

POLICY STATEMENT
Children Services Unit
MEDICAL CONDITIONS

AUTHORISATION

POLICY TYPE: <i>(Council or Operational)</i>	Operational
POLICY LOCATION: <i>(eg. Corporate, Engineering, etc.)</i>	Community Services
RESPONSIBLE OFFICER: <i>(by position title)</i>	CSU Coordinator
AUTHORISED BY: <i>(GM or Director Title)</i>	Director Corporate and Community Services
DATE ADOPTED:	3 May 2022
ADOPTED BY: <i>(Manex or Council)</i>	Manex
MINUTE NO: <i>(If required)</i>	
REVIEW DUE DATE:	May 2024
REVISION NUMBER:	

DOCUMENT HISTORY

VERSION NO.	DATE	DESCRIPTION OF AMENDMENTS <i>Include names of former policies that this policy will replace if applicable</i>	AMENDED BY <i>(Where required)</i>
0	October 2018		September 2020
1	March 2021		March 2022

REVIEW OF THIS POLICY

This Policy will be reviewed within 2 years from the date of adoption or as required in the event of legislative changes. The Policy may also be changed as a result of other amendment that are to the advantage that Council and in the spirit of this Policy. Any amendment to the Policy must be by way of a Council Resolution for all policies categorised as “Council” policies or the approval of the General Manager for all policies categorised as “Operational” policies.

1. Purpose:

The purpose of this policy is to guide staff with clear procedures to support the health, wellbeing and inclusion of all enrolled children at Bland Shire Children Service Unit. Staff are aware of medical conditions, risk minimisation and management plans for all children and staff within the service.

2. Scope:

This policy document applies to all educators and staff at Children Services, including volunteers.

3. Outcomes:

To clearly advise that Bland Shire Children Services Unit support the enrolment of children with specific health care requirements. Examples include asthma, diabetes, and anaphylaxis. Effective management of these health conditions will be a partnership between the children, family, educators, professionals and the service. Educators and staff will act in the best interests of the child at all times and maintain individual health needs.

4. Roles and Responsibilities:

The Approved Provider will:

- Ensure educators hold current and approved training in anaphylaxis and asthma.
- Ensure educators are suitably trained in the management of particular medical conditions as per children enrolled.
- Ensure medical conditions both diagnosed and undiagnosed are effectively managed to ensure that staff are able to adequately care for the needs of children

The Nominated Supervisor will:

- Request the family of a child with a diagnosed and/or undiagnosed medical condition work with the service to develop a Medical Management Plan, Risk Minimisation Plan and Communication Plan. An Action Plan completed by the child's Doctor may also be required.
- Provide families with a copy of the Medical Conditions Policy and Medication Administration Procedure.
- Make Educators aware of individual children's Action Plans and Medical Management Plans. Ensure appropriate strategies are put in place to manage the child's medical condition.
- Ensure that medical and personal information in relation to any child with a known medical condition is updated annually or as per any changes to the medical condition.
- Assess whether Educators are appropriately trained to manage the child's special health needs at that time.

Staff will:

- Read and sign acknowledgement of medical conditions of children in their care.
- Room leaders will advise new/casual staff of individuals with medical condition and advise where medical management plans and medications are stored in the classroom.
- Display a copy of the child's Action Plan including information - name, photograph, list of triggers or allergens if applicable and relevant emergency information.
- Ensure medication is stored as relevant to the medication and child's age.
- Ensure medication is provided with the child on each day of attendance, ensuring expiry date is current and recorded with the medication. Encourage families to leave medication at the service for the duration of their child's enrolment. NB If medication is not provided the child will be refused attendance.
- Follow the child's Action Plan and Medical Management Plan as required.
- Ensure children's medication is carried by a trained staff member on excursions that these children attend.

