

DEALING WITH MEDICAL CONDITIONS – GRANGE ROAD KINDERGARTEN

QUALITY AREA 2 | ELAA version 1.0



PURPOSE

This policy provides guidelines for Grange Road Kindergarten to ensure that:

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



POLICY STATEMENT

VALUES

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

- fulfilling the service's duty of care requirement under 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 those involved in the programs and activities of Grange Road Kindergarten 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.

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 Grange Road Kindergarten, 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

RESPONSIBILITIES	Approved provider and persons with management or 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, and should not be deleted					
Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies (Regulation 91, 168)	R	√			
Ensuring families provide information on their child’s health, medications, allergies, their medical practitioner’s name, address and phone number, emergency contact names and phone numbers (Regulations 162), and a medical management plan signed by their medical practitioner, following enrolment and prior to the child commencing at the service (Regulation 90)	R	√	√	√	
Ensuring that a risk minimisation plan (refer to Definitions) is developed in consultation with parents/guardians to ensure that 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 (refer to Attachment 1) (Regulation 90 (iii))	R	√	√	√	
Developing and implementing a communication plan (refer to Definitions) and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child’s specific health care need, allergy or other relevant medical condition, this policy and its implementation (Regulation 90 (c) (iii))	R	√	√	√	
Ensuring a copy of the child’s medical management plan is visible and known to staff in the service. (Regulations 90 (iii)(D)). Prior to displaying the medical management plan, the nominated supervisor must explain to parents/guardians the need to display the plan for the purpose of the child’s safety and obtain their consent (refer to Privacy and Confidentiality Policy)	R	√			
Informing the approved provider of any issues that impact on the implementation of this policy		√	√	√	√
Ensuring families and ECT/educators/staff understand and acknowledge each other’s responsibilities under these guidelines	√	√			
Ensuring ECT/educators/staff undertake regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be carried out for the child’s wellbeing and specific medical conditions	√	√	√		

Ensuring that at least one ECT/educator with current approved first aid qualifications (<i>refer to Definitions</i>) is in attendance and immediately available at all times that 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	√			
Ensuring 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	√	√		
Ensuring each child's health is monitored closely and being aware of any symptoms and signs of ill health, with families contacted as changes occur		√	√		√
Administering medications as required, in accordance with the procedures outlined in the <i>Administration of Medication Policy (Regulation 93)</i>	R	R	√		
Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan	√	√	√		
Maintaining ongoing communication between ECT/educators/staff and parents/guardians in accordance with the strategies identified in the communication plan (<i>refer to Attachment 1</i>), to ensure current information is shared about specific medical conditions within the service.	R	√	√		
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	√	√		√
Ensuring that the Ambulance Victoria How to Call Card (<i>refer to Sources</i>) is displayed near all telephones	√	√			
Ensuring children do not swap or share food, drink, food utensils or food containers	√	√	√		√
Ensuring food preparation, food service and relief staff are informed of children and staff who have specific 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	√	√		√
Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service	√	√			

BACKGROUND AND LEGISLATION



BACKGROUND

An approved service must have 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.

Staff members 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 liaise 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.

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- 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)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au



DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

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.

SOURCES AND RELATED POLICIES



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>
- 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

RELATED POLICIES

- 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



EVALUATION

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current
- 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 all 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)*).



ATTACHMENTS

- Attachment 1: Risk Assessment and Communication Plan Guideline
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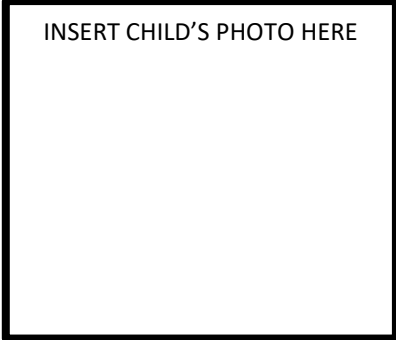
AUTHORISATION

This policy was adopted by the approved provider of Grange Road Kindergarten on 16th August 2022.

