

DEALING WITH MEDICAL CONDITIONS IN CHILDREN

1. Policy Statement

Weldon Children's Services places child safety at the centre of everything we do. We ensure that every reasonable precaution is taken to protect the children attending our services from harm and hazard. To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical conditions, Weldon follows the Education and Care Services National Regulations to ensure health-related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency should they arise. Children are supported to feel physically and emotionally well and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they have a medical condition or are unwell.

We have comprehensive processes in place for supporting children with medical conditions that are sensitive to the needs of the child and their families. Weldon Children's Services requires authorisations to be obtained from families or authorised nominees for actions such as the administration of medication and seeking medical treatment for children. Staff and educators are provided with information about the medical needs and authorisations for each child enrolled in the program and are provided with ongoing training about keeping children safe and the implementation of this policy. To ensure the health and safety of children at our program, our *Acceptance and Refusal of Authorisations Policy* is strictly adhered to. At all times educators will act in the best interests of the children and ensure the health, safety and wellbeing of all children being educated and cared for at the service.

2. Background

The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place for dealing with medical conditions in children that include 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.

A duty of care exists at all times a child is attending an education and care service. Children's safety and wellbeing is of primary importance, and Weldon Children's Services ensures that

appropriate measures are in place to protect children from any harm or hazard. Safeguarding children during their time in the service is enabled by the implementation of policies and procedures.

If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, parents must be provided with a copy of this and other relevant policies. If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is enrolled in the service, prior arrangements are to be negotiated with the parent, 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 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 prior to the child commencing at the service.

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
- with two educators in attendance, one educator will be responsible for the administration, and the other will witness the procedure.
- if the medication is in its original container bearing the child's name, prescribed dosage use by date and frequency of administration.

Services who provide education and care to a child over preschool age may allow a child over preschool age to self-administer medication. The approved provider must consider their duty of care when determining under what circumstances such permission would be granted. Where a child over preschool age can self-administer medication/medical procedures, written permission must be provided by the child's parent or authorised nominee. Authorisation for the child to self-administer medication is recorded in the medication record for the child. Parents will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s). The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of an educator with current approved first aid qualifications.

3. Legislative Requirements

Section/regulation	Description
Section 167	Offence relating to protection of children from harm and hazards
Regulation 85	Incident, injury, trauma and illness policy and procedures
Regulation 86	Notification to parent of incident, injury, trauma, and illness
Regulation 87	Incident, injury, trauma, and illness record
Regulation 89	First aid kits
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents

Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement – anaphylaxis or asthma emergency
Regulation 96	Self-administration of medication
Regulation 136	First aid qualifications
Regulation 162 (c) and (d)	Health information to be kept in enrolment record. (c) details of any – (i) specific healthcare needs of the child, including any medical condition; and (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c).
Regulation 168	Education and care services must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 173 (2) (f)	Prescribed information to be displayed. For the purpose of section 172 (f) of the Law, the following matter and information are prescribed – (f) if applicable – (i) in the case of a centre-based service, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
Child Safe Standard 1	Child safety is embedded in organisational leadership, governance, and culture
Child Safe Standard 2	Children participate in decisions affecting them and are taken seriously
Child Safe Standard 3	Families and communities are informed and involved
Child Safe Standard 4	Equity is upheld and diverse needs are taken into account
Child Safe Standard 7	Staff are equipped with the knowledge, skills, and awareness to keep children safe, through continual education and training
Child Safe Standard 10	Policies and procedures document how the organisation is child safe

4. Principles informed in this Policy:

- The health, safety and wellbeing of children is our number one priority. Our safeguarding practices include policies and procedures for dealing with medical conditions and the administration of first aid, including medication.
- We value the important role our educators and staff play. They are provided with the necessary training and support to act in accordance with the *Dealing with medical conditions policy and procedures* and in the administration of emergency management.
- All educators are informed of any children diagnosed with a medical condition or specific health care need, the risk minimisation procedures in place, where medication is stored

and/or any specific dietary restrictions relating to their health care need or medical condition.

- Families can expect that educators will always act in the best interests of the children and meet the children’s individual health care needs.
- We will partner with families of children with diagnosed medical conditions to develop a risk minimisation plan to ensure that the risks relating to the child’s specific health care need or relevant medical condition are assessed and minimised. In conjunction with the risk minimisation plan, a communication plan will be developed setting out how communication occurs if there are any changes to the medical management plan or risk minimisation plan for the child. The communication plan ensures all staff are informed of the child’s medical condition and relevant documentation.
- We will communicate with families about their children’s health requirements in a culturally sensitive way.
- Children are provided opportunities to participate to their full potential based on their individual needs.
- Educators will seek input from children with medical conditions and their families about the delivery of the program and the best ways to encourage children or families to voice their concerns.
- Weldon promotes a rights based, respectful, child safe culture where children’s concerns are always responded to.
- Educators, staff, volunteers, and students support children’s rights, voice, empowerment, participation, and safety in services.

