



Issue Date:
October 2022

Review Date:
October 2024

Medical Conditions
Including Anaphylaxis and Allergy Awareness, Asthma, Diabetes, Epilepsy

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical Conditions Policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement— anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
136	First aid qualifications
162 ©and (d)	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
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
174	Time to notify certain circumstances to Regulatory Authority

QUALITY AREA		
2.1	Health	Each child’s health and physical activity is supported and promoted.
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
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Policy Statement

This policy sets out practices for supporting the inclusion of children who have been diagnosed with a specific health care need, allergy, or relevant medical condition. Lipscombe Child Care Services Inc (The Service) will ensure policies, procedures and practices are developed, maintained, and implemented to support the provision of a safe and healthy environment for all children, educators, staff, families, and visitors at our Service.

This policy includes, anaphylaxis and allergy awareness, asthma, diabetes, epilepsy, and any other relevant identified medical condition.

Scope

Approved Provider, nominated supervisor, educators, children, families, visitors

Definitions

- **Anaphylaxis** is the most severe form of allergic reaction and is potentially life threatening. It should be treated as a medical emergency, requiring immediate treatment.
- **An allergic reaction** occurs when the immune system reacts to substances (allergens) in the environment which are usually harmless (e.g. food proteins, pollen, dust mites).
- **Asthma** is a long-term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a 'flare-up'. In a flare-up, the muscles around the airway tighten, the airways swell, narrow and produce more mucus. These things make it harder to breathe.
- **Diabetes** is a serious autoimmune disease in which the body either does not produce enough insulin and/or becomes resistant to the insulin it produces. Too much insulin in the body can cause hypoglycaemia, whilst too little insulin can cause hyperglycaemia. Both hypoglycaemia and hyperglycaemia can quickly cause a patient to become unconscious.
- **Epilepsy** - is a medical condition in which a person has shown a tendency to have recurring seizures.

Aim

- To clearly identify children with a diagnosed specific health care need who are attending the Service
- To minimize the risks identified with this diagnosed health care need and communicate these with educators in consultation with the family involved.
- For the Service to facilitate effective care and management of children who have been diagnosed with a specific health care need. Ensure that appropriately trained staff members are on site and able to respond by initiating appropriate treatment or first aid
- To administer effective care and treatment in a way that respects the privacy of the child and family it relates to
- To ensure all aspects of the operation of the Service are considered to support the inclusion of each child into the program

Guidelines / Procedures

Enrolment and Health Related Information

The Service will ensure that all parents/guardians are provided with a copy of the *Medical Conditions Policy* as part of the enrolment process.

The enrolment process involves gathering information relating to medical conditions and must be completed prior to the child's first attendance at the Service, or as soon as possible after diagnosis if the child has already commenced.

The parent / guardian will provide a copy of the child's Medical Management plan which will be completed and signed by the child's Doctor (registered medical practitioner). The Medical Management Plan must clearly document:

- The child's full name, date of birth & photo.
- Actions to be taken, including first aid response and name and dose of prescribed medication.
- If applicable, allergens to be avoided (including known triggers).
- Names and contact details of parents/guardians or emergency contacts.
- Name, signature and contact details of the doctor who has completed the Medical Management Plan.
- The date the current Medical Management Plan was completed and the renewal date.

Along with any Medical Management Plan the parent / guardian will provide all relevant medication for the child.

In line with the *Education and Care Services National Regulations*, the Service, in consultation with the parents/guardians will develop a Risk Minimisation and Communication Plan to ensure that the risks relating to the child's specific health care need are assessed and minimised. Details contained in the Medical Management Plan will also inform the Risk Minimisation Plan. The risk minimization plan may include details of triggers, warning signs and symptoms of illness.

The communication plan explains how staff members and volunteers are informed about the medical management and risk management plans and how the parent of the child can communicate any changes to the diagnosed health care need.

The service will retain a copy of all plans with the child's enrolment record, in keeping with Australian Privacy Principles and the Service *Confidentiality Policy*.

The service will ensure details of the Medical Management Plan, Risk Minimisation Plan and Communication Plan, and storage / location of the prescribed medication are effectively shared with educators/ staff/ volunteers and readily available as required, including during excursions.

