

2.37 MEDICAL CONDITIONS

INTRODUCTION

Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening. Our school is committed to a planned approach to the management of medical conditions to ensure the safety and wellbeing of all children at this school.

Lindfield Montessori School is also committed to ensuring educators and staff are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are considered at all times. Providing families with information about medical conditions and the management of conditions is a key priority.

PURPOSE

Lindfield Montessori School will minimise the risks around medical conditions of children by:

- Collaborating with families of children with diagnosed medical conditions to develop a risk minimisation plan for their child
- Informing all staff, including casual staff, educators of all children diagnosed with a medical condition and the risk minimisation procedures for these
- Providing all families with current information about identified medical conditions (where appropriate and not in breach of confidentiality) of children enrolled at Lindfield Montessori School with strategies to support the implementation of the risk minimisation plan
- Ensuring staff are adequately trained in the administration of emergency medication

STRATEGIES

The Approved Provider will:

- Ensure the Nominated Supervisor fulfils responsibilities in the management of medical conditions.

The Nominated Supervisor will:

- Ensure that any parent with a child enrolled at the school that has a specific health care need, allergy or other relevant medical condition is provided with a copy of this policy
- Inform parents of the requirement to provide the school with a medical management plan of their child's condition
- Collaborate with families of children with medical conditions to develop a risk minimisation plan to ensure the child's safety and wellbeing:
 - To ensure that the risks of relating to the child's specific health care need, allergy, or relevant medical condition are assessed and minimised

- If relevant, ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented
- If relevant, ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- Ensure that the practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented
- If relevant, to ensure that practices and procedures ensuring that the child does not attend the school without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented
- Ensure that all staff and educators are aware of the medical management plan and risk minimisation plan
- Ensure that all staff are adequately trained in procedures contained in the medical management plan
- Inform other families enrolled at the school of the need to prohibit any items which may present a hazard to children with diagnosed medical conditions
- Develop a Communications Plan ensuring a child's parent can communicate changes to the Medical Management Plan and Risk Minimisation Plan for the child, and how that communication can occur.

Enrolment of Children into the School

On application for enrolment, families will be required to complete full details about their child's medical needs. The Approved Provider has nominated the Principal to assess whether educators are appropriately trained to manage the child's special health needs at that time.

Children with specific medical needs must be reassessed in regards to the child's special needs, on a regular basis, depending on the specific child's medical condition. If a child's medical, physical, emotional, or cognitive state changes, the family will need to complete a new Medical Management Plan and the school will reassess its ability to care for the child, including whether educators are appropriately trained to manage the child's ongoing special needs.

ROLES AND RESPONSIBILITIES

Communication and display of medical information

The Nominated Supervisor will:

- Ensure all medical management and risk minimisation plans are accessible to all staff
- Ensure all plans are current and kept up to date
- Ensure that all relevant staff are informed of the medical conditions policy, the medical management plan and risk minimisation plan for the child

- Ensure parents can communicate any changes to the medical management plan and risk minimisation plan

Educators will:

- Ensure they are aware of enrolled children with medical conditions and be familiar with the medical management and risk minimisation plans of each child diagnosed with a medical condition

Administration of Prescribed Medication

Prescribed medication, authorised medication and medical procedures can only be administered to a child:

- With written authorisation from the parent/guardian 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 prescribed medication is in its original container bearing the child's name, dose and frequency of administration, as provided by the pharmacist or medical practitioner.

Management of Asthma and Anaphylaxis

The Nominated Supervisor will:

- Ensure that staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies
- Ensure that staff are adequately trained in the administration of emergency medication such as the EpiPen or asthma medication

Educators will:

- Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma
- Administer emergency medication in accordance with their first aid training, as required

Documentation and Record Keeping

The Approved Provider will:

- Ensure records are confidentially stored for the specified period of time as required by the Regulation

The Nominated Supervisor will:

- Provide a copy of the Medication Authority Form/Record to medical staff in the event further medical intervention is required.

Educators and Staff will:

- Complete a Medication Authority Form/Record when a child receives emergency medication.

ASTHMA MANAGEMENT

What is Asthma?

Asthma is a long-term lung condition which can be controlled but cannot currently be cured. People with asthma have sensitive airways. These airways are more likely to react to triggers.

The lining of the airways is thicker and inflamed. When a person with asthma has an asthma flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow, and there is more mucus. This makes it hard to breathe.

An asthma flare-up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack. Any person with asthma can have an asthma flare-up. The good news is, for most people, asthma can be well-controlled by following a daily management plan. People with well-controlled asthma have irregular asthma symptoms and very few flare-ups. This means that people with asthma can live healthy, active lives.

STRATEGIES

This asthma policy aims to:

- Raise awareness of asthma amongst those involved with the school
- Implement strategies to support the health and safety of children with asthma enrolled at the school
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

ASTHMA - ROLES AND RESPONSIBILITIES

The Approved Provider will:

- Provide Emergency Asthma Management Training to all staff via their first Aid training

The Nominated Supervisor will:

- Identify children with asthma during the enrolment process and inform staff
- Provide families thus identified with a copy of this policy upon enrolment or diagnosis
- Store Asthma Action Plans in the child's confidential information record and asthma kit in the First Aid bag, as well as displaying prominently in the kitchen or office
- Ensure the child's equipment and medication for managing their asthma is carried by a staff member on excursions if the child is attending

The Nominated Supervisor will:

- Ensure staff have read and understood this policy
- Ensure at least one staff member who has completed accredited asthma training is on duty whenever children are present at the school
- Ensure that an emergency Asthma First Aid poster is displayed in the classroom
- Ensure that the first aid kit contains a spacer device, face mask and an asthma first aid poster or plan
- Provide a mobile first aid kit for use on excursions
- Encourage open communication between families and staff regarding the status and impact of a child's asthma
- Promptly communicate any concerns to families should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities

Educators will:

- Ensure that they maintain current accreditation in Emergency Asthma Management
- Ensure that they are aware of the children in their care with asthma
- Ensure in consultation with their family, the health and safety of each child through supervised management of the child's asthma
- Identify and, where practical, minimise asthma triggers
- Where necessary, modify activities in accordance with a child's needs and abilities;
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written Asthma Action Plan. If no Asthma Action Plan is available, the Asthma Emergencies First Aid Plan outlined in this document should be followed immediately
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities
- Ensure that children with asthma are treated the same as all other children

Families will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma
- Provide all relevant information regarding their child's asthma via the written Asthma Action Plan, which should be provided to the school within 7 days of enrolment
- Notify the Nominated Supervisor, in writing of any changes to the Asthma Action Plan during the year
- Ensure that their child has an adequate supply of asthma medication (including reliever) at all times, along with spacer and face mask
- Ensure that they comply with all requirements and procedures in relation to the Medications Record
- Communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous evening)
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma

Children will:

- Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

Asthma Emergencies

In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian or the child's registered medical practitioner will be contacted as soon as possible.

The National Asthma Council (NAC), recommends that should a child not known to have asthma appear to be in severe respiratory distress, the First Asthma First Aid plan should be followed immediately. The following steps are recommended:

- If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma:
 - Give 4 puffs of a reliever medication and repeat if no improvement
 - Keep giving 4 puffs every 4 minutes until the ambulance arrives
 - No harm is likely to result from giving reliever medication to someone who does not have asthma

In the event of anaphylactic emergency and breathing difficulties, an EpiPen must be administered first then Ventolin.

ANAPHYLAXIS MANAGEMENT

INTRODUCTION

Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis.

