensure parents are notified of any allergens that pose a risk to a child and develops and implements strategies for minimising the risk
 - D. Identifies, develops and implements. practices to ensure all staff members can identify the child, the child's medical management plan and the location of the child's medication
 - E. Develops and implements practices to ensure the child does not attend the services without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition.
 - F. Sets timelines for review of the child's action plan.

(iv) The development of a communications plan to ensure that—

- A. All staff working with the child are informed of the medical conditions policy and the Individual health management plan and risk management plans.
- B. A child's health needs are communicated at the start of year with each staff member working with the child in a formal discussion.
- C. Relief staff are informed of child's health needs by permanent staff member.

Anaphylaxis information for each child is displayed in the children's room. Each staff member working in the room is informed to know this information prior to a session commencing. Copy of plans are located in the child's file, the first aid cupboard and in evacuation bag.

D. Individual health management plans and risk management plans are referred to by staff when necessary in day to day interactions and for individual education planning purposes.

E. 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.

F. It is preferable for all information regarding a change to a medical management plan and risk minimisation plan or child's immediate health needs to be given directly to the child's teacher or if unavailable to the responsible person in charge of the child for that day. The teacher will then follow up with the parent to clarify the information provided.

G. Staff members must inform the nominated supervisor of any changes to the medical management plan and risk minimisation plans and it is the responsibility of the nominated supervisor to ensure all staff members working with the child are informed immediately of these changes.

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

Nil