- Ensure each child's medication is collected and taken to the muster point during Emergency Evacuations and/or practice.
- Discourage children sharing food and encourage awareness and acceptance of inclusive practices for the different needs of children.
- Ensure food is not contaminated or cross contaminated to the best of their knowledge with any product known to cause an allergic reaction with any child currently in attendance.
- Be aware of the risk to an identified child of using allergenic foods in cooking activities.
- Be aware of the risk of triggers and allergenic foods to an identified child in the environment and when out on excursion.
- Ensure eating areas and utensils are thoroughly cleaned with warm soapy water or put through a dishwasher to remove traces of potential allergens.
- Follow service hygiene procedures to contribute towards a contamination free environment.

All Parents/Guardians will:

- Be aware of the information regarding children with known allergies displayed.
- Abide by the Anaphylaxis Alert Note by not providing trigger foods.
- Provide nut free food during attendance at the service

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

- Inform the Children Services Coordinator on enrolment of the child's diagnosed and/or undiagnosed medical condition.
- If requested by Bland Shire Children Services Unit, provide an Action Plan completed by a Medical Practitioner within the last 12 months and subsequently renewed and provided to the service annually.
- Develop a Medical Management Plan for the child in consultation with the service and the child's Medical Practitioner or in the case of an undiagnosed medical condition, with the service.
- Develop a Risk Minimisation Plan in consultation with the service to identify any perceived risk and determine strategies to reduce this risk.
- Develop a Communication Plan with the service to determine the most appropriate means of communicating about the child's medical condition.
- Give permission for the service, or Educator to display within the service premises the child's Action Plan and if applicable Medical Management Plan, containing a picture of the child, and parental contact phone numbers. Parents are to acknowledge that this will be visible to staff, other parents and community visitors within the centre.
- Provide any medication to the service each day the child is in attendance.
- Ensure medication provided is in date and has a printed prescription label identifying that it has been prescribed for the particular child. If instructions or medication labels are written in a language other than English, the family must obtain an English version from a Medical Practitioner.
- Regularly check the expiration date on any medication.
- Where the details of known allergens change or there is a change in the medical condition, notify these changes to the Children Services Coordinator as soon as practical. The service will re-assess whether Educators are appropriately trained to manage the child's special health needs at that time.

Recommended Practices:

Allergy Awareness

Bland Shire Children Services Unit services are 'Nut and Allergen Aware'. It is not possible for an early education and care service to remain totally allergen free considering the nature of such a service and the involvement of a large number of children, parents, staff and community members. The service will implement a range of specific procedures and risk minimisation strategies to reduce the likelihood of common allergens within the service

Whilst all care is taken to reduce a child's exposure to any triggers, allergens or potential allergens, the service cannot guarantee that exposure will not occur.

The service does not provide products made of nuts, however does purchase 'food that may contain traces of nuts' and will offer to non-allergic children and to those children whose risk minimisation plan allows

Common allergens and triggers include:

Peanuts, eggs, tree nuts (cashews), cow's milk, fish and shellfish, wheat, soy, sesame, Insect bites, dust mites, chemical perfumes, exercise and air pollution.

Action Plan

Action Plans are required if a child enrolled at our service has a specific health care need, allergy or relevant medical condition such as but not limited to anaphylaxis, allergic reaction, asthma, epilepsy, eczema or allergic rhinitis (hay fever). This involves:

- Requiring a parent of a child to provide an Action Plan for the child, which has been completed by a Medical Practitioner. The Action 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 healthcare needs.
- Requiring the Action Plan to be followed in the event of an incident relating to the child's specific health care needs, allergy or relevant medical condition.

Medical Management Plan, Risk Minimisation Plan and Communication Plan

Medical Management Plans, Risk Minimisation Plans and Communication Plans are required to be developed in consultation between the service and the parents of a child:

- To ensure all staff are provided with and understand the symptoms, causes, clear instructions on action and treatment for the child's specific medical condition.
- To ensure that the risks relating to the child's specific health need, allergy or relevant medical condition are assessed and that strategies for minimising the risks are developed and implemented.
- If relevant, to ensure that practises and procedures in relation to the safe handling, preparation, service and consumption of food are developed and implemented.
- That practises and procedures ensure all staff members and volunteers can identify the child, the child's Action Plan and the location of the child's medication.

