BEACONSFIELD KINDERGARTEN INC. DEALING WITH MEDICAL CONDITIONS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide guidelines for Beaconsfield Kindergarten Inc. 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
- medical management plans are provided by parents/guardians for children with specific health care requirements
- risk minimisation and communication plans are developed in conjunction with Beaconsfield Kindergarten and parents/guardians.

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POLICY STATEMENT

VALUES

Beaconsfield Kindergarten Inc. 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 Beaconsfield 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 additional health needs, allergies or other relevant conditions.

SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisors, Persons in day-to-day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Beaconsfield Kindergarten Inc. including during offsite excursions and activities.

This policy should be read in conjunction with:

- Anaphylaxis and Allergic Reactions Policy
- Asthma Policy
- Diabetes Policy
- Epilepsy Policy

RESPONSIBILITIES

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should	d not be	deleted	l		
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>)	\checkmark				
Ensuring families provide information on their child's health, medications, allergies, their medical practitioner's name, address and phone number, and emergency contact names and phone numbers (<i>Regulations 162</i>)	V		V		
Ensuring families provide a medical management plan (signed by their registered medical practitioner) following enrolment and prior to the child commencing at the service (<i>Regulation 90</i>)	R	\checkmark		V	
Ensuring that a risk minimisation plan (refer to Definitions) is developed for each child with specific medical or health care needs in consultation with their family, 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 each term (refer to Attachment 1) (Regulation 90 (iii))	R	V	V	V	
Developing and implementing a communication plan (refer to Definitions) 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 (Regulation 90 (c) (iii))	pping and implementing a communication plan (refer initions) and encouraging ongoing communication en families and staff regarding the current status of ild's specific health care need, allergy or other nt medical condition, this policy and its		V	V	
Ensuring a copy of the child's medical management plan is easily accessible and known to staff in the service. (<i>Regulations 90 (iii)(D)</i>). A photo of the child and brief description of their allergy/medical condition should also be displayed in the kitchen. Prior to displaying this, the Early Childhood Teacher must explain to families the need to display the child's medical information for the purpose of the child's safety and obtain their consent (<i>refer to</i> <i>Privacy and Confidentiality Policy</i>)	R	V			
Notifying the Early Childhood Teacher or Nominated Supervisor of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes				√	

Informing the approved provider of any issues that impact on the implementation of this policy		\checkmark	\checkmark	\checkmark	\checkmark
Ensuring families and ECTs/educators/staff understand and					
acknowledge each other's responsibilities under these					
	v				
guidelines					
Ensuring ECTs/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	N		\checkmark		
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 (refer to Definitions) is in					
attendance and immediately available at all times that					
children are being educated and cared for by the service	R				
(Regulation 136(1) (a)). This can be the same person who					
has anaphylaxis management training and emergency					
asthma management training					
If a child is diagnosed as being at risk of anaphylaxis,					
ensuring that a notice is displayed in a position visible from		.1	.1		
the main entrance to inform families and visitors to the	R				
service (refer to Anaphylaxis and Allergic Reactions Policy)					
Ensuring each child's health is monitored closely and being					
aware of any symptoms and signs of ill health, with					\checkmark
families contacted as changes occur					
Administering medications as required, in accordance with					
the procedures outlined in the Administration of	R	R	\checkmark		
Medication Policy (Regulation 93)					
Ensuring opportunities for a child to participate in any					
activity, exercise or excursion that is appropriate and in	\checkmark	\checkmark			
accordance with their risk minimisation plan					
Maintaining ongoing communication between					
ECTs/educators/staff and families in accordance with the					
strategies identified in the communication plan (refer to	R	\checkmark			
Attachment 1), to ensure current information is shared					
about specific medical conditions within the service					
Following appropriate reporting procedures set out in the					
Incident, Injury, Trauma and Illness Policy in the event that	_	,	,		,
a child is ill, or is involved in a medical emergency or an	R	V			N
incident at the service that results in injury or trauma					
Ensuring that relevant information for emergency services	1	1			
is displayed near the telephone					
Ensuring children do not swap or share food, drink, food	1	1	1		1
utensils or food containers	N				\checkmark
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	_		1		1
allergies they have, and the service's procedures for	R		N		N
dealing with emergencies involving allergies and anaphylaxis (<i>Regulation 90 (iii)(B)</i>)					

Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service

\checkmark	\checkmark		

BACKGROUND AND LEGISLATION

Background

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

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

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

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

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- with two adults in attendance, one of whom must be an educator (at Beaconsfield Kindergarten one of these should be the ECT). 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. The family 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: http://www.legislation.vic.gov.au/
- Commonwealth Legislation ComLaw: http://www.comlaw.gov.au/

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

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 <u>https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services</u>
- Guide to the Education and Care Services National Law and the Education and Care Services
 National Regulations 2020: <u>www.acecqa.gov.au</u>
- Dealing with medical conditions in children policy and procedures guidelines <u>www.acecqa.gov.au</u>

Related policies

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

EVALUATION

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify all stakeholders affected by this policy at least 14 days before making any change to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

ATTACHMENTS

Templates for Risk Minimisation and Communication Plans for specific healthcare needs are available in Beaconsfield Kindergarten's Dropbox folder Policies and Procedures/Medical templates

AUTHORISATION

This policy was adopted by the Approved Provider of Beaconsfield Kindergarten Inc. on 17th March, 2014.

REVIEW DATE: 17/06/2024

REVIEW FREQUENCY: Yearly

NEXT REVIEW DUE: June 2025