5. Key Terms

Term	Meaning	Source
ACECQA – Australian Children’s Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources, and services to support the sector to improve outcomes for children.	acecqa.gov.au
Approved anaphylaxis management training	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations
Approved first aid qualifications	A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Matters are likely to include: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe	National Regulations

	bleeding; injury and basic wound care; and administration of an autoimmune adrenalin device.	
Communication plan	A plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.	
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 (Cth). Medicine includes prescription, over the counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au).	Guide to the NQF (Glossary)
Medical condition	This may be described as a condition that has been diagnosed by a registered medical practitioner.	Guide to the NQF
Medical management plan	A document that has been prepared and signed by a registered medical practitioner 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.	
Risk minimisation plan	A document prepared by service staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating to the child's specific health care need, allergy or other relevant medical condition.	Guide to the NQF

6. Links to other Policies

The following policies may be linked to this policy:

- Enrolment and Orientation
- Providing a Child Safe Environment
- Accident, Incident, Injury, Trauma, and Illness
- The Administration of First Aid
- Nutrition, Food and Beverages, Dietary Requirements
- Acceptance and Refusal of Authorisations

7. Induction and ongoing Professional Development and Training

- Induction and ongoing training will be implemented, focusing on this policy and related procedures.

- Information will be shared with relief/ casual and educator assistants on induction and as relevant to the environments that they are working in, their shift responsibilities and the children in their care.
- Procedures and clear expectations about conducting assessments are part of Nominated Supervisor/Responsible Person induction training and regularly reviewed at staff meetings.

8. Monitoring, Evaluation, and Review

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every two years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

Policy created:		
Review Date	Assignee	Notes
Jan 2024	Exec Leader Ed & Care	
May 2025	Exec Leader Ed & Care	
July 2025	Exec Leader Ed & Care	P2 & P21 – if the medication is in its original container bearing the child's name, prescribed dosage, use by date and frequency of administration.

DEALING WITH MEDICAL CONDITIONS IN CHILDREN PROCEDURES GUIDELINES

1. Title

Dealing with Medical Conditions in Children Procedures

2. Reference to Policy and Philosophy

Refers to the Dealing with medical conditions in children policy. These procedures will also reflect the service philosophy, the Child Safe Standards and evidence-based quality practice guidelines.

3. Procedures

These procedures will be kept onsite and accessible to families and the staff team.

Templates and documents that might be required and/or used as a part of the procedures include:

- Accident, Incident, injury, trauma, and illness record
- Medication record
- Medical management plans
- Risk minimisation plans

Systems to monitor the implementation of the procedures include:

- accessibility - policies and procedures are readily available and accessible to staff as required.
- induction and training – staff are given adequate onboarding and ongoing support to ensure up-to-date knowledge and skills with a thorough understanding of responsibilities.
- quality assurance and governance - policies and procedures are regularly reviewed and maintained.
- monitor and audit compliance - implementation of policies and procedures is regularly monitored to ensure staff are following them correctly.
- reformative action - non-compliance with policies and procedures is promptly addressed.
- resourcing and support - adequate resources and time are allocated to enable staff to comply with policies and procedures.
- communication with families - parents will be made aware of the requirements of the policy and the importance of keeping authorisations up to date.

4. Roles and Responsibilities

Roles	Responsibilities
<p>Approved Provider</p>	<ul style="list-style-type: none"> • establish a strong organisational culture that puts child safety at the centre. • ensure that obligations under the Education and Care Services National Law and National Regulations are met. • ensure the Dealing with medical conditions in children policy and procedures are met, the appropriate medical management plans and risk assessments are completed, and all relevant actions are managed to minimise the risks to the child’s health (regulation 90). • ensure families of children that have a specific medical condition have been given a copy of the Dealing with medical conditions in children policy (regulation 91) and any other relevant policies. • in consultation with families, develop risk minimisation plans for children with medical conditions or specific health care needs. • ensure all educators and staff have training as part of the induction process and ongoing training for the management of medical conditions (e.g., asthma, anaphylaxis, and specific requirements for the enrolled child in your care). • ensure families provide required information on their child’s health care need allergy, or relevant medical condition, including: <ul style="list-style-type: none"> • medication requirements • allergies • medical practitioners contact details. • medical management plan • ensure a child with a life-threatening condition such as asthma, anaphylaxis and diabetes are not enrolled at, nor will attend a Weldon program without a medical management plan and prescribed medication by their medical practitioner, and a risk minimisation plan has been developed in consultation with parents. • ensure a written plan for ongoing communication between families and educators is developed as part of your risk minimisation plan, relating to the medical condition and any changes or specific needs. It should be in place before a child commences at the service, or as soon as possible after diagnosis for children already attending. • ensure educators, staff and volunteers have knowledge and access to this policy and relevant management and risk minimisation plans. • ensure support or agency staff are informed of children and staff members who have specific medical conditions, food allergies, the type of condition or allergies they have, and Weldon’s procedures for dealing with emergencies involving allergies and anaphylaxis.

