



Medical Conditions Policy

Covers

- Disclosure of Medical Conditions Procedure
- Medication and Medical Conditions Procedure
- Anaphylaxis Procedure
- Asthma Procedure

Intention

Nurturing Family Day Care Scheme while working closely with all educators and families will ensure that every child that is attending a registered residence or approved venue with a medical condition will be treated with respect, diligence and have their safety placed in the highest regard.

Overview

This policy, and all policies and procedures that are associated with the Medical Conditions Policy, are implemented at all registered residences and venues by educators, staff and families who are allied with the scheme.

This comprises of -

- What and how the information is to be disclosed by families in relation to their child's health requirements.
- How this policy works in conjunction with the Medication Policy.
- Information about anaphylaxis.
- Information about asthma.

The approved provider of the service will ensure -

- Parent/s and guardian/s have completed the online Family Enrolment Form prior to beginning care and that the health information required is completed to the best of their ability, with any inconsistencies discussed and that any disclosures are explored further in conversation.
- That all information documented falls within the parameters of the Collection and Storage of Confidential Documents Policy and given the respect that it deserves.
- That parent/s or guardian/s will receive a copy of this policy upon disclosure of a medical condition.
- That health (medical) management plans if not added at the time of the enrolment are followed up and placed within the families OneDrive folder before education and care commences at a registered residence or approved venue.



- That a Communication plan (risk minimisation/action plan) is created in collaboration with parent/s or guardian/s, including -
 - That the risk to the child is assessed and minimised in relation to the medical condition.
 - If needed the scheme's policies and procedures are reviewed and updated to ensure that all risks are minimised, especially that of the food and food beverages, medical conditions, and medication.
 - That all parties can identify a child with a medical condition, access their medical management plan and the location of the child's medication.
 - That the child does not attend the registered residence or venue without the medication required and prescribed by their doctor for their medical condition.
 - How the health management plan, communication plan (risk minimisation/action plan) and this policy is communicated to all relevant individuals to ensure they are aware and up to date on the child's requirements.
 - The need for a child's parent or guardian to communicate any changes to the able plans and documenting how this communication will occur.
- That all educators who work at a registered residence or approved venue are aware, understand and know what to do in regard to all the health management plans that are in place for any enrolled children.

Disclosure of Medical Conditions Procedure

The approved provider will work in partnership with all educators and families throughout their time with Nurturing Family Day Care Scheme to ensure that all parties understand the importance of sharing information about a child's medical history as well as ensuring that as the child grows and develops new disclosures are completed in a professional manner and as soon as possible.

To facilitate the continued health and wellbeing of all children, the following information will be shared on the online Family Enrolment Form -

- Name, address and telephone number of the doctor or medical centre that the child attends.
- A child's Medicare number.
- A child's immunisation status.
- Any known conditions or concerns that could affect the child's ability while being educated and cared (Highly sensitive, becomes overwhelmed in large groups, intolerant to certain foods, etc.).
- Any diagnosed medical conditions or dietary issues (asthma, anaphylaxis, diabetes, etc.).
- How these diagnosed medical conditions are managed.
- If there are any health management plans in place, a copy of this is required.

Families will be regularly asked through open and continued communication if there are any changes to a disclosed medical condition or conditions, as well as be provided with opportunities to update the current information (community emails, etc.) as per the communication plan. Family Enrolment Forms and health management plans will be updated at least yearly (or if there are any changes to circumstances), families and educators will be prompted to discuss current medical conditions while emphasising the importance of disclosing new health information, and in training educators to be proactive in ensuring that the health and wellbeing of every child is their number one concern.



