



CHILDREN'S SERVICES Medical Conditions Policy

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1. Introduction

Children's Services support all children to be safely involved in programs regardless of their medical needs. Educators will work with families to minimise the risk of exposure of children to foods, and other substances, which may trigger severe allergy or anaphylaxis in children. Staff and Educators will ensure that all notified medical conditions are managed appropriately.

2. Scope

This Policy applies to all Children's Services operated by Coast Services Group Limited (a wholly owned subsidiary of Coast Community Connections LTD) to our Employees. This also applies to Early Childhood Programs, Occasional Care, Out Of School Hours Care, Vacation Care programs and services.

3. Policy

Children's Services Educators will:

- 3.1 During the enrolment process we will seek information about any specific health care needs, allergy or relevant medical conditions that a child may have. This information will then be communicated verbally and in writing. A current Medical Action Plan, the Services Health risk Minimisation Plan and Communication Plan specific to the child will be required. Educators and Families will maintain ongoing communication in relation to the child's medical status.
- 3.2 Conduct an assessment of the day to day management of the service to reduce the likelihood of exposure to relevant allergens/medical conditions and appropriate management conditions as documented on the Services Plans.
- 3.3 Develop a Health Risk Minimisation Plan and Communication Plan for times that the child is in the care environment, in consultation with families, Educators and staff. This will include determination of where the medication is to be kept.
- 3.4 Ensure that **practices for the self-administration of medication** for children over pre-school age include:
 - 3.4.1 Authorisation for the child to self-administer medication is recorded in the medication record for the child.
 - 3.4.2 Any medication must be given to service staff or Educators for storage purposes
 - 3.4.3 When medication is required for self-administration, staff or Educators will provide the medication to the child at required times.
 - 3.4.4 Self-administration of medication for children over pre-school age must take place under the supervision of service staff or Educators (it must be witnessed by a second staff member.

- 3.4.5 The administration of medication must be documented as per Administration of Medication Policy.
- 3.5 Where a child has been diagnosed as at risk of anaphylaxis, a notice stating this must be displayed at the service.
- 3.6 Ensure that at all times an Educator or staff member working with children have been trained in allergy and anaphylaxis management and that training is updated as per requirements.
- 3.7 Ensure that at all times an Educator or staff member working with children has been trained in Asthma management.
- 3.8 Children with specific health care needs, allergies or relevant medical conditions cannot be left at the service without necessary medication.
- 3.9 Display emergency contact phone numbers by the telephone.
- 3.10 In the situation where a child who has not been diagnosed as having a medical condition but appears to be suffering from a medical condition staff and Educators will:
 - 3.10.1 Call an ambulance 000
 - 3.10.2 Commence first aid measures
 - 3.10.3 Contact parents
 - 3.10.4 If parents cannot be contacted, then contact emergency contacts

4. Implementation and Procedures

GUIDELINES FOR CHILDREN AT RISK OF ANAPHYLAXIS

- 4.1 Parents of a child with a diagnosed medical conditions will be provided with a copy of the services dealing with Medical Conditions Policy.
- 4.2 Ensure every child who requires an EpiPen is not left at the service without an EpiPen. EpiPens must be kept in an easy identifiable place and that it is within the storage and use by date as required by manufacturer. Parents must supply the service or Educator with a complete EpiPen Kit.
- 4.3 EpiPen to be stored in a large zip lock bag in our first aid/medication cupboard in a basket easily accessible to adults, inaccessible to children and away from direct sources of heat.
- 4.4 Ensure an Anaphylaxis Action Plan is filled out with the family in conjunction with a medical practitioner upon enrolment. Once completed this should be displayed in a prominent position. Families will need to notify the service or Educator if there are changes and provide an updated and signed action plan.
- 4.5 The service's Health Risk Minimisation Plan and communication Plan for the management of anaphylaxis is in place and all staff/Educators (where applicable) understand the plan.
- 4.6 Parent/guardian's current contact details must be available.
- 4.7 Information regarding any other medications or medical conditions (eg asthma) is available to staff.

5. In relation to the child at risk from food related allergies:

- 5.1 This child should only eat food that has been specifically prepared for them. Where the service is preparing food for the child, ensure that it has been prepared according to the family's instructions. Some families may choose to provide food for their child.