It is important to know the signs and symptoms of Anaphylaxis. Symptoms of anaphylaxis are potentially life threatening and include any one of the following:

- Difficult/noisy breathing
- Swelling of the tongue
- Swelling/tightness in the throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness and/or collapse
- Pale and floppy (in young children)

In some cases, anaphylaxis is preceded by less dangerous allergic symptoms such as:

- Swelling of the face, lips or eyes
- Hives or welts
- Abdominal pain or vomiting (these are signs of anaphylaxis for insect allergies)

Several factors can influence the severity of an allergic reaction. These include exercise, heat, alcohol, and in food allergic people, the amount of food eaten and how it is prepared.

PURPOSE

- Minimise the risk of anaphylactic reaction occurring while the child is in the care of the school
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device
- Raise the school community's awareness of anaphylaxis and its management through education and policy implementation (allergy.org.au)
- The Approved Provider recognises the importance of all staff responsible for the children at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device
- Educators and parents/guardians need to be made aware that it is not possible to achieve a completely allergen free environment in any service that is open to the general community

Educators/carers should not have a false sense of security that an allergen has been eliminated from the environment. Instead, the Approved Provider recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the school.

ROLES AND RESPONSIBILITIES

The Approved Provider will:

- Ensure that all permanent staff have completed first aid and anaphylaxis management training that has been approved by ACECQA every 3 years
- Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the school

Where a child diagnosed at risk of anaphylaxis is enrolled the Principal shall also:

- Conduct an assessment of the potential for accidental exposure to allergens while children at risk of anaphylaxis are in the care of the school and develop a risk minimisation plan for each affected child in consultation with staff and the families of the children
- Ensure that a notice is displayed in prominent places stating that a child diagnosed at risk of anaphylaxis is enrolled at the school

The Nominated Supervisor will:

- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the school, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a registered medical practitioner
- Ensure that an anaphylaxis medical management action (ASCIA) plan signed by the child's registered medical practitioner and a complete auto injection device kit is provided by the parent/guardian for the child while at the school prior to their start date. A child may not attend until this is supplied
- Ensure at least one staff member is on duty, whenever children are present at the school, that has completed emergency anaphylaxis management training
- Ensure that practice of the adrenaline auto - injection device is undertaken on an annual basis as per first aid provider recommendations
- Ensure all staff know the children at risk of anaphylaxis, their allergies, the location of individual anaphylaxis medical management plans, and the location of the EpiPen
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without the device
- Encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation

- Ensure that a child's individual anaphylaxis medical management action plan is signed by a registered medical practitioner and stored with the confidential information record
- Ensure a copy of the medical management plan is displayed in the kitchen and office and all staff know of its location
- Ensure the staff member accompanying the child on an excursion carries the anaphylaxis medication and a copy of the medical management plan.

Educators shall:

- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by dialling 000
 - Commence first aid procedures
 - Contact the parent/guardian
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted
- Practice the administration procedures of the adrenaline auto-injection device using an auto- injection device trainer
- Know where the auto-injection device kit is stored
- Ensure that the auto-injection kit and anaphylaxis medical management plan for each child at risk of anaphylaxis is carried by a staff member on all excursions
- Regularly check the adrenaline auto-injection device expiry date
- Provide information about resources and support for managing allergies and anaphylaxis as the need arises or as requested

Parents/guardians of children shall:

- Inform staff at the school, either on enrolment or diagnosis of their child's allergies
- Develop an anaphylaxis risk minimisation plan with the school
- Provide staff with an anaphylaxis medical management action plan signed by a registered medical practitioner giving written consent to use the auto-injection device in line with this plan
- Provide educators with a complete auto-injection kit
- Regularly check the adrenaline auto-injection device expiry date
- Assist educators by offering information and answering any questions regarding their child's allergies
- Notify educators of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes
- Communicate all relevant information and concerns to educators, for example, any matter relating to the health of the child
- Comply with the school's policy that no child who has been prescribed an adrenaline auto injection device is permitted to attend the school without that device

Anaphylaxis Emergencies

In the case of an anaphylaxis emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child and emergency services will be contacted as soon as possible.

