



Dealing with Medical Conditions

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1. Aim:

The service and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, educators and visitors.

This policy acts to ensure that:

- Children are supported to feel physically and emotionally well and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.
- Families can expect that educators will always act in the best interests of the children in their care ; meet the children's individual health care needs and maintain continuity of medication for their children when the need arise.
- Educators feel competent to perform their duties; understand their liabilities and duty of care requirements; are provided with sufficient information and training regarding the administration of medication and other appropriate treatments.
- There is collaboration with families of children with diagnosed medical conditions to develop a Risk Minimisation Plan for their child.
- All staff, including casual staff, educators, and volunteers, are informed of all children diagnosed with a medical condition and the risk minimisation procedures for these.
- All families are provided with required current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the Risk Minimisation Plan.
- All children with diagnosed medical conditions have a current Risk Minimisation Plan that is accessible to all staff.
- All staff are adequately trained in the administration of emergency medication.

2. General Strategies

- The service will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout the curriculum implementation.
- The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.



- A copy of the Medical Conditions Policy will be provided to all educators and parents of children at the service.
- Educators will raise any concerns with a child's parents about any medical condition known to the service, or any suspected medical condition that arises.

3. Enrolling Children with Medical Conditions

When a parent informs the preschool that their child has a medical condition, either during enrolment or after:

- A meeting will be organised between the child's parents and the team leader for the class the child will be in. This meeting will be guided by *Attachment 4: Medical Condition Phone Calls* to ensure that:
 - There is a discussion about the **Action Plan** (attachment 1) and the requirement that this be signed by a medical practitioner,
 - The **Risk Assessment** (attachment 3) is completed in collaboration with the parent and
 - The **Communication Plan** (attachment 2) is reviewed so as both parents and educators understand their obligations.
- Parents will be advised that following any hospital treatment or care, the child will be excluded from the preschool for one business day and a clearance form the medical professional will need to be submitted to the Nominated Supervisor from the relevant medical professional.
- Any child enrolled at the service with anaphylaxis allergies, diagnosed asthma or required medication will not be able to attend the service without medication (including spacer and mask in the case of Asthma) prescribed by their medical practitioner - **NO PEN, NO PUFFER, NO PLAY**. Under no circumstances will medication be shared between children. Families are required to provide this information on the Enrolment Form as outlined below and are responsible for updating the service on any new medication, ceasing of medication, or any changes to their child's prescription in writing via email.
- Families are required to provide information about their child's health care needs, allergies, medical conditions and medication on the Enrolment Form and are responsible for updating the service about these things, including any new medication, ceasing of medication, or changes to their child's prescription in writing via email.
- All educators and volunteers at the service must follow a child's Medical Management Action Plan (attachment one), in the event of an incident related to a child's specific health care need, allergy or medical condition.
- The Nominated Supervisor will notify the Management committee at the next meeting that a child with a medical condition will be commencing at the preschool. This policy and the management practices will be discussed.

4. Record Keeping

The service's Enrolment Form provides an opportunity for parents to help the service effectively meet their child's needs relating to any medical condition. The enrolment record will include details of any:

- Specific health care needs or medical conditions of the child, including asthma, diabetes, allergies, and whether the child has been diagnosed at risk of anaphylaxis.
- Any Medical Management Action Plan provided by a child's parents and signed by a registered medical practitioner. This Plan should:
 - Have supporting documentation if appropriate.
 - Include a photo of the child.
 - If relevant, state what triggers the allergy or medical condition.
 - First aid needed.
 - Contact details of the doctor who signed the plan.
 - State when the Plan should be reviewed.
- Copies of the plan will be kept with the child's medication and also accompany them on any excursions, evacuations or evacuation drills.
- Where there is a Medical Management Action Plan, a risk minimisation plan must be developed and informed from the child's Medical Management Action Plan.
- Parents are responsible for updating their child's Medical Management Action Plan/providing a new Action Plan as necessary and will be regularly reminded by the service.
- Any new information will be attached to the Enrolment Form and kept on file at the service.
- Educators will ensure information that is displayed about a child's medical conditions is updated.