REVIEW DATE: AUGUST 2024



ATTACHMENT 1. RISK MANAGEMENT AND COMMUNICATION PLAN TEMPLATE FOR GRANGE ROAD



Attachment 1 Risk Minimisation and Communication Plan

Name of child		DOB	
Parent contact details	Parent one information		Parent two information
	Name:		Name:
	Relationship:		Relationship:
	Home phone:		Home:
	Work phone:		Work:
	Mobile:		Mobile: 0455895111
	Address:		Address:
Other emergency contacts if parent/s not available			
Kindergarten group		Kinder phone number	
Medical condition			
Medical Action plan provided by parent and completed and signed by a doctor (All children with medical conditions requiring medication at kinder need a medical action plan)			YES / NO
Triggers or allergens			
Other health conditions			
Medication kept at service (including expiry dates)			
Medical practitioner contact details	Doctors name:		
	Address:		
	Phone number:		
Emergency care to be provided at the service			
How and where is the medication stored			
RISK MINIMISATION PLAN			
Categories to avoid triggers			

Anaphylaxis, asthma and first aid trained educators are on the premises at all times.

The medical management plan, risk minimisation plan and medication are accessible to all educators. Discussions to explain where these items are kept are held with parents, educators and volunteers.

The child's and service medication is stored in the prescribed location for the room and service.

The child's medication will be checked to ensure it is current and has not expired.

There is a notification of child at risk of anaphylaxis displayed in the front foyer with other prescribed information.

The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child's medical management plan, risk minimisation plan and medication.

Parents are required to complete an authorise administration of medication record, and educators will complete administration of medication record whenever medication is provided.

A copy of parent's authorisation to administer medication record is attached to medical management plan and original filed in child's file.

The Nominated Supervisor will discuss with the parents of any allergens that pose a risk to the child.

The service will display the child's picture, first name, medication held and location, and brief description of medical condition on a poster/schedule in all children's rooms and prominent places to alert all staff, volunteers and students.

<p>dominant Trigger/s (For example: eating certain food, using products containing certain foods, chemicals or other substances, temperature, dust, physical activity, exposure to certain animals or plants, mould, pollen, missed meals, etc). PLEASE LIST TRIGGERS THAT RELATE TO THIS CHILD:</p>	
<p>Other triggers</p>	

What educators, staff and volunteers will do to minimise effect of triggers:

For example: Service will be cleaned daily to reduce allergens; Service will use damp cloths to dust so it's not spread into the atmosphere, Child will be supervised to prevent movements from hot or warm environments to cold environments; Child will not feed pets; Educators to clean tables and floors of any dropped food as soon as practical; Child will be supervised while other children are eating and drinking; The child will only eat food prepared and bought to the service by the parents; The child's food items will be labelled clearly. Educators may refuse to give the child unlabelled food; Child to be seated a safe distance from other children when eating and drinking with an educator positioned closely to reduce the risk of the child ingesting other children's food or drinks, etc).

NOTE THE RELEVANT RISKS, STRATEGIES AND WHO RESPONSIBILITIES IN THE TABLE BELOW.

RISKS	STRATEGY	WHO IS RESPONSIBLE

Parents have been provided with a copy of the relevant policy e.g., anaphylaxis, asthma or dealing with medical conditions. Record date and policy given.		
Date of receipt of medication/s as per the Medical Action Plan		
The above risk minimisation plan has been developed with my knowledge and input and will be reviewed on (record date) ____ / ____ / ____ (D/MM/YYYY)		
Risk minimisation plan prepared by		Date
Signed and dated by parent		Signed and dated by educator

COMMUNICATION PLAN

Communication plan prepared by		Date	
Signed and dated by parent		Signed and dated by educator	

HOW WILL WE COMMUNICATE?	HOW OFTEN?			BEST TIMES TO COMMUNICATE
	Weekly	Monthly	Per term	
Telephone calls				
Email				
Parent/teacher interviews				
Pick up or drop off times				
Parent duty days				

COMMUNICATION NOTES	
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Information about medication and medical needs

Where is the child's medication kept?	In an insulated lunch box on the pin board near the servery window in the back room.
Does the child leave the medication at the service? Please circle	YES NO
If no, how do you ensure that it is brought with the child each session and taken home at the end of each session?	
In the event the child experiences a medical emergency?	
Who is responsible for retrieving the medication?	N/A

Who is responsible for administering the medication and following the medical action plan?	N/A
Who is responsible for calling 000 if required?	
Who is responsible for calling the parent to alert them of the child's medical emergency?	

