

# DEALING WITH MEDICAL CONDITIONS

QUALITY AREA 2 | ELAA version 1.1



## PURPOSE

This policy provides guidelines for Tunstall Square Kindergarten to ensure that:

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



## POLICY STATEMENT

### VALUES

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

- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved in the programs and activities of Tunstall Square Kindergarten are protected from harm
- informing educators, staff, volunteers, children and families of the importance of adhering to the *Dealing with Medical Conditions Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service
- ensuring that educators have the skills and expertise necessary to support the inclusion of children with specific health care needs, allergy or relevant conditions.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers [ECT], educators, staff, students, volunteers, families, children, and others attending the programs and activities of Tunstall Square Kindergarten, including during offsite excursions and activities.

This policy should be read in conjunction with but limited to the following policies:

- Anaphylaxis and Allergic Reactions
- Asthma
- Diabetes
- Epilepsy



RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Families	Contractors, volunteers and students
<b>R</b> indicates legislation requirement, and should not be deleted					
Ensuring that families who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies ( <i>Regulation 91, 168</i> )	<b>R</b>	√			
Ensuring families provide information on their child's health, medications, allergies, their registered medical practitioner's name, address and phone number, emergency contact names and phone numbers ( <i>Regulations 162</i> ),	<b>R</b>	√		√	
Ensuring families provide a medical management plan (if possible, in consultation their registered medical practitioner), following enrolment and prior to the child commencing at the service ( <i>Regulation 90</i> )	<b>R</b>	√		√	
Ensuring that a risk minimisation plan ( <i>refer to Definitions</i> ) is developed in consultation with families to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised, and that the plan is reviewed at least annually ( <i>refer to Attachment 1</i> ) ( <i>Regulation 90 (iii)</i> )	<b>R</b>	√	√	√	
Developing and implementing a communication plan ( <i>refer to Definitions</i> ) and encouraging ongoing communication between families and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation ( <i>Regulation 90 (c) (iii)</i> )	<b>R</b>	√	√	√	
Ensuring a copy of the child's medical management plan is visible and known to staff in the service. ( <i>Regulations 90 (iii)(D)</i> ). Prior to displaying the medical management plan, the nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent ( <i>refer to Privacy and Confidentiality Policy</i> )	<b>R</b>	√			
Informing the approved provider of any issues that impact on the implementation of this policy		√	√	√	√
Ensuring families and ECT/educators/staff understand and acknowledge each other's responsibilities under these guidelines	√	√			
Ensuring ECT/educators/staff undertake regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be	√	√	√		



carried out for the child's wellbeing and specific medical conditions					
Ensuring that at least one ECT/educator with current approved first aid qualifications ( <i>refer to Definitions</i> ) is in attendance and immediately available at all times that children are being educated and cared for by the service ( <i>Regulation 136(1) (a)</i> ). This can be the same person who has anaphylaxis management training and emergency asthma management training	R	√			
Ensuring that if a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service ( <i>refer to Anaphylaxis and Allergic Reactions Policy</i> )	R	√	√		
Ensuring each child's health is monitored closely and being aware of any symptoms and signs of ill health, with families contacted as changes occur		√	√		√
Administering medications as required, in accordance with the procedures outlined in the <i>Administration of Medication Policy (Regulation 93)</i>	R	R	√		
Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan	√	√	√		
Maintaining ongoing communication between ECT/educators/staff and families in accordance with the strategies identified in the communication plan ( <i>refer to Attachment 1</i> ), to ensure current information is shared about specific medical conditions within the service.	R	√	√		
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	√	√		√
Ensuring that the Ambulance Victoria How to Call Card ( <i>refer to Sources</i> ) is displayed near all telephones	√	√			
Ensuring children do not swap or share food, drink, food utensils or food containers	√	√	√		√
Ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis ( <i>Regulation 90 (iii)(B)</i> )	R	√	√		√
Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service	√	√			





## BACKGROUND AND LEGISLATION

### BACKGROUND

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- in the management of medical conditions
- when parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition
- when developing a risk minimisation plan in consultation with the child's families
- when developing a communication plan for staff members and families.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, families must be provided with a copy of this and other relevant policies.

Medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (*Regulation 92(3)(b)*)
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure
- if the medication is in its original container bearing the child's name, dose, and frequency of administration.

Refer to the *Administration of Medication Policy* for more information.