	<ul style="list-style-type: none"> • 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. • take reasonable steps to ensure that nominated supervisors, educators, staff, and volunteers follow the policy and procedures. • ensure copies of the policy and procedures are readily accessible to nominated supervisors, educators, staff, and volunteers, and available for inspection. • promote a culture that encourages feedback, including voicing concerns, and share this with families. • ensure that all aspects of the operation of the program are considered to ensure the inclusion of each child into the program. • ensure educators receive appropriate professional development and training in managing specific medical conditions and meeting children’s individual needs. • take reasonable steps to ensure that nominated supervisors, educators and staff follow the Dealing with medical conditions in children policy and procedures. • notify families at least 14 days before changing the policy or procedures if the changes will: <ul style="list-style-type: none"> • affect the fees charged or the way they are collected or • significantly impact the service’s education and care of children or • significantly impacts the family’s ability to utilise the service.
<p>Nominated Supervisor/ Responsible Person</p>	<ul style="list-style-type: none"> • regularly communicate with the team about the service’s commitment and collective responsibility for child safety. • implement the Dealing with medical conditions in children policy and procedures and ensure all the action plans that are in place are carried out in line with these. • ensure any changes to the policy and procedures or individual child’s medical condition or specific health care need and medical management plan are updated in your risk minimisation plan and communicated to all educators and staff. • notify the approved provider if there are any issues with implementing the policy and procedures. • display, with consideration for the children’s privacy and confidentiality, their medical management plan (from the doctor) and ensure that all educators and staff are aware of and follow the risk minimisation plans (developed by the service) for each child. • ensure communication is ongoing with families and there are regular updates as to the management of the child’s medical condition or specific health care need. • record any prescribed health information and copies of the medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child’s enrolment folder.

	<ul style="list-style-type: none"> • ensure the risk management plans are reviewed every six months or by the required review date, whichever date comes first. • ensure educators and staff have the appropriate training needed to deal with the medical conditions or specific health care needs of the children enrolled in the service. • ensure inclusion of all children in the service. • ensure there is an educator in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate. • ensure all educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using adrenaline autoinjector (EpiPens).
Educators	<ul style="list-style-type: none"> • empower children to take part in discussions to support their understanding of personal safety within the service. • engage in open, two-way communication with families and communities about the service’s child safety approach. • understand and implement the Dealing with complaints policy and procedures. • ensure all the action plans are carried out in line with the Dealing with medical conditions in children policy and procedures. • ensure you monitor the child’s health closely and are aware of any symptoms and signs of ill health, with families contacted as changes occur. • ensure that two people are present any time medication is administered to children (regulation 95(c)). • ensure communication with families is regular and all educators and staff (including the nominated supervisor) are informed of any changes to a child’s medical condition. • understand the individual needs of and action plans for the children in your care with specific medical condition. • ensure a new risk assessment is completed and implemented when circumstances change for the child’s specific medical condition. • ensure all children’s health and medical needs are taken into consideration on excursions (first aid kit, personal medication, management plans, etc). • maintain current approved first aid, CPR, asthma, and anaphylaxis training. • undertake specific training (and keep it updated if required) to ensure appropriate management of a child’s specific medical condition.
Cook and kitchen staff	<ul style="list-style-type: none"> • ensure that practices and procedures in relation to the safe handling, preparation, consumption, and service of food are adhered to. • ensure all changes to child’s medical management plan or risk minimisation plan are implemented immediately within the menu preparation.
Families	<ul style="list-style-type: none"> • be aware of the Dealing with complaints policy and procedures. • provide feedback on the organisation’s policies and practices. • advise the service of the child’s medical condition and their specific needs as part of this condition. • provide regular updates to the service on the child’s medical condition including any changes, and ensure all information required is up to date.

