

Medical Conditions

Education and Care Services National Law:

167 – Offence relating to protection of children from harm and hazards

Education and Care Services National Regulations:

85 – Incident, injury, trauma and illness policy and procedures

86 – Notification to parent of incident, injury, trauma, and illness

87 – Incident, injury, trauma, and illness record

89 – First aid kits

90 – Medical conditions policy

91 – Medical conditions policy to be provided to parents

92 – Medication record

93 – Administration of medication

94 – Exception to authorisation requirement – anaphylaxis or asthma emergency

95 – Procedure for administration of medication

96 – Self-administration of medication

136 – First aid qualifications

162c – Health information to be kept in enrolment record.

168 – Education and care services must have policies and procedures

171 – Policies and procedures to be kept available

172 – Notification of change to policies and procedures

173 – Information to be displayed

National Quality Framework:

2.1.2 – Health practices and procedures

2.2.2 – Incident and emergency management

7.1.2 – Management systems

Policy Link:

Acceptance and Refusal of Authorisations

Administration of Medication

Child Safe Environments

Emergency and Evacuation

Excursions

First Aid

Food and Nutrition

Governance and Leadership

Incident, Illness, Trauma, and Injury

Orientation and Enrolment

Records and Record Keeping

Regular Transportation

Child Protection and Safety

Privacy and Confidentiality

Parent Handbook

Definitions

Term	Meaning	Source
ACECQA- Australian Children's Education and	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources, and services to support the sector to improve outcomes for children.	acecqa.gov.au
Approved anaphylaxis and asthma management training	Anaphylaxis and emergency asthma training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	ACECQA website
Approved first aid qualification	A qualification approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	ACECQA website
Communication plan	A plan that outlines how relevant educators, staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk management plan for the child. It also sets out how families can communicate any changes to the medical management plan and risk management plan for the child.	National Reg's 102, 102d, 160-162
Medication	Medicine within the meaning of the <i>Therapeutic Goods Act 1989</i> Medicine includes prescription, over the counter and complimentary medicines.	Guide to the National Quality Framework
Medical condition	This may be described as a condition that has been diagnosed by a registered medical practitioner.	Guide to the National Quality Framework
Medical management plan	A document that has been prepared and signed by a registered medial practitioner 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.	
Risk minimisation plan	A document prepared by service staff for a child in consultation with the child's parents, setting out means of managing and minimising risks relating to the child's specific health care need, allergy, or other relevant medical condition.	Guide to the National Quality Framework

Policy Statement

The service is committed to ensuring children are supported to feel physically and emotionally well and feel safe in the knowledge that their individual healthcare needs will be met when they are unwell. Families can expect that educators will always act in the children's best interest in their care, meet their individual needs and follow a child's medical management plan if required.

Educators will maintain up-to-date professional development knowledge of administering techniques and understand their liabilities and duty of care requirements.

Goals / What are we going to do?

- Families with a child with a diagnosed medical condition, specific health need, allergy or relevant medical condition will be given a full copy of this medical condition policy.
- Collaborate with families with diagnosed medical conditions to develop a Risk Minimisation Plan and Communication plan for their child.
- Educators will receive in-service training on medication and emergency medication administration.
- Inform all staff, including relief staff, about children with a diagnosed medical condition, allergy or relevant medical condition and the risk minimisation strategies for the child.
- Relief educators will be given information about children with medical management plans at the beginning of each shift.

Procedures / How will we do this?

Where children have specific medical needs, allergy or relevant medical condition, the child's doctor and parent or guardian must complete a medical management plan. Such a plan will detail the child's particular health needs, including medication administration and other actions required to manage the child's medical condition. Families **must legally** supply details about their child's medical history upon enrolment at the service.

Providing a Medical Management Plan is Education and Care Services National Regulation requirement - Reg 90.

Before commencing an enrolment:

- Meet with the centre Director and complete the Medical Condition Record and develop a Risk Minimisation Plan.
- A child's commencement date may be delayed until all steps of the procedure are completed.