- Staff may need additional information from a medical practitioner where the child requires:
- multiple medications simultaneously
- a specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Families and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Section 173
- Education and Care Services National Regulations 2011: Regulations 90, 91, 96
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- National Quality Standard, Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004 (Vic)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

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

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)





## DEFINITIONS

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

**Hygiene:** The principle of maintaining health and the practices put in place to achieve this.

**Medical condition:** In accordance with the Education and Care Services National Regulations 2011, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

**Medical management plan:** A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.



## SOURCES AND RELATED POLICIES

### SOURCES

- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council: <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2020: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Ambulance Victoria: How to call card: <https://www.ambulance.vic.gov.au/wp-content/uploads/2019/08/How-To-Call-Card.pdf>
- Dealing with medical conditions in children policy and procedure guidelines - [www.acecqa.gov.au](http://www.acecqa.gov.au)
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### RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Asthma
- Dealing with Infectious Diseases
- Diabetes
- Epilepsy
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality
- Supervision of Children



## EVALUATION

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

- regularly seek feedback from educators, staff, families, children, management and all affected by the policy regarding its effectiveness



- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to families regarding the management of medical conditions is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



## ATTACHMENTS

- Attachment 1: Risk Assessment and Communication Plan Guideline
- Attachment 2: TSK individual Asthma risk minimisation plan
- Attachment 3: Risk minimisation plan for Anaphylaxis
- Attachment 4: Risk minimisation plan for Eczema & Allergic reactions
- Attachment 5: Communication Plan



## AUTHORISATION

This policy was adopted by the approved provider of Tunstall Square Kindergarten on 14<sup>th</sup> August 2024.

**REVIEW DATE:** August 2027



## ATTACHMENT 1. RISK MANAGEMENT AND COMMUNICATION PLAN GUIDELINES

When developing a risk minimisation plan ensure:

- that risks relating to the child's specific health care needs, allergy or relevant medical condition are assessed and minimised;
- if relevant, policies and procedures in relation to safe handling, preparation, consumption, and service of food, are developed and implemented;
- if relevant, policies and procedures to ensure parents are notified of any known allergens posing a risk to a child, and strategies for minimising risks, are developed and implemented;
- policies and procedures ensuring all ECT/educators/staff members and volunteers can identify the child, the child's medical management plan, and the locations of the child's medication, are developed and implemented;

if relevant, policies and procedures to ensure the child does not attend the service 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;

When developing a communication plan ensure:

- ECT/educators/staff members and volunteers are informed about the medical conditions policy, and the medical management plans, and risk minimisation plans for the child;
- ECT/educators/staff members must sign the Risk Minimisation and Communication Plan to indicate they understand the triggers, allergens and risk involved;
- the child's family can communicate any changes to the medical management plan, and risk minimisation plan for the child, and set out how that communication can occur;
- to advise families when a medical management plan has been implemented in response to a child's medical condition;
- the medication and incident, injury, illness and trauma records are completed as soon as practicable after a medical management plan has been implemented and medication was administered;
- that the nominated supervisor is notified when a medical action plan has been implemented;
- families provide permission for their child's medical management plan (with photo), allergens, food restrictions, condition triggers, and any other relevant information, to be displayed in the service. **Dated handwritten permission should be recorded on the back of the child's plan, and the relevant sections in the Acknowledgments and Consents Form as part the Confidentiality and Privacy Policy**
- all relevant children's medical management plans (with photo), allergens, food restrictions, condition triggers, and any other relevant information, are displayed and visible to all ECT/educators/staff and volunteers at the service;
- relief ECT/educators and staff are informed of the children who have current medical management plans and shown the location of these plans and medication that has been prescribed for use.

Ensure that all medications prescribed for children with medical management plans are:

- stored in a location that is known and easily accessible to all staff;
- a copy of the medical management plan is with the medication;
- not locked away;
- inaccessible to children; and
- away from a direct source of heat.

Ensure all ECT/educators, including relief staff, have knowledge of the regular medications and method of administration of these for all children with medical management plans. These may include, but is not limited to asthma puffers, spacers, and adrenaline auto injection devices such as EpiPen®

ECT/Educators, regardless of whether they have a child diagnosed at risk of anaphylaxis, are to complete training in the administration of the auto injection device, asthma and CPR every 12 months, and record this in the staff records.

ECT/educators are also required to undertake quarterly practise with an auto injection device trainer, and record this in the staff records. If a child is enrolled with Anaphylaxis at the service, all ECT/educators at the service must undertake quarterly practice with an adrenaline auto injection device.



Display a list of children with medical conditions, including known triggers or allergens, doctor's contact details, and emergency contact details. This list also needs to be included in the Evacuation Backpacks.