When a medical condition has been disclosed on the online Enrolment Form or in person, an educator will -

- If it has not already been documented on the online Family Enrolment Form, the educator will prompt the parent/s or guardian/s to record new or changed health information through their family portal on Fully Booked.
 - Ensure that the health management plan/s are also provided.
- Discuss with the parent/s or guardian/s the child's medical condition in private, ensuring that a deep understanding of the situation is known, that a health management plan is completed by the doctor and with the families if the child is at risk while attending the education and care setting, and that each step of the plan is thoroughly explored.
- Create a communication plan to ensure that all relevant information is shared continually while the child is enrolled between required parties.
- Ask any questions in relation to the medical condition in a respectful and professional manner.
- Ensure that information about the medical condition is only shared with the educators who are required to know (assistant educators, other family day care educators who work at the registered residence or venue) and parent/s or guardian/s are aware of every individual that has been notified of this information.
- Work with parent/s or guardian/s so that all information remains current and up to date, that changes to health management plans are documented as well as any changes to medication used.

Medications and Medical Conditions Procedure

The approved provider provides a policy, Medication Policy, outlining the use of medications in the education and care setting, and includes the administration of medication in an emergency setting and the completion of an Administering Medication Form.

In conjunction with the Medication Policy, educators and parent/s or guardian/s will ensure that -

- Any medication that is required by the child will be provided every day that they are at the registered residence or approved venue, without exceptions.
- Any changes to the medication, including but not limited to, the dosage, the type, and the frequency requires a new health management plan to be on record.
- They are aware where the medication is to be stored securely while at the registered residence or venue and how it will be transported safely while on excursions.

Anaphylaxis Procedure

Anaphylaxis is a life-threatening medical condition, that while not seen often, should be taken very seriously by all parties. Anaphylaxis is a severe allergic reaction that occurs after contact with a particular substance, one that can differ for person to person. While previous exposure to allergens is needed for the development of true anaphylaxis, allergic reactions can occur when no prior medical history in a child.

To ensure that all educators and families are aware of the risk in regard to anaphylaxis, the following information is documented -

- Anaphylaxis can be caused by insect bites such as bees or wasps but is usually caused by a food allergy.
- Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts, eggs and cow's milk.



- Signs and symptoms of an allergic reaction can occur in different degrees and may indicate a mild or a severe reaction, with changes to the child's health deteriorating fast. These can include, but are not limited to -
 - Hives, welts or body redness
 - Swelling of the face, lips, or eyes
 - Vomiting, abdominal pain
 - Tingling of the mouth
 - Difficult or noisy breathing
 - Swelling of the tongue, or throat
 - A wheeze or persistent cough
 - Persistent dizziness or collapsing
 - Pale and floppy (especially in young children)

In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction, educators will:

- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Contact the parent/guardian
- Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Contact the approved provider.
- Information about the child and their health management plan will be displayed in a way to ensure the privacy of the child while being in a position to be shared with all personnel that require to know and understand this information to assist the child should a reaction occur.
- Registered Residences or venues with an enrolled child that has anaphylaxis will display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCI) poster called Action Plan for Anaphylaxis in an easily identified position.
- Epipens or Anapens are to be stored in a first aid kit for quick and easy access in the case of an emergency. First Aid kits are stored according to the Incident, Injury, Trauma and Illness Policy, and are



required to be taken on excursions, as does the health management plan; having access to OneDrive and the family's information folder while on excursions is acceptable.

- Families that have children who have severe allergies are encouraged to bring food that has been prepared at their homes. If it is decided that the child will have food prepared for them at the registered residence or approved venue, this will be done in line with their management plan and family recommendations.
- All lunchboxes, drinks and containers should be clearly labelled with the child's name to prevent miscommunication.
- The use of food products in cooking, craft, etc. will take into consideration allergies, so that all children are able to participate.
- While all children are encouraged to sit while eating, after the use of any food, cleaning will take place to ensure that the substances isn't accidentally transferred to other areas of the registered residence or venue.

Asthma Procedure

Asthma is a long-term lung condition, where the sensitive airways in their lungs react to triggers, causing a flare up. When this occurs the airway squeezes, swells, and becomes narrow making it harder to breathe. This can occur slowly over days or quickly, which is known as an asthma attack.