Medical Management Plans, Risk Minimisation Plans and Communication Plans must be updated at least annually, or in line with the review date included in the plan. Parents /guardians will update more frequently if changes occur. The Service and parents/ guardians will be prompted to review health related plans during the re-enrolment process each calendar year.

All medication must be prescribed, correctly labelled, and in date (see *Medication Policy* for further details).

Risk Minimisation Strategies

A notice will be displayed at the main entrance stating that a child is in attendance who is diagnosed as at risk of anaphylaxis (regulation 173), when there is such a child present

To support the provision of a child safe environment and minimise known and identified risks, the Service will:

- Always display a notice at the entrance of each program stating the program is an 'Allergy Aware Environment'
- Ensure all management, staff, educators, volunteers have awareness of and access to this policy and other relevant policies.
- Ensure all educators, including new educators are aware of children who have been identified with a specific health care need, allergy or other medical condition, and they know where to find information relating to the medical needs, medical management plans and medication relating to those children

- Ensure educators have a clear understanding of their role in relation to their role and responsibilities when caring for children with a diagnosed health care need
- Ensure children with medical condition do not attend the Service until the required plans and medication have been provided.
- Ensure educators have emergency contact details for the child readily accessible.
- In building a supportive community, information about medical conditions and allergies may be shared with other children, families, volunteers and students on practicum placement in a respectful, age and developmentally appropriate manner. This may include but is not limited to policies, procedures and information posters. As relevant, information may be made accessible in the home language of families.
- The confidentiality of individuals and individual circumstances must always be maintained. Information shared with others will be limited to that information that the family has given permission to be shared. For example, parents have given permission for medical management plan to be displayed in the room for educators to follow in the event of an emergency; and the family may give permission for details of their child's illness or medical condition to be discussed with other children in the group to help support their safety or wellbeing.
- Educators / Staff will communicate any concerns to families/guardians in regard to the child's medical condition and overall well-being (e.g. if a child's asthma is limiting their ability to participate fully in the program, or more general or subtle changes to wellness).
- Staff will optimise each child's engagement in the program through the implementation of the relevant Risk Minimisation Plan, policies and procedure, active supervision, and the maintenance of a supportive environment.
- In line with the *Medication Policy*, each child's medication will be readily available (including first aid kits, documentation, and support devices), stored correctly, be authorised, recorded and be administered by an authorised person in accordance with the written instructions (or in the case of an emergency, in line with instructions from emergency services), including during regular outings and excursions.
- Ensure arrangements for the movement of medication is clearly set out. For example, ensure EpiPen's stored at school for the school day are collected and returned systematically, as per the risk minimisation and communication plan.
- Maintain and promote appropriate health and hygiene practices such as effective handwashing practices.

Training

- Rosters must ensure that at least one staff member or nominated supervisor who holds current approved first aid qualifications and has undertaken current approved anaphylaxis management training and emergency asthma management training is in attendance while the service is operating.
- As applicable specific training may be offered to staff or nominated supervisors to support the health, safety and well-being of a child or children.

Safe Food Handling, Preparation and Consumption

- The Service requests that families do not send products containing nuts in lunch boxes or bags to the Service. This is verbally communicated as part of the orientation process and information is included in the orientation pack.
- Lunchboxes will be checked for known allergens before children commence meal times. High risk items will be removed from lunch boxes and returned to parents/guardians with an explanation as to why the item could not be consumed at the Service. The Service will provide alternate food for the child if removal of that item results in insufficient food being available to the child. Children will be supervised

at mealtimes to support them to not share food or drinks, including during excursions, celebrations, vacation care and other programs where a wide variety of foods may be present.

- Hygiene practices must support a safe environment (e.g. cleaning all tables thoroughly prior to and after serving food).
- All lunch boxes and drink bottles must be clearly marked with the child's name.
- Seating arrangements will be considered where a child has been diagnosed at risk of anaphylaxis, ensuring that all children are included in the social aspect of the mealtimes.
- Where a younger child is attending the service, who has been diagnosed at risk of anaphylaxis and the known allergen is milk, risk minimisation strategies may include:
 - a specific highchair being used to minimise the risk of cross-contamination.
 - ensuring non-allergic babies are held when they drink formula/milk to limit the potential of droplets or spills within the environment.
 - Additional cleaning before and after mealtimes
- The use of food, food containers, boxes and packaging being restricted in craft, cooking and science experiences.