Maximise, in consultation with the parents, the health and safety of their child through supervised management of the child's medical condition.

Promptly communicate to families any concerns, should it be considered that a child's medical condition is impacting on his/her ability to participate fully in all activities.

Implement the Protection from Allergen procedures to support children's health and safety.





Attachment 3:

## TSK INDIVIDUAL ASTHMA RISK MINIMISATION PLAN

<p>This plan is to be completed by the Director or nominee on the basis of information from the student's medical practitioner (Asthma Action Plan) provided by the parent.</p> <p>It is the parents' responsibility to provide the kinder with a copy of the student's Asthma Action Plan containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.</p>			
School		Phone	
Student			
DOB		Year level	
Known Asthma Triggers			
Other health conditions			
Medication at school			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		



Emergency care to be provided at school			
Storage of reliever medication			
<b>ENVIRONMENT</b>			
To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.			
Name of environment/area:			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
Name of environment/area:			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
Name of environment/area:			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>



Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

This Individual Asthma Risk Minimisation Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition, insofar as it relates to asthma, changes
- as soon as practicable after the student has a severe / life-threatening asthma attack at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Asthma Risk Minimisation Plan.  
I consent to the risk minimisation strategies proposed.

Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Asthma Risk Minimisation Plan.	
Signature of principal (or nominee):	
Date:	



### ATTACHMENT 3

#### Risk Minimisation Plan for Anaphylaxis

Child's name \_\_\_\_\_ Group \_\_\_\_\_

- Parents/guardians of a child at risk of anaphylaxis have been provided access to a copy of the centre's Anaphylaxis policy
- Anaphylaxis management plan for the child is signed by the child's doctor and is visible to all staff
- EpiPen® or AnaPen® [within expiry date] is available for use at any time the child is in attendance at the centre
- EpiPen® or AnaPen® is stored in an appropriate container in a location easily accessible to adults [not locked away], inaccessible to children and away from direct sources of heat.
- Parents/ guardians current details are available
- Information regarding any other medications or medical conditions [for example Asthma] is available to staff
- If food is prepared at the centre, measures are in place to minimise possible contamination of the food given to the child at risk of anaphylaxis

Detail any specific food allergens :

\_\_\_\_\_

Detail any food packaging items not to be used at the pre-school by your child  
[ie. cereal boxes, egg cartons etc]

\_\_\_\_\_

Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities:

\_\_\_\_\_

Detail any celebrations, religious or otherwise, that your child celebrates that need to be considered and record what actions will be taken [ eg. Easter – nut free eggs ]

\_\_\_\_\_

#### Review

This review will be conducted annually, but always upon enrolment of the at risk child and after any incident, accidental exposure or upon notification of any changes to the child's allergy status.

	Name	Signature	Date
Parent			
Teacher			



## Management Plan For Treatment of Anaphylaxis & Medical Conditions

To be kept with enrolment records.

Date Completed: \_\_\_\_\_

### This Section is to be completed with consultation with the child's doctor

Child's Name \_\_\_\_\_

Parent's / Guardian's Name \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

### Ambulance Subscriber YES / NO

Subscriber Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Phone \_\_\_\_\_



## Risk Minimisation Plan for Eczema & Allergic Reactions

### Review

This review will be conducted annually, but always upon enrolment of the at risk child and after any incident, accidental exposure or upon notification of any changes to the child's allergy status.

	Name	Signature	Date
Parent			
Teacher			

To be kept with enrolment records.

Date Completed: \_\_\_\_\_

### Management Plan For Treatment of Eczema & Allergic Reactions

**This Section is to be completed with consultation with the child's doctor**

Child's Name \_\_\_\_\_

Parent's / Guardian's Name \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_

### **Emergency Contact**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

### **Ambulance Subscriber** YES / NO

Subscriber Number \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_

Phone \_\_\_\_\_

**Dealing with Medical Conditions** | Date Reviewed August 24

Tunstall Square Kindergarten | Telephone 0423 169 029  
Email [tunstall.square.kin@kindergarten.vic.gov.au](mailto:tunstall.square.kin@kindergarten.vic.gov.au)



# Communication Plan - \_\_\_\_\_

Please document your child's allergies / medical condition

Trigger factors for your child's allergic reaction / medical condition

List any food which the Kindergarten should NOT give to your child

What are your child's usual symptoms of their allergy / medical condition?

What is your child's treatment plan?

Has your child been hospitalised because of their allergy / medical condition?

Plan prepared by:

Signed:

Date:

