

Medical Condition Policy

Aim

The service aims for all Educators to effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis to ensure the safety and wellbeing of children, Educators and visitors.

Identifying children with medical conditions.

- The service's enrolment form provides an opportunity for parents to notify the service of known medical conditions. This form needs to be completed before any child can commence at the service. Families are required to provide information on the Enrolment form relating to their child's medical conditions in order to help the service effectively meet their child's needs relating to any medical condition (any additional information will be attached to the Enrolment form as necessary and kept on file at the centre.
- Risk minimisation and communication plans will be developed in consultation with parents. These will be reviewed with required. Any communication relating to the child/ren's medical condition will be recorded in the communication plan.
- Any information relating to the known medical conditions will be shared with the Nominated Supervisor, Educators, volunteers and any other staff member at the service. The nominated supervisor is to ensure all staff at the centre is briefed on individual children's health needs.
- Lists of children (with photograph) with known medical/health concerns will be displayed in the kitchen and/or craft preparation areas.

In relation to Children with Asthma and Diabetes

The centre aims to provide appropriate attention and care to children with asthma/diabetes and ensure that such children are integrated into all activities. We encourage play and exercise for children with asthma/diabetes. All Educators will uphold and implement positive beliefs and values in relation to children with asthma to develop a sense of security and confidence. Educators will assist children with asthma/diabetes, other children, visitors and families to understand asthma and medication in a positive manner.

Implementation

Management will:

- Identify children with asthma/diabetes during the enrolment process.
- Provide all affected families with a copy of the Asthma policy/diabetes policy upon enrolment.
- Provide Educators with a copy of the Asthma policy/diabetes policy.
- Opportunities for Educators to attend regular asthma training should be encouraged and made available by the centre.
- Provide an Asthma Record to all families of children with asthma/diabetes on enrolment.
- Ensure all Educators are informed of the children with Asthma/diabetes in their care.
- Encourage open communication between families & Educators.
- Identify and where possible, minimise asthma/diabetes triggers using appropriate techniques, policies and procedures.

Educators will:

- Ensure that they maintain current Asthma First Aid /diabetes Training.
- Ensure that they are familiar with each child with asthma in the care.
- In regular consultation with families, optimise the health and safety of each child through supervised management of the child's asthma/diabetes.
- Only administer prescribed and approved medication.
- No medication prescribed for anyone other than a particular child will be given.
- All medication must be clearly marked with the child's name and be stored appropriately.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on Child's Asthma/diabetes Record.
- Medication is to be administered (on a non-emergency basis) and is to be recorded accurately by the parent/guardian, in relation to time and dosage, and will be signed by an Educators on its administration.
- Communicate without undue delay to management and families, if they are concerned about a child's asthma/diabetes limiting his/her ability to participate fully in all activities.

- Provides families with details of Asthma/diabetes Foundations.

Families will:

- Formally inform Educators and the centre, either upon enrolment of their child with Asthma or on initial diagnosis (without undue delay), that their child has a history of asthma/diabetes.
- Provide all relevant information regarding the child's asthma/diabetes via the Asthma/diabetes Record as provided by the child's doctor.
- Notify the centre Educators, in writing, of any alterations to the Asthma/diabetes Record.
- Ensure that their child maintains adequate supply of appropriate medication (reliever) and spacer device clearly labelled with the child's name including expiry dates.
- Communicate all relevant information and concerns to Educators as the need arises.
- Parent/guardian must give written authority for medication to be dispensed by filling in a Medication Form. If the Medication Form is not filled in, except in the case of an emergency, medication will not be administered on that day.

In the event of a child having an asthma/diabetes attack whilst at the centre:

1. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained Educators.
2. Asthma/diabetes medication will be administered as outlined in the child's Asthma/diabetes Record Form.
3. The parent/guardian will be contacted by phone immediately if Educators become concerned about the child's condition.
4. In the event of a severe attack, the Ambulance service will be contacted on 000 immediately and the 4 Step Asthma First Aid/Diabetes Plan will be implemented until Ambulance officers arrive.

In relation to children with severe allergies

Our centre aims to minimise exposure to any substance which is common in causing severe allergic reactions amongst children.

Implementation

While not common, anaphylaxis is life threatening. Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. Anaphylaxis can be caused by insect bites such as bees or wasps but is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.

