Medical Conditions Policy

The Peter Toms Early Learning Centre aims to effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the centre to ensure the safety and wellbeing of boys, staff and visitors.

Implementation
The centre will involve all educators, families and boys in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The centre will adhere to privacy and confidentiality procedures when dealing with individual health needs.

Educators are also responsible for raising any concerns with a child’s parents about any medical condition known to the centre, or any suspected medical condition that arises. No child enrolled at the centre will be able to attend the centre without medication prescribed by their medical practitioner. Families are required to provide this information on the Enrolment Form as outlined below and are responsible for updating the centre on any new medication, ceasing of medication, or any changes to their child’s prescription.

The Parents/Caregivers and authorised persons will:

- Inform the centre and staff on enrolment or as soon as child is diagnosed of their child’s illness
- Be responsible for providing the centre with a current Management Plan signed by a medical practitioner and include a recent photo of the child. It must clearly outline procedures to be followed by staff in the event of an incident relating to the child’s specific health care need.
- Be responsible for informing the nominated supervisor of any changes to their current Management Plan and provide any updates
- In case of a medical emergency an authorised person may remove a child from the centre without written permission provided they are specified as lawfully authorised person
- Ensure that at all times the child is in attendance that medication or injections provided is held at the centre

Information that must be provided on Enrolment Form
The Peter Toms Early Learning Centre Enrolment Form provides an opportunity for parents to help the centre effectively meet their child’s needs relating to any medical condition.

The following information must be completed on the Enrolment Form, and any information will be attached to the Enrolment Form as necessary and kept on file at the Centre.

- Asthma
- Diabetes
- Allergies
- Anaphylaxis
- Diagnosed at risk of anaphylaxis
- Any other specific medical condition(s) mentioned by a child’s parents or registered medical practitioner using the Enrolment Form.
• Any other specific medical condition(s) mentioned by a child’s parents or registered medical practitioner at any point during the child’s education and care at the centre.
• Any Medical Management Plan put forward by a child’s parents and/or registered medical practitioner. The Medical Management Plan must be used to inform the Medical Conditions Risk Minimisation Plan. Parents are responsible for updating their child’s Medical Management Plan as necessary and will be regularly reminded by the Centre.

Identifying Boys with Medical Conditions
• Any information relating to the above medical conditions will be shared with the Nominated Supervisor, educators, and any other staff member at the centre. Individuals will be briefed by the Nominated Supervisor on the specific health needs of each child.
• Information relating to a child’s medical conditions, including the child’s Medical Management Plan, Medical Conditions Risk Minimisation Plan, and the location of the child’s medication will be shared with all educators and displayed in areas of prominence to ensure all practices and procedures are followed accordingly.
• All educators at the centre must follow a child’s Medical Management Plan in the event of an incident related to a child’s specific medical conditions requirements.
• All educators at the centre must be able to identify a child with medical conditions easily.
• All educators and volunteers at the centre must be able to locate a child’s medication easily.

Supervised Self-Administration of Medication by Boys over Preschool Age
The Centre does not permit a child of any age to self-administer medication.

Legislative Requirements
Federal
Australian Workplace Safety Standards Act 2005
Australian Workplace Safety Standards Regulations 2005
National Childcare Accreditation Council
Victoria
Occupational Health and Safety Act 2004

Sources
Education and Care Centres National Regulations 2011
National Quality Standard
Early Years Learning Framework

Who is affected by this policy?
Boys, families and staff

Review
The review will be conducted by:
* The Peter Toms ELC staff
* Families
Medical Conditions Risk Minimisation Plan Policy

Using a child’s Medical Management Plan, the centre will develop a Medical Conditions Risk Minimisation Plan in consultation with a child’s parents. The Medical Conditions Risk Minimisation Plan must ensure that any risks are addressed and minimised. The Plan must be developed with the child’s parents and medical professionals if required. To promote consistency and ensure the welfare of all boys using the centre, we will follow all health, hygiene and safe food policies and procedures. Any allergens that may be present at the centre will be communicated to parents and addressed through the Medical Conditions Risk Minimisation Plan.