Children with specific medical needs, allergies or relevant medical conditions will have the following plans completed-

A **risk minimisation plan** where parents and staff can identify the potential risks for their child and outline any precautions or procedures that may minimise these risks is legally required. The plan will consider the following:

- What practices and procedures will be in place in relation to the safe handling of food both in the food's preparation and distribution?
- Where medication will be stored with consideration given to its ease of collection in an emergency while keeping it safely out of reach from children.
- How educators, students and volunteers will identify children with medical management plans.

A **communication plan** where parents can identify how and when communication will occur.

- How the service communicates with educators about the medical conditions policy?
- How medical management plans are communicated to all educators' students, and volunteers.
- Where will medication be stored, and how will this be communicated to educators?

Children with medical conditions must NOT attend the centre if they do not have their medication. Reg. 90 (1) (c) (iii) (E)

At times, medications for medical conditions can be difficult to purchase due to manufacturing shortages or recalls. In this case, the service will make alternative medication arrangements in consultation with the department of education, the child's GP, and the family.

Medication cannot be administered if it does not contain a pharmacy label showing the child's name and the dosage required.

Asthma – Families must be given a full copy of this policy upon enrolment.

Children with asthma will need to have an [Asthma Medical Management Plan](#). Parents/guardians will need to update it at least six monthly. Indicators that a child is having difficulty breathing include:

- Dry, irritating, persistent cough that worsens with play.
- Complaining of a sore stomach.
- Tightness of the chest.
- Shortness of breath, which often shows as tummy breathing (abdomen looks more swollen than usual)
- A wheeze/whistling sound can be heard when the child is breathing.
- For all children, especially the younger ones, look at the gap at the bottom of their neck, where it

meets the breast bone. When that area appears to be sucking in and out during breathing, this is a sign of difficulty breathing. The same is true for the spaces between the ribs; when they appear in and out, this is a sign of breathing difficulty.

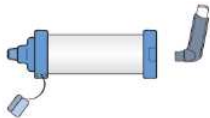
A child without an Asthma diagnosis:



Step 1 Sit the child upright. Be calm and reassuring.



Step 2 If there is no improvement, call 000.

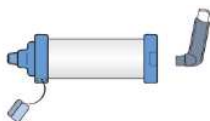


Step 3 If the child's condition is deteriorating, it may be determined that the service Ventolin is to be administered. If this decision occurs, then the senior staff member is to administer.

For a child with an Asthma diagnosis, the service will follow the child's Asthma Plan.



Step 1 Sit the child upright. Be calm and reassuring.



Step 2 Shake the puffer. Give 1 puff into the spacer. Take 4 deep breaths from the spacer. Repeat until four puffs have been taken.



Step 3 Wait 4 minutes. If there is no improvement, give 4 more puffs of the Blue/Grey reliever puffer.



Step 4 If there is still no improvement, then call for an ambulance: Say the person is having an asthma attack. Keep giving 4 puffs every 4 minutes of Blue/Grey reliever until the ambulance arrives.

Diabetes - Families must be given a full copy of this policy upon enrolment.

Children in the service with Diabetes will need to have a [Diabetes Medical Management Plan](#). Parents/Guardians must ensure that they are updated at least twelve months.

Children with diabetes in the service will require educators to monitor their food intake. Generally, children will not be able to delay their meals, and educators need to account for this in their activity planning.

There are two main types of diabetes.

Type 1

In Type 1 diabetes, the pancreas cannot produce enough insulin because the cells that make the insulin have been destroyed by the body's immune system. This insulin must be replaced. Therefore, people with Type 1 diabetes must have daily insulin to live. The timing of injections and food intake are most important. Carbohydrate foods are essential and raise blood glucose levels, while insulin and exercise lower them.

Type 2

Type 2 diabetes is accelerated by lifestyle. Obesity, little exercise, and overeating can lead to Type 2. People with Type 2 diabetes are usually insulin resistant. This means that their pancreas is making insulin, but it is not working as well as it should. The pancreas responds by working harder to produce more insulin. Eventually, it can't make enough to keep the glucose balance right and blood glucose levels rise.

High Blood Glucose- Hyperglycaemia

Can be caused by the following:

- Not enough insulin,
- Too much food,
- Common illness,
- Stress.

If levels are high enough, educators may see:

- Frequent urination,
- Excessive thirst,
- Weight loss,
- Lethargy,
- Change in behaviour.