	<ul style="list-style-type: none"> • provide a medical management plan from a doctor on enrolment or diagnosis of the medical condition (refer to links for requirements) and provide an updated plan as required. • collaborate with the service staff to develop a risk minimisation plan and review every 6 months or sooner, if required. • provide management with accurate information about their child’s health needs, allergies, medical conditions, and medication requirements on the enrolment form. • communicate with Weldon and notify any updates or amendments to the information provided on enrolment. • provide adequate supplies of the required medication and medical authorisation on the long-term medication record. • review the medical management plan annually or more often if required, and update any changes, or provide evidence from a medical practitioner to confirm the plan remains unchanged.
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Procedures

Preparation for a child with a medical condition	
Legislation	Act: 167
Quality Areas	Regs: 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 136, 170, 171
Child Safe Standards	QA: 2.1, 2.1.2, 3.1.1, 3.2.1, 6.2.2, 7.1.3 CSS: 1, 2, 3, 4, 5, 7, 10
Steps	<p>Authorisations and enrolment records</p> <ul style="list-style-type: none"> • on enrolment ensure the parent, or another person named in the child’s enrolment form, signs authorisations to: <ul style="list-style-type: none"> • administer medication (including self-administration is applicable). • seek: <ul style="list-style-type: none"> • medical treatment for the child from a registered medical practitioner, hospital, or ambulance service. • transportation of the child by any ambulance service. • the enrolment record must also include details of any specific healthcare needs of the child - such as any medical conditions or allergies, including whether the child has been diagnosed as at risk of anaphylaxis - and any medical management plans in place. • medication record which includes information about any medications that a child might need to have administered must be maintained. <p>Medical management plan</p> <ul style="list-style-type: none"> • any medical management plan provided by a child’s parents and/or

	<p>registered medical practitioner should include the following:</p> <ul style="list-style-type: none"> • specific details of the diagnosed health care need, allergy, or relevant medication condition. • supporting documentation (if required). • a recent photo of the child. • current medication and dosage prescribed for the child. • if relevant, state what triggers the allergy or medical condition. • first aid/emergency response that may be required. • any medication that may be required to be administered in case of an emergency. • further treatment or response if the child does not respond to the initial treatment. • when to contact an ambulance for assistance. • contact details of the medical practitioner doctor who signed the plan. • the date of when the plan should be reviewed. • a copy of the medical management plan will be displayed for educators and staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child’s privacy by displaying in an area only available to staff of the program. • the nominated supervisor must ensure the medical management plan always remains current. <p>Risk minimisation plan</p> <ul style="list-style-type: none"> • all children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. This plan is to be developed in consultation with families and Weldon, and will include: <ul style="list-style-type: none"> • documentation of any known allergens that pose a risk to a child and strategies for minimising the risk while in the program. • how the risks relating to the child’s specific health care need, allergy, or medical condition can be minimised while at the program. • how practices and procedures such as the safe handling, preparation, serving and consumption of food should be implemented. • the practices implemented to ensure that all staff members and volunteers can identify the child, the child’s medical management plan and the location of the child’s medication. • the practices implemented to ensure that the child does not attend the program without medication prescribed by the child’s medical practitioner concerning the child’s specific health need, allergy, or medical condition. • management plan in conjunction with parents/guardians. • how all relevant information about the child’s health and medical condition is communicated to parents at the end of each day by educators.
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	<ul style="list-style-type: none"> • how families will be notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed. • the plan(s) are reviewed at least annually and more frequently if required and/or revised with each change in the medical <p>Communication plan</p> <ul style="list-style-type: none"> • a communication plan will be created with the family to ensure: <ul style="list-style-type: none"> • all relevant staff members and volunteers are informed about the Dealing with medical conditions in children policy, the medical management plan and risk minimisation plan for the child. • families who have a child attending a Weldon program who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child’s health management and communication plans. • where a child with a severe allergy attends a program, we will send regular information about the allergies and risk minimisation strategies to all families so the risks aren’t increased for those children with severe allergies, e.g., reminders can be sent that we are nut-free and remind families about not eating nuts before attending the program.
Strategies for monitoring	<ul style="list-style-type: none"> • Make sure the policy and procedures are available for all to access. • Ensure procedures are part of Nominated Supervisor and educator induction training and are regularly reviewed at staff meetings. • Ensure policies and procedures are regularly reviewed and maintained. • Nominated supervisors are to regularly monitor to ensure staff are implementing policies and procedures correctly. • Non-compliance with policies and procedures is promptly addressed. • Review enrolment records and identify any children with medical conditions as part of the enrolment and orientation procedures for the service. • Create a checklist of all tasks/items needed on enrolment and throughout the process. • Consider creating a Medical Conditions template for families to fill in when there has been a change to a child’s medical condition or a new medical condition. • Request a medical management plan from families prior to commencement of enrolment. • Record any medical condition and keep the medical management plan and risk minimisation plan on the enrolment record. • Include authorisations for the administration of medication on the enrolment record. • Ensure risk assessments are carried out and reviewed as required (refer to your procedure for developing a risk assessment). This will be the basis of your risk minimisation plan.