Educators should be on the lookout for the below symptoms. Educators should be on the lookout for symptoms as they need to act rapidly if they do occur. Educators should immediately call 000 if symptoms arise. If you know a child/Educators is prone to anaphylaxis reactions, and they carry an EpiPen® it should be injected by an Educators trained in first aid. CPR should be initiated should the child/Educators stop breathing.

Steps should be taken to prevent anaphylaxis occurring:

- Upon enrolment, seek medical information from families about any known allergies. Ask families for supporting documentation as well as an action plan. This action plan should include a photo of the child, what triggers the allergy, first aid needed and contact details of the doctor who has signed the plan.
- Request that the parent supply an EpiPen®.
- Educators should be educated to recognise how serious anaphylaxis is and under the steps that need to be taken in order to minimise the possibility of occurrence. All Educators s that hold First Aid licences should be instructed on how to administer an EpiPen®.

Ways to avoid exposure to triggers include:

- Not allowing children to trade food, utensils or food containers.
- Ideally, children who have server allergies should only be served food prepared at their homes.
- Bottles, drinks and lunchboxes should be clearly labelled with the child's name that they are intended for.
- The use of food products in craft, science experiments and cooking classes may need to be changed in order to allow children with allergies to participate.
- Food preparation Educators will be instructed on the necessity to prevent cross contamination.
- Parents will be asked not to send food with their children that contain high allergenic elements even if their child does not have an allergy.
- If appropriate a child with allergies may have to sit at a different table if food is being served that he/she is allergic to.

- Meals prepared at the centre should not contain ingredients such as eggs or nuts.

In relation to Human Immunodeficiency Virus Infection, AIDS Virus

The centre aims to effectively care for any child/ren that may be infected and also minimise the risk of exposure to HIV through effective hygiene practices.

Implementation

It is the Nominated Supervisor's responsibility to educate and inform Educators and parents about HIV/AIDS. One of the main problems surrounding HIV/AIDS is a lack of understanding which leads to an unfounded fear of the virus.

The following is some basic information on HIV/AIDS.

- AIDS is a medical condition which can damage a bodies' immune system.
- It is caused by a virus which is transmitted through the exchange of bodily fluid and is primarily passed on through sexual contact.
- The AIDS virus can be transmitted through blood products. However, the risk of contracting AIDS from a blood transfusion is minimal and said to be about one in 1,000,000.
- There is no evidence of the spread of the virus to children through other means at this time.
- The confidentiality of medical information must be adhered to regarding an infected child. Any information disclosed to the Nominated Supervisor regarding a child/ren from families must not be passed on to any other Educators unless the child/ren's caregivers provide written authorisation.
- Children with the HIV virus will be accepted into the centre.
- Our centre's Educators will carry out routine hygiene precautions to Australian standards at all times to prevent the spread of any infections.
- Educators will exercise care in regards to the exposure of bodily fluids and blood and the centre's hygiene practices will be used to prevent the spread of infection. Similarly, if the need arises to perform CPR on a child infected with HIV a disposable mouth to mouth mask will be used.
- Children who are infected with HIV will be assessed by their Doctor before they are excluded from the centre. Children who have abrasions or open wounds will cover them while at the centre. If these abrasions cannot be covered for any reason unfortunately the child will have to be excluded from the centre until the wound has healed or can be covered.
- Educators who have been infected by HIV are not obliged to inform their employer but are expected to act in a safe and responsible manner at all times to minimise the risk of infection.

Related Procedures/Policies/Forms

- Children's Medication policy

Legislative Requirements

- Education and Care services National Law Act 2011)
- Australian Children's Education & Care Quality Authority
- Occupational Health & Safety Act 1989
- Public Health (Amendment) Act 1991
- Anti-Discrimination Act 1997
- Emergency ASTHMA First Aid procedure

Who is affected by this policy?

- Children and Families
- Educators and Management

Sources and further reading:

- Asthma Foundation <http://www.asthmaact.org.au>
- Health & Safety in Children's Services Model Policies and Practices
- Occupational Health & Safety Act
- The Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Anaphylaxis Australia
- Staying Healthy in Childcare 4th Edition 2006
- NSW Health
- AFAO

Review: This policy will be reviewed annually. The review will be conducted by:

- Management and Employees
- Interested Parties (Including Families, NSW Early Childhood Education and Care Directorate Department of Education and communities, ACECQA etc.

Last Reviewed: August 2020