



# POLICY AND PROCEDURE

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## MEDICAL CONDITIONS MANAGEMENT

### 1. POLICY STATEMENT AND PURPOSE

CELIC is committed to ensuring the safety, health and wellbeing of all children at the education and care services. When a child is diagnosed with a relevant medical condition (e.g. allergy, diabetes, asthma, epilepsy), additional information is required from parents so that the Centre and its staff can ensure that all children's safety, health and wellbeing are protected.

By providing clear guidelines and expectations to staff working with children, the health needs of all children can be managed effectively. Services rely on and value the cooperation of parents/guardians, medical practitioners, health services and relevant agencies to support them in this role and will work in conjunction with all stakeholders to ensure the health needs of children are met.

### 2. APPLICATION

This procedure applies to all Catholic Early Learning and Care Services in the Diocese of Cairns.

### 3. DEFINITIONS

**Relevant Medical Condition:** For the purpose of this policy, relevant medical condition is a condition that has been diagnosed by a registered medical practitioner and may include, but is not limited to; anaphylaxis, allergy, asthma, epilepsy, asthma, fracture. The medical condition is 'relevant' if the children/staff member being present at the service and / or participating in any of the activities of the services could have a negative impact on the individual's health due to their medical condition. Diagnosed medical conditions may be ongoing or acute/short term in nature.

### 4. POLICY

CELIC will involve all families, children, and educators in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Our services will adhere to privacy and confidentiality procedures when dealing with the individual health needs of children attending.

#### **Nominated Supervisor Responsibilities**

- Establishes an environment that promotes inclusion of children with health conditions and discourages discrimination against children with a health condition.
- Ensures that an Emergency Action Plan is available for all children where required by this policy.
- Facilitates the development of individual Risk Minimisation and Communication Plans for the children in collaboration with the child, parent, health provider and staff.
- Ensures that all parents receive a copy of this policy when enrolling their child.
- Ensures relevant training in management of specialised health conditions is sourced by appropriately qualified health professionals if required.

- Requires all activities (including excursions, incursions, indoor and outdoor activities) to include a planning component addressing the needs of children requiring management of a medical condition.
- Ensures that equipment and consumables, including medication to treat an emergency event are stored properly and are accessible at all times (i.e. not locked in cupboard or a room) and within the expiry date
- Ensuring all educators are adequately trained.
- Ensuring educators have a copy of this procedure and briefed upon their appointment.
- Promptly informing parents/guardians of any concerns about their child's health and if stored medication is due to expire within a month.
- Ensure at least one educator who has completed accredited senior first aid training is on duty whenever children are being educated and cared for

### **Parent responsibility**

- Inform the Nominated Supervisor of the service upon enrolment, or if the child is enrolled, as soon as possible after diagnosis, that their child has a medical condition.
- Consults with the CELC service to develop a Risk Minimisation and Communication Plan for the child.
- Provide **Action Plan** certified/signed by the child's treating medical practitioner, including renewal date.
- Provides the equipment and consumables, including medication, ensures it is not out of date and is labelled with the child's name, expiry dates and dosage amount. Children are not permitted to attend without their required medical equipment or consumables.
- Notify the educators of any changes to their child's medical status and provide a new action plan in accordance with these changes.
- No child who has been prescribed an auto injection device or diabetes testing kit and hypo pack is permitted to attend the service or its programs without that device.

### **Educator responsibility**

- Follow this procedure for all children with relevant medical conditions.
- Read and become familiar and adhere to the children's risk minimisation and communication plan and emergency action plan.
- Complete training in management of children health needs when required.
- Recognise the signs and symptoms of the medical condition and act promptly.
- Include the children with medical condition in all experiences (within the parameters of the risk minimisation plan)
- Report concerns/triggers with the child's health to the Nominated Supervisor/Responsible Person
- Administer medication as per medication procedure and documenting details accurately – **Responsible Person only.**
- Follow basic first aid and safety procedures.

### **Information that must be provided in CELC enrolment form**

CELC enrolment forms provide an opportunity for families to provide information to help the service effectively meet their child's needs relating to their medical conditions.