	<ul style="list-style-type: none"> • Regularly reflect on supervision plans and monitoring children’s health. • Implement a communication plan for all involved (families, educators, staff, doctors, and specialists). • Conduct regular staff meetings to ensure timely and accurate information about the medical condition, any updates, and the management of the medical condition, is provided to all educators and staff. • Ensure all educators and staff and volunteers understand each step of the procedure. • Regularly review educator and staff rosters to ensure first aid qualification requirements are being met. • Implement a system to identify when qualifications need to be updated or renewed. • Create a specific risk minimisation plan template that reflects the medical management plan. • Adequate resources and time will be allocated to enable staff to comply with policies and procedures. • Meeting agendas and minutes show child safety is a standing agenda item.
<p>Related policies/ procedures</p>	<p>Policies:</p> <ul style="list-style-type: none"> • Providing a child safe environment • Enrolment and orientation • Incident, injury, trauma, and illness <p>Procedures:</p> <ul style="list-style-type: none"> • Plans for the child with a medical condition while in the service • Plans for recording after an event related to a medical condition • Administration of medication • Dealing with an infectious occurrence • Enrolment records • Enrolment procedures • Orientation procedures • Staffing and first aid
<p>Implemented by:</p>	<p>Approved Provider Nominated Supervisor/Responsible Person Educator</p>
<p>Created/ reviewed:</p>	<p>Review responsibility: Approved Provider & Nominated Supervisor Ed & Care Leadership Team</p>

Plans for the child with a medical condition while in the service	
Legislation	Act: 167
Quality Areas	Regs: 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 173
Child Safe Standards	QA: 2.1, 2.1.2, 7.1, 7.1.2 CSS: 1,2, 3, 4, 5, 7, 10
Steps	<p>Reaction, incident, situation, or event related to a medical condition.</p> <ul style="list-style-type: none"> • follow the child’s emergency medical management plan. • call an ambulance immediately by dialling 000. • commence first aid measures/monitoring. • contact the parent/guardian when practicable, and as soon as possible. • contact the emergency contact if the parents or guardian cannot be contacted when practicable, and as soon as possible. • notify Area Manager/Executive Team Member. • ensure the regulatory authority is notified (within 24 hours). <p>Incident, injury, trauma, and illness</p> <ul style="list-style-type: none"> • in the event of an incident, injury, trauma, or illness – including those that relate to a child’s medical condition – staff must follow, alongside this Dealing with medical conditions in children policy, our Incident, injury, trauma, and illness policy and procedures, and the Administration of first aid policy and procedures, which describes our processes for administering first aid, record keeping and reporting processes. <p>Anaphylaxis and allergy management</p> <ul style="list-style-type: none"> • while not common, anaphylaxis is life threatening. It is a severe allergic reaction to a substance. • educators are to be aware that severe allergic reactions can occur when no documented history exists. • Symptoms of anaphylaxis include: <ul style="list-style-type: none"> • difficulty breathing. • swelling or tightness in the throat. • swelling of the tongue. • wheeze or persistent cough. • difficulty talking. • persistent dizziness or collapse • in young children paleness and floppiness. • an action plan for anaphylaxis from the Australasian Society of Clinical Immunology and Allergy (ASCI) will be displayed in a key location at the service, for example, in the children’s room, the staff room or near the medication cabinet (see www.allergy.org.au). • In line with best practice, the nominated supervisor will ensure that an emergency Adrenaline autoinjector device kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not

