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1. Purpose

This policy provides guidelines for Meli Kindergarten Services (Meli) to ensure that:

- clear procedures support the health, safety, wellbeing, and inclusion of all children at the service
- service practices support the enrolment of children with specific health care requirements
- information is provided to staff about managing individual children's' medical conditions
- requirements for medical management plans are provided by parents/guardians for the child
- a risk-minimisation and communication plan are developed in with Meli and parents/guardians.

2. Policy Statement

Meli is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements. This will be achieved by:

- fulfilling duty of care requirements in accordance with the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that all people involved in the programs and activities of MKS are protected from harm
- informing educators, staff, volunteers, children, and families of the importance of adhering to the *Dealing with Medical Conditions Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service
- ensuring that educators have the skills and expertise necessary to support the inclusion of children with specific health care needs, allergy, or relevant conditions.

3. Scope

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers [ECT], educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Meli, including during offsite excursions and activities.

This policy should be read in conjunction with but limited to the following policies:

- Anaphylaxis and Allergic Reactions
- Asthma
- Diabetes
- Epilepsy

4. Background

MKS will maintain a policy for managing medical conditions that includes the practices to be followed:

- in the management of medical conditions
- when parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy, or relevant medical condition
- when developing a risk minimisation plan in consultation with the child's parents/guardians
- when developing a communication plan for staff members and parents/guardians.

All staff and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, parents/guardians must be provided with a copy of this and other relevant policies.

Medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (*Regulation 92(3)(b)*)
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure
- if the medication is in its original container bearing the child's name, dose, and frequency of administration.

Refer to the *Administration of Medication Policy* for more information.

Staff may need additional information from a medical practitioner where the child requires:

- multiple medications simultaneously
- a specific medical procedure to be followed.
- If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Parents/guardians and the service should consult with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service

5. Definitions

The terms defined in this section relate specifically to this policy.

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Medical condition: In accordance with the Education and Care Services National Regulations 2011, the term medical condition includes asthma, diabetes, or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan

6. Responsibilities

RESPONSIBILITIES	Approved provider (Meli) and persons with management control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators, and all other staff	Parents/guardians	Contractors, volunteers, and students
R indicates legislation requirement					
Ensure that families/carers enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies (<i>Regulation 91, 168</i>)	R	√			
Ensure families provide information on their child's health, medications, and allergies, and contact details for their registered medical practitioner (<i>Regulations 162</i>)	R	√		√	
Ensure families provide a medical management plan prior to the child commencing at the service (<i>Regulation 90</i>)	R	√		√	
Ensure a risk minimisation plan is developed with families to ensure the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised, and that the plan is reviewed at least annually (<i>Regulation 90 (iii)</i>)	R	√	√	√	
Develop and implement a communication plan between families and staff regarding the status of the child's specific health care need, allergy or other relevant medical condition, this policy, and its implementation (<i>Regulation 90 (c) (iii)</i>)	R	√	√	√	
Ensure a copy of the child's medical management plan is visible and known to staff. (<i>Regulations 90 (iii)(D)</i>). The nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent	R	√			
Inform the approved provider of any issues that impact on the implementation of this policy		√	√	√	√
Ensure families and educators/staff understand each other's responsibilities under these guidelines	√	√			
Ensure educators/staff undertake regular training in managing the specific health care needs of children including asthma, anaphylaxis, diabetes, epilepsy, and other medical conditions. This includes training in the management of specific procedures that are required to be conducted for the child's wellbeing and specific medical conditions	√	√	√		
Ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available when children are being educated and cared for by the service (<i>Regulation 136(1) (a)</i>). This can be the same person who has anaphylaxis management training and emergency asthma management training	R	√			
Ensure that if a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service (<i>refer to Anaphylaxis and Allergic Reactions Policy</i>)	R	√	√		
Ensure each child's health is monitored and be aware of symptoms and signs of ill health, with families contacted as changes occur		√	√		√

Administer medications as required, in accordance with the procedures outlined in the <i>Administration of Medication Policy (Regulation 93)</i>	R	R	√		
Ensure opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan	√	√	√		
Maintain ongoing communication between educators/staff and families in accordance with the strategies identified in the communication plan, to ensure current information is shared about specific medical conditions within the service.	R	√	√		
Follow appropriate reporting procedures set out in the <i>Incident, Injury, Trauma, and Illness Policy</i> if a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	√	√		√
Ensure the <i>Ambulance Victoria How to Call Card</i> is near all telephones	√	√			
Ensure children do not share food, drink, utensils, or food containers	√	√	√		√
Ensure food preparation, food service and relief staff are informed of children and staff who have medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis (<i>Regulation 90 (iii)(B)</i>)	R	√	√		√
Provide information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service	√	√			

7. Evaluation

To assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints, and incidents in relation to this policy and ensure satisfactory resolutions have been achieved
- keep the policy up to date with current legislation, research, policy, and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures unless a lesser period is necessary due to risk (*Regulation 172 (2)*).