5. Risk Minimisation and Communication Plans

Risk minimisation and communication plans (*attachments 2 and 3*) are required to be developed in consultation with the parents of a child:

- To ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised
- If relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption, and service of food are developed and implemented.
- If relevant, to make sure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk, are developed and implemented.
- To ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management action plan and the location of the child's medication are developed and implemented.



- If relevant, to ensure that practices and procedures ensuring that 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.

6. Display of information

- Any information relating to children's medical conditions will be shared with the Nominated Supervisor, educators and any other staff member at the service. Individuals will be briefed by the Nominated Supervisor on the specific health needs of each child.
- Information relating to a child's medical conditions, including the child's Medical Management Action Plan, Medical Conditions Risk Minimisation Plan, and the location of the child's medication will be shared with all educators. The Action Plan will be displayed in the following areas of prominence to ensure all practices and procedures are followed accordingly:
 - Office - in child's file
 - All children's playrooms
 - Staff room/kitchen
- All educators at the service must follow a child's Medical Management Action Plan in the event of an incident related to a child's specific medical conditions requirements.
- All educators at the service must be able to identify a child with medical conditions easily.
- All educators and volunteers at the service must be able to locate a child's medication easily.
- The display of information relating to children's medical conditions will be discussed and confirmed with parents using the Communication Plan (*attachment 2*). We will explain to families why the display of Action Plans is important for the safety of the child and obtain parental consent.

7. Medical Condition: Anaphylaxis and Allergies

Anaphylaxis is a life threatening and severe allergic reaction to a substance. It is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts, eggs and cow's milk. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.

On enrolment or when diagnosed



- Whenever a child with severe allergies is enrolled at our service or is newly diagnosed as having a severe allergy, the parent is required to supply the service with an Action Plan signed by a medical practitioner (*attachment 1*) **before** their child's first day of attendance. A risk management plan (*attachment 3*) and a communication plan (*attachment 2*) will be developed to inform all relevant educators, students, and volunteers, of:
 - The child's name and room they are educated and cared for in,
 - The child's risks associated and the planned management of these risks,
 - Where the child's Medical Management Action Plan will be located,
 - Where the child's adrenaline auto-injector is located, and
 - Which educators/ staff will be responsible for administering the adrenaline auto-injector.
- In accordance with the Education and Care Services National Regulations, our service will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Notices will be posted in the foyer, and on the wall of the room that the child is based in. The notice will advise which foods are allergens and therefore not to be brought into the service.

Minimising risks associated with food handling and preparation

Gymea Community Preschool will:

- Not allow children to trade food, utensils or food containers.
- Prepare food in line with a child's medical management action plan and family recommendations.
- Consider whether it is necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate.
- Instruct educators on the need to prevent cross contamination.
- Consult risk minimisation plans when making food purchases and planning cooking experiences.

Minimising risks associated with food sent to preschool

- Request families to label all drinks and lunchboxes etc with their child's name.
- Request all parents not to send food with their children that contain highly allergenic elements even if their child does not have an allergy by placing a sign on the door of each room, notifying parents at the preschool's information evening and in the kitchen.
- As a nut allergy is most likely to cause a severe reaction, our service is nut-aware. This would exclude children or other individuals visiting the service from bringing any foods or products containing nuts or nut material such as:
 - Peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts.
 - Any other type of tree or ground nuts, peanut oil or other nut-based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan.



- Any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods.
- The parent will be informed verbally or by a note in the child's lunch box that their child had a banned food in their lunch box today.
- If families remove portions of food from larger containers (such as rice crackers for instance) and place crackers into their child's lunchbox, we ask that you be aware of our policy regarding nut products.
- Home made products also need to contain not nut products.
- The Parents of the child with the Allergy will provide alternative foods for special occasions such as Birthday celebrations and social events held at Preschool.