	<p>locked away), inaccessible to children, and away from direct sources of heat.</p> <p>Responding to anaphylaxis</p> <ul style="list-style-type: none"> • react rapidly if a child displays symptoms of anaphylaxis. • lay child flat or seat them if breathing is difficult (child will not be allowed to walk or stand). • ensure a first aid trained educator with approved anaphylaxis training administers first aid in line with the child’s medical management plan. This may include use of an adrenaline autoinjector device (EpiPen) and CPR if the child stops breathing in line with the steps outlined by ASICA in the Action Plan for Anaphylaxis (see www.allergy.org.au). • call an ambulance immediately by dialling 000. • notify the child’s parent as soon as practicable. <p>Food allergies risk minimisation strategies</p> <ul style="list-style-type: none"> • anaphylaxis is often caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts; and, in children, eggs and cow’s milk. • to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, educators and staff will: <ul style="list-style-type: none"> • ensure children do not trade food, utensils, or food containers. • prepare food in line with a child’s medical management plan and family recommendations. • request families label all bottles, drinks, and lunchboxes etc with their child’s name. • consider whether it is necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate. • sensitively seat a child with allergies at a different table if food is being served that they are allergic to, so the child does not feel excluded. • hold non-allergic babies when they drink formula/milk if there is a child diagnosed at risk of anaphylaxis from a milk allergy. • closely supervise all children at mealtimes. • ensure food is eaten in specified areas and children are not permitted to move around with food. • consider requesting parents to not send food that contains highly allergenic elements, even if their child does not have an allergy. • display a sign near the front door reminding families about the attendance of children with allergies. • communicate that we are a nut aware service rather than a nut free service. Commercial food processing practices mean it is not possible to eliminate nuts and nut products entirely from our service - there will be traces of nuts in many products. • the nominated supervisor will ensure:
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	<ul style="list-style-type: none"> • staff involved in food preparation are provided with training about cross contamination between foods during the handling, preparation and serving of food. • meals prepared at the service do not contain ingredients including known allergens of children attending. • staff preparing food consult risk minimisation plans when making food purchases and planning menus. • staff receive training on how to administer adrenaline autoinjector devices (EpiPens). • all educators to undertake anaphylaxis management training. • all educators administer medication in accordance with the Administration of first aid policy, specifically the Administration of medication procedure. • educators and staff regularly reflect on risk management practices to prevent the triggering of an anaphylactic reaction and implement improvements if possible. <p>Other allergies</p> <ul style="list-style-type: none"> • allergic reactions and anaphylaxis are also commonly caused by: <ul style="list-style-type: none"> • animals, insects, spiders, and reptiles. • 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 including Band-Aids, Elastoplast and products containing rubber-based adhesives. • educators will ensure body lotions, shampoos and creams used on allergic children are approved by their parent. <p>Asthma Management</p> <ul style="list-style-type: none"> • asthma is a chronic lung disease that inflames and narrows the airways. • Symptoms of asthma include: <ul style="list-style-type: none"> • wheezing. • cough. • chest tightness. • shortness of breath. • the nominated supervisor, educators, other staff, volunteers, and students will implement measures to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. • these triggers include: <ul style="list-style-type: none"> • dust and pollution. • inhaled allergens, for example mould, pollen, pet hair. • changes in temperature and weather, heating, and air conditioning. • emotional changes including laughing and stress. • activity and exercise. • the service will display a National Asthma Council Australia Action Plan Poster in a key location at the service, for example, in the children's
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	<p>room, the staff room or near the medication cabinet (see www.nationalasthma.org.au).</p> <ul style="list-style-type: none"> • to minimise exposure of susceptible children to triggers which may cause asthma, educators and staff will ensure children’s exposure to asthma triggers are minimised, for example: <ul style="list-style-type: none"> • implement wet dusting to ensure dust is not stirred up. • plan different activities so children are not exposed to extremes of temperature e.g., cold outdoors and warm indoors. • restrict certain natural elements from inside environments. • always supervise children’s activity and exercise. • keep children indoors during periods of heavy pollution, smoke haze or after severe storms which may stir up pollen levels. • The nominated supervisor will: <ul style="list-style-type: none"> • consider banning certain plants and vegetation from the outdoor and indoor environments. • consider children’s asthma triggers before purchasing service animals or allowing children’s pets to visit. • ensure indoor temperatures are appropriate and heating and cooling systems are being used appropriately. • assist educators to monitor pollution levels and adverse weather events. • ensure educators and staff regularly reflect on risk management practices to prevent the triggering of an asthma attack and implement improvements if possible. <p>Responding to an asthma attack</p> <ul style="list-style-type: none"> • an asthma attack can become life threatening if not treated properly. • if a child is displaying asthma symptoms, staff will ensure a first aid trained staff member with approved asthma training immediately attends to the child. • if the procedures outlined in the child’s medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined in the National Asthma Council Australia Action Plan: <ol style="list-style-type: none"> 1. Sit the child upright - Stay with the child and be calm and reassuring 2. Give 4 separate puffs of a reliever inhaler (blue/grey) <ul style="list-style-type: none"> • use a spacer if there is one. • shake puffer. • give 1 puff at a time with 4-6 breaths after each puff. • repeat until 4 puffs have been taken. 3. Wait 4 minutes - If there is no improvement, give 4 more puffs as above. 4. If there is still no improvement call an ambulance on 000. 5. Keep giving 4 puffs every 4 minutes until the ambulance arrives.
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	<p>Emergency asthma first aid kit</p> <ul style="list-style-type: none"> • the service will maintain an emergency asthma first aid kit as described in the Administration of first aid policy – appendix A. • the service will ensure that the asthma first aid kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas. <p>Diabetes Management</p> <ul style="list-style-type: none"> • diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin. • the most common form of diabetes in children is type 1 where the body’s immune system attacks the insulin producing cells so insulin can no longer be made. • people with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity. • type 2 diabetes is often described as a ‘lifestyle disease’ because it is more common in people who are overweight and don’t exercise enough. • type 2 diabetes is managed by regular physical activity and healthy eating. Over time, type 2 diabetics may also require insulin. • symptoms of diabetes include: <ul style="list-style-type: none"> • frequent urination. • excessive thirst. • tiredness. • weight loss. • vision problems. • mood changes. • people who take medication for diabetes are also at risk of hypoglycaemia (they may have a “hypo”) if their blood sugar levels are too low. Things that can cause a “hypo” include: <ul style="list-style-type: none"> • a delayed or missed meal, or a meal with too little carbohydrate. • extra strenuous or unplanned physical activity. • too much insulin or medication for diabetes. • vomiting • symptoms of hypoglycaemia include: <ul style="list-style-type: none"> • headache. • light-headedness. • nausea. • mood change. • paleness. • sweating. • weakness and trembling. • if left untreated people may: <ul style="list-style-type: none"> • become disorientated. • be unable to drink, swallow or stand.
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- suffer a lack of coordination.
- loss of consciousness.
- seizures.