Communication Strategies

Bland Shire Children Services Unit will maintain communication strategies to ensure that:

- Permanent staff have received training in Anaphylaxis, Epi-Pen delivery and emergency Asthma treatment where appropriate.
- Where a child is enrolled with another medical condition, the service will endeavour to have staff trained in medical management that is relevant and appropriate.
- 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 or as part of the service induction for any new educators/staff.

- Each child's Action Plan is displayed within each playroom or designated eating area of each service.
- Action Plans and Medical Management Plans are implemented in the event of a medical emergency.
- There is signage to indicate where each child's medication is stored.
- 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.
- A child's medication or Epi-Pen is taken with the child should the child leave the service for an excursion or emergency evacuation.
- If medication is not provided the child will be refused attendance.

Asthma

Whenever a child with asthma is enrolled at our service, or newly diagnosed as having asthma, communication strategies will be developed to inform all relevant Educators, including students and volunteers of:

- The child's name, and service/room they are educated and care for in.
- The child's Action Plan, Medical Management Plan, Risk Management Plan and Communication Plan.
- Where the child's Action Plan and Medical Management Plan will be located.
- Where the child's preventer/reliever medication and spacer will be stored.
- Which Educators are responsible for administering medication

Educators who are responsible for the administering of asthma medication will hold an approved asthma management qualification.

Educators will:

- Ensure asthma medication is stored in a central location that is known to all Educators, is easily accessible and not accessible to early childhood children.
- Acknowledge primary school aged children have an important role in managing their own asthma. Therefore, in the case of a school aged child enrolled in Vacation Care or Family Day Care, reliever medications may be left in the child's bag or an easily accessible location to the child and the child is advised to inform the Educator if self-medicating.
- Check with a child's parent/guardian that the asthma medication is provided with the child on each day of attendance, ensuring the expiry date is current and recorded on the medication. Encourage families to leave medication at the service for the duration of their child's enrolment. NB If medication is not provided, the child will be refused attendance.
- Follow the child's Asthma Action Plan in the event of an asthma attack.
- Ensure asthma medication, for each child at risk of asthma, is carried by a trained adult on excursions that these children attend.
- Ensure each child's asthma medication is collected and taken to the muster point during Emergency Evacuations and/or practice.

Anaphylaxis

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a susceptible person is exposed to a specific allergen (such as a food or insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more.

Anaphylaxis is potentially life threatening and always requires an emergency response.

Anaphylaxis can occur at any age, but is most common in children and young adults.

Anaphylaxis may be triggered by foods such as peanuts, tree nuts, eggs, wheat, cow's milk, soy and seafood. Other substances that can trigger severe allergic reactions include medications (especially antibiotics), bee and other insect stings.

Whenever a child with severe allergies is enrolled at our service, or is newly diagnosed as having a severe allergy, communication strategies will be developed to inform all relevant Educators, including students and volunteers, of:

- The child's name, and service/room they are educated and care for in.
- The child's Action Plan, Medical Management Plan, Risk Management Plan and Communication Plan.
- Where the child's Action Plan and Medical Management Plan will be located.
- Where the child's adrenaline auto-injector (Epi-pen) medication will be stored.
- Which Educators are responsible for administering the medication

Bland Shire Children Services Unit will advise all 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 on the wall of the service/room that the child is based in. The notice will advise which foods are allergens and therefore not to be brought to the service.

