

Early Learning Centre

Dealing with Medical Conditions Policy



Rationale

Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening. Our College is committed to ensuring the safety and well-being of all children as well as ensuring our educators and staff are equipped with the knowledge and skills to manage situations and medical conditions with the highest of care. Providing information to families about medical conditions and the management of the condition is a priority.

Aim

To effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the school to ensure the safety and well-being of children, educators and visitors. To ensure staff have the knowledge, skills and training on managing medical conditions.

Implementation

The College will adhere to privacy and confidentiality procedures when dealing with individual health needs. When a Medical Management Plan, also known as a Health Care Plan, has been completed for a child, the College will ensure educators and staff are aware of any individual medical conditions and have the appropriate knowledge, skills and training to manage the medical conditions with high care. Heads of schools and/or class teachers will be responsible for raising any concerns with a child's parents or guardians about any suspected medical condition that arises. A copy of the *Medical Conditions Policy* will be available for parents to read and regular communication to monitor the care of individuals will be a priority. Developing a Risk Minimisation Plan and Communication Plan in consultation with parents will be essential where a child has been identified as having a medical condition prior to the child starting Preschool. Any medication administered will be recorded in accordance with the *Medication Policy* and regulations. Students attending Preschool will not be allowed to self-administer any medication themselves.

Information that must be provided on or with the Enrolment form:

The Enrolment form provides an opportunity for parents to help the school effectively meet their child's needs relating to any medical condition.

The following information must be completed on the Enrolment Form and kept on file at the school if a child has any of the following medical conditions;

- Asthma
- Diabetes
- Allergies
- Anaphylaxis
- Any other specific medical condition

Once it has been identified that a child has a medical condition, Parents will be responsible for providing a Medical Management Plan (Health Care Plan) for their child. A copy of the *Medical Conditions Policy* will be read to the family and a Risk Minimisation Plan and Communication Plan will be developed through consultation with families prior to the child starting Preschool.

Identifying Children with Medical Conditions

- Any information relating to the above medical conditions will be shared with the Nominated Supervisor, educators and staff at the service.
- A Communication Plan will be developed to ensure all information regarding a child's medical condition is up to date and shared between families and relevant staff as a continual process.
- Information relating to a child's medical condition, including the Medical Management Plan, Risk Minimisation Plan and the location of medication will be shared with all relevant educators and staff and displayed in the Educators office of the ELC.
- The child's Medical Management Plan must be followed in the event of an incident related to a child's specific medical conditions requirements.
- All educators and staff must be able to identify a child with a medical condition easily and access their medication promptly.
- All information relating to individual medical conditions must be regularly updated and communicated to staff.
- All medication records must be kept until the end of three years after the child's last attendance.

Medical Conditions Risk Minimisation Plan

Using a child's Medical Management Plan, the school will develop a Risk Minimisation Plan in consultation with a child's family.

The Risk Minimisation Plan must ensure that;

- Any risks are addressed and minimised.
- Practices and procedures in relation to safe food handling, preparation, consumption and service of food are developed and implemented, if required.
- Any allergens that may be present at the school are communicated to parents and addressed through the Risk Minimisation Plan.
- Practices and procedures ensuring staff identify the child and locate the child's Medical Management Plan and medication are developed and implemented.
- Practices and procedures are in place where a child does not attend Preschool/Excursions without their prescribed medication for their medical condition.
- Staff are adequately trained in the procedures of the Medical Management Plan.
- Inform other families at the service of the need to prohibit any items which may present as a hazard to children with a diagnosed medical condition.
- Once completed, the Risk Minimisation Plan will be forwarded to the school OWSH Representative, who will assess the risk and proceed with action to ensure the child's ongoing safety.
- Ongoing communication with families regarding the child's health and safety will be a priority through the Communication Plan.

Please refer to *Communication Plan* and *Medical Condition Risk Minimisation Plan* in Appendix.

Relevant Legislation

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011: 90, 91

Links to the National Quality Standards

- 2.1.1 Each child's health needs are supported.
 - 2.1.4 Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
 - 2.3 Each child is protected.
 - 2.3.2 Every reasonable precaution is taken to protect children from any hazard likely to cause injury.
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- 6.1 Respectful and supportive relationships with families are developed and maintained.
 - 6.1.1 There is an effective enrolment and orientation process for families.

