



2.7 Medical Conditions Policy

Contents

Aims	2
Legislative Requirements	2
Who Is Effected By This Policy?	2
Relevant Early Childhood Professional Standards	2
Sources/References	2
Procedures	2
1. Enrolment of children into the centre	2
2. Communication and display of medical information	3
3. Management of asthma and anaphylaxis	3
4. Documentation and record keeping	4
Medical Conditions Risk Minimisation Plan and Communication Plan	5

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 Victoria
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 specific 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:
 - » to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and

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Next review date: March 2020

» if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and

» if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and

» to 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; and

» if relevant, to ensure that 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 specific health care need, allergy or relevant medical condition are developed and implemented; and

1.4 Ensure that all staff and educators are aware of the medical management plan and risk minimisation plan;

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

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;

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.

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.

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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 suffer from asthma, diabetes or have been diagnosed at risk of anaphylaxis. A medical management plan may also be required for other health conditions.

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: _____

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.

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)

Parent/ Guardian Contact (2)

Name: _____
Child: _____

Name: _____ Relationship to
Child: _____ Home Phone:
Home Phone: _____ Work Phone:
Work Phone: _____ Mobile Phone:
Mobile Phone: _____

Emergency Contact if Parent/ Guardian is not contactable

Name: _____
Child: _____

Relationship to
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: ____/____/____

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: 06/03/2018