



WALES STREET PRIMARY SCHOOL

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**WALES STREET PRIMARY SCHOOL BEFORE AND AFTER SCHOOL AGE CARE (SAC)
POLICY STATEMENT ON DEALING WITH MEDICAL CONDITIONS INCLUDING SEVERE
ALLERGY, ANAPHYLAXIS, ASTHMA AND DIABETES-
Health/Safety (Standard 2)**

We will collaborate closely with children, families and, where relevant, schools and other health professionals to manage medical conditions of children attending the program. We will support children with medical conditions to participate fully in the day-to-day program at the program in order to promote their sense of wellbeing, connectedness and belonging at the program. Our educators will be fully aware of the nature and management of any child's medical condition and will respect the child and the family's confidentiality.

HOW THE POLICY WILL BE IMPLEMENTED?

Parents will be asked to inform the service of any medical conditions the child may have at the time of enrolment. This information will be recorded by the parent/guardian through the enrolment process. Upon notification of a child's medical condition the service will provide the parent with a copy of this policy in accordance with regulation 91.

Specific or long-term medical conditions will require the completion of a Medical management plan with the child's parent/s or guardian/s. This will need to be provided to the service prior to child's commencement.

Parents Responsibilities and are expected to:

- Inform the service of the health needs of their child at enrolment or when a health conditions develop;
- Provide details of triggers, possible triggers, and child's reactions;
- Provide all prescribed medications required by their child for management of the child's health support needs, including replenishing medication/and or auto injection device (EpiPen®) which has expired, providing additional medication to ensure quantities are sufficient, and ensuring all devices and medication are clearly labelled with child's name, expiry dates and dosage;
- Provide an individual health plan for their child and parents/guardians must keep the service updated as conditions, medication, or treatment plans changes to made in consultation with parents/guardians when required.
- If current Action Plans are not attached to the enrolment form upon registration, then that registration will be "incomplete" until an Action Plan is provided to the service.
- Notify the educators of any changes to their child's medical status and provide a new action plan in accordance with these changes;
- Comply with the service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device.
- Educate children about their allergies and how to minimise risk of exposure (such as not sharing food if allergic to food, or precautions outdoors if allergic to insects). Families are responsible for updating the service on any new medication, ceasing of medication, or any changes to their child's prescription –

Identifying Children with Medical & Health Care Needs

- Any information relating to a medical condition will be shared with educators and volunteers. Educators will be briefed by the Nominated Supervisor on the specific health needs of each child.

- Information relating to a child's medical conditions, including the child's health care plan , and the location of the child's medication will be shared with all educators and volunteers and displayed in areas of prominence to ensure all practices and procedures are followed accordingly
- All educators and volunteers at the service must follow a child's Health Care Plan in the event of an incident related to a child's specific health care condition requirements.
- All educators at the service must be able to identify a child with medical conditions easily.
- All educators at the service must be able to locate a child's medication easily.
- Medication will only be administered to a child for whom care is being provided with parental/guardian permission on the signed medication form and/or accompanied by a doctor's letter.
- First aid or the administration of health care procedures in the event of an emergency is the responsibility of all staff. Educators must assist with the administration of prescribed medication or health care procedures to children who exhibit signs outlined in their individual health plans at the immediate onset of any symptoms.
- In case of a medical emergency an authorised person (as nominated on enrolment form) may remove a child from the service without written permission provided they are specified as lawfully authorised person
- The educator administering health care procedures must follow that individual child's/staff members' health plan as written by a medical practitioner or health care professional.

MEDICATION - Prescription medication must be:

- in the original packaging,
- clearly labelled, intact and legible
- medication must be in date
- prescription must be current (or for long term medication supplied with a current doctor's letter confirming dose and usage details)

If the prescription label is damaged or illegible the medication will not be administered. Medications are to be stored out of reach of children, and where possible in a locked medication cupboard, or in a locked box in the refrigerator.

Medication will only be administered to a child for whom care is being provided with parental/guardian permission on the signed medication form and/or accompanied by a doctor's letter.

Medication (including prescription, over-the-counter and homeopathic medications) must not be administered to a child at a service without authorisation by a parent or person with the authority to consent to administration of medical attention to the child.

If medication is forgotten, or administered at a different time from the parents' instructions, this information must be noted on the medication record beside the parent's instructions. The parents should check the medication record when they collect their child.

Long Term Medications

Where a child is prescribed medication for a long period of time, the parent will be asked to provide a doctor's letter stating the reasons for the medication, the expected duration and any possible long term side effects of the medication. Parents are required to complete the Long Term Medication form to cover the period it is to be administered.

