



2.5 Medical Conditions Policy

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Aims

Cootamundra Preschool will minimise the risks around medical conditions of children by:

- Collaborating with families of children with diagnosed medical conditions to develop a risk minimisation plan for their child;
- Informing all staff, including casual staff, educators and volunteers, of all children diagnosed with a medical condition and the risk minimisation procedures for these;
- Providing all families with current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the risk minimisation plan;
- Ensuring all children with diagnosed medical conditions have a current risk minimisation plan that is accessible to all staff; and
- Ensuring all staff are adequately trained in the administration of emergency medication.

Legislative Requirements

Education and Care Services National Regulations: 90, 91, 92, 93, 94

Who Is Affected By This Policy?

Children
Staff
Families
Volunteers

Relevant Early Childhood Professional Standards

Links to National Quality Standard: 2.1.2, 7.1.2

Sources/References

Asthma Foundation of Australia
Community Childcare Co-operative Sample Policies

Procedures

1. Enrolment of children into the centre

The Nominated Supervisor will:

- 1.1 Ensure that any parent with a child enrolled at the service that has a diagnosed health care need, allergy or other relevant medical condition is provided with a copy of this *Medical Conditions* policy;
- 1.2 Inform parents of the requirement to provide the service with a medical management plan of their child's condition;
- 1.3 Collaborate with families of children with medical conditions to develop a risk minimisation plan to ensure the child's safety and wellbeing:

Date reviewed by staff: June 2020

Date reviewed by committee: June 2020

Next review date: June 2023

- Risks relating to the child's diagnosed health care need, allergy or relevant medical condition are assessed and minimized
- Ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented
- Notify the parents of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- Ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented
- Practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's diagnosed health care need, allergy or relevant medical condition are developed and implemented.

1.4 Ensure that all staff and educators are aware of the medical management plan and risk minimisation plan, throughout staff/ room meetings;

1.5 Ensure that staff are adequately trained in procedures contained in the medical management plan.

1.6 Inform other families enrolled at the centre of the need to prohibit any items which may present a hazard to children with diagnosed medical conditions.

2. Communication and display of medical information

The Nominated Supervisor will:

2.1 Ensure all medical management and risk minimisation plans are accessible to all staff;

2.2 Ensure that all plans are current and kept up to date, reviewal of the Management plans will be reviewed 6mthly;

2.3 Develop a communication plan to ensure that relevant staff members and volunteers are informed of the medical conditions policy, the medical management plan and risk minimisation plan for the child;

2.4 Develop a communication plan to ensure that parents can communicate any changes to the medical management plan and risk minimisation plan; and

2.5 Update the communication plan as needed;

Educators and staff will:

2.6 Ensure they are aware of enrolled children with medical conditions and be familiar with the medical management and risk minimisation plans of each child diagnosed with a medical condition; and

2.7 Will consult the communication plan to ensure they are aware of their communication responsibilities.

Date reviewed by staff: June 2020

Date reviewed by committee: June 2020

Next review date: June 2023

3. Management of asthma and anaphylaxis

The Nominated Supervisor will:

3.1 Ensure that all staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies; and

3.2 Ensure that all staff are adequately trained in the administration of emergency medication such as the Epi-Pen or asthma medication.

Educators and staff will:

3.3 Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma; and

3.4 Administer emergency medication in accordance with their training, as required.

4. Documentation and record keeping

The Management Committee will:

4.1 Ensure records are confidentially stored for the specified period of time as required by the Regulation.

The Nominated Supervisor will:

4.2 Provide a copy of the Medication Record to medical staff in the event further medical intervention is required.

Educators and staff will:

4.3 Complete a Medication Record when a child receives emergency medication; and

4.4 Will provide parents with a copy of the Medication Record

The Director will ensure that this policy is maintained and implemented at all times.

Cootamundra Preschool Incorporated

Medical Conditions Risk Minimisation Plan and Communication Plan

Regulation 90 of the education and Care Services National Regulations requires a risk-minimisation plan for the management of medical conditions for children in care. The term medical conditions include, but is not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. The risk management plan should be developed through consultation between the parent/guardian of the child and the child care service.