Low Blood sugar- Hypoglycaemia

A blood glucose level of below 4mmol/L is regarded as being low. Causes include;

- Too much insulin
- Exercise
- Not enough food

If levels are low, educators may see the following;

- Sweating, paleness, trembling, hunger, weakness.
- Changes in mood and behaviour
- Inability to think straight, lack of coordination.

Educators noting any of these signs should notify the Director, and any Medical Management Plan is to be followed. Should symptoms worsen, then educators will perform first aid.

Anaphylaxis - Families must be given a full copy of this policy upon enrolment.

Children in the service with known Anaphylactic Allergies will need an [Anaphylaxis Medical Management Plan](#).

This plan will contain the following:

- The child's photo.
- Details of the medical practitioner completing the action plan.
- Confirmed allergens, first aid response and prescribed medication.
- This plan is to be reviewed every 12 - 18 months when a new prescription for an Epi-pen is needed. The plan is valid beyond the review date however should a change to the plan occur the centre will require an updated plan.

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen to which they are sensitive. The most common allergens are peanuts, tree nuts, fish, shellfish, eggs, cow's milk, sesame, soy, insect stings, latex, and some medications.

A risk minimisation plan will be developed with the child's parents that includes-

- The child's signs and symptoms.
- Risk Minimisation strategies.
- The communication plan.
- Emergency contacts for the parents or caregivers.
- Review dates for the plan.

At NO time will the service begin to re-introduce foods that are clearly labelled on a child's Anaphylaxis plan. To begin the process of food re-introduction, the service must have a new Anaphylaxis plan issued by a practising medical practitioner and a new Medical Management Plan completed.

Specific strategies for Anaphylaxis:

- The service will only accept Birthday cupcakes that are store purchased so that we ensure the listed ingredients are supplied.
- All special occasion food must be taken to the kitchen, so it can be labelled to ensure the health needs of the anaphylactic child are met.
- Food labels will be used to label food that cannot be eaten by anaphylactic children-these can be located in the kitchen.
- Planned 'special occasion' food labels will be secured to the special occasion food, so it is obvious which food is for the anaphylactic child and which food is not to be consumed.

- The child's medical management plan will be displayed.
- The child's epi-pen will be stored in the child's room.
- Relief staff will be reminded at the commencement of their shift that they are caring for a child with anaphylaxis.
- The service will conduct a yearly anaphylaxis risk management checklist. During this audit, the epi-pens will be checked for expiry, and all plans will be reviewed and documented.

Please note that the signs and symptoms of each child and their allergy may differ. They may not always be immediate.

Anaphylaxis signs

- Difficult, noisy breathing.
- Swelling of the tongue.
- Swelling/tightness of the throat.
- Difficulty talking or a hoarse throat.
- Wheeze or persistent cough.
- Loss of consciousness.
- Pale or floppy.
- Swelling of the face, lips and eyes.
- Hives or welts on the skin.
- Vomiting or stomach pain.

For children with an Anaphylaxis Medical Management Plan-

- Provide treatment where the child is located.
- Keep the child still and calm.
- One educator to remove other children where appropriate.
- Follow the emergency action plan.
- Call for an ambulance- open the front door, so emergency services are not delayed on entry.
- Let the dispatcher know of the medical condition.
- If unconscious, commence CPR.
- Once conscious, monitor the child while waiting for the ambulance.
- Contact parents per the communication strategies outlined in the child's Medical Management Plan.
- If a family member has not reached the service, the Responsible Person or educator will accompany the child to the ambulance.
- The Responsible Person in charge will contact their area manager and complete the appropriate serious incident form on the ACECQA portal.
- When appropriate, debrief with educators, the child's parents, and a counsellor may be considered to work through the events with educators.

For children without an Anaphylaxis Medical Management Plan

- Call an ambulance, letting the dispatcher know of the medical condition-stay on the line.
- Call the child's parents- use a mobile device.
- If the child is dizzy or confused, lie them flat and elevate the legs.
- Ensure the child does not stand or walk.
- Perform the usual first aid.
- If the child's condition is rapidly deteriorating, it may be determined that the service epi-pen is to be administered.
- If this decision occurs, a lead educator will administer the pen.
- Continue to stay with the child and closely monitor them.
- If a family member has not reached the service, the Responsible Person or educator will accompany the child to the ambulance.
- The Responsible Person in charge will contact their area manager and complete the appropriate serious incident form on the ACECQA portal.
- When appropriate, debrief with educators, the child's parents, and a counsellor may be considered to work through the events with educators.