Self Administration of Medication including a child over preschool

Self-administration may apply to children who are assessed by their medical practitioner and parents/guardians and approved by the Nominated Supervisor as capable of administering their own medication while in attendance at the service. Parents/guardians must notify the Nominated Supervisor in writing if their child is to self-administer medication and/or carry their own medication (ie ventolin) or store their medication at the service.

- Where applicable, details of where the child stores their medication will be placed on the "Medi Alert Poster" with the child's name to Self-Administer.

- The child is supervised by an authorised educator whilst administering the medication.
- The educator records the child's self-administration on the services "Authorisation to administer Medication" form and parents are informed upon collection of child from the service.

Self-administration or assisted administration may include:

- Monitoring blood sugar levels and the injection of insulin for diabetes;
- Inhaling medication such as "Ventolin" for asthma;
- Orally administering anti-convulsant medication for epilepsy; and
- Orally administering enzyme replacements for cystic fibrosis.

Guidelines for Self Administration of Medication

- A staff member/educator is required to check that the medication form has been completed and that the medication is as stated on the medication form.
- Staff/educator are to check the dose prior to the child self-administration of medication
- Two staff are to witness the self administration of medication and to sign the form.
- Should educators feel that the child is not able to successfully administer the medication then they reserve the right to administer it on behalf of the child and discuss this with the parent/guardian.

Confidentiality of Medical Records

Details of the administration must be recorded in the medical record and confidentiality of the record will not be divulged or communicated, directly or indirectly, to another person other than

- For medical treatment
- A parent/guardian of the child to whom the information relates to.

EXCEPTION TO AUTHORISATION REQUIREMENTS i.e. Anaphylaxis/asthma) (Regulation 94)

Asthma or Anaphylaxis 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 or the child's registered medical practitioner will be contacted as soon as possible.
- For anaphylaxis emergencies educators/staff 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/staff member will only administer adrenaline if the service has an **additional adrenaline auto-injector for general use**.
- Staff administering the adrenaline will follow the instructions on the General ASCIA Action Plan stored with the device. An ambulance will always be called. The used auto-injector will be given to ambulance officers on their arrival.
- Another child's adrenaline auto-injector will NOT be used.
- The National Asthma Council (NAC), which is the national governing body for best practice asthma management, recommends that should a child not known to have asthma, appear to be in severe respiratory distress, the Asthma First Aid plan (poster) should be followed immediately.

ASTHMA

Asthma reliever medications

- Asthma reliever medications (Ventolin, Asmol, Airomir, Epaq) will be stored out of reach of children, in an easily accessible central location.
- Reliever medications together with a spacer will be included in the service's First Aid kit in case of an emergency situation where a child does not have their own reliever medication with them.

- The Asthma Foundation provides training in Emergency Asthma Management (EAM) which instructs on all aspects of asthma management and administration of asthma reliever medications.
- Educators/staff who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care, should attend either an Asthma Education in-service or EAM course. It is requirements that at least one educator or other person that is trained in EAM is at the service at all times children are present.
- The Asthma Foundation produces recommended guidelines on asthma management within the child care setting, including the Asthma First Aid Plan and Asthma Record Card, which should be completed for each child diagnosed with asthma. Contact your state/territory Asthma Foundation or visit their website.

The following steps are recommended:

- 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;
- In all emergency situations the parent/guardian will always be contacted at the earliest opportunity.

ANAPHYLAXIS

Whenever a child with severe allergies is enrolled at the service, or newly diagnosed as having a severe allergy, a communications plan will be developed to inform all relevant educators/staff 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 adrenaline auto-injector is located;
- which educators/staff will be responsible for administering the adrenaline auto-injector.

The service will advise families through the posting of a notice in accordance with the Education and Care Services National Regulations, which states that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Depending on the child's allergens, families will also be advised of allergens to avoid bringing to the service.

- It is required that the child with anaphylaxis will have an Australian Society for Clinical Immunology and Allergy (ASCIA) Action Plan. The service will become familiar with this 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.

DIABETES (TYPE 1)

The service need to ensure that each child with type 1 diabetes has a current individual diabetes management plan prepared by the individual child's diabetes medical specialist team, at or prior to enrolment, and implement strategies to assist children with type 1 diabetes. The child's diabetes management plan provides the service staff members with all required information about the child's diabetes care needs.