### **Each child's enrolment form must contain the following details.**

- Specific health care needs or medical conditions of the child, including allergies, asthma, epilepsy, diabetes, dietary requirements, disability status, and whether the child has been diagnosed or at risk of anaphylaxis.
- Any Action Plan provided by a parent (obtained from and signed by a medical professional) must contain the following - the triggers or the allergy or medical condition, first aid response, contact details of the child's treating doctor, plan review date.

### **Identifying Children with Medical Conditions**

Parents/guardians are made aware of CELC Medical Conditions Management policy for supporting children's health care needs on enrolment. The Medical Conditions Management policy is included in the mandatory enrolment documentation given to families.

If a child is diagnosed post enrolment, it is the responsibility of the parent/Guardian to notify the Nominated Supervisor of the service.

Each service will clearly and discreetly display the relevant plans and ensure that medication is clearly labelled (with a pharmacy label), visible and easily accessed by all educators. In accordance with national regulations, where a child has been diagnosed at risk of anaphylaxis a notice stating this must be displayed at the service, so it is clearly visible from the main entrance.

## **Relevant Documentation**

### **Action Plan**

As outlined above, an individual action plan is to be completed by the child's medical practitioner. Parents/guardians are responsible for supplying the medical equipment/consumables and ensuring that the medication has not expired. The child's medical equipment (and any medication) must be pharmacy labelled with the name of the child, dosage, and date. Medication must be located in a position that is out of reach of the children, but readily available to staff.

The following emergency action plan templates are available for Nominated Supervisor to provide to the child's parents/guardians for completion:

- ASCIA Action Plan for Anaphylaxis
- ASCIA Action Plan for Allergic Reactions
- Asthma care plan for education and care services
- Diabetes Individual Health Plan
- Epilepsy Management Plan

After each emergency incident, the individual child's plan will be evaluated to determine if the service's emergency response could be improved.

### **Risk Minimisation and Communication Plan (RMCP)**

A risk minimisation plan is an individual plan specifying the child's health needs, possible triggers in the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. This plan will be developed for any child:

- Diagnosed with severe asthma, type 1 diabetes, epilepsy or anaphylaxis; and/or
- Diagnosed with a medical condition that may inhibit them performing daily activities.
- Diagnosed as being at risk of an emergency.
- Requiring the administration of health care procedures
- School aged child who self-administers medication

Wherever possible, the service will minimise exposure to known triggers. The RMCP must be developed by the child's parent/guardian in conjunction with the Nominated Supervisor at the service and **reviewed annually**. Where required/requested, the plan may be created in consultation with the Treating Medical Practitioner.

### **Communication Plan**

The communication plan ensures that:

- Relevant staff members and volunteers are informed about the medical conditions policy and the emergency action plan and risk minimisation plan for the child.
- A child's parent can communicate any changes to the emergency action plan and risk minimisation plan for the child, setting out how that communication can occur.

## **ANAPHYLAXIS/ALLERGY MANAGEMENT**

The service recognises the importance of all educators being responsible for the child/ren at risk of anaphylaxis. The Nominated Supervisor will ensure that there is always a Responsible Person on duty who has current first aid and anaphylaxis management training approved by ACECQA.

### **General Procedures**

- Prevent cross contamination during food preparation, handling and serving. Hands will be washed before food is prepared and served.
- There will be no sharing or trading food.
- Children with severe allergies will only eat the lunch/ afternoon tea from their lunch box unless the food is prepared in alignment with their emergency action plan.
- Nominated Supervisor will consider the health needs of the children when planning the menu and cooking experiences.

All services are NUT AWARE services.

All EpiPen/auto injection devices must be stored in a location that is known to all educators, including casuals, easily accessible by adults (not locked away), inaccessible to children and away from direct sources of heat. Educators are responsible for checking the auto-injection device expiry date.