Food Bans

Banning specific foods from an early childhood environment will not eliminate the risk of accidental exposure, and significant consideration will be taken before a food ban is enforced. It may be more appropriate for certain groups who have a child attend with food allergies to have food restrictions or limitations. The service considers that with appropriate education and communication, food allergies can be monitored; however, the service will not implement food bans "just in case a child may one day have an allergic reaction."

Medicinal Cannabis- Families must be given a full copy of this policy upon enrolment.

Children in the service who require administration of Medicinal Cannabis will need to have a Medical Management Plan [- the plan will need to be updated at least six monthly.](#)

This plan will contain the following-

- The child's photo.
- Details of the medical specialist or medical practitioner (in consultation with the specialist) completing the action plan.
- First aid response in the case of an overdose.
- Details of administered dosage required.
- Any adverse reactions to the child the drug may cause.
- Storage and administration procedures.

Who is authorised to possess and administer medicinal cannabis?

Medicinal cannabis is dispensed as an S4 (for children) or S8 drug that several persons are authorised to possess, use and administer as prescribed by a patient's medicinal practitioner.

These persons are-

- A treating registered medical practitioner specified in the practitioner medicinal cannabis authorisation under which the patient (child) medicinal cannabis access authorisation is issued or:

In accordance with the instructions of a registered medical practitioner-

- A person who has responsibility for the immediate care and safety of the patient (child)
- The carer, parent or guardian of the patient/child or participant.

A risk minimisation plan will be developed and implemented at the service. The service would uphold Regulation 82 of the Education and Care Services National Regulations, which required services to ensure a drug-free environment.

Photographing Medical Conditions.

The service will not photograph medical conditions, i.e. runny faeces, to send to parents. The dignity of every child will be considered when using the camera. Parents often make these requests; however, they do not consider the privacy implications of sending such material or the legislative and moral requirements of considering the child's dignity.

Emergency Administration of Medication

In an emergency where medication administration must occur, the service must attempt to receive verbal authorisation from a parent/guardian of the child named in the child's enrolment record who is authorised to consent to the medication administration.

If a parent/guardian of a child is unreachable, the service will endeavour to obtain verbal authorisation from an emergency contact of the child named in the child's enrolment record, who is authorised to approve the medication administration.

If all the child's nominated contacts are non-contactable, the service must contact a registered medical practitioner or emergency service on 000.

In the event of an emergency and where medication administration has occurred, written notice must be provided to a parent of the child or other emergency contact person listed on the child's enrolment record.

Emergency Involving Anaphylaxis or Asthma:

For anaphylaxis or asthma emergencies, medication may be administered to a child without authorisation for an Anaphylaxis or Asthma Emergency.

Educators will follow the procedure “For children without an Anaphylaxis plan” or Asthma, the steps above for “children without a diagnosis.”

These children would be displaying for the first time the symptoms of Anaphylaxis or Asthma. Their parents or guardians would never have experienced a medical event with the child. Therefore the service would follow the procedures based on the presented symptoms and with guidance from medical personnel or a Queensland Ambulance officer.

The service has a centre Epi-pen and Asthma inhaler, which can be found in the medication bag in the back office. This medication would be used for a child displaying the signs and symptoms of these medical emergencies.

Links to Theory

An essential objective of the National Quality Framework is to ensure the safety, health and well-being of all children attending education and care services. When a child with a diagnosed healthcare need, allergy or relevant medical condition is enrolled at an education and care service, additional requirements must be met to ensure that the child’s safety, health, and well-being is protected.

If a child has a food preference or dietary restriction, for example, not drinking cow’s milk as the parents do not want them to, this would not be considered a diagnosed healthcare need. Instead, this information would be included in the child enrolment record (regulation 160) in accordance with the health information to be kept in the enrolment record (regulation 162).

