Braidwood Preschool
Medical Conditions Policy

Introduction
Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening. Our service is committed to a planned approach to the management of medical conditions to ensure the safety and wellbeing of all children at this service. Our service is also committed to ensuring our educators and staff are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are considered at all times. The management of medical conditions in collaboration with parents, is a key priority.

Asthma Management: p3
Anaphylaxis Management: p4
Diabetes Management: p6

Relevant Legislation:
Education and Care Services National Regulations 2011: 90,91,94
National Quality Standards, Element 2.1.1

Aims:
Braidwood Preschool will minimise the risks around medical conditions of children by:
- Collaborating with families of children with diagnosed medial 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, while maintaining confidentiality and privacy of identified children, and about 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.

Strategies:
The Approved Provider will:
- Ensure the Nominated Supervisor fulfils responsibilities in the management of medical conditions

Enrolment of children into the centre
The Nominated Supervisor will:
- Ensure that any parent with a child enrolled at the service who has a specific health care need, allergy or other relevant medical condition is provided with a copy of this Medical Conditions policy;
- Inform parents of the requirement to provide the service with a medical management plan of their child’s condition;
- Collaborate with families of children with medical conditions, to develop a risk minimisation plan which will aim to ensure the child’s safety and wellbeing by:-
  - ensuring that the risks relating to the child’s specific health care need, allergy or relevant medical condition are assessed and minimised; and
  - if relevant, ensuring that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
- if relevant, ensuring that practices and procedures to notify parents of any known allergens that pose a risk to a child and strategies for minimising the risk, are developed and implemented; and
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- ensuring 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, ensuring that practices and procedures are in place to guarantee 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; and
  - Ensure that all staff and educators are aware of the medical management plan and risk minimisation plan;
  - Ensure that staff are adequately trained in procedures contained in the medical management plan; and
  - 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.

Communication and display of medical information
The Nominated Supervisor will:
  - Ensure all medical management and risk minimisation plans are accessible to all staff;
  - Ensure that all plans are current and kept up to date;
  - 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;
  - Develop a communication strategy, where parents advise staff in writing, or staff record any verbal information, to ensure that parents can communicate any changes to the medical management plan and risk minimisation plan; and
  - Update any information as needed

Educators and staff will:
  - Be aware of their communication responsibilities, in regard to parents, the child, other staff and updated information.

Management of asthma and anaphylaxis
The Nominated Supervisor will:
  - Ensure that all staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies; and
  - 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:
  - Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma; and
  - Administer emergency medication in accordance with their training, as required.

Documentation and record keeping
The Approved Provider will:
  - Ensure records are confidentially stored for the specified period of time as required by the Regulation.

The Nominated Supervisor will:
  - Provide a copy of the Medication Record to medical staff in the event further medical intervention is required.

Educators and staff will:
  - Complete a Medication Record when a child receives emergency medication; and
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- Provide parents with a copy of the Medication Record.

Policy Availability
The medical conditions policy will be readily accessible to all educators, staff, families and visitors, and ongoing feedback on this policy will be invited.

Evaluation
This policy will be evaluated as being effective, if:-
- Educators respond in an effective manner to any medical conditions incident, and documentation is completed, shared, and stored as appropriate;
- Plans to effectively manage medical are developed in consultation with families, and implemented; and
- Regular reviews of procedures and policy are implemented.

Asthma Management
This Asthma Policy aims to:
- Raise awareness of asthma amongst those involved with the service;
- Implement strategies to support the health and safety of children with asthma enrolled at the service;
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities; and
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

Strategies
The Approved Provider will:
- Provide Emergency Asthma Management Training to all staff
The Nominated Supervisor will:
- Provide staff with a copy of this policy and brief them on asthma procedures upon their appointment;
- Ensure at least one staff member who has completed accredited asthma training is on duty whenever children are present at the service;
- Ensure enrolment forms require parents to provide information on any medical conditions including asthma
- Identify children with asthma during the enrolment process and inform staff;
- Provide families thus identified with a copy of this policy and Asthma Action Plan upon enrolment or diagnosis;
- Store Asthma Action Plans in the child’s enrolment record;
- Formalise and document the internal procedures for emergency Asthma First Aid;
- Ensure that an emergency Asthma First Aid poster is displayed in key locations;
- Ensure that the First Aid Kit contains a blue reliever medication (e.g. Airomir, Asmol, or Ventolin), a spacer device, face mask, concise written instructions on Asthma First Aid procedures and 70% alcohol swabs;
- Ensure that an accredited staff member correctly maintains the asthma component of the First Aid Kit (e.g. regular checks of expiry dates on medication);
- Provide a mobile Asthma First Aid Kit for use on excursions;
- Encourage open communication between families and staff regarding the status and impact of a child’s asthma; and
- 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.

Staff will:
- Ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years);
- Ensure that they are aware of the children in their care with asthma;
Ensure, in consultation with the family, the health and safety of each child through supervised management of the child’s asthma;
Identify and, where practical, minimise asthma triggers;
Where necessary, modify activities in accordance with a child’s needs and abilities;
Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child’s written Asthma Action Plan;
Administer emergency asthma medication if required according to the child’s written Asthma Action Plan. If no written Asthma Action Plan is available the Asthma First Aid Flowchart attached to this policy, and displayed in the preschool environment, should be followed immediately; and
Promptly communicate, to management and parents/guardians, any concerns should it be considered that a child’s asthma is limiting his/her ability to participate fully in all activities.