For anaphylaxis emergencies, educators will follow the Child's Emergency Action Plan. If a child does not have an adrenaline auto-injector and appears to be having a reaction, the educator will only administer adrenaline if the service has an additional adrenaline auto-injector for general use. Staff administering the adrenaline will follow the instructions stored with the device. An ambulance will be called. The used auto-injector will be given to ambulance officers on their arrival. Another child's adrenaline auto-injector will not be used.

DIABETES MANAGEMENT

INTRODUCTION

The management of a child's diabetic condition is dependent upon co-ordination between our school, the child's family and the child's doctor. Lindfield Montessori Preschool recognises the need to facilitate effective care and health management of children who have diabetes and the prevention and management of acute episodes of illness and medical emergencies.

PURPOSE

The Diabetes Management Policy aims to:

- Provide the necessary strategies to ensure the health and safety of all children with diabetes enrolled at the school
- Provide an environment in which children with diabetes can participate in all activities to the full extent of their capabilities
- Provide a clear set of guidelines and expectations to be followed with regard to the management of diabetes.

ROLES AND RESPONSIBILITIES

The Approved Provider will:

- Encourage all staff to complete apply First Aid Training

The Nominated Supervisor will:

- Ensure staff have read this policy and that they are aware of diabetes procedures upon their appointment (if an enrolled child has diabetes)
- Ensure at least one staff member who has completed accredited first aid training is on duty whenever children are being cared for or educated

- Identify children with diabetes during the enrolment process and inform staff
- Provide families thus identified with a copy of this policy and Diabetes Action Plan upon enrolment or diagnosis
- Ensure that a Diabetes Action Plan is received for each child diagnosed with diabetes and contains information for the child's diabetic management and outlines what to do in relation to any diabetic emergency the child might face
- Ensure families provide the school with the child's testing kit and hypo pack if required
- Store the Diabetes Action Plan in the child's enrolment record as well as the kitchen, office and noticeboards
- Formalise and document the internal procedures for emergency Diabetes treatment
- Encourage open communication between families and staff regarding the status and impact of a child's diabetes
- Promptly communicate any concerns to families should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities

Staff will:

- Ensure that they maintain current accreditation in first aid
- Ensure that they are aware of the children in their care with diabetes
- Ensure that they are familiar with the signs and symptoms and the emergency treatment of a low blood glucose level
- Call an ambulance if emergency treatment is required
- Ensure, in consultation with the family, the health and safety of each child through supervised management of each child with diabetes
- Where necessary, modify activities in accordance with a child's needs and abilities
- Ensure that a child's Diabetes Action Plan is followed at all times
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities
- Ensure that all children with diabetes are treated the same as all other children

Families will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has diabetes;
- Provide all relevant information regarding their child's diabetes via a written Diabetes Action Plan, which should be provided to the school prior to the child's start date
- Keep the child's testing kit and hypo pack updated as required
- Notify the Principal, in writing, of any changes to the Diabetes Action Plan during the year
- Ensure that they comply with all requirements and procedures in relation to the Medications Record
- Communicate all relevant information and concerns to educators as the need arises
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's diabetes

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 school will review this policy every 2 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 of R.172 of the Education and Care Services National Regulations, the school will ensure that families of children enrolled at the school are notified at least 14 days before making any change to a policy or procedure that may have a significant impact on the provision of education and care to any child enrolled at the school; a family's ability to utilise the school; the fees charged or the ways in which fees are collected.

Relevant Legislation	Education and Care Services National Regulations 2011. Reg. 90 – 96, 172 Children (Education and Care Services National Law Application) Act 2010
Related to NQS QA	Sections 2 and 7
Related Policies	First Aid Nutrition Requirements Excursion Medication Procedure
Sources & Further Reading	Based on policy written by Community Early Learning Australia Asthma.org.au Allergy.org.au Diabetesaustralia.com.au

POLICY REVIEWED	MODIFICATIONS	NEXT REVIEW DATE
July 2022	Checked regulations, updated copy	2024 or as required