CHECKLIST

	COMPLETED (Tick)	NOTES (Include date completed)
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Preparation for commencement at kindergarten

Medical action plan MAP completed by the child's doctor and parent		
Risk management plan RMP completed by child's parent and educator		
MAP and RMP communicated to all educators in staff meeting		
MAP displayed in child's room		
Sign placed on wall to advise parents about allergens at the kinder.		
Discussion with family about privacy and how information will be used.		
Medication details and expiry are noted on the service medical communication plan. A calendar reminder is made for any medications that will expire throughout the kinder year.		
Display ASCIA and Asthma generic posters for management in prominent locations.		
Copies of the dealing with medical conditions, anaphylaxis and asthma policies are easily available at the service.		
Induction process for all staff and volunteers includes information regarding the management of medical conditions at the service. Including the location of medications, medical action plans, risk minimisation plans and procedures and identified children at risk.		
Staff have undertaken the relevant approved anaphylaxis and asthma management training and participate in regular practise sessions.		

Communication to Kindergarten families

Information sessions at beginning of the year:		
Families and staff informed of all diagnosed medical conditions in the group		
Families and Staff shown where MAP and medications are located		
Written information sent to families to minimise the risk of exposure to known allergens. Such as requesting specific items not be brought to the service.		
Ensure families are aware that no child who has been prescribed a medication with a MAP e.g. EpiPen, Ventolin is permitted to attend the service without that medication.		

When parents, volunteers or relief staff are at the kindergarten

Form/remind them of the diagnosed medical conditions in the group		
Show where the MAP's and medications are located.		

Reminders during the year

Newsletter reminders to families of the allergens and diagnosed medical conditions in the kindergarten		
Email reminders from educators in term 1 and term 3		
Child's medication action plan and medication is carried by an educator when a child diagnosed at risk is taken outside the service premises e.g. for an excursion.		
When changes occur in the MAP or RMP		
Parent needs to inform educator of any changes to medical condition, MAP or RMP		
Parent to provide an updated MAP from doctor		
Parent and educator to update RMP if necessary		
Relevant changes to be communicated to families via email/newsletter		
Relevant changes to be communicated to all staff		

Grange Road Kindergarten

Medication authority and record

Child's name		Date of Birth	
To be completed by the parent			
Name of medication			
First administered	Time		Date
Medication to be administered	Time		Date
Relevant circumstance to be administered			
	Dosage to be administered		Method of administration
Signature of parent or guardian			Date

To be completed by the educator at administration of medication				
Medication administered	Time		Date	
	Dosage administered		Method of administration	
Name of person administering medication			Signature of person administering medication	
Name of witness			Signature of witness	

Medication administered	Time		Date	
	Dosage administered		Method of administration	
Name of person administering medication			Signature of person administering medication	
Name of witness			Signature of witness	

Medication administered	Time		Date	
	Dosage administered		Method of administration	
Name of person administering medication			Signature of person administering medication	
Name of witness			Signature of witness	

- Note a new Medication authority record needs to be completed for each **individual medication** and should be kept with the child's medication and medical action plan.
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To be completed by the educator at administration of medication				
Medication administered	Time		Date	
	Dosage administered		Method of administration	
Name of person administering medication			Signature of person administering medication	
Name of witness			Signature of witness	

Medication administered	Time		Date	
	Dosage administered		Method of administration	

Name of person administering medication		Signature of person administering medication	
Name of witness		Signature of witness	

Medication administered	Time		Date	
	Dosage administered		Method of administration	

Name of person administering medication		Signature of person administering medication	
Name of witness		Signature of witness	

Medication administered	Time		Date	
	Dosage administered		Method of administration	

Name of person administering medication		Signature of person administering medication	
Name of witness		Signature of witness	

Medication administered	Time		Date	
	Dosage administered		Method of administration	

Name of person administering medication		Signature of person administering medication	
Name of witness		Signature of witness	