Related Policies:

- Privacy Policy
- Enrolment Policy
- Incident, Injury, Trauma and Illness Policy
- Medication Policy
- Nut Policy

Created: June 2015	Reviewed:	Due for review: 2016
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Appendix 1: Medical Management Communication Plan

MEDICAL MANAGEMENT COMMUNICATION PLAN

Child's Name:		Teacher:	
Days Attending:		Date:	
Medical Condition or Allergy:			

1. Regular Medication Taken at Preschool

Medication	Method Used	How Much	When

2. Regular Medication Taken at Home

Medication	Method Used	How Much	When

When to Contact Parent/Guardian:	
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Procedure in the event of an attack:	
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Symptoms indicating an attack relating to the medical condition:	
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Action to be taken in the event of an attack/reaction:	
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Contact Details			
Parent Contact Name:		Home Phone:	
Mobile:		Work Phone:	
Other Contact Name:		Home Phone:	
Mobile:		Work Phone:	
Doctor's Name:		Phone:	

I will contact you in writing if there are any changes to this plan.

Signature of Parent/Guardian: _____ Date: _____

Appendix 2: Medical Condition Risk Minimisation Plan

MEDICAL CONDITION RISK MINIMISATION PLAN

Child's Name: _____ DOB: _____

Step 1: What is the hazard?	
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Step 2: What is the risk?	
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HAZARD IDENTIFICATION, EVALUATION and CONTROL ~Risk Management
RISK ANALYSIS MATRIX– Determination of Level of Risk

the probability of an incident occurring and severity of the likely injury.

HOW LIKELY IS IT THAT AN INJURY WILL OCCUR?	HOW SEVERE COULD THE INJURY BE?			
	CATASTROPHIC Death, and life shortening injury and disease	MAJOR Permanent injury requiring hospitalisation	MODERATE Non-permanent injury requiring medical attention	MINOR Minor first aid only
VERY LIKELY Could happen regularly or is expected to occur in most circumstances	1	1	2	2
LIKELY Could happen occasionally or will probably occur in most circumstances	1	2	3	3
UNLIKELY Could happen but only rarely	2	3	4	4
VERY UNLIKELY Could happen but not likely to; in exceptional circumstances only	2	3	4	5

The resultant level of risk is used to determine the priority with dealing with hazards and the risks.

Step 3: What can we do to protect everybody?	Suitable for a lesser risk	Yes	No
	Isolate the hazard from the person at risk	Yes	No
	Minimise the risk through engineering means	Yes	No
	Implement change through administrative means	Yes	No
	Use personal protection	Yes	No

Step 4: List the step by step procedure we need to make it safe?	

The risk assessment will use the following matrix to determine the level of risk by considering level of action required.

Risk Rating Matrix

Level	Description	Meaning	Action Required
1	EXTREME	Life threatening. Significant potential for major permanent injury and disease. Significant potential for non-permanent injury and disease.	The activity should cease immediately, until the risks are eliminate or minimised. The Principal must be informed, an extraordinary H&S Committee meeting called and a detail root cause analysis performed. Administrative controls or PPE are not sufficient to control this level of risk, even in the short term.
2	HIGH	Potential for major permanent injury and disease. Significant potential for non- permanent injury and disease.	Immediate action is required by Senior Management to mitigate the risk. Eliminate, substitute or implement engineering controls immediately. If this is not possible, an action plan must be developed and interim risk reduction strategies implemented eg administrative controls and PPE. For this level of risk the interim strategies should be implemented within 24 hours and the final action plan should be implemented within 3 - 6 months.
3	SIGNIFICANT	Minimal potential for permanent injury. Significant potential for non-permanent injury and disease.	Prompt action is required by Senior Management to mitigate the risk. Eliminate, substitute or implement engineering controls. If this is not possible, an action plan must be developed and interim risk reduction strategies implemented eg administrative controls and PPE. For this level of risk the interim strategies should be implemented within 2 weeks and the final action plan should be implemented within 12 months.
4	MODERATE	Minimal potential for non-permanent injury and disease.	Management to take reasonable steps, to mitigate the risks. Administrative controls and PPE may be used in the interim but an action plan should be developed to eliminate, substitute or implement engineering controls in the long term. Management to monitor interim measures until a permanent solution is implemented. For this level of risk the time frame for the final action plan should be based on the risks involved.
5	LOW	Negligible risk of injury.	Monitor & manage at operational level using routine procedures.