Services must have procedures in place for carefully considering enrolment records as part of the enrolment and orientation policy and procedure (regulation 168(2)(k)). Once enrolled, parents will be regularly consulted regarding any diagnosed health care needs, allergies, or relevant medical conditions a child may have developed since enrolment.

National Quality Framework – Children’s health and safety

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.

National Quality Framework – Governance and leadership

7.1.2. Systems are in place to manage risk and enable the effective management and operation of a quality service.

Culturally Valued Perspectives

Indigenous health refers to Aboriginal and Torres Strait Islander people’s physical, cultural, social and emotional well-being.

Many Aboriginal Australians experience poorer health than other Australians, often dying at much younger ages.

Improving the health of Aboriginal and Torres Strait Islander peoples is a national priority. **Closing the Gap** is a commitment by all Australian governments to improve the lives of Aboriginal and Torres Strait Islander peoples. It aims to close the gap of Indigenous disadvantage in areas such as health, housing, education and employment.

Reflective questions about this policy!

How does the service help Close the Gap for Aboriginal and Torres Strait Islander peoples?

How do we assist families with children who have medical conditions?

What is working well?

What is the process for informing educators of changes to medical plans?

When answering the reflective questions, did you have areas identified for improvement:

If change is required:

- Discuss any proposed changes to practice and documentation.
- Discuss with families and educators how issues might be addressed.

To implement the changes effectively:

- Trial the changes
- Seek feedback and consult.

A review of change is an important step:

- Evaluate and document in your QIP...

Roles and Responsibilities in managing medical conditions.

Approved Providers, Area Manager and **Director** Responsible Person

- Ensure the medical conditions policy and procedures are met, the appropriate medical management plans and risk minimisation plans are completed in consultation with families, and

all relevant are actioned to minimise the risks to the child's health.

- Ensure parents with specific health care needs are provided copies of this and other relevant policies.
- High-risk medical plans will be displayed for all educators to be informed about, and a copy will be placed in the enrolment record.
- Ensuring that at least one educator trained in First Aid is always on-premises.
- Management will ensure systems are in place to ensure first aid and CPR certificates are up to date.
- Provide information to the community about resources and support for managing specific medical conditions.
- Take reasonable steps to ensure managers, educators and kitchen staff follow the policies and procedures.
- The service will provide 14 days' notice of changes to this policy.

Educators

- All Educators are expected to follow the medical management and risk minimisation plans for children at the service.
- Educators will continue to liaise with parents about any updates or changes related to a child's specific healthcare need and communicate this with management and other educators.
- Monitor signs and symptoms of specific medical conditions and communicate any concerns to the Service Director.
- Ensure children do not swap or share food, food containers or utensils.
- Ensure parents are contacted if concerns arise regarding a child's health and well-being.
- Maintain current approved first aid, CPR, asthma, and anaphylaxis training.
- Undertake specific training to ensure appropriate management of a specific medical condition.

Families

- Families must notify the Responsible Person on enrolment of any long-term medical conditions such as allergies, asthma, diabetes, or epilepsy where medication/specialist care is required.
- It is expected that the parents will ensure that their child's medical conditions management plan is completed in consultation with their child's doctor or specialist to provide current and suitable information for their child's needs.
- A complete policy outlining the service's commitment to medical conditions will be provided to families who outline on enrolment that their child has a medical condition.

- Families are expected to follow these policies and procedures that relate to their child's medical conditions, including but not limited to:
 - Ensuring the child's medication is clearly labelled with prescribed information (dosage etc.), is in its original packaging, and includes the child's name and date of issue. Prescribed medication that does not bear the child's name will not be given.
 - Providing written instruction from the child's doctor for administering a medication that is not prescribed. This must include dosage, time to be given, duration, etc.

Sources and Further Reading

[Australian Indigenous Health Infonet](#)

Anaphylaxis Australia - www.allergyfacts.org.au/

National Health and Medical Research Council. (2012). *Staying Healthy: Preventing infectious disease in early childhood education and care settings* (5th Ed). Canberra: Author.

Queensland Government (2013) *Foundations for Success: Guidelines for extending and enriching learning for Aboriginal and Torres Strait Islander children in the kindergarten year*. QLD

[Qld Poisons Information Centre.](#)

[Diabetes Australia](#), (2010) *What is Diabetes?* National publications: QLD