Emergency Response

In the event that a child may suffer from a reaction, incident, situation, or event related to a medical condition the Service and staff will:

- Follow the child's emergency medical management plan
- Call an ambulance immediately by dialing 000
- Commence first aid measures/monitoring
- Contact the parent/guardian when practicable, but as soon as possible
- Contact the emergency contact if the parents or guardian can't be contacted when practicable, but as soon as possible
- Complete an Incident, Injury, Illness Record
- Notify the regulatory authority (within 24 hours)

Program Variations

Sandy Bay Infant and Waimea

The Service will liaise with relevant schools to share information and gain a clear understanding of the other parties' relevant policies, procedures, practices, or legislative requirements within the different settings. Where required, medication for individual children will be collected from the relevant school and stored at the program whilst the child is in attendance, then returned at the end of the day/end of school holiday period.

Staff Health Information

At the time of employment (or at any time that circumstances alter), each staff member, volunteer or student on practicum placement will be requested to provide relevant health information. Where the staff member/volunteer/student has a current Medical Management Plan, a copy should be provided to the Director. This information will be stored on the staff/volunteer/student record. With consent, other staff members may be made aware of the relevant medical condition, including the storage of medication and the implementation and location of the Medical Management Plan.

All medication must be clearly identified and stored in accordance with the medication policy, or in staff members personal belongings away from child occupied spaces. This supports the maintenance of a child safe environment.

Links to Other Policies

Nutrition Policy

Health and Hygiene Policy

Enrolment Process
Staff Induction
Staff Training / Professional Development
First Aid
Critical Incident
Individual Needs
Duty of Care

References

<http://www.education.tas.gov.au/school/educators/health/students> health care requirements
Anaphylaxis Australia <http://www.allergyfacts.org.au/index.html>
National Quality Framework
Asthma Australia
Diabetes Australia
Epilepsy Australia
Childcare desktop- Medical Conditions, Asthma policy
Australian Children's Education & Care Quality Authority (ACECQA). 2020. Policy and Procedure Guidelines. *Dealing with Medicals in Children Policy Guidelines*.
Australian society of clinical immunology and allergy. ASCIA. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>
Early Childhood Australia Code of Ethics. (2016).
Education and Care Services National Law Act 2010. (Amended 2018).
[Education and Care Services National Regulations](#). (2011).
Federal Register of Legislation *Privacy Act 1988*.
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Policy Review

The policies and procedures of Lipscombe Early Years Education and Care will be reviewed every two years (This timeframe may be altered and shortened where new information becomes available and/or legislative requirements alter).

Families, volunteers and other relevant stakeholders are encouraged to collaborate with the Service to review and update the Service's policies and procedures.

It is essential for all staff to be involved in the policy review process and to familiarise themselves with the Service's policies and procedures, the requirements and expectations and to acknowledge all updates and changes in writing.

Changes Made at Review:

Reviewed 2010 – additional links to policies: First Aid, Critical Incident and Individual Needs.
Review July 2011 – added allergy definition. Additional attachments – re Action Plans Anaphylaxis, fact sheet Anaphylaxis and Child Care Services.
May 2012 - Removed links to QIAS and added in links to National Quality Standards. Web sites are checked for up to date information. Additional minimised risk related notes, separate high chair, placement of child with others, sit aside, but not to excluded, clearly named containers, increase supervision when on excursions, being aware of milk allergy in relation to other babies / children.
February 2013 Added Health related policy – Regulation 90, 94, 168.
May 2014 addition of Parent/guardian contact details on ASCIA plan, reference to guidelines re – exclusion of foods.
March 2015 – Changed policy statement, reformatted, removed reference to Services Epi-pen, added Paragraph attendance without in date Epi-pen, added reference to Regulations 91 and 95.
March 2016 – Added more information about communication between Parents, Educators and Administration
May 2018 – Updated National Quality Standards
August 2018 – Updated to include new Risk Minimisation and Communications Plan KA
January 2020 – Added reference to Air Quality SD
April 2021 – Added template for Regulations and Quality Standards, added updated information in procedures and guidelines, communication plan information, asthma information, formatting and minor edits
October 2022 – edited sections to remove duplication; checked policy against current procedures; removed attachments (out of date);