To be completed by the parent/ guardian in conjunction with the key teacher and nominated supervisor.

Child's full name: _____

Date of Birth: ____/____/____ Age: _____

Details of medical condition/ health requirement:

A Medical management plan is required for children who have a diagnosed medical condition from asthma, diabetes, eczema or have been diagnosed risk of anaphylaxis. A Risk minimisation plan may also be required for other health conditions (Intolerance, dietary).

Has a medical management plan been given to Preschool for this condition? Yes / No

Date of management plan review: _____

Predominant known triggers for the medical condition and potential reaction/s

Triggers	Reactions

I give permission for my child's photo to be placed on the medical management plan or action plan and displayed at Preschool. Yes / No Signed: _____

Date reviewed by staff: June 2020
Date reviewed by committee: June 2020
Next review date: June 2023

Frequency of symptoms / reactions

How often does your child display symptoms or suffer from reactions of the medical condition?

- Infrequent (5 or less per year)
- Occasionally (6 or more per year)
- Monthly
- Weekly
- Daily
- When exercising or sick (please circle)

How do you as a parent/ guardian recognise the symptoms/ reactions?

Is your child always able to recognise the symptoms or reactions? Yes/ No

Details: _____

Is your child able to attend excursions? Yes / No

What do they need to take with them?

Medication

Does your child require medication to treat the medical condition? Yes / No

Details: _____

Will your child require medication whilst in care? Yes / No

If Yes Medication Form must be complete and attached to risk minimisation plan.

The circumstances under which the medication required is to be administered to your child whilst in care:

- As detailed in the management plan
- As per medication label / Doctor instructions
- Other (supply details)

Location of Plan and Medication had been explained?

Yes / No

Who will be regularly with your child:

Are they aware of your child's condition?

Yes /No

Has the Medical Conditions Policy and Procedure been given to the family?

Yes / No

How can we minimise the risks relating to your child's health care needs/ medical condition and what strategies can we implement to avoid triggers.

Risk	Strategy	Action

If in an emergency 000 will be called immediately

Parent/ Guardian Contact (1)

Name: _____

Relationship to Child: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Parent/ Guardian Contact (2)

Name: _____

Relationship to the child: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Emergency Contact if Parent/ Guardian is not contactable

Name: _____

Relationship to Child: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Medical Practitioner Contact

Name: _____

Phone: _____

The Medical Conditions Risk Minimisation and Communication Plan has been developed with my knowledge and input and will be reviewed at:

Next review date: _____/_____/_____

Next review date: _____/_____/_____

Next review date: _____/_____/_____

Parent/ Guardian Name: _____ **Date:** _____

Parent/ Guardian Signature: _____

Child's Key Educator Name: _____ **Date:** _____

Child's Key Educators Signature: _____

Nominated Supervisors Name: _____ **Date:** _____

Nominated supervisors Signature: _____

Last Reviewed: 21/10/2020

Date reviewed by staff: June 2020
Date reviewed by committee: June 2020
Next review date: June 2023

Sunscreen Risk Minimisation Plan and Communication Plan

Regulation 90 of the education and Care Services National Regulations requires a risk-minimisation plan for the management of medical conditions for children in care. The term medical conditions include, but is not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. The risk management plan should be developed through consultation between the parent/guardian of the child and the child care service.

To be completed by the parent/guardian in conjunction with the key teacher and nominated supervisor.

Child's Full Name: _____

Date of Birth: _____ Age: _____

Has your child tested the Cancer Council approved sunscreen at the service? Yes/No

Product Description-

Rapid-dry, non-stick lotion for those who work under the harsh Australian sun.

