

2.24 MANAGING MEDICAL CONDITIONS

Purpose Statement

Windermere's Family Day Care (FDC) is committed to protecting the health, safety and wellbeing of all children in receipt of services. This commitment is underpinned by our legislative obligations, as outlined in the National Regulations, to have a Medical Conditions policy that sets out practices for managing medical conditions including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis.

This procedure aims to ensure that children diagnosed with a medical condition are supported to have their medical needs met. This will be achieved by providing clear guidelines to all educators and staff in relation to the management of medical conditions. Where a child is diagnosed with a medical condition, and this is declared at enrolment/assessment, Windermere will ensure that there is a Management Plan in place as well as a Risk Minimisation Plan.

Scope

This policy applies to all salaried full time and part time staff (including casuals), educators, contractors, children and families.

Definitions

Medical Condition: any condition that has been diagnosed by a registered medical practitioner, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis.

Asthma: a respiratory disorder, usually of allergic origin, characterised by wheezing.

Anaphylaxis: a severe, rapidly progressive allergic reaction that is potentially life threatening.

Diabetes: a group of metabolic diseases in which the person has high blood glucose (blood sugar), either because insulin production is inadequate, or because the body's cells do not respond properly to insulin, or both.

Management Plan: a plan that details management of a diagnosed medical condition. The medical management plan is to include:

- a. Details of the specific health care need, allergy or relevant medical condition including the severity of the condition
- b. Any current medication prescribed for the child
- c. The response required from the service in relation to the emergence of symptoms
- d. Any medication required to be administered in an emergency
- e. The response required if the child does not respond to initial treatment
- f. When to call an ambulance for assistance.

Best practice is that the child's registered medical practitioner is consulted by parents in the development of the medical management plan and that the advice from the medical practitioner is documented in the medical management plan.

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Risk Minimisation Plan: a plan developed in consultation with the parents of a child that details:

- a. The risks relating to the child's specific health care need, allergy or relevant medical condition and strategies to mitigate these risks
- b. Practices and procedures in relation to food safety (i.e. handling, preparation, consumption and serving of food)
- c. Processes for notifying parents of any known allergens that pose a risk to a child and strategies for minimising the risk
- d. Processes for identifying children with a diagnosed medical condition, the child's medical management plan and the location of the child's medication.
- e. Practices and procedures for denying access to service where child attends without their relevant medications (if relevant).

Communication Plan: a plan that sets out how:

- a. Staff are informed about the Managing Medical Conditions policy; and the medical management and risk minimisation plans for the child; and
- b. Parents can communicate any changes to the medical management plan and risk minimisation plan for the child.

Policy Statement

TO PROVIDE A SAFE AND HEALTHY ENVIRONMENT TO CHILDREN, THEIR FAMILIES, EDUCATORS AND STAFF WHILST DELIVERING EDUCATION AND CARE SERVICES.

Procedures

General

- 1. Wherever service related activities involve the consumption of food, educators and Windermere staff will take every reasonable precaution to protect participants from harm or injury (i.e. allergic reaction).
- Educators will supply and maintain a suitably equipped First Aid Kit at their home. This Kit will contain reliever medication and a spacer along with other recommended First Aid supplies and/or equipment.
- 3. Windermere will monitor ALL educators and staff working in Family Day Care to ensure they undertake:
 - a. annual training¹ in the administration of an adrenaline auto-injection device.
 - b. annual CPR 'update' training.
 - c. training in first aid and anaphylaxis management completed every 3 years².

² Children's Services Regulations r. 63

¹ Children's Services Regulations r. 65



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This is relevant to all educators irrespective of whether or not they have a child diagnosed at risk of anaphylaxis attending their service.

Records of training will be kept on all educator and staff records.

- 4. All parents/guardians seeking to enrol their child in FDC will be required to provide evidence that the child is:
 - a. fully immunised for their age OR
 - b. on a vaccination catch-up program OR
 - c. unable to be fully immunised for medical reasons.