### **If a child is displaying symptoms of an anaphylactic reaction our services will:**

- Call an ambulance immediately by dialling 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.
- Complete incident report
- Notify Operations Manager

Where it is known a child has been exposed to their specific allergen/trigger, but has not developed symptoms, the child's parents/guardians should be contacted. A request should be made to collect the child and seek medical advice. The service should closely monitor the child until the parents/guardians arrive. Immediate action should be taken if the child develops symptoms.

## **ASTHMA MANAGEMENT**

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. CELC recognises the need to educate its educators and families about asthma and to promote responsible asthma management strategies. Children above 6 will be encouraged to self-administer their asthma medication (refer to Administration of Medication Policy). All families who enrol a child with asthma are required to provide the relevant asthma medication (Ventolin, spacer etc.)

Our services will ensure the following:

- At least one Educator who has completed accredited asthma training is on duty whenever children are present at the service.
- Identify children with asthma during the enrolment process.
- The **Asthma Action Plan** is displayed in an appropriate place that is easily accessible.
- Ensure that the first aid kit contains a blue reliever medication (e.g. Airomir, Asmol, or Ventolin), disposable spacers, face mask, concise written instructions on Asthma First Aid procedures
- Check the first aid kit quarterly to ensure all medication is in date.
- 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.
- Risk minimisation practices are carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an asthmatic reaction.

### **If a child is displaying asthma symptoms, our services will follow the Asthma Action Plan.**

## DIABETES MANAGEMENT

CELC recognises the need to facilitate effective care and health management of children who have diabetes and that prevention and management of acute episodes of illness and medical emergencies.

Our services will:

- Ensure that each child with diabetes has a current **Diabetes Action Plan**, provided and signed by a medical professional.
- Ensure the plan is displayed in an easily accessible place and all educators are aware of where it is kept.
- Ensure all staff have completed diabetes management training through the *Diabetes in Schools* portal (Level I Introductory Training and Level II Intermediate Training). Follow up with Cairns Diabetes Centre for individualised training, if necessary.
- Provide the necessary strategies to ensure the health and safety of all children with diabetes enrolled at the service.
- Provide an environment in which children with diabetes can participate in all activities to the full extent of their capabilities.
- Ensure that they are familiar with the symptoms and signs and the emergency treatment of low blood glucose levels.
- Maintain accurate records of actions and communicate these with parents. This must be carried out by a Responsible Person.

**If a child is displaying symptoms of a diabetic episode our services will follow the child's personalised Diabetes Action Plan.**

## EPILEPSY MANAGEMENT

Our services will implement procedures to minimise the exposure of susceptible children to the common triggers which can cause an epileptic seizure.

**If a child is displaying symptoms of an epileptic seizure our service will refer to the child's personalised Action Plan.**

## 5. NOTIFICATION OF CHANGES TO THE MEDICAL CONDITIONS POLICY

Parents of children enrolled at the service must be notified at least 14 days before making any change to the medical conditions management policy, if the change may have a significant impact on the service's provision of education and care to any child enrolled at the service, or the family's ability to utilise the service. If the notice period would pose a risk to the safety, health or wellbeing of any child enrolled at the service, the parents of children enrolled at the service must be notified as soon as practicable after making a change to a relevant policy.

## 6. SEE ALSO

- Australasian Society of Clinical Immunology and Allergy (ASCIA)
- National Asthma Council Australia
- Asthma Australia
- Australian Diabetes Council
- Epilepsy Action Australia
- Education and Care Services National Regulations
- Education and Care Services National Law Act
- Infection Control Policy

## 7. BREACHES OF THIS POLICY

Appropriate disciplinary action will be taken against a person who is found to have breached the requirements contained within this document. Action taken will depend on the nature and circumstance of each breach and could include: an official warning and note on the individual's personnel file; a formal

written and/or verbal apology; counselling; demotion; transfer; or suspension or dismissal for very serious matters.

## 8. ENQUIRIES

Catholic Early Learning and Care Executive Director - admin@cclc.catholic.org.au

## 9. APPROVAL



Alison Forster  
Director  
Catholic Early Learning and Care

**Date: 17/06/2022**