

Medical Conditions

We will work in partnership 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.

On our website we provide the 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

- o Tingling of the mouth
- o Difficult or noisy breathing
- o Swelling of the tongue, or throat
- o A wheeze or persistent cough
- o Persistent dizziness or collapsing
- o 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.

- o Call emergency services if the child stops breathing.
- o 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.

Medical Conditions Risk Minimisation Plan and Communication Plan

Child's Name:

Specific health care need, allergy or diagnosed medical condition:

Medical risks and how these are minimised;

- Current First Aid (004 or equivalent) training is required by all educators.
- The health management plan (from a doctor), this plan and current required medication are accessible at all times while in care. Any visiting educators are shown where the above is kept at the registered residences and during excursions.
- The child's medication is stored correctly.
- The child's medication will be checked to ensure it is current and has not expired.
- There is a notification of child at risk of anaphylaxis is displayed in the main area of the registered residence.
- Parents are required to authorise administration of medication on the medication form, and educators will complete the administration of medication form whenever medication is provided.
- The service will display the child's picture, first name, medication held and location, and a description of the allergy/condition on a poster in the registered residence while ensuring the privacy of the child.

List ALL of the Hazard/triggers/causes for the child’s health care need, allergy or medical condition:

(For Example; Health Care need = Running results in chest pain. Allergy = Eggs result in a anaphylaxis reaction. Medical condition = Pollen results in an Asthma attack)

1*

2*

3*

4*

Add more if needed

Preparing to assess and manage potential risks of a medical condition

Step One: Identify the potential and existing hazards that exist for the child’s medical condition.
Step Two: Assess the level of the risk (Using the attached risk assessment matrix)
Step Three: Record how the risk will be eliminated or controlled (Using the attached hierarchy of controls)
Step Four: Monitor and Review (This document is to be updated yearly or when any potential or existing hazards change, develop or are newly created.

Information about the Medical Condition

Hazards and potential hazards are found when a child has a medical condition and rather than be ignored should be recorded and dealt with according to the risk assessment matrix. When this process is completed thoroughly hazards are removed or reduced, granting children opportunities for children to explore, play and exceed safely and without unnecessary danger. Negotiating risk is an important aspect of becoming for each child, but it should never be at the expense of a child’s health or safety.

Hazard/trigger/cause identified: 1*(First from above)
Level of Risk:
How the risk will be eliminated or controlled: (List in dot point everything that is done to prevent that child from being exposed to the Hazard/trigger/cause). 1. 2. 3.
A review of strategies used to minimize risk: Any incident will lead to a review of these strategies.

Hazard/trigger/cause identified: 2*(Second from above)
Level of Risk:
How the risk will be eliminated or controlled: (List in dot point everything that is done to prevent that child from being exposed to the Hazard/trigger/cause). 1. 2. 3.

A review of strategies used to minimize risk: Any incident will lead to a review of these strategies.

Hazard/trigger/cause identified: 3*(Third from above)

Level of Risk:

How the risk will be eliminated or controlled:

(List in dot point everything that is done to prevent that child from being exposed to the Hazard/trigger/cause).

- 1.
- 2.
- 3.

A review of strategies used to minimize risk: Any incident will lead to a review of these strategies.

Hazard/trigger/cause identified: 4*(Fourth from above)

Level of Risk:

How the risk will be eliminated or controlled:

(List in dot point everything that is done to prevent that child from being exposed to the Hazard/trigger/cause).

- 1.
- 2.
- 3.

A review of strategies used to minimize risk: Any incident will lead to a review of these strategies.

Copy and paste the above table if more hazards are identified

Risk Assessment Matrix				
<i>How serious could the injury be?</i>	<i>How likely is it to be that serious</i>			
	Very Likely	Likely	Unlikely	Very Unlikely
Death or permanent injury	1	1	2	3
Long term illness or injury	1	2	3	4
Medical attention & several days off	2	3	4	5
First aid needed	3	4	5	6
Severity – is how seriously a person could be harmed		Likelihood – is an estimate of how probable it is for the hazard to cause harm.		
Legend				
1 and 2		Extreme risk; deal with the hazard immediately		
3 and 4		Moderate risk; deal with the hazard as soon possible		
5 and 6		Low risk; deal with the hazard when able.		

Hierarchy of Control

Risk Elimination or Control

Eliminate the risk: Eliminate the item or activity; e.g. do not undertake a particular high-risk activity such as going near the beach when the weather is turning bad; do not use high risk equipment. If elimination is not reasonably practicable, control the risk as far as practical using the hierarchy of controls below. Select the highest possible control and/or use a combination of controls to reduce the risk.

Substitute the hazard: Replace the activity, material, or equipment with a less hazardous one e.g. choose an easier bushwalk; substitute a food known to cause severe allergic reactions (for example, peanut butter or tree nuts) with alternative nutritious food.

Isolate the hazard: Isolate the hazard from the person at risk; isolate through distance e.g. select a lunch location well away from the water; check if a coastal walk has fencing.

Use engineering controls: Have access to equipment to counteract the hazard; consider taking a double pram or baby carrier; ensure that there is immediate access to medication in the event of an emergency for a child with asthma.

Use administrative controls: Establish procedures and safe practices e.g. supervision of students, clear rules, instruction in safe methods, training of staff, volunteers and students in the excursion activities or in the use of equipment and qualifications of instructors. Ensure health care plans are reviewed and updated for the excursion for students known to have severe allergic conditions. Discuss child health needs if eating out, in consultation with parents/guardians.

Use personal protective equipment: Use appropriately designed and properly fitted equipment such as safety goggles, hats and sunscreen and helmets, in conjunction with other control measures identified from above. Encourage children and educators to wear appropriate footwear and protective clothing at all times; students wear medic alert bracelet or necklace where required.

Medical Communication Plan to families

Service

Educators:

- will complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time).
- may enquire about the child's health to check if there have been any changes in their condition or treatment.
- advise you if child's medication needs to be replaced.
- advise all visiting educators, coordinators, volunteers and students about the location of the child's medical management plan, risk minimisation plan and medication.
- Review (with the coordination staff and families) the child's medical management plan, risk minimisation plan and medication regularly, and seek feedback from all parties about any issues or concerns they may have in relation to the child's medical condition.
- regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child's medical management plan, risk minimisation information and medication information.
- update (with the coordination staff and families) a child's enrolment and medical information as soon as possible after an incident or yearly.

Parents

Parents will:

- verbally advise the educator and scheme of changes in the medical management plan or medication as soon as possible after the change, and immediately provide an updated medical management plan and medication (if relevant).

- provide an updated medical management plan after an incident, annually, whenever it is updated or prior to expiry.
- provide details annually in enrolment documentation of any medical condition.
- advise educators verbally or in writing on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms if known.
- ensure the educator has adequate supplies of the child's medication.

A copy of the Medical Conditions Policy is attached.

I/we agree to these arrangements, including the display of our child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children's rooms and prominent places to alert all staff, volunteers and students.

Parent/s signature _____

Educator's signature _____

Date:

<i>Communication</i>	<i>Date</i>	<i>Educator Signature</i>	<i>Parent Signature</i>