Features:

- SPF50+ protection
- Broad spectrum UVA and UVB protection
- Fragrance free
- Dermatologically tested
- Dry touch - dirt and dust won't stick
- Ideal for those who work with tools and are exposed to the harsh sun on regular basis
- Suitable for oily skin and men's skin
- Not suitable for babies under 6 months old
- Tested to 4 hours water resistance. Cancer Council recommends reapplying every 2 hours.
- Made in Australia

Reason for other sunscreen:

What are the symptoms/reactions? _____

What sunscreen will be used: _____

Have you provided the sunscreen to the service? Yes/No

What is the expiry on the sunscreen? _____

What to do if your child develops symptoms or reacts?

Communication Plan

Communication	Date	Educator Signature	Parent Signature

Emergency Contact Name: _____ Relationship to child: _____

Contact Number: _____

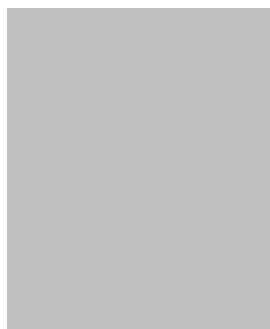
Parent Name: _____ Signature: _____ Date: _____

Key Educators Name: _____ Signature: _____ Date: _____

Directors Name: _____ Signature: _____ Date: _____

Name: _____

Date of birth: _____



Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Use of adrenaline autoinjector if available.
- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors.

Instructions are on the device label.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline (epinephrine) autoinjector if available

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

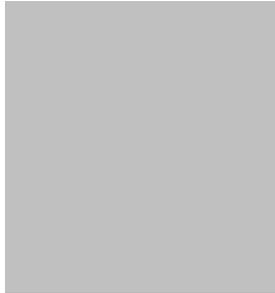
Asthma reliever medication prescribed: Y N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____

How to give EpiPen® adrenaline (epinephrine) autoinjectors



EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

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- Difficulty talking and/or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling/tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

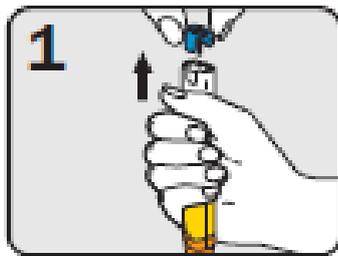
ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

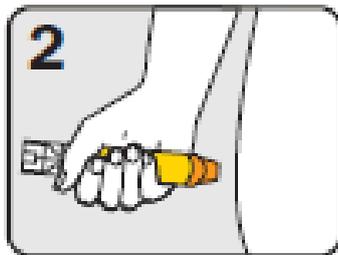
- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

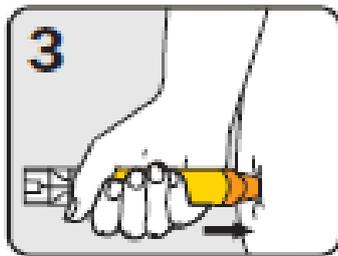
How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and **PULL OFF BLUE SAFETY RELEASE**



Hold leg still and **PLACE ORANGE END** against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds
REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults.
 EpiPen® Jr is prescribed for children 7.5-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
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ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector **FIRST**, if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. **THEN SEEK MEDICAL HELP.**

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this plan for the person with the allergic reaction.

ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

PHOTO OF STUDENT
(OPTIONAL)

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Student's name: _____ DOB: _____

Plan date

___/___/20__

Review date

___/___/20__

MANAGING AN ASTHMA ATTACK

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

DAILY ASTHMA MANAGEMENT

This student's usual asthma signs:

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe): _____

Frequency and severity:

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe): _____

Known triggers for this student's asthma (e.g. exercise*, colds/flu, smoke) — please detail:

- Does this student usually tell an adult if s/he is having trouble breathing? Yes No
- Does this student need help to take asthma medication? Yes No
- Does this student use a mask with a spacer? Yes No
- *Does this student need a blue/grey reliever puffer medication before exercise? Yes No

MEDICATION PLAN

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

NAME OF MEDICATION AND COLOUR	DOSE/NUMBER OF PUFFS	TIME REQUIRED

DOCTOR

Name of doctor _____

Address _____

Phone _____

Signature _____ Date _____

PARENT/GUARDIAN

I have read, understood and agreed with this care plan and any arrangements listed. I accept full responsibility for information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature _____ Date _____

