

Medical Conditions

Policy Statement

Meerilinga has a duty of care to all children who attend our Children and Family Centres, including those with moderate to severe medical conditions. The service embraces this obligation by taking every reasonable precaution to protect children in the day to day management of their conditions and dealing with emergency situations as they arise.

Policy Purpose

We aim to efficiently respond to and manage medical conditions at the service ensuring the safety and wellbeing of children, staff, families and visitors.

Scope

This policy applies to children, families, staff, management and visitors of the service.

Exclusions

This policy does not apply to non-licensed services such as our facilitated playgroups, facilitated playgroups, parenting and wider community support programs

Policy Review

At least annually or from time to time the organisation may make changes to this policy to improve the effectiveness of its operation.

Implementation

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.

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 act in the best interests of the children in their care at all times; meet the children's individual health care needs; maintain continuity of medication for their children when the need arise.
- Educators feel competent to perform their duties; understand their liabilities and duty of care requirements; are provided with sufficient 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.
- Families are provided with current information about identified medical conditions of children enrolled at the service 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.
- Educators and staff are adequately trained in the administration of emergency medication.
- Medical Management Plans together with Risk Minimisation and Communication plans will be updated annually or as required.

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 require medication or have additional health needs for long term conditions or complaints, the child's doctor or registered health practitioner and parent/guardian must complete a Medical Management Plan. Such a plan will detail the child's additional 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 ensure:

- The risks are assessed relating to the child's specific health care needs, allergy or medical condition;
- The 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.
- How families will inform educators about specific requirements for child(ren) 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 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 there is any change to a child's medical, physical, emotional or cognitive state, the family will need to complete a new Medical Management Plan. Meerilinga 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 Responsible Person and a ECT/Diploma Qualified Educator will hold a current First Aid / Asthma / Anaphylaxis qualification. 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 our service has a specific health care need, allergy or relevant medical condition. This involves:

- All Medical Management Plans provided by a child's parents and/or registered medical practitioner. This Plan should:
 - Have supporting documentation if appropriate.
 - Include a photo of the child.
 - If relevant, state what triggers the allergy or medical condition.
 - Include first aid needed.
 - Include contact details of the doctor who signed the plan.
 - State when the plan should be reviewed.
- Requiring a parent of the child to provide a medical management plan for the child. The medical management plan must be displayed in an area only accessible to educators and staff in accordance with the Privacy and Confidentiality Policy and Processes, include a current photo of the child and must clearly outline procedures to be followed by Educators and 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 need, allergy or relevant medical condition.

Risk Minimisation and Communication Plans

Risk Minimisation and Communication Plans are required to be developed in consultation with the parent/guardian of the 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 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.
- Families and educators communicate regarding the child's/children's changing requirements and any interventions undertaken by the educators.

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 room they are educated and cared for (in the child's Risk Minimisation Plan)
 - Where the child's Medical Management Plan will be located
 - Where the child's preventer/reliever medication etc. will be stored
 - Which Educators will be responsible for administering treatment.
- Asthma reliever medications will be stored out of reach of children, in an easily accessible central location.
- Reliever medications together with a spacer will be included in our service's First Aid kit in case of an emergency situation where a child does not have their own reliever medication with them.
- Educators who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care, will have attended an Asthma training in Emergency Asthma Management (EAM) which instructs on all aspects of asthma management and administration of asthma reliever medications.
- Meerinlinga requires all staff employed at the service to hold an approved certificate in Emergency Asthma Management.

Refer to process section of this Policy for Asthma Emergencies

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;
- The child's Risk Minimisation Plan;
- Where the child's Medical Management Plan will be located;
- Where the child's adrenaline auto-injector is located; and
- Which educators/staff will be responsible for administering the adrenaline auto-injector.

In accordance with the Education and Care Services 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, and on the wall of the room that the child is based in. The notice will advise which foods are allergens and therefore not to be brought to the service.

It is required that the child at risk of anaphylaxis will have a Medical Management Plan. (Refer to: The Australian Society for Clinical Immunology and Allergy (ASCIA) for a plan template www.allergy.org.au). 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.

