Early Years Policy – Dealing with Medical Conditions

Attachment 1 - Risk Management and Communication Plan Guidelines

* When developing a risk minimisation plan ensure:
  + that risks relating to the child’s specific health care needs, allergy or relevant medical condition are assessed and minimised;
  + if relevant, policies and procedures in relation to safe handling, preparation, consumption, and service of food, are developed and implemented;
  + if relevant, policies and procedures to ensure parents are notified of any known allergens posing a risk to a child, and strategies for minimising risks, are developed and implemented;
  + policies and procedures ensuring all early childhood teachers/educators/staff members and volunteers can identify the child, the child’s medical management plan, and the locations of the child’s medication, are developed and implemented;
  + if relevant, policies and procedures to ensure 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.
* When developing a communication plan ensure:
  + Early childhood teachers/educators/staff members and volunteers are informed about the Early Years Policy – Dealing With Medical Conditions, and the medical management plans, and risk minimisation plans for the child;
  + Early childhood teachers/educators/staff members must sign the child’s risk minimisation and communication plan to indicate they understand the triggers, allergens and risk involved;
  + the child’s parents/guardians can communicate any changes to the medical management plan, and risk minimisation plan for the child, and set out how that communication can occur;
  + parents/guardians are advised when a medical management plan has been implemented in response to a child’s medical condition;
  + the medication and incident, injury, illness and trauma records are completed as soon as practicable after a medical management plan has been implemented and medication was administered;
  + the nominated supervisor is notified when a medical action plan has been implemented;
  + parents/guardians provide permission for their child’s medical management plan (with photo), allergens, food restrictions, condition triggers, and any other relevant information, to be displayed in the service. Dated, handwritten permission should be recorded on the back of the child’s plan, and the relevant sections in the Acknowledgments and Consents Form as part the Confidentiality and Privacy Policy
  + all relevant children’s medical management plans (with photo), allergens, food restrictions, condition triggers, and any other relevant information, are displayed and visible to all early childhood teachers/educators/staff and volunteers at the service;
  + relief early childhood teachers/educators and staff are informed of the children who have current medical management plans and shown the location of these plans and medication that has been prescribed for use.
* Ensure that all medications prescribed for children with medical management plans are:
  + stored in a location that is known and easily accessible to all staff;
  + stored with a copy of the medical management plan;
  + not locked away;
  + inaccessible to children; and
  + away from a direct source of heat.
* Ensure all early childhood teachers/educators, including relief staff, have knowledge of the regular medications and method of administration of these for all children with medical management plans. These may include, but is not limited to, asthma puffers, spacers, and adrenaline auto injection devices such as EpiPen®.
* Early childhood teachers/educators, regardless of whether they have a child diagnosed at risk of anaphylaxis, are to complete training in the administration of the auto injection device, asthma and CPR every 12 months, and record this in the staff records.
* Early childhood teachers/educators are also required to undertake quarterly practice with an auto injection device trainer, and record this in the staff records. If a child is enrolled with anaphylaxis at the service, all early childhood teachers/educators at the service must undertake quarterly practice with an adrenaline auto injection device.
* Display a list of children with medical conditions, including known triggers or allergens, doctor’s contact details, and emergency contact details. This list also needs to be included in the Evacuation Backpacks.
* Maximise, in consultation with the parents, the health and safety of their child through supervised management of the child’s medical condition.
* Promptly communicate to parents/guardians any concerns, should it be considered that a child’s medical condition is impacting on their ability to participate fully in all activities.
* Implement the Protection from Allergen procedures to support children’s health and safety.