Minimising the risks at mealtimes

- Be aware that a child may have many food allergies or there may be a number of children with different food allergies, and it may not be possible to have an allergy free policy for all those foods involved. Nut allergy is the most likely to cause severe reaction and will take precedence.
- If appropriate, seat a child with allergies at a different table if food is being served that he/she is allergic to. This will always be done in a sensitive manner so that the child does not feel excluded.
- Supervise children while they eat at meal and snack times and ensure food is eaten in specified areas. To minimise risk children will not be permitted to 'wander around' the service with food.
- All children's lunchboxes will be checked for known allergens at mealtimes. Care needs to be given to those children sitting next to the child with the allergic reaction.
- A child with a known allergen in their lunch box will be offered an alternative food. Alternatives that will be kept in the fridge will be Vegemite and cheese.
- If at tables and chairs for a meal, Food Only tablecloths will be placed on the tables. After the meal tables and chairs will be wiped over with a solvent spray.
- If on the mats then the mats will be shaken off after morning tea and lunchtime and washed as necessary with warm soapy water.

Minimising risks in the environment

- Allergic reactions and anaphylaxis are also commonly caused by:
 - All types of animals, insects, spiders and reptiles.
 - All drugs and medications, especially antibiotics and vaccines.
 - Many homeopathic, naturopathic and vitamin preparations.
 - Many species of plants, especially those with thorns and stings.
 - Latex and rubber products.
 - Band-Aids, Elastoplast and products containing rubber-based adhesives.
- Our service will ensure that body lotions, shampoos and creams used on allergic children are approved by their parent as requested on the enrolment form.



- Depending on the severity of the enrolled child's allergy (eg, reacts to airborne particles) children will be asked to wash their hands-on arrival as well as before and after eating each day.
- The service will display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) First Aid plan for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet
<https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>
- Our service will ensure that the auto-injection device kit is stored in a location that is known to all educators, other staff and including relief educators, easily accessible to adults (not locked away), inaccessible to children, and away from direct sources of heat.
- Anaphylaxis emergency response drills (like a fire drill) will be practised and assessed twice a year to make sure staff understand the anaphylaxis emergency procedure and know what to do.
- Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction our service will:
 - Call an ambulance immediately by dialling 000.
 - Ensure the educators with approved first aid and anaphylaxis management training provide appropriate first aid which may include the injection of an auto immune device EpiPen® and CPR if the child stops breathing.
 - Contact as soon as practical, the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

8. Medical Condition: Asthma

Asthma is a long-term respiratory condition caused by hypersensitivity (over-reacting to things) and inflammation (swelling and redness) of the airways ([HealthDirect](#)).

Minimising risks in the environment

- While developing the Medical Conditions Risk Minimisation Plan, our service will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:
 - dust and pollution
 - inhaled allergens, for example mould, pollen, pet hair
 - changes in temperature and weather, heating and air conditioning
 - emotional changes including laughing and stress
 - activity and exercise
 - chest infection
 - bush fire and hazard reduction smoke



- Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

Minimizing risks associated with asthma response

- The service will display an Asthma chart called [Kids' First Aid for Asthma](#) in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet
- An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms; which may include wheezing, a dry, irritating, persistent cough and/or shortness of breath; our service will ensure first aid trained educators with approved asthma management training immediately attends to the child.
- If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management action plan, the educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:
 1. Sit the child upright and stay with the child and be calm and reassuring
 2. Give 4 puffs of blue reliever puffer medication
 3. Use a spacer if there is one
 4. Shake puffer
 5. Put 1 puff into spacer
 6. Take 4 breaths from spacer
 7. Repeat until 4 puffs have been taken
 8. Shake, 1 puff, 4 breaths
 9. Wait 4 minutes, if there is no improvement, give 4 more puffs as above
 10. If there is still no improvement call emergency assistance 000
 11. Keep giving 4 puffs every 4 minutes until emergency assistance arrives
 12. Contact the child's parent or authorised contact where the parent cannot be reached.
- Once a child has required reliever medication 3 times within a 24-hour period, they will be sent home.
- The service will ensure that an asthma First Aid Kit is stored in a location that is known to all educators, other staff including relief educators, easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas. An Asthma First Aid kit should contain:
 - Blue/ grey reliever puffer.
 - A spacer device that is compatible with the puffer.
 - A face mask compatible with the spacer for use by children under 5.
 - Note spacers and face masks from the Kit must be discarded once used and a new set purchased to prevent cross contamination.
- To clean a child's personal Asthma Kit:
 - Remove canister from puffer and wash device (but not canister) in warm water
 - with kitchen detergent.