Educators will:

- Ensure Epi pen medication is stored in a central location that is known to all Educators, is easily accessible and not accessible to early childhood children.
- Check with a child's parent/guardian that the Epi pen medication is provided with the child on each day of attendance, ensuring the expiry date is current and recorded on the medication. Encourage families to leave medication at the service for the duration of their child's enrolment. NB If medication is not provided, the child will be refused attendance.
- Follow the child's Anaphylaxis Action Plan in the event of an anaphylactic reaction.
- Ensure Epi pen medication, for each child at risk of anaphylaxis, is carried by a trained adult on excursions that these children attend.
- Ensure each child's Epi pen medication is collected and taken to the muster point during Emergency Evacuations and/or practice.

Educators who are responsible for the administering of Epi pen medication will hold an approved anaphylaxis management qualification.

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

All Bland Shire Children Services Unit services are 'Nut and Allergen Aware' where children are diagnosed as having an allergy.

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 Action Plan.

Children are encouraged to wash their hands regularly throughout the day and prior to and after meal times.

With the exception of cooking experiences, children will be encouraged not to share food.

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

Bland Shire Children Services Unit will endeavour to ensure all children have access to the daily experiences and activities within our services, 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.

Anaphylaxis and Asthma Emergencies

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

In the instance of an anaphylaxis emergency, if a child does not have an adrenaline auto-injector and appears to be having an anaphylactic reaction, staff will only administer adrenaline if the service has an additional adrenaline auto-injector for general use. Staff administering the adrenaline will follow the instruction stored with the device. An ambulance will always be called. The used auto-injector will be handed to the ambulance officers on their arrival.

Another child's adrenaline auto-injector (Epi pen) will NOT be used.

In the instance of an asthma emergency, if a child does not have asthma reliever medication and appears to be having an asthma attack, staff administering the asthma reliever medication will follow the instruction stored with the device. An ambulance will always be called.

Diabetes

Diabetes is a condition where there is too much glucose (sugar) in the blood. Glucose is the main source of energy for our bodies and comes from the food we eat. Insulin is a hormone made in the pancreas, which acts as a key to allow glucose (sugar) to pass from the blood stream into the body cells to provide energy for day to day living.

Diabetes develops when the pancreas is either unable to make insulin or the insulin produced is unable to work effectively. Without insulin doing its job, glucose builds up in the blood stream leading to high blood glucose levels.

Whenever a child with diabetes is enrolled at our service, or is newly diagnosed as having diabetes, a communication plan will be developed to inform all relevant Educators, including students and volunteers, of;

- The child's name, and service/room they are educated and care for in.
- The child's Action Plan, Medical Management Plan, Risk Management Plan and Communication Plan.
- Where the child's Action Plan and Medical Management Plan will be located.
- Where the child's medication will be stored.
- Which Educators are responsible for administering medication

Educators will be aware of the signs and symptoms of both low and high blood sugar. Educators who are responsible for monitoring the condition and administering medication will undergo relevant training.

5. Definitions:

In this policy "staff" and "educators" refers to staff employed by Bland Shire Council Children Services Unit and Educators registered with Bland/Temora Family Day Care. "Volunteers" refers to parents/carers participating in Children Services events.

6. Legislation and Supporting Documents:

Australian Children's Education and Care Quality Authority (2020) Guide to the National Quality Framework.

Education and Care Services National Law 2010

Education and Care Services National Regulations 2011

Staying healthy- preventing infectious diseases in early childhood education and care services, 5th ed. Australian Government. National Health and Medical Research Council.

Anaphylaxis Australia @ www.allergyfacts.org.au

NSW Asthma Foundation www.asthmafoundation.org.au

NSW Ministry of Health – www.health.nsw.gov.au

Medication Record

Incident, Injury, Trauma and Illness Record

Medical management Plan, Risk Minimisation Plan and Communication Plan (Anaphylaxis, Asthma and Other)

7. Relationship to Community Strategic Plan:

This Policy supports Council's Delivery Program Strategy 4.2 Provide quality, accredited and affordable Education and Care services within Bland Shire and surrounds (Bland Preschool, Family Day Care, Mobile Resource Unit, Vacation Care and Toy library Services).