8. Related Documents

- Administration of First Aid
- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Asthma
- Dealing with Infectious Diseases
- Diabetes
- Epilepsy
- Incident, Injury, Trauma, and Illness
- Privacy and Confidentiality
- Supervision of Children

9. Sources

- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council: <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>

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- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2020: www.acecqa.gov.au
 - Ambulance Victoria: How to call card: <https://www.ambulance.vic.gov.au/wp-content/uploads/2019/08/How-To-Call-Card.pdf>
 - Dealing with medical conditions in children policy and procedure guidelines - www.acecqa.gov.au

10. Legislation and Standards

- Education and Care Services National Law Act 2010: Section 173
- Education and Care Services National Regulations 2011: Regulations 90, 91, 96
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- National Quality Standard, Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004 (Vic)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

11. Attachments

- **Attachment 1:** Risk Assessment and Communication Plan Guideline

ATTACHMENT 1. RISK MANAGEMENT AND COMMUNICATION PLAN GUIDELINES

When developing a risk minimisation plan ensure:

- that risks relating to the child's specific health care needs, allergy or relevant medical condition are assessed and minimised;
- if relevant, policies and procedures in relation to safe handling, preparation, consumption, and service of food, are developed and implemented;
- if relevant, policies and procedures to ensure parents are notified of any known allergens posing a risk to a child, and strategies for minimising risks, are developed and implemented; policies and procedures ensuring all educators/staff members and volunteers can identify the child, their medical management plan, and the locations of the child's medication, are developed and implemented;

Policies and procedures must be in place to ensure a 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.

When developing a communication plan ensure:

- educators/staff members and volunteers are informed about the medical conditions policy, and the medical management plans, and risk minimisation plans for the child;
- educators/staff members must sign the Risk Minimisation and Communication Plan to indicate they understand the triggers, allergens and risk involved;
- the child's parents/guardians can communicate any changes to the medical management plan, and risk minimisation plan for the child, and set out how that communication can occur;
- to advise parents/guardians when a medical management plan has been implemented in response to a child's medical condition;
- the medication and incident, injury, illness and trauma records are completed as soon as practicable after a medical management plan has been implemented and medication was administered;
- that the nominated supervisor is notified when a medical action plan has been implemented;
- parents/guardians provide permission for their child's medical management plan (with photo), allergens, food restrictions, condition triggers, and any other relevant information, to be displayed in the service.
- dated handwritten permission should be recorded on the back of the child's plan, and the relevant sections in the Acknowledgments and Consents Form as part the *Confidentiality and Privacy Policy*
- all relevant children's medical management plans (with photo), allergens, food restrictions, condition triggers, and any other relevant information, are displayed and visible to all educators/staff and volunteers at the service;
- relief educators and staff are informed of the children who have current medical management plans and shown the location of these plans and medication that has been prescribed for use.

Ensure that all medications prescribed for children with medical management plans are:

- stored in a location that is known and easily accessible to all staff;
- a copy of the medical management plan is with the medication;
- not locked away;
- inaccessible to children; and
- away from a direct source of heat.

Ensure all educators, including relief staff, have knowledge of the regular medications and method of administration of these for all children with medical management plans. These may include, but is not limited to asthma puffers, spacers, and adrenaline auto injection devices such as EpiPen®

Educators, regardless of whether they have a child diagnosed at risk of anaphylaxis, are to complete training in the administration of the auto injection device, asthma and CPR every 12 months, and record this in the staff records.

Educators are also required to undertake quarterly practise with an auto injection device trainer, and record this in the staff records. If a child is enrolled with Anaphylaxis at the service, all educators at the service must undertake quarterly practice with an adrenaline auto injection device.

Display a list of children with medical conditions, including known triggers or allergens, doctor's contact details, and emergency contact details. This list also needs to be included in the Evacuation Backpacks. Maximise, in consultation with the parents, the health and safety of their child through supervised management of the child's medical condition.

Promptly communicate to parents/guardians any concerns, should it be considered that a child's medical condition is impacting on his/her ability to participate fully in all activities.

Implement the Protection from Allergen procedures to support children's health and safety.