- Do not rinse or rub dry, allow devices to air dry.
- When dry, wipe the mouthpiece inside and outside with a 70% alcohol swab.
- When completely dry, replace the canister and ensure puffer is working correctly.
- In the case of an emergency, medication may be administered to a child without written parent/ guardian authorisation. If medication is administered the parent/ guardian of the child or the child's registered medical practitioner will be contacted as soon as possible. No harm is likely to result from giving reliever medication to someone who does not have asthma.
- In the event of an anaphylactic emergency and breathing difficulties, an EpiPen must be administered first, then Ventolin.

9. Medical Condition: Diabetes

Diabetes is the name given to a group of different conditions in which the body cannot maintain healthy levels of glucose (a type of sugar) in the blood. Glucose builds up in the blood leading to high blood glucose levels which cause the health problems linked to diabetes ([HealthDirect](#)).

- The most common form of diabetes in children is type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.
- Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

On enrolment or when diagnosed

- Whenever a child with diabetes is enrolled at our service or is newly diagnosed with diabetes, the parent is required to supply the service with an Action Plan signed by a medical practitioner (*attachment 1*) **before** their child's first day of attendance. A risk management plan (*attachment 3*) and a communication plan (*attachment 2*) will be developed to inform all relevant educators, students, and volunteers, of:
 - The child's name and room they are educated and cared for in,
 - The child's risks associated and the planned management of these risks,
 - Where the child's Medical Management Action Plan will be located,
 - Where the child's insulin/ snack box etc will be stored
 - Which educators will be responsible for administering treatment

Risk Minimisation

- While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service. These include ensuring they do not suffer from hypoglycaemia (have a "hypo") which occurs when blood sugar levels are too low. Things that can cause a "hypo" include:



- A delayed or missed meal, or a meal with too little carbohydrate
- Extra strenuous or unplanned physical activity
- Too much insulin or medication for diabetes
- Vomiting
- Children with Type 1 diabetes may also need to limit their intake of sweet foods. Our service will ensure information about the child's diet including the types and amounts of appropriate foods is part of the child's Medical Management Action Plan and that this is used to develop the Risk Minimisation Plan.

First Aid Response

- Staff will not be injecting children with insulin if diabetic as staff are not trained medical officers qualified to undertake this procedure. In the event of major concerns regarding insulin levels of a child then an ambulance will be called.
- If a child is displaying symptoms of a "hypo" our service will:
 - Ensure the first aid trained educator provides immediate first aid which will be outlined in the child's medical management plan and may include giving the child some quick acting and easily consumed carbohydrate.
 - Call an ambulance by dialling 000 if the child does not respond to the first aid and CPR if the child stops breathing.
 - Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted

10. Skin Conditions

Rashes are common in children. They can be caused by many different viral infections and may not be infectious. It is important to be able to describe the rash as this may help with diagnosis.

Assessing rashes

When viewing a rash, educators should also consider if the child is unwell. The rash may not affect the child's well-being at all. There are, however, usually other signs and / or symptoms to consider in conjunction with a rash. These might include:

- Fever
- Unusual behaviour (cranky or less active; cries more than usual; seems uncomfortable; just seems unwell)
- Loss of appetite
- Vomiting
- Headache; stiff neck
- Frequent scratching
- Crusty skin / discharge from skin
- Diarrhea
- Severe, persistent, or prolonged cough
- Trouble breathing



- Dark, tea coloured urine
- Grey or very pale feces

When observing the rash

When observing the rash, the following signs should be considered:

- What colour is the rash (dark red like a blood blister? Pink? Red?)
- What does the rash look like? Small, red, pinheads / fine and lacy / large red blotches/ solid red area all joined together/ blisters
- How does the rash feel to touch? Raised slightly, with small lumps / swollen
- Is the rash itchy?
- Where on the body did the rash start? (eg head, neck?)
- Where is the rash now? (eg head, neck, abdomen, arms, legs?)

Heat Rash

- Educators are to remove outer layers of clothing from a child and allow the child to cool down. Rash should be checked again in half an hour to see if disappearing.

