



Dealing with medical conditions in children procedure

Associated National Quality Standards	Education and Care Services National Law or Regulation	Associated department policy, procedure or guideline
2.1 2.2	Regulation 90 Regulation 91 Regulation 92 Regulation 93 Regulation 94 Regulation 95	Leading and operating department preschool guidelines Student health in NSW schools: A summary and consolidation of policy Allergy and Anaphylaxis Management within the Curriculum P-12
Pre-reading and reference documents		
Australasian Society of Clinical Immunology and Allergy (ASCIA) ASCIA Guidelines for the prevention of anaphylaxis in schools ASCIA Risk management strategies for schools, preschools and childcare services National Asthma Council Australia Epilepsy Australia Diabetes Australia		
Staff roles and responsibilities		
School principal	<p>The principal as Nominated Supervisor, Educational Leader and Responsible Person holds primary responsibility for the preschool.</p> <p>The principal is responsible for ensuring:</p> <ul style="list-style-type: none"> the preschool is compliant with legislative standards related to this procedure at all times all staff involved in the preschool are familiar with and implement this procedure all procedures are current and reviewed as part of a continuous 	

	cycle of self- assessment.
Preschool supervisor	<p>The preschool supervisor supports the principal in their role and is responsible for leading the review of this procedure through a process of self-assessment and critical reflection.</p> <ul style="list-style-type: none"> • analysing complaints, incidents or issues and what the implications are for the updates to this procedure • reflecting on how this procedure is informed by relevant recognised authorities • planning and discussing ways to engage with families and communities, including how changes are communicated • developing strategies to induct all staff when procedures are updated to ensure practice is embedded.)
Preschool educators	<p>The preschool educators are responsible for working with leadership to ensure:</p> <ul style="list-style-type: none"> • all staff in the preschool and daily practices comply with this procedure • storing this procedure in the preschool, and making it accessible to all staff, families, visitors and volunteers • being actively involved in the review of this procedure, as required, or at least annually • ensuring the details of this procedure's review are documented.
Procedure	
Individual health care plans	<ul style="list-style-type: none"> • The preschool enrolment form requires the parent or carer to document relevant medical information. <ul style="list-style-type: none"> - An educator meets with families prior to the child commencing preschool and discuss relevant medication information. • An individual health care plan will be developed for any child with a medical condition diagnosed by a registered medical practitioner. This may include, but is not exclusive to: <ul style="list-style-type: none"> ○ a child diagnosed with asthma, diabetes, epilepsy or a food or insect allergy ○ a child at risk of anaphylaxis ○ a child who requires the administration of health care procedures. ○ During the enrolment meetings educators and parents/carers review and discuss relevant information regarding the health care plan. The department of education templates are used

	<ul style="list-style-type: none"> • In addition, the following documentation will be developed and collated as an attachment to the health care plan: <ul style="list-style-type: none"> ○ The family must provide an emergency medical management or action plan for their child. This must be developed, dated and signed or stamped by a medical practitioner. If the child is at risk of anaphylaxis, this will generally be the <i>ASCIA Action Plan for Anaphylaxis (Red) 2020</i>. ○ A risk minimisation plan for the child must be developed in consultation with their family. This should include information related to potential triggers for the child and how risks will be minimised in the preschool environment. The parent or carer’s signature must be included on the plan as verification that they were consulted. ○ A communication plan must be developed to document: <ul style="list-style-type: none"> - how all staff and volunteers will be made aware of the child’s needs - that all staff are able to identify the child - that all staff are able to locate the child’s management plan and medication - how the family will inform the preschool of any changes in the child’s management, medication, or the risks identified on their risk minimisation plan - how preschool staff will communicate with the family - record any communication between the family and preschool around the child’s condition. ○ The family must be given a copy of this procedure and the <i>Student Health in NSW Public Schools: A summary and consolidation of policy</i> • The child cannot commence preschool until the family supplies their emergency medication.
<p style="text-align: center;">Asthma</p>	<ul style="list-style-type: none"> • Asthma is a medical condition that affects the airways. From time to time, people with asthma find it harder to breathe in and out, because the airways in their lungs become narrower. • In developing the risk management plan for children with asthma, triggers that will be considered are smoke, colds and flu, exercise and allergens in the air