

MEDICAL CONDITIONS

POLICY ADOPTED: 17 June 2014

Policy Objective:

- To ensure that staff and educators of Bland Shire Children's Services are aware of medical conditions, management plans and treatments for children who may require emergency medication
- To protect the health of children in care by preventing the misuse of medication and through the monitoring of children's health.

Policy Statement:

- Medical conditions both diagnosed and undiagnosed, need to be effectively managed to ensure that staff are able to adequately care for the needs of children. The management of such medical conditions needs to include the child, the parents, the staff and medical professionals. With effective management of medical conditions children will be able to participate in all aspects of quality care and education.

Statutory Legislation & Considerations

Children (Education and Care Services National Law Application) Act 2010 Section 173
Education and Care Services National Regulations 2011: 90-91

Definitions:

In this policy "staff" refers to staff employed by Bland Shire Council Children's Services and educators registered with the Bland/Temora Family Day Scheme.

Recommended Practices:

Identifying children with medical conditions:

- At time of enrolment parents will be asked to identify if their child has a medical condition, including the diagnosis of diabetes, asthma or anaphylaxis.
- Where the parent indicates either a diagnosed or undiagnosed medical condition the parents will be required to work with the service to develop a risk minimisation plan, communication plan, and an emergency treatment plan. If the medical condition has been formally diagnosed, this plan is to be developed by a medical professional.
- Parents will be provided with a copy of the services Medical Conditions Policy.
- Parents are required to complete on enrolment a list of foods and food substances that children are to avoid.
- Where the details of known allergens change or there is a change in the medical condition parents will be required to notify these changes to the service Nominated Supervisor as soon as practical, using methods identified in the communication plan.

- Where a child already enrolled in a service subsequently falls into this category then the parents will also be required to follow these procedures as detailed above.

General:

Parents need to be aware that whilst all care is taken to reduce a child's exposure to any Asthma triggers, allergens or potential allergens the service can not guarantee that exposure will not occur. Whilst the service will implement a range of specific procedures and risk minimization strategies to reduce the likelihood of common allergens within the service staff and parents need to be aware that it is not possible for a child care service to remain totally allergen free considering the nature of such a service and the involvement with a large number of children, parents, staff and community members.

Parents are asked not to bring trigger foods into the services to reduce the risk of exposure to peanut products. The service does not provide products made of peanuts, however does purchase and will offer to non allergic children, or those children who's risk minimisation plan allows "food that may contain traces of nuts" unless specified as an allergen for the child upon enrolment.

Common allergens and triggers for asthma and anaphylaxis:

Peanuts, Eggs, Tree nuts (cashews), Cow's milk, Fish and shellfish, Wheat, Soy, Sesame, Some insect bites, Dust mites, Chemical Perfumes, Exercise, Air pollution, Emotions

The service will:

Display each affected child's Emergency Action Plan within each playroom or designated eating area of the service.

Ensure that all staff and volunteers are aware of any child enrolled in the service who has been identified as having an allergy or as anaphylactic, a diagnosis of Asthma or any other medical condition. This will occur during enrolment and orientation.

Ensure that permanent staff have received training in Anaphylaxis and the Epi-Pen delivery and emergency Asthma treatment where appropriate

Where a child is enrolled with other medical conditions the service will endeavour to have staff trained in any emergency response first aid that may be relevant and appropriate.

Ensure that all staff are aware of where any medication for the treatment of allergies, such as antihistamine or an Epi-Pen is stored, asthma medication or other emergency medication

Ensure that a child's medication or Epi-Pen is taken with the child should the child leave the service for an excursion

Ensure that there is signage to indicate where each child's medication is stored

Implement the Emergency Action Plan in the event of an medical emergency.

Where a child enrolled in the service has a specific health care need or other relevant medical condition, parents will be with copies of the relevant policies.

Parents of a child with diagnosed and/or undiagnosed allergies or children with anaphylaxis, asthma or other medical conditions will:

Inform the service Nominated Supervisor on enrolment of the child's diagnosed and/or undiagnosed medical condition

Develop an Emergency Action Plan for the child in consultation with the service Nominated Supervisor and the child's Doctor or in the case of an undiagnosed medical condition, with the parent of the child.

The parent will assist in the completion of a risk minimisation plan that will be conducted in consultation with the Nominated Supervisor to identify any perceived risk and determined strategies to reduce this risk.

Develop a communication plan with the Nominated Supervisor to determine the most appropriate means of communicating about the child's medical condition

Give permission for the centre, or educator to display the Emergency Action plan, containing a picture of the child, and parental contact phone numbers, within the centre/home. Parents are to acknowledge that this will be visible to staff, other parents and community visitors within the centre.

Provide any medication including an Epi-Pen (if required), asthma relieving medication and spacer to the service.

Medication provided must be in date and have a printed prescription label identifying that it has been prescribed for the particular child for a stated time period; if instructions or medication labels are written in language other than English, the family must obtain an English version from a doctor or pharmacist. No unidentifiable medication will be given.

Regularly check the expiration date on any medication

Inform staff of any changes to the status of the child's medical condition

General risk minimisation strategies for children with allergies or at risk of anaphylaxis

Children will be taught not to share food and the service will be 'nut free' on specific days where children are diagnosed as having an allergy.

Children will wash their hands regularly throughout the day and prior to and after meal times

Staff will supervise meal times to reduce the risk of ingestion or cross-contamination of foods

The Nominated Supervisor in consultation with staff will discuss and inform parents of any observable change to any individual child's reaction or perceived allergic response to a possible or known allergen in order for them to review or develop a specific health management strategy or Emergency Action Plan.

The service will endeavour to ensure all children have access to the daily experiences and activities within the centre bearing in mind the potential risk that such an activity may present to children with identified allergies and anaphylaxis. In the event a particular activity may present the risk of an allergic reaction to any identified child consideration will be given as to its overall developmental merit. If still determined to be beneficial and deemed as able to be contained that child may be provided with an alternative experience whereupon all would be closely monitored.

References:

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, page 62.

Australian Society of Clinical Immunology and Allergy @ www.allergy.org.au – accessed May 2012

Anaphylaxis Australia @ www.allergyfacts.org.au - accessed May 2012

NSW Asthma Foundation www.asthmafoundation.org.au – accessed May 2012

NSW Ministry of Health – www.health.nsw.gov.au – accessed May 2012

Appendices:

Authorisation:

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	Manex	N/A	
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Related Council Policy/Procedure
Managing Allergy and Anaphylaxis