Whilst developing the Medical Conditions Risk Minimisation Plan and to minimise the risk of exposure of boys to foods that might trigger severe allergy or anaphylaxis in susceptible boys, the centre will consider and implement the following:

- 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.
- Awareness that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.
- 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 boys, eggs and cow’s milk.
- Other common groups of substances which can trigger allergic reaction or anaphylaxis in susceptible boys include:
  - All types of animals, insects, spiders and reptiles.
  - All drugs and medications, especially antibiotics and vaccines.
  - Many homeopathic, naturopathic and vitamin preparations.
  - Many species of plants, especially those with thorns and stings.
  - Latex and rubber products.
  - Band-Aids, Elastoplast and products containing rubber-based adhesives.
- Educators should be on the lookout for symptoms of an allergic reaction, as per their training. 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 that an educator or child is prone to anaphylaxis reactions, and they carry or supplied an EpiPen®, it should be injected by an educator trained in first aid. CPR should be initiated should the educator or child stop breathing.
- However, steps should be taken to prevent anaphylaxis occurring as outlined below:
  - Upon enrolment, medical information is sought from parents about any known allergies. Parents are asked for supporting documentation as well as a Medical Management Plan. This Medical Management 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. This should be kept on the child’s enrolment file and also be displayed in the centre, in an area where all educators can easily
access it near a telephone. A copy should also be kept where the child’s medication is stored. If the child is taken on an excursion, a copy of the management plan should be taken on the excursion. Should a child be known to have allergies requiring medication if a reaction occurs, the parents will be asked to provide the medication. Furthermore, should the child’s treatment change, families are asked to provide the centre with a new Medical Management Plan from their child’s medical practitioner. Documentation will then be updated at the centre.

- If displaying personal information about boys’s or staff member’s allergies in food preparation or serving areas, do so in accordance with privacy guidelines, such as displaying in an area accessible to staff and not accessible to visitors or other families. Explain to families the need to do so for purpose of safety of the child and obtain parental consent.
- Risk minimisation practices will be carried out to ensure that the centre is, to the best of our ability, providing an environment that will not trigger an anaphylactic reaction in a child. These practices will be documented and reflected upon, and amended to decrease risk. For example, a procedure to ensure that the child is never at the centre without their EpiPen or relevant medication.
- The centre will display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at the centre, for example, in the boys’s room, the staff room or near the medication cabinet.
- The centre will ensure that any child who has been prescribed an adrenaline auto-injection device will not be permitted to attend the centre or its programs without the device.
- The centre will develop an ongoing communication plan with the child’s parents and with educators at the centre to ensure that all relevant parties are updated on the child’s treatment, along with any regulatory changes that may change the centre’s practices in regards to anaphylaxis.
- The centre will provide support and information to the centre’s community about resources and support for managing allergies and anaphylaxis.
- The centre will ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to boys; and away from direct sources of heat.
- Routinely, the centre will review each child’s medication to ensure it hasn’t expired.
- The centre will not allow boys to trade food, utensils or food containers.
- Ideally, boys who have severe allergies should only be served food prepared at their homes. If it is decided that the child will have food prepared for him at the centre, this will be prepared in line with his management plan and family recommendations.
- The centre will use non-food rewards with boys. For example, stickers for appropriate behaviour.
- Families are requested to label all bottles, drinks and lunchboxes etc 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 boys with allergies to participate.
- Food preparation staff will be instructed on the necessity to prevent cross contamination.
• Parents will be asked not to send food with their boys which contain high allergenic elements, even if their child does not have an allergy. There is a sign in the foyer reminding families of this.

• If appropriate, a child with allergies may have to sit at a different table if food is being served that he is allergic to. This will always be done in a sensitive manner so that the child with the allergy does not feel excluded.

• When the child diagnosed at risk of anaphylaxis is allergic to milk, non-allergic babies will be held when they drink formula/milk.

• Where possible, the centre will ensure all boys with food allergies only eat food and snacks which have been prepared for them at home.

• We will restrict the use of foods likely to cause allergy in craft and cooking play.

• We will follow correct health, hygiene and safe food policies and procedures.

• Food preparation personnel (staff and volunteers) will be instructed about measures necessary to prevent cross-contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.

• All boys need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk, boys will not be permitted to ‘wander around’ the centre with food.

• We will be aware that a child may have a number of food allergies or there may be a number of boys with different food allergies, and it may not be possible to have an allergy-free policy for all those foods involved. Nut allergy is the most likely to cause severe reaction and should take precedence.

• In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction, staff will:
  o Call an ambulance immediately by dialling 000
  o Commence first aid measures
  o Contact the parent/guardian
  o Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.

• Educators are trained to recognise how serious anaphylaxis is and will undertake the steps that need to be taken in order to minimise the possibility of its occurrence. The centre will maintain the following in relation to educator qualifications for anaphylaxis:
  o That all educators have completed first aid and anaphylaxis management training. Educators will complete training at least every 3 years from the date their qualification was issued.
  o All educators in the centre whether or not they have a child diagnosed at risk of anaphylaxis will undertake training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 12 months.

• Practising the use of adrenaline auto-injection devices will be undertaken regularly.
Victoria
Occupational Health and Safety Act 2004

Source:
Communicable diseases (2005).
Department of Human centres Victoria

Review will be conducted by:
● The Peter Toms Early Learning Centre Staff
● The Peter Toms Early Learning Centre Families

Policy created date 22 August 2012