Reporting of rashes

- All rashes should be checked by other room educators to get a consensus on what it might be and whether there is cause for concern for the child's health (and potentially that of the other children and educators).
- After doing this then the Nominated Supervisor should be consulted for a final decision. If unsure, contact HealthDirect on **1800 022 222**
- All rashes should be documented on the "illness register" (*Infectious Disease policy, attachment 1*) and the Incident, Injury, Illness form. Staff must regularly check the appearance of the rash and note time and any changes on the form. This is important information a doctor may need.
- If concern is expressed about the rash then the child must be isolated from others until the parent can collect the child from the centre. If educators are concerned about serious symptoms in conjunction with the rash or perhaps the rash being purple, or spreading very quickly, then an ambulance must be called.
- Meningitis is a dangerous disease that affects children and youth very rapidly. Hospital treatment is imperative. Meningitis can occur at any time and seems to peak around September / October each year.
- If in doubt as to a child's wellbeing with regards to a rash then always call the parent immediately.

11. Medical Conditions - Eczema

Eczema is a common skin condition that affects both children and adults. It's also known as atopic eczema, atopic dermatitis and allergic eczema ([HealthDirect](#)).

On enrolment or diagnosis



- Whenever a child with eczema is enrolled at our service or is newly diagnosed with eczema, the parent is required to supply the service with an Action Plan signed by a medical practitioner (*attachment 1*). A risk management plan (*attachment 3*) and a communication plan (*attachment 2*) will be developed to inform all relevant educators, students, and volunteers, of:
 - The child's name and room they are educated and cared for in,
 - The child's risks associated and the planned management of these risks,
 - Where the child's Medical Management Action Plan will be located,
 - Where the child's medication will be stored
 - Which educators will be responsible for administering treatment
- A child with eczema is not excluded from attending as this is a chronic condition that must be managed.

12. Educator Training and Qualifications

The approved provider must ensure that at least one educator attending the service:

- Holds a current approved first aid qualification.
- Has undertaken current approved anaphylaxis management training and
- Has undertaken current approved emergency asthma management training

Role	Authority/Responsibility For
Approved Provider	<ul style="list-style-type: none"> ◁ Ensuring the development of a Communication Plan and encouraging ongoing communication between parents/guardians and educators/staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation. ◁ Ensuring relevant educators receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs. ◁ Ensuring at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service. ◁ Ensuring that a Risk Minimisation Plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually. ◁ Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies. ◁ Ensure there is at least one general use adrenaline injector at the service and staff are informed of the location of this. Undertake a risk assessment

	<p>to determine how many general use adrenaline injectors are required by the service and where the device/s will be located, including whether they will be taken to off-site activities.</p> <p>◁ Ensure there is at least one general use adrenaline injector at the service and staff are informed of the location of this. Undertake a risk assessment to determine how many general use adrenaline injectors are required by the service and where the device/s will be located, including whether they will be taken to off-site activities.</p> <p>◁ Provide support (including counselling) for service staff who manage a severe allergic reaction and for the child who experienced the anaphylaxis and any witnesses.</p> <p>◁ Notify the regulatory authority within 24 hours of any incident involving a serious injury or trauma to a child while that child is being educated and cared for, including any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis.</p>
Nominated Supervisor Responsible Person	<p>Implementing this policy at the service and ensuring that all staff adhere to the policy.</p> <p>◁ Informing the Approved Provider of any issues that impact on the implementation of this policy.</p> <p>◁ Identifying specific training needs of staff who work with children diagnosed with a medical condition, and ensuring, that staff access appropriate training.</p> <p>◁ Ensuring children do not swap or share food, food utensils or food containers.</p> <p>◁ Ensure staff awareness that unexpected allergic reactions, including anaphylaxis, might occur for the first time in children not previously identified as being at risk, in the service.</p> <p>◁ Ensuring food preparation, food service and casual staff/educators 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.</p> <p>◁ Ensuring a copy of the child's Medical Management Plan is visible and known to staff in the service.</p> <p>◁ Ensuring staff/educators follow each child's Risk Minimisation Plan and Medical Management Plan.</p> <p>◁ Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan.</p> <p>◁ Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.</p>