To ensure that all educators and families are aware of the risk in regard to asthma, the following information is documented –

- Signs and symptoms vary from person to person and even within the one individual depending on the season, their exposure to triggers and the current success of their health management plan. These can include, but are not limited to -
 - Breathlessness
 - Wheezing
 - Tight feeling in the chest
 - Continuing cough

In the situation where a child is having an asthma attack the educator will -

- Follow the Asthma Action Plan.
- Call emergency services where it is indicated at the no improvement stage.
- Call emergency services if the child stops breathing.



- If for any reason the child's medication is not delivering the medication as it should.

- Every child with asthma will have an Asthma Action Plan (health management plan) which explains how to recognise worsening asthma and what to do. This document will be different for each child and cannot be used by another child who also has been diagnosed with asthma.
- An Asthma Action Plan or health management plan is required before a child with asthma can begin education and care, and a new one needs to be provided each year or when any changes to the current plan occurs.
- Information about the child and their Asthma Action Plan or health management plan will be displayed in a way to ensure the privacy of the child while being in a position to be shared with all personnel that require to know and understand this information to assist the child should an asthma attack occur.
- Inhalers should be stored in a position that is inaccessible to children while being able to be reached quickly in the case of an emergency, and the medication is required to be taken on excursions, as does the Asthma Action Plan or health management plan; having access to OneDrive and the family's information folder while on excursions is acceptable.

Nurturing Family Day Care Scheme requires that all educators have completed an approved first aid anaphylaxis and asthma management training and it is to remain current at all times.

Sources

Education and Care Services National Law and Regulations 2011 (Updated October 2023)

- Section 167 (protection from harm and hazards), Compliance directions
- Section 175, Offence relating to requirement to keep enrolment and other documents.
- Reg 90, Medical record.
- Reg 91, Medical conditions policy to be provided to parents.
- Reg 92, Medication record.
- Reg 93, Administration of medication.
- Reg 94, Exception to authorisation requirement – anaphylaxis or asthma emergency.
- Reg 95, Procedure for administration of medication.
- Reg 96, Self-administration of medication.
- Reg 98, Telephone or other communication equipment.
- Reg 136, First aid qualifications
- Reg 161, Authorisations to be kept in enrolment record
- Reg 162, Health information to be kept in enrolment record
- Reg 162, Health information to be kept in enrolment record
- Reg 168, Education and care services must have policies and procedures.
- Reg 178, Prescribed enrolment and other documents to be kept by family day care educator.
- Reg 181, Confidentiality of records kept by approved provider.
- Reg 182, Confidentiality of records kept by family day care educator.
- Reg 183, Storage of records and other documents.
- Reg 184, Storage of records after service approval transferred.



National Quality Standard (Updated February 2018)

- 2.1, Each child's health and physical activity is supported and promoted
- 2.1.2, Effective illness and injury management and hygiene practices are promoted and implemented.
- 2.2.2, Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
- 2.2.3, Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
- 6.1, Respectful relationships with families are developed and maintained and families are supported in their parenting role.
- 6.2, Collaborative partnerships enhance children's inclusion, learning and wellbeing.
- 7.1, Governance supports the operation of a quality service.

Early Years Learning Framework

Allergy and Anaphylaxis Australia

Asthma Australia

Caring for Children - Birth to 5 years (Food, Nutrition and Learning Experiences) 5th Edition, 2014

Health Direct – Australian Government Department of Health

Staying Healthy in Child Care - Preventing Infectious Diseases in Early Childhood Education and Care (5th Edition) 2013

QLD Health

Review

The policy will be reviewed annually.

The review will be conducted by:

- Approved Provider
- Employees
- Educators
- Families
- Interested Parties

Created: May 2017

Reviewed: October 2017

April 2018

April 2019

March 2020

March 2021

March 2022

March 2023

March 2024

Next review: March 2025