

Health Policy – Medical Conditions

QUALITY AREA 2: CHILDREN’S HEALTH AND SAFETY

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Policy Statement:

The aim of the Yarrunga Early Learning Centre and this policy acts to ensure that:

- Children are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.

- Families can expect that Educators will always act in the best interest of the children in their care; meet the children’s individual health care needs; maintain continuity of medication for their children when the need arises.

- Educators feel competent to perform their duties; understand their liabilities and duty of care requirements; are provided with enough information and training regarding the administration of medication and other appropriate treatments.

Collaboration with families of children with diagnosed medical conditions to develop a Risk Minimisation Plan for their child;

- All staff, including casual staff, educators and volunteers, are informed of all children diagnosed with a medical condition and the risk minimisation procedures for these;

- All families are provided with current information about identified medical conditions of children enrolled at Yarrunga with strategies to support the implementation of the Risk Minimisation Plan;

- All children with diagnosed medical conditions have a current Risk Minimisation Plan that is accessible to all staff;

- All staff are adequately trained in the administration of emergency medication.

Background:

Yarrunga have clear procedures to support the health, wellbeing and inclusion of all children enrolled at Yarrunga.

Yarrunga 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:

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. Yarrunga is also committed to providing families with ongoing information about medical conditions and the management conditions are a key priority. Educators are conversant with the Policy and we encourage parents to be also.

Relevant legislation:

Education and Care Services National Law Act 2010: Section 173

Education and Care Services National Regulations - Regulation 90-91,96,

Health Records Act 2001

Location of information:

This information is located on the Yarrunga web page or on request, Parent and Staff Handbooks.

Reference sources:

Guide to the National Law and National Regulations ACECQA

SIDS Australia rednose.org.au , Cancer Council NSW, [www.cancercouncil.com.au](http://www.cancercouncil.com.au) accessed 5/7/17.

Staying Healthy: Preventing infectious diseases in early childhood education and care services. (5th ed)

Belong, Being & Becoming, The Early Years Learning Framework for Australia.

Community Early Learning Australia – sample policy July 2017

ASCIA – Australian Society of Clinical Immunology and Allergy Inc. [www.allergy.org.au](http://www.allergy.org.au) 22

NSW Health Regulations – Caring for infants. www.health.nsw.gov.au/publications

Greater Southern Area Health Service (Dental) https://www.mlhd.health.nsw.gov.au/our-services/dental-(oral)-health-services

Asthma Foundation / Children and asthma https://asthma.org.au/

Strategies:

**Enrolment of children into Yarrunga**

Yarrunga’s practices support the enrolment of children and families with specific health care requirements.

* On application for enrolment families will be required to complete full details about their child’s medical needs. We will assess whether Educator’s are appropriately trained to manage the child’s special health needs at that time.
* Where children require medication or have special medical needs for long term conditions, the child’s doctor or allied health professional and parent/guardian must complete a Medical Management 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 develop a Risk Minimisation and Communication Plan. This plan will assess the risks relating to the child’s specific health care needs, allergy or medical condition; any requirements for safe handling, preparation and consumption of food; notification procedures that inform other families about allergens that pose a risk; procedures for ensuring educators/students/volunteers can identify the child and their medication. This will also detail how families will inform educators about specific requirements for child in regards to medical conditions, and how educators will communicate to families; any intervention undertaken in relation to their child’s medical condition.
* Children with specific medical needs must be reassessed in regard to the child’s needs and Yarrunga’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 Yarrunga 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.

**Medical Management Plans**

Medical Management Plans are required if a child enrolled at Yarrunga 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 specific health care needs, allergy or relevant medical condition.

**Risk Minimisation and Communication Plans**

Risk Minimisation and Communication 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.
* To ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented.
* To ensure that practices and procedures ensuring 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.
* To ensure that practices and procedures ensuring that the child does not attend Yarrunga 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**

Yarrunga will maintain the review 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.
* 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.
* How families and educators will communicate regarding the child’s changing requirements and any interventions undertaken by the educators.

**The Nominated Supervisor will:**

* Ensure all medical management and risk minimisation plans are accessible to all staff;
* Ensure that all plans are current and kept up to date;
* Develop a communication plan to ensure that relevant staff members and volunteers are informed of the medical conditions policy, the medical management plan and risk minimisation plan for the child;
* Update the communication plan as needed;

**Educators and staff will:**

* Ensure the child does not attend Yarrunga without medication prescribed by their doctor.
* Ensure they are aware of enrolled children with medical conditions and be familiar with the medical management and risk minimisation plans of each child diagnosed with a medical condition; and
* Will consult the communication plan to ensure they are aware of their communication responsibilities.
* Ensure co-workers, including relief staff, volunteers and students know of enrolled children with a medical condition.

**Management of asthma and anaphylaxis**

**The Nominated Supervisor will:**

* Ensure that all staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies; and
* Ensure that all staff are adequately trained in the administration of emergency medication such as the Epi-Pen or asthma medication.

**Educators and staff will:**

* Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma; and
* Administer emergency medication in accordance with their training, as required.

**Documentation and record keeping**

**The Approved Provider will;**

* Ensure records are confidentially stored for the specified period of time as required by the Regulation.

**The Nominated Supervisor will:**

* provide a copy of the Medication Record to medical staff in the event further medical intervention is required.

**Educators and staff will:**

* Complete a Medication Record when a child receives emergency medication; and
* will provide parents with a copy of the Medication Record.

**Policy Availability**

The medical conditions policy will be readily accessible to all educators, staff, families and visitors, and ongoing feedback on this policy will be invited.

E**valuation**

* Educators respond in an effective manner to any medical conditions incident, and documentation is completed, shared, and stored as appropriate;
* Plans to effectively manage medical conditions are developed in consultation with families, and implemented; and
* Regular reviews of procedures and policy are implemented.

**Asthma Management Policy**

**Policy Statement**

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, Yarrunga recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

**Rational**

This Asthma Policy aims to:

* Raise awareness of asthma amongst those involved with Yarrunga;
* Implement strategies to support the health and safety of children with asthma enrolled at Yarrunga.
* Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities; and
* Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

**The Approved Provider will:**

* provide Emergency Asthma Management Training to all staff.

**The Nominated Supervisor will:**

* Provide staff with a copy of this policy and brief them on asthma procedures upon their appointment;
* Ensure at least one staff member who has completed accredited asthma training is on duty whenever children are present at Yarrunga.
* Ensure all enrolment forms contain the question: “Has your child ever had asthma?”;
* Identify children with asthma during the enrolment process and inform staff;
* Provide families thus identified with a copy of this policy and Asthma Action Plan upon enrolment or diagnosis;
* Store Asthma Action Plans in the child’s enrolment record and a copy displayed in the child’s room;
* Formalise and document the internal procedures for emergency Asthma First Aid;
* Ensure that an emergency Asthma First Aid poster is displayed in key locations;
* Ensure that the first aid kit contains a blue reliever medication, a spacer device, face mask, concise written instruction on Asthma First Aid procedures and 70% alcohol swabs;
* Ensure that an accredited staff member/WHS officer correctly maintains the asthma component of the First Aid Kit (e.g. Regular checks of expiry dates on medication);
* Provide a mobile Asthma First Aid Kit for use on excursions;
* Encourage open communication between families and staff regarding the status and impact of a child’s asthma; and
* Promptly communicate any concerns to families should it be considered that a child’s asthma is limiting his/her ability to participate fully in all activities.

**Staff will:**

* Ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years)
* Ensure that they are aware of the children in their care with asthma;
* Ensure, in consultation with the family, the health and safety of each child through supervised management of the child’s asthma;
* Identify and, where practical, minimise asthma triggers;
* Where necessary, modify activities in accordance with a child’s needs and abilities;
* Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child’s written Asthma Action Plan;
* Administer emergency asthma medication if required according to child’s written Asthma Action Plan. If no written Asthma Action Plan is available the Asthma First Aid Plan outlines in this document should be followed immediately;
* Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child’s asthma is limiting his/her ability to participate fully in all activities; and
* Ensure that children with asthma are treated the same as all other children.

**Families will:**

* Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma;
* Provide all relevant information regarding their child’s asthma via the written Asthma Action Plan, which should be provide to Yarrunga within seven (7) days of enrolment;
* Notify the Nominated Supervisor, in writing, of any changes to the Asthma Action Plan during the year;
* Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times, along with a spacer and face mask;
* Ensure that they comply with all requirements and procedures in relation to the Medications Record;
* Communicate all relevant information and concerns to educators as the need arises (e.g. If asthma symptoms were present the previous evening); and
* Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child’s asthma.

**Children will:**

* Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

**Asthma Emergencies**

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

The National Asthma Council (NAC), recommends that should a child not know 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;
* In the event of anaphylactic emergency and breathing difficulties, an ‘Epi-pen‘ must be administered first, then Ventolin.

**Anaphylaxis Management**

**Policy Statement**

It is the aim of Yarrunga Early Learning Centre that all children are provided with the same experiences as other children and receive appropriate attention as required. Play and exercise are encouraged in a positive, safe and accepting environment. Children will be assisted to understand medication and to increase confidence.

**Rational**

* Minimise the risk of an anaphylactic reaction occurring while the child is in care at Yarrunga.
* Ensure staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device;
* Raise Yarrunga community’s awareness of anaphylaxis and it’s management through education and policy implementation;
* Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5 years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cows milk, sesame, bee or other insect stings and some medications;
* Young children may not be able to express the symptoms of anaphylaxis;
* A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device;
* The approved provider recognises the importance of all staff/educators responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device; and
* Staff/educators and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff/educators should not have a false sense of security that an allergen has been eliminated from the environment. Instead the approved provider recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including minimising the presence of the allergen at Yarrunga.

**The Approved Provider will:**

* Ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by ACECQA then at least every 3 years; and
* Ensure that this policy is provided to a parent/ guardian of each child diagnosed at risk of anaphylaxis at Yarrunga.

At Yarrunga where a child diagnosed at risk of anaphylaxis is enrolled the Approved Provider shall also:

* Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of Yarrunga and develop a risk minimisation plan for Yarrunga in consultation with staff and the families of the child/ren; and
* Ensure that a notice is displayed in the main entrance of Yarrunga that a child diagnosed at risk of anaphylaxis is being cared for or educated at Yarrunga.

**The Nominated Supervisor will;**

* Ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at Yarrunga, whether the child has allergies and document this information on the child’s enrolment record. If the child has severe allergies, ask the parent/guardians to provide a medical management action plan signed by a Registered Medical Practitioner;
* Provide families with a copy on the Anaphylaxis policy upon enrolment.
* Ensure that an anaphylaxis medical management action plan signed by the child’s Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy of the child’s anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at Yarrunga.
* Ensure staff members on duty whenever children are present at Yarrunga have completed emergency anaphylaxis management training;
* Ensure that practice of the adrenaline auto-injection device is undertaken annually and recorded;
* Ensure that all relief staff members at Yarrunga have completed current approved anaphylaxis management training including the administration of an adrenaline auto-injection device and awareness of the symptoms of an anaphylactic reaction;
* Ensure all staff know the child/children at risk of anaphylaxis, their allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit;
* Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend Yarrunga without the device;
* Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child’s allergies, this policy and its implementation;
* Display an Australasian Society of Clinical Immunology and Allergy Inc (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at Yarrunga, for example in the children’s room, the staff room or near the medication cabinet;
* Ensure that a child’s individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used;
* Ensure that all staff in Yarrunga know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit and displayed in the room.
* Ensure that the staff member accompanying children outside Yarrunga carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

**Educators responsible for the child at risk of anaphylaxis shall:**

* Ensure that they maintain current Anaphylaxis First Aid Training;
* Ensure a copy of the child’s anaphylaxis medical management action plan is visible and known to staff at Yarrunga;
* Follow the child’s anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis;
* In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
* Call an ambulance immediately by **dialling (0) 000**
* Commence **first aid** measures
* Contact the parent/guardian
* Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
* Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and “anaphylaxis scenarios” on an annual basis;
* Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; 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. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month); and
* Provide information to the Yarrunga community about resources and support the managing allergies and anaphylaxis.
* Provides families with details of Anaphylaxis Australia
* www.allergyfacts.org.au
* 1300 728 000

**Parent/guardians of children shall:**

* Inform staff at Yarrunga, either on enrolment or on diagnosis, of their child’s allergies;
* Develop an anaphylaxis risk minimisation plan with Yarrunga staff;
* Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan;
* Regularly check the adrenaline auto-injection device expiry date;
* Assist staff by offering information and answering any questions regarding their child’s allergies;
* Notify the staff of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes;
* Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child; and
* Comply with Yarrunga’s policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend Yarrunga or its programs without that device.

**Anaphylaxis Emergencies**

In the event of a child having an anaphylaxis attack whilst at Yarrunga:

* the child will be comforted, reassured and placed in a quiet area under the direct supervision of a suitable experienced educator.
* Anaphylaxis medication will be administered as outlined in the child’s Anaphylaxis Record Form/Action Plan.
* The parent/guardian will be contacted by phone immediately.
* The ambulance service will be contacted immediately and the child closely monitored until the ambulance officer arrives.

**Diabetes Management**

**Policy Statement**

The management of a child’s diabetic condition is dependent upon coordination between Yarrunga, the child’s family and the child’s doctor. Yarrunga recognises the need to facilitate effective care and health management of children who have diabetes, and the prevention and management of acute episodes of illness and medical emergencies.

**Goals**

**The Diabetes Management Policy aims to:**

* Raise awareness of diabetes management amongst those involved at Yarrunga.
* Provide the necessary strategies to ensure the health and safety of all children with diabetes enrolled at Yarrunga.
* Provide an environment in which children with diabetes can participate in all activities to the full extent of their capabilities; and
* Provide a clear set of guidelines and expectations to be followed with regard to the management of diabetes.

**The Approved provider will:**

Encourage all staff to complete senior first aid training.

**The Nominated Supervisor will:**

* Provide staff with a copy of this policy and brief them on diabetes procedures upon their appointment;
* Ensure at least one staff member who has completed accredited senior first aid training is on duty whenever children are being cared for or educated;
* Ensure all enrolment forms contain the question: “Has your child been diagnosed with diabetes?”;
* Identify children with diabetes during the enrolment process and inform staff;
* Provide families thus identified with a copy of this policy and Diabetes Care plan upon enrolment or diagnosis;
* Ensure that each Diabetes Care Plans are received for each child with a diagnosis of diabetes that contain information for the child’s Diabetic Management and outline what to do in relation to any Diabetic Emergency the child might face;
* Ensure families proved Yarrunga with the child’s testing kit and hypo pack if required;
* Store Diabetes Care Plans in the child’s enrolment record;
* Formalise and document the internal procedures for emergency Diabetes treatment;
* Encourage open communication between families and staff regarding the status and impact of a child’s diabetes; and
* 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.

**Staff will:**

* Ensure that they maintain current accreditation in first aid;
* Ensure that they are aware of the children in their care with diabetes;
* Ensure that they are familiar with the symptoms of signs and symptoms and the emergency treatment of a low blood glucose level;
* Call an ambulance if they feel emergency treatment is required;
* Ensure, in consultation with the family, the health and safety of each child through supervised management of the child’s diabetes;
* Where necessary, modify activities in accordance with a child’s needs and abilities;
* Ensure that a child’s Diabetes Care Plan is followed at all times;
* Promptly communicate, to management or parent/guardians, any concerns should it be considered that a child’s diabetes is limiting his/her ability to participate fully in all activities; and
* Ensure that children with diabetes are treated the same as all other children.

**Families will:**

* Inform staff, either upon enrolment or on initial diagnosis, that their child has diabetes,
* Provide all relevant information regarding their child’s diabetes via a written Diabetes Care Plan, which should be provided to the centre within seven (7) days of enrolment;
* Keep the child’s testing kit and hypo pack updated as required;
* Notify the Nominated Supervisor, in writing, of any changes to the Diabetes Care Plan during the year;
* Ensure that they comply with all requirements and procedures in relation to the Medication Record;
* Communicate all relevant information and concerns to educators as the need arises; and
* Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child’s diabetes.

Monitoring, Evaluation and Review

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, Yarrunga will review this Policy every two years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R.172 of the Education and Care Services National Regulations, Yarrunga will ensure that families of children enrolled at Yarrunga are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at Yarrunga; a family’s ability to utilise the service, the fees changed or the way in which fees are collected.