Key points for the service staff members to support children with type 1 diabetes are:

- Follow the service's medical conditions policy and procedures for medical emergencies for children with type 1 diabetes

- Parents/guardians should notify the service immediately about any changes to the child's individual diabetes management plan
- The child's Diabetes Medical Specialist Team may consist of an endocrinologist, diabetes nurse educator, and other allied health professionals
- This team will provide the parents with a diabetes management plan for when the child/ren are attending the service
- Contact Diabetes Australia Victoria for further support or information.

APPLICATION OF OINTMENTS OR CREAMS

Educators/staff will not apply ointments, creams or applications to children whose parents/guardians have not provided written consent. Creams or ointments which will be regularly applied to children, and must be detailed on an Authority to Administer or Self Administer Long Term Medications Form and a Health Care Action Plan will need to be filled out in consultation with Nominated Supervisor.

CHILDREN WITH DIETARY AND INTOLERANCES

This information will be provided by families on the Enrolment Form under the section "dietary restrictions" which details the foods the child must avoid.

- Food intolerances are not allergies.
- Food intolerance may occur in response to a wide range of food components (both natural and artificial). In these cases, small amounts of the "problematic food" may be tolerated, The service will work with the family to ensure the child is only offered food that they can tolerate.

Links to other policies

Enrolment

Acceptance and Refusal of Authorisations

Privacy and Confidentiality

Staff Orientation and Induction

Illness and Infectious Diseases

Healthy Eating / Food handling

Allergies

Asthma

Anaphylaxis

Medication

Relevant Legislations and Sources: The laws and other provisions affecting this policy include:

- Laws relating to duty of care and negligence Education and Care Services National Law Act 2010(Vic) (or corresponding legislation)
- Education and Care Services National Regulations Federal/state/territory
- Occupational safety and health legislation
- Australasian Society of Clinical Immunology and Allergy. Anaphylaxis Resources. Accessed from www.allergy.org.au on 15 Nov 2011.
- http://www.asthmafoundation.org.au/uploadedFiles/Content/About_Asthma/Resources/Child%20asthma%20record.pdf Accessed from www.asthmafoundation.org.au on 21 November 2011
- **Diabetes Australia:**
- [http://www.diabetesaustralia.com.au/About-Diabetes-Australia/What-Diabetes-Australia- Does/Raising-Awareness](http://www.diabetesaustralia.com.au/About-Diabetes-Australia/What-Diabetes-Australia-Does/Raising-Awareness)

For further information can be located in the "Staying Healthy in Childcare Download

-  [Staying Healthy: Preventing infectious diseases in early childhood education and care services \(5th Edition\) \(PDF, 1.2MB\)](#)

NATIONAL QUALITY FRAMEWORKS –

Education and Care Services National Law 2010 (The Act)

s 173	Offence to fail to notify certain circumstances to Regulatory Authority (Schedule 3, The Act) Medication to be kept at the service
s 169	First Aid Qualification requirements
s 225	Approval of Qualification

Education and Care Services National Regulations 2011 (The Regs)

r 77	Health, hygiene and safe food practices
r 85	Incident, injury, trauma and illness policies and procedures
r 86	Notification to parents of incident, injury, trauma and illness
r89	First aid kits
r 90 (1)a	Medical conditions policy
r 91	Medical conditions policy to be provided to parents
r 92	Medication record
r 93	Administration of medication
r 94	Exception to authorisation requirement—anaphylaxis or asthma emergency
r 95	Procedure for administration of medication
r 96	Self-administration of medication
r 136	First Aid qualifications requirements
r 137-143	Approval of Qualifications
r 162	Health information to be kept in enrolment form
r168	Comply with Education and Care Services National Regulations
r 177 (a)(b)(c)(d)	Prescribed enrolment & other documents to be kept by Approved Provider

Policy Statement on Medical Condition & Health Care Needs including Medication

Our Values: Empathy, Integrity, Cooperation, Humour, Creativity, Respect, Responsibility

Status: Approved by School Council –

National Quality Standard (NQS) for Early Childhood Education and Care and School Age Care

NQS 2.1.1	Each child's health needs are supported.
NQS 2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
NQS 2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
NQS 4.1	Staffing arrangements enhance children's learning & development & ensure their safety and wellbeing
NQS 7.3.5	Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

My Time, Our Place

LO. 1 Children feel safe, secure, and supported

Children learn to interact in relation to others with care, empathy and respect

LO. 3 Children become strong in their social and emotional wellbeing

Updated:	23 / 2 /2017
Policy Review Date	23 / 2 /2019