Families will:
Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma;
Provide all relevant information regarding their child’s asthma via the written Asthma Action Plan, signed by a registered Medical Practitioner, to the centre on enrolment;
Notify the Nominated Supervisor, in writing, of any changes to the Asthma Action Plan during the year;
Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times, along with a spacer and face mask;
Ensure that they comply with all requirements and procedures in relation to the Medications Record;
Communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous evening); and
Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child’s asthma.

Children will:
Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

Anaphylaxis Management

Aims
This Anaphylaxis Management policy aims to:
Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children’s service;
Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device;
Raise the service community’s awareness of anaphylaxis and its management through education and policy implementation;
Make staff and parents/guardians aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff/carers should not have a false sense of security that an allergen has been eliminated from the environment.

Strategies
The Approved Provider will:
Ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by ACECQA and renew these qualifications at least every 3 years; and
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- Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service

Enrolment of a child at risk of anaphylaxis
When a child diagnosed at risk of anaphylaxis is enrolled at Braidwood Preschool, the Approved Provider shall also:

- Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with staff and the families of the child/ren; and
- Ensure that a notice is displayed prominently in the kitchen of the Preschool, stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service.

The Nominated Supervisor will:

- Ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the service, whether the child has allergies and document this information on the child’s enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner;
- Ensure that an anaphylaxis medical management action plan signed by the child’s Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child’s anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service;
- Ensure staff members on duty whenever children are present at the service have completed emergency anaphylaxis management training;
- Ensure that practice of the adrenaline auto-injection device is undertaken on a six monthly basis and recorded;
- Ensure all staff, including relief staff, know the child/children at risk of anaphylaxis, their allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit;
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without the device;
- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child’s allergies, this policy and its implementation;
- Display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at the service, for example, in the children’s room, the staff room or near the medication cabinet;
- Ensure that a child’s individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used;
- Ensure that all staff in a service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit; and
- Ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

Staff responsible for the child at risk of anaphylaxis shall:

- Ensure a copy of the child’s anaphylaxis medical management action plan is visible and known to staff in a service;
- Follow the child’s anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis;
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
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Call an ambulance immediately by dialling 000
Commence first aid measures
Contact the parent/guardian, or if the parent/guardian cannot be contacted, contact the person to be notified in the event of illness

- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and “anaphylaxis scenarios” on a six monthly basis;
- Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff – at Braidwood Preschool, the location of the Epi-Pen is attached to the side of the first aid box, which is located in craft preparation room;
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member on all excursions;
- Regularly check the adrenaline auto-injection device expiry date; and
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.

Parents/guardians of children shall:

- Inform staff at the children’s service, either on enrolment or on diagnosis, of their child’s allergies;
- Develop an anaphylaxis risk minimisation plan with service staff;
- Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan;
- Provide staff with a complete auto-injection device kit;
- Regularly check the adrenaline auto-injection device expiry date;
- Assist staff by offering information and answering any questions regarding their child’s allergies;
- Notify the staff of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes;
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child; and
- Comply with the service’s policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device.

Diabetes Management

Aims
This Diabetes Management Policy aims to:

- Raise awareness of diabetes management amongst those involved with the service;
- 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; and
- Provide a clear set of guidelines and expectations to be followed with regard to the management of diabetes

Strategies
The Approved provider will:

- Organise for all staff to obtain a senior first aid qualification and update this qualification as required

The Nominated Supervisor will:

- Provide staff with a copy of this policy and brief them on diabetes procedures upon their appointment;
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- Ensure at least one staff member who has completed accredited senior first aid training is on duty whenever children are being cared for or educated;
- Ensure enrolment forms require parents to provide information on any medical conditions including diabetes;
- Identify children with diabetes during the enrolment process and inform staff;
- Provide families thus identified with a copy of this policy and Diabetes Action plan upon enrolment or diagnosis; (see Additional Resources)
- Ensure families provide the service with the child’s testing kit and hypo pack if required;
- Store Diabetes Action Plans in the child’s enrolment record;
- Formalise and document the internal procedures for emergency Diabetes treatment;
- Encourage open communication between families and staff regarding the status and impact of a child’s diabetes; and
- Promptly communicate any concerns to families should it be considered that a child’s diabetes is limiting his/her ability to participate fully in all activities

Staff will:
- Ensure that they maintain current accreditation in first aid;
- Ensure that they are aware of the children in their care with diabetes;
- Ensure that they are familiar with the symptoms of signs and symptoms and the emergency treatment of a low blood glucose level;
- Call an ambulance if they feel emergency treatment is required;
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child’s diabetes;
- Where necessary, modify activities in accordance with a child’s needs and abilities;
- Ensure that a child’s Diabetes Action Plan is followed at all times;
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child’s diabetes is limiting his/her ability to participate fully in all activities

Families will:
- Inform staff, either upon enrolment or on initial diagnosis, that their child has diabetes;
- Provide all relevant information regarding their child’s diabetes via a written Diabetes Action Plan, which should be provided to the centre within seven (7) days of enrolment;
- Keep the child’s testing kit and hypo pack updated as required;
- Notify the Nominated Supervisor, in writing, of any changes to the Diabetes Action Plan during the year;
- Ensure that they comply with all requirements and procedures in relation to the Medications Record;
- Communicate all relevant information and concerns to educators as the need arises; and
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child’s diabetes

Related Braidwood Preschool Documents:
Accident, Injury, Trauma, and Illness Policy
Enrolment and Orientation Policy
Excursion Policy
Infectious Diseases Policy
Staff Handbook and Employment Agreements

Additional Resources
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Sources

www.allergy.org.au
www.asthmaaustralia.org.au
www.diabetesaustralia.com.au

Policy created: May 2014
Previous version:
Revision due: June 2015 or as required due to changes in Legislation,
  Regulation or relevant medical information or practice