Procedures – At Enrolment or at Onset of Diagnosis

Parents, educators and Windermere staff have a number of obligations in order to protect the health and wellbeing of children diagnosed with a medical condition. These obligations must be fulfilled before care commences. These obligations are:

PARENT OBLIGATIONS	STAFF & EDUCATOR OBLIGATIONS
On enrolment complete all sections of the enrolment form, including immunisation status and details regarding diagnosed medical conditions.	To ensure that all sections of the enrolment form/assessment record are completed prior to care commencing.
NOTE: evidence of immunisation status must be provided in order for children to enrol with FDC Services	
On enrolment if a diagnosed medical condition is notified to the service a relevant action plan is to be completed, signed by a treating Doctor and returned to the enrolments team before care can commence.	To provide parents with a copy of the Medical Conditions Procedure (where relevant).
	Windermere staff to provide a copy of the relevant action plan to families, if required.
	To ensure that a child with a medical condition does not commence until a copy of the Medical Action Plan, Risk Minimisation Plan and Communication Plan is attached to the child's Enrolment.
	To collaborate with parents who have indicated that their child has a diagnosed medical condition to develop a Communication Plan and a Risk Minimisation Plan
	Educators to familiarise themselves with the Action Plan, Communication Plan and a Risk Minimisation Plan.

• Educators are to liaise with the Coordination Unit to

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• To display Management Plan in the FDC

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	ensure an understanding and awareness of the practices relating to the management of stated medical conditions.
	 To ensure that a copy of the Action Plan, Risk Minimisation Plan and Communication Plan is attached to the child's Enrolment form prior to the child's commencement at the service.
	To display Management Plan in the FDC environment.
If a medical condition diagnosis is received after initial enrolment, at onset of diagnosis, update relevant sections of the enrolment form with the Windermere enrolments team.	To ensure that all records are updated on children's files at the Coordination Unit and educators services
If a medical condition diagnosis is received after initial enrolment, at onset of diagnosis, provide the service with a Medical Action Plan signed by a treating Doctor.	 To provide parents with a copy of the Medical Conditions Procedure (where relevant). Windermere staff to provide a copy of the relevant action plan to families, if required.
	To collaborate with parents who have indicated that their child has a diagnosed medical condition to develop a Communication Plan and a Risk Minimisation Plan
	Educators to familiarise themselves with the Action Plan Communication Plan and a Risk Minimisation Plan.
	Educators are to liaise with the Coordination Unit to ensure an understanding and awareness of the practices relating to the management of stated medical conditions.
	To ensure that a copy of the Action Plan, Risk Minimisation Plan and Communication Plan is attached to the child's Enrolment form as soon as practical.

environment.

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NOTE: A child with a diagnosed medical condition can not attend a Family Day Care service if the above obligations have not been met.

Procedures - Daily Management Requirements

- 1. Record any relevant information relating to the child's health and wellbeing and communicate this with families.
- 2. Securely store any medication, equipment, food or supplies related to the management of the medical condition in a location where the child spends most of his/her time. The location must be easily accessible (not locked away) to adults, inaccessible to children and away from direct sources of heat.³
- 3. Ensure all medication is within use by dates at all times, notify families when new medication is required a month in advance to ensure ongoing health and safety for the child.
- 4. Notifying parents of any known allergens which pose a risk to the child.
- 5. Developing and implementing strategies to minimise the risk of known allergens. These strategies are to be noted in the Management and Risk Minimisation Plans and in the Communication Plan.
- 6. Follow the child's Management and Risk Minimisation Plan.
- 7. Contact parents/guardians to determine the best course of action should questions arise which are a variation to the Risk Minimisation Plan.
- 8. Recording any action taken to manage a medical condition throughout the child's day in a medication form.
- 9. Completing an Incident Report in the event of an incident occurring that relates to a medical condition or allergic reaction (refer to *Incident Reporting* procedure). Educators are reminded that they are required under law to report serious incidents to Windermere. Windermere is then required to forward this report to the relevant DET QARD Area Team in accordance with relevant regulatory requirements.

Procedures – Ongoing Communication about a Child's Medical Condition

- 1. Parents will inform educator/s of any changes to the management of the child's medical condition.
- 2. The Risk Minimisation and Communication Plan will be reviewed according to:
 - a. the review date on the Action Plan OR
 - b. a minimum of 12 months OR
 - c. as deemed required by the coordination unit or educator OR
 - d. as deemed required in consultation with the child's Doctor or appropriate health care professional
- e. Parents/guardians are required to put in writing any changes to the Action Plan and Risk Minimisation Plan, in consultation with their child's Doctor or appropriate health care professional.

³ Children's Services Regulations r. 84 (3) & r. 85 (4)

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Relevant Standards/Legislation

- National Quality Framework for Early Childhood Education and Care Services including:
 - o Education and Care Services National Law 2011
 - o Education and Care Services National Regulations 2011
- Occupational Health & Safety Act 2004

Related Policies & Links

- Enrolment procedure
- Incident Reporting procedure

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