Name _____

EMERGENCY CONTACT INFORMATION

Contact name _____

Phone _____

Mobile _____

Email _____

For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit asthma.org.au



ASTHMA FIRST AID

1



SIT THE PERSON UPRIGHT

- Be **calm** and reassuring
- **Do not** leave them alone

2



GIVE 4 SEPARATE PUFFS OF BLUE/GREY RELIEVER PUFFER

- **Shake** puffer
 - Put **1 puff** into spacer
 - Take **4 breaths** from spacer
 - Repeat until **4 puffs** have been taken
 - Remember: **Shake, 1 puff, 4 breaths**
- OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)

3



WAIT 4 MINUTES

- If there is no improvement, **give 4 more separate puffs of blue/grey reliever as above**
- OR give 1 more dose of Bricanyl or Symbicort inhaler

IF THERE IS STILL NO IMPROVEMENT

4



DIAL TRIPLE ZERO (000)

- Say **'ambulance'** and that someone is having an asthma attack
 - Keep giving **4 separate puffs every 4 minutes** until emergency assistance arrives
- OR give 1 dose of a Bricanyl or Symbicort every 4 minutes – up to 3 more doses of Symbicort



Translating and
Interpreting Service
131 450



**ASTHMA
AUSTRALIA**

Contact Asthma Australia

1800 ASTHMA
(1800 278 462)

asthma.org.au

CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it's asthma
- the person is known to have Anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.

©Asthma Australia 2019



Patient Name: _____ Date of birth: _____
 Plan prepared by Doctor: _____ or Nurse Practitioner: _____
 Signed: _____ Date: _____

In order to manage your eczema or your child's eczema you should follow all of the selected recommendations below:

ACTION: MAINTAIN AND PROTECT SKIN

- Apply _____ moisturiser at least _____ times/day
- Bath/shower with _____ (non-soap based body wash or oil)
- Immediately apply _____ moisturiser after bath/shower
- Additional bath instructions: _____
- Wet dressings: _____ times/day; _____ times/night

ACTION: TREAT FLARE

FACE TREATMENT

- Mild to moderate flare of eczema: _____ ointment or cream; 1, 2 or 3 times/day
- Severe flare of eczema: _____ ointment or cream; 1, 2 or 3 times/day
- Night time application: _____ ointment or cream

BODY TREATMENT

- Mild to moderate flare of eczema: _____ ointment or cream; 1, 2 or 3 times/day
- Severe flare of eczema: _____ ointment or cream; 1, 2 or 3 times/day
- Night time application: _____ ointment or cream

NOTE: Continue to use recommended treatment until skin looks and feels normal, or for _____ days

ACTION: CONTROL ITCH

- Cold Compress Specifically designed garments: _____
- Antihistamine: _____ Dose: 1, 2 _____ mg tablet or _____ ml; 1 or 2 times/day
- Other: _____

ACTION: CONTROL AND PREVENT INFECTION

- Bleach baths 1, 2 or 3 times/week
 - _____ ml uncentred domestic bleach (~4 - 4.5%)/ _____ ml water OR
 - _____ ml uncentred domestic bleach in full, or 1/2 bath
 - Additional instructions: _____
 - Rinse and immediately apply moisturiser after bleach bath
- Nasal ointments: _____ 1, 2 times/day
- Treatment oral antibiotic: _____ Dose: 1, 2 _____ mg tablet or _____ ml; _____ times/day for a total of _____ days
- Oral antibiotic prophylaxis: _____ Dose: _____ mg tablet or _____ ml; _____ times/day
- Varicella vaccination Additional instructions: _____

ACTION: AVOID TRIGGERS AND IRRITANTS

- House dust mite Perfumed products
- Other confirmed allergens: _____ Sand and sand pits
- Soap products including bubble bath Chlorinated pools
- Wool and nylon Other irritants: _____