Responding to hypoglycaemia (“hypos”)

- if a child is displaying symptoms of a “hypo” a first aid trained staff member will:
 - immediately administer first aid in accordance with the child’s medical management plan which may include:
 - giving the child some quick acting and easily consumed carbohydrate (e.g., several jellybeans, 2-3 teaspoons of honey, or some fruit juice)
 - giving the child some slow acting carbohydrate to stabilise blood sugar (e.g., slice of bread, glass of milk, piece of fruit) once blood glucose is at regular levels.
- if a child is displaying severe hypoglycaemia (e.g., they are unconscious, drowsy, or unable to swallow) a first aid trained staff member will:
 - immediately administer first aid in accordance with the child’s medical management plan.
 - call an ambulance by dialling 000.
 - administer CPR if the child stops breathing before the ambulance arrives.

Diabetes risk minimisation strategies

- the nominated supervisor, educators, other staff, students, and volunteers will implement measures to reduce the risk of children suffering adverse effects from their condition. These may include, for example:
 - ensuring medication is administered according to the child’s medical management plan.
 - ensuring children eat at regular intervals and have appropriate levels of carbohydrate.
- the nominated supervisor will also ensure information about the child’s diet including the types and amounts of appropriate foods as outlined in the child’s medical management plan is considered when preparing service menus.

Epilepsy

- whenever a child with epilepsy is enrolled at our service, or is newly diagnosed as having epilepsy, a communication plan will be developed to inform all relevant educators, including students and volunteers of:
 - the child’s name and room they are educated and cared for in.
 - the child’s Risk minimisation plan.
 - which educators will be responsible for administering treatment.
- educators will be aware of the signs and symptoms that may trigger a seizure, or changes in behaviour that might indicate a seizure about to occur.

	<ul style="list-style-type: none"> • management of epilepsy in children at our service will be supported by the child having in place a medical management plan which includes: <ul style="list-style-type: none"> • what, if any triggers there are for seizures. • changes in behaviour that may indicate a seizure could occur. • what a seizure looks like for the child, and support needs before, during and after a seizure. <p>Administration of Prescribed Medication</p> <ul style="list-style-type: none"> • medication will be administered as described in the Administration of first aid policy, specifically the Administration of medication procedure. • prescribed medication, authorised medication and medical procedures can only be administered to a child: <ul style="list-style-type: none"> • with written authorisation from the parent/guardian or a person named in the child’s enrolment record as authorised to consent to the administration of medication. • with 2 educators in attendance, one of whom must be first aid qualified. • if the medication is in its original container bearing the child's name, prescribed dosage use by date and frequency of administration. • prescribed medication will be placed in a location easily accessible to educators and stored in accordance with temperature instructions. • medication, including emergency medication and medical management plans, will be taken whenever the child goes to off-site activities. • medication is checked monthly to ensure is has not expired and does not need replacing. Parents/guardians will be informed if medication needs to be replaced. <p>Self-administration of prescribed medication</p> <ul style="list-style-type: none"> • self-administration of medication will occur as described in the Administration of first aid policy, specifically the Administration of medication procedure. <p>Information sharing, training, and monitoring</p> <ul style="list-style-type: none"> • all educators, families and children will engage in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. • provide support and resources to families about managing specific health care needs and medical conditions, including allergies, anaphylaxis, asthma, and diabetes. • educators will raise any concerns about a child’s medical condition, suspected medical condition, or known allergens that pose a risk, with the child’s parents. • parents will be provided with the Dealing with medical conditions in children policy at orientation. • families are required to supply information about their child’s health care needs, allergies, medical conditions, and medication on their child’s enrolment record.
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	<ul style="list-style-type: none"> • families are also responsible for updating the service about changes to their child’s health needs/medical condition, including any new medication, ceasing of medication, or changes to their child’s prescription. • the service will adhere to privacy and confidentiality procedures when dealing with individual health needs. • the Dealing with medical conditions in children policy will be included in staff inductions and ensure staff, volunteers and students receive practical training in relation to the requirements, including how to identify and manage related risks. • the nominated supervisor will implement an ongoing training program tailored to each staff members needs and goals, which are identified through regular performance reviews. • volunteers and students are also required to comply with all service policies and guidelines. • records will be kept of all training and risk assessments, which can be accessed by staff, students, volunteers, and families.
Strategies for monitoring	<ul style="list-style-type: none"> • Make sure the policy and procedures are available for all to access. • Ensure procedures are part of Nominated Supervisor and educator induction training and are regularly reviewed at staff meetings. • Ensure policies and procedures are regularly reviewed and maintained. • Nominated supervisors are to regularly monitor to ensure staff are implementing policies and procedures correctly. • Non-compliance with policies and procedures is promptly addressed. • Review Emergency and evacuation procedures to see if any adjustments need to be made to ensure the health and safety of the child with a medical condition in the event of an emergency. • A risk assessment should be developed and rehearsed in relation to a medical emergency. Consider including this in the EMP. • Check expiry dates of any medication supplied for the child and request new medication as required. • Ensure children do not attend the service without their required medication prescribed by the child’s medical practitioner. • Regularly review the risk minimisation plan for the child. • Seek regular updates from the family relating to their child’s medical condition. • Adequate resources and time will be allocated to enable staff to comply with policies and procedures. • Meeting agendas and minutes show child safety is a standing agenda item. • Seek regular feedback from families about the effectiveness of the complaints handling process.
Related policies/ procedures	<p>Policies:</p> <ul style="list-style-type: none"> • Incident, injury, trauma, and illness • Providing a child safe environment • Governance and management

	Procedures: <ul style="list-style-type: none"> • Preparation for a child with a medical condition • Plans for recording after an event related to a medical condition • Administration of medication • Dealing with an infectious occurrence • Enrolment records • Enrolment procedures • Orientation procedures • Staffing and first aid • Mealtimes • Food preparation • Preparing for nutrition, food and beverages, dietary requirements 	
Implemented by:	Approved Provider Nominated Supervisor/Responsible Person Educator	
Created/ reviewed:		Review responsibility: Approved Provider & Nominated Supervisor Ed & Care Leadership Team

Plans for recording after an event related to a medical condition	
Legislation	Act: 167
Quality Areas	Regs: 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 175, 176
Child Safe Standards	QA: 2.1, 2.1.3, 7.1.2 CSS: 1,2, 3, 4, 5, 7, 10
Steps	Following a reaction, incident, situation, or event related to a medical condition <ul style="list-style-type: none"> • the educator will record any actions taken on the Incident, injury, trauma, and illness record and Medication record, including first aid given, if a medical professional was contacted and if a family member was contacted. • a review of the incident and how it was handled, will be undertaken by the nominated supervisor to look at any potential improvements and record the incident in the incident and illness register. • the nominated supervisor will ensure any consumables used are replenished, e.g., excursion bag, first aid kits, hygiene equipment, medications, asthma puffer, adrenaline autoinjector (EpiPen) as relevant. • a notification of a serious incident will be made to the Regulatory Authority via NQAITS within 24 hours of the incident (regulation 175, 176).

	<ul style="list-style-type: none"> the nominated supervisor will follow up with the parents to enquire about the safety, wellbeing, and welfare of the child and to identify any changes needed to the child's medical management plan (regulation 86, 90).
Strategies for monitoring	<ul style="list-style-type: none"> Make sure the policy and procedures are available for all to access. Ensure procedures are part of Nominated Supervisor and educator induction training and are regularly reviewed at staff meetings. Ensure policies and procedures are regularly reviewed and maintained. Nominated supervisors are to regularly monitor to ensure staff are implementing policies and procedures correctly. Non-compliance with policies and procedures is promptly addressed. To help ensure continual improvement, consider creating an Incident Review template that reflects the effectiveness of the management and systems as well as health and safety issues that need to be noted for the future. Ensure systems are in place to report items that need to be purchased to replenish consumables or consult with families to replenish medication as required. Adequate resources and time will be allocated to enable staff to comply with policies and procedures. Meeting agendas and minutes show child safety is a standing agenda item. Seek regular feedback from families about the effectiveness of the complaints handling process.
Related policies/ procedures	<p>Policies:</p> <ul style="list-style-type: none"> Incident, injury, trauma, and illness Governance and management <p>Procedures:</p> <ul style="list-style-type: none"> Preparation for a child with a medical condition Plans for the child with a medical condition while in the service
Implemented by:	<p>Approved Provider</p> <p>Nominated Supervisor/Responsible Person</p> <p>Educator</p>
Created/ reviewed:	<p>Review responsibility:</p> <p>Approved Provider & Nominated Supervisor</p> <p>Ed & Care Leadership Team</p>