	<p>◁ Maintaining ongoing communication between staff/educators and parents/guardians in accordance with the strategies identified in the Communication Plan to ensure current information is shared about specific medical conditions within the service.</p> <p>◁ Should there be an incident requiring emergency medical treatment, inform staff of the incident and undertake reporting requirements to the regulatory authority. Offer staff a debrief after each incident and arrange help as needed such as counselling. Review the child's medical management plan to identify if further risk minimisation strategies are needed, or some strategies need to be adapted.</p> <p>◁ If a child has had an allergic reaction to a packaged food or to a meal provided by the service, this will be reported to the local food authority for investigation (Refer to: allergyfacts.org.au/allergy-management/risk/reporting-an-allergic-reaction). If the reaction is to a food sent from home, it is the parent's responsibility to report the reaction.</p>
Early Childhood Educators and Teachers	<p>◁ Communicating any relevant information provided by parents/guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the service is current.</p> <p>◁ Being aware of individual requirements of children with specific medical conditions and following their Risk Minimisation Plan and Medical Management Plan.</p> <p>◁ Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor.</p> <p>◁ Ensure that parents/guardians are contacted when concerns arise regarding a child's health and wellbeing.</p> <p>◁ Include information and discussions about food allergies in the programs they develop, to help children understand about food allergy and to encourage caring, acceptance and inclusion of children with food allergies. (Curriculum resources are available: allergyfacts.org.au/allergymanagement/schooling-childcare/school-resources)</p> <p>◁ Provide age-appropriate education of children with allergies and their peers to manage risks in the service. This may include signs and symptoms of an allergic reaction, what to do if their friend is having an allergic reaction, not sharing food, drinking from their own water bottle, washing their hands after they have eaten something another child is allergic to.</p> <p>◁ Complete an incident report should a child require emergency medical treatment</p>
Families	<p>◁ Informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition.</p> <p>◁ Developing a Risk Minimisation Plan with the Nominated Supervisor and/or other relevant staff members at the service.</p>



	<p>◁ Providing a Medical Management Plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This Medical Management Plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs.</p>
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13. Links to Relevant Standards and Frameworks

National Quality Standards		
QA2	2.1	Each child's health and physical activity is supported and promoted.
QA6	6.1.2	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.
	6.2.1	Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.
	6.2.2	Effective partnerships support children's access, inclusion and participation in the program.

EYLF V2.0	
LO3	Children are aware of and develop strategies to support their own mental and physical health and personal safety

	Child safe standards.
Standard 1	Child safety is embedded in organisational culture
Standard 2	Children participate in decisions affecting them and are taken



	seriously
Standard 3	Families and communities are informed and involved
Standard 4	Equity is upheld and diverse needs are taken into account.
Standard 5	People working with children are suitable and supported
Standard 7	Staff are equipped with knowledge, skills and awareness to keep children safe through continual education and training
Standard 9	Implementation of the Child Safe Standards is continually reviewed improved
Standard 10	Policies and procedures document how the organisation is child safe.

14. Links to Regulations, Law and Legislation

Education and Care Services National Regulations (2011):90, 91, 92, 93, 94, 95, 96

Education and Care Services National Law Act 2010: Section 167 173

Health Records Act 2012

15. Sources

- Education and Care Services National Regulations 2011
 - National Quality Standard
 - Asthma Australia
 - The National Asthma Council Australia
 - Australasian Society of Clinical Immunology and Allergy
 - Diabetes Australia
 - Allergy and Anaphylaxis Australia
 - HealthDirect
 - Westmead Children's Hospital –fact sheets
 - Staying Healthy in Child Care 6th Edition, National Health and Medical Research Council
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16. Review

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every 24 months.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

17. Version Control Table

Version Control	Date Released	Next review	Approved By	Amendment
	March 2018	March 2020	Tricia Brown	
	May 2020	May 2022	Tricia Brown	Sources and standards updated New formatting/ headings



				links to updated Action Plan templates
	April 2022	April 2024	Tricia Brown	Made changes to parent communication form <i>attachment 2</i> Added form of written communication for parents.
	Sept 24	Sept 26	Alison Donkin	Up dated resources Added roles and responsibilities update with child safe standards. Update wording