- 5.2 All food for this child should be checked and approved by the child's parent/guardian. Bottles, other drinks and lunch boxes, including any treats, provided by family should be clearly labeled with the child's name.
- 5.3 There should be no trading or sharing of food, food utensils and containers with this child.
- 5.4 In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- 5.5 When a child is allergic to milk, ensure non-allergic babies are held when they drink their formula/milk.

6. In relation to other practices at the service:

- 6.1 Ensure tables, bench tops and highchairs are washed down before and after mealtimes.
- 6.2 Ensure hand washing for all children upon arrival at the service, before and after eating.
- 6.3 Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies and child needs.
- 6.4 Staff should discuss the use of foods in such activities (such as cooking) with parents/guardians.
- 6.5 All staff are trained 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.
- 6.6 Where food is brought from home to the Service or Educator's home, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined by the service.

7. In relation to the child at risk from bite and sting allergies:

- 7.1 Educators carry out risk assessment of play spaces to minimise exposure to known triggers.
- 7.2 Children will be supervised at all times.

8. Managing children with asthma guidelines

Children's Services Educators will:

- 8.1 Ensure families provide updated information on the child's health, medications, allergies, their doctor's name, address and phone number, emergency contact names and phone numbers and an Asthma Action Plan Or Management Plan approved by their doctor, on enrolment and prior to the child starting in the service, or when the child is diagnosed, or when changes to their asthma/treatment occurs.
- 8.2 Ensure appropriate Medication Forms are signed.
- 8.3 The service's Health Risk Minimisation Plan and communication Plan for the management of asthma is in place and all staff/Educators (where applicable) understand the plan.
- 8.4 Be aware of aspects of the indoor environment that may be triggers for asthma in children, which include:

- 8.4.1 dust mites, gardens/pollen, mould, chemicals, animals, air pollution, bush fires, colds and flu, diet/food, emotions, exercise, heating/air conditioning, medications, stress, weather/thunderstorms.
- 8.5 Reduce exposure of children to indoor allergens by:
 - 8.5.1 Regularly vacuuming and shampooing carpets, rugs and upholstered furniture and washing fluffy toys;
 - 8.5.2 Regularly cleaning bedclothes;
 - 8.5.3 Treating and preventing growth of mould (when using chemical sprays such as pesticides and cleaning agents, spray when children are not present in the immediate vicinity);
 - 8.5.4 Controlling pest infestations;
 - 8.5.5 Minimising keeping pets indoors and ensuring they are in a clean and healthy condition; and
 - 8.5.6 Using dust resistant mattress and pillow covers.

9. In any case where a child is having an acute asthmatic attack the following steps should be followed:

- 9.1 Administer first aid or medical treatment according to either:
 - 9.1.1 Asthma Action Plan, or a doctor's instructions.
 - 9.1.2 Dial 000 or 112 for an Ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures.
 - 9.1.3 Staff/Educators must inform the Nominated Supervisor if they administer first aid.

10. Managing Children with a known Medication condition and undiagnosed conditions

To facilitate effective care for a child with any known medical condition staff & Educators should:

- 10.1 Ensure families provide information on the child's health, medications, medical condition, allergies, their doctor's name, address, phone number, emergency contact names and phone numbers, and Action Plans or Emergency Medical Plan approved by their doctor, on enrolment and prior to the child commencing care, or when the child is diagnosed, or when changes to their condition/treatment occurs.
- 10.2 Ensure regulations and other guidelines are adhered to when administering medication and treatment in emergencies, and written consent has been given.
- 10.3 A written Action Plan for the known Medical Condition following enrolment and prior to the child commencing care which should include:
 - 10.3.1 Signs & symptoms to be aware of,
 - 10.3.2 Any specific monitoring required,
 - 10.3.3 Any specific medication/treatment required,
 - 10.3.4 What meals and snacks are required including food content, amount and timing.
 - 10.3.5 What activities and exercise the child can or cannot do, and
 - 10.3.6 Whether the child can go on excursions and what provisions are required.

- 10.4 In an emergency involving a child with any known medical condition dial 000 or 112 for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures, and administer first aid or emergency medical aid according to the child's Action Plan or Emergency Medical Plan, or a doctor's instructions.

Other related policies and procedures

- Administration Medication Policy
- Administrations of First Aid and Medical Treatment Policy

Forms and Records

11. Enrolment Forms
12. Risk minimisation forms
13. Communication plans