Refer to process section of this Policy for Anaphylaxis Emergencies

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;
- The child's Risk Minimisation Plan;
- Where the child's Emergency Action Plan will be located;
- 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.

Refer to process section of this Policy for Diabetes Management

The Nominated Supervisor / Responsible Person will ensure:

- Educators and Staff have a clear understanding about children's individual medical conditions.
- Communication between families and Educators is on going and effective.
- Educators receive appropriate training in managing specific medical conditions.
- There is an Educator in attendance at all times with a current accredited first aid and CPR training for specific medical conditions.
- Educators have a clear understanding about their role and responsibilities when caring for children with a medical condition.
- Families provide required information on their child's medical condition, including:
 - Medication
 - Allergies
 - Medical Practitioner contact details
 - Medical Management Plan
- A Medical Management Plan/Risk Minimisation Plan has been developed in consultation with families and the child's medical practitioner.
- Educators have emergency contact information for the child.
- Casual 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.
- To gain permission to display children's individual medical management plans.
- A copy of the child's medical management plan is visibly displayed and known to staff in the Service.
- A child is not enrolled at the Service without a Medical Management Plan and prescribed medication by their medical practitioner. In particular, medication that is life threatening such as asthma inhalers, adrenaline auto injection devices and Insulin.
- In the event that a child suffers from reaction, incident, situation or event related to a medical condition the Service and staff will:
 - Follow the child's Emergency Medical/Action Plan.
 - Call an ambulance immediately by dialing 000.
 - Commence first aid measures/monitoring.
 - Contact the parent/guardian when practicable (within 24 hours).
 - Contact the emergency contact if the parents or guardian can't be contacted when practicable (within 24 hours).
 - Notify the regulatory authority (within 24 hours).

Educators will:

- Communicate 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.
- Be aware of individual requirements of children with specific medical conditions and following their Risk Minimisation Plan and medical management plan.
- Monitor 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.

Families will ensure:

- They provide management with information about their child's health needs, allergies, medical conditions and medication on the enrolment form and through verbal communication/meetings.
- The service enrolment form is completed in its entirety providing specific details about the child's medical condition.
- They notify the service if any changes are to occur to the Medical Management Plan.
- They provide the required medication and complete the long-term medication record.
- They provide an updated copy of the child's Medical Management Plan every 6 months.

Process	
Process Owner	CEO
Effective Date	18 March 2019
Date of Last Revision	13 February 2019

Process Details	
	Description
1.	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

Process Details

	Description
	<p>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:</p> <ul style="list-style-type: none">- 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; <p>In the event of anaphylactic emergency and breathing difficulties, an epipen must be administered first, then Ventolin.</p>
2.	<p>Anaphylaxis Emergencies</p> <p>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.</p> <p>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. Educators/staff administering the adrenaline will follow the instructions stored with the device. An ambulance will always be called. The used autoinjector will be given to ambulance officers on their arrival.</p>
3.	<p>Diabetes Management</p> <p>Management of diabetes in children at our service will be supported by the child having in place an Emergency Action Plan which includes:</p> <ul style="list-style-type: none">- 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 hypoglycemia, educators will follow the child's Emergency Action Plan.

Associated Documents

Meerilinga Policy Manual

- Preface - Section 1 - Strategic and Business Planning Policies (Code of Ethics & Conduct)
- Section 2 - Human Resources Policies
- Section 3 - Finance, Assets and Administration Policies
- Section 6 - Children's Program Policies and Processes
 - Enrolment and Orientation
 - Diversity and Inclusion
 - Staffing
 - Pets and Animals in the Environment
 - Relationships and Interactions with Children – Communication Plan
 - Relationships and Partnerships with Families
 - Communication Plan
 - Child Safe Environment
 - Supervision
 - Excursions
 - Emergency Management
 - Health, Hygiene and Infection Control
 - Illness and Infectious Disease
 - Medications
- Section 7 - Workplace Health and Safety Policies
- Section 8 - Guidelines
- Australian Society of Clinical Immunology and Allergy - ASCIA Action Plans

Records Management

Title	Location	Responsible Officer	Minimum Retention Period
Enrolment Form	CFC	Director/ Advisor Enrolment & Inclusion	3 years from exit
Medical Management Plan	CFC	Director/ Advisor Enrolment & Inclusion	3 years from exit
Medical Risk Minimisation & Communication Plan	CFC	Director/ Advisor Enrolment & Inclusion	3 years from exit
Child Profile	CFC	Service Director	3 years from exit
ELP Individual Support Plan	CFC	Lead Educator	3 years from exit
Inclusion Support Request	CFC	Director/ Advisor Enrolment & Inclusion	3 years from exit
Strategic Inclusion Plan	CFC	Director	3 years from exit
Child Incident Record	CFC	Director	Until the Child is 25 years old

Reference

- Education and Care Services National Law Act (WA) 2012 - October 2018
- Education and Care Services National Regulations (WA) 2012 - October 2018
- ACECQA - National Quality Standards - February 2018
- ACECQA - Belonging, Being & Becoming - Early Years Learning Framework
- Code of Ethics - Meerilinga
- Code of Conduct - Meerilinga
- Children and Community Services Act 2004
- Privacy Act 1988
- Australian Society of Clinical Immunology and Allergy – Action Plan for Anaphylaxis
http://www.allergy.org.au/images/stories/anaphylaxis/action_plan_epipen_general_2011.pdf
- Australian Society of Clinical Immunology and Allergy – ASCIA guidelines for prevention of food anaphylactic reactions in schools, preschools and childcare
<http://www.allergy.org.au/content/view/31/258/>
- Staying Healthy - Preventing Infectious Diseases in Early Childhood Education and Care Services, 5th Edition. Australian Government National Health and Medical Research Council - June 2013
- The NSW Work Health and Safety Act 2011 www.workcover.nsw.gov.au/newlegislation2012/Pages/default.aspx
- Storage and Handling of Dangerous Goods: Guidance
www.workcover.nsw.gov.au/formspublications/publications/Documents/storage-handlingdangerous-goods-1354.pdf
- Approved First Aid Qualifications www.acecqa.gov.au/qualifications/approvedfirst-aid-qualifications
- Health and Safety in Children’s Centres: Model Policies and Practices (2nd ed.)
www.community.nsw.gov.au/docswr/assets/main/documents/childcare_model_policies.pdf
- Changing a nappy without spreading germs.
https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55h_nappy_changing_poster_130701.pdf
- Raising Children Network www.raisingchildren.net.au

Mapping Policy and Processes

Education and Care Services National Law (WA) Act 2012	
Section	165, 165A (4)(d), 167, 169, 172, 174(2)(a), 175

Education and Care Services National Regulations (WA) 2012	
Regulations	12, 77, 85, 86, 87, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 136, 146, 147, 160, 161, 162, 168(1)(2)(a)(i)(iv)(d)(h)(k)(l), 170, 171, 172, 173, 176(2)(a)(ii)(b), 177, 181, 183, 185.

Standards for RTOs 2015	
Vocational Education and Training is a significant contributor to Australia’s economy domestically, being the primary mechanism to meet the skilling needs of the Australian community. The standards give the community confidence that RTOs are delivering quality training and assessment that is highly regarded both locally and overseas.	

Policy Area	National Quality Standards Early Childhood	National Standards for Volunteering Involvement 2015	Standards to Community Services	Standards to Family Support
Children's Programs	QA 2 - 2.1, 2.1.1, 2.1.2, 2.2, 2.2.1, 2.2.2. QA 3 - 3.2.1 QA 4 - 4.1.2, 4.2.2. QA 5 - 5.1, 5.1.2, QA 6 - 6.1, 6.1.1, 6.1.2, 6.1.3, 6.2, 6.2.1, 6.2.2. QA 7 - 7.1, 7.1.1, 7.1.2, 7.1.3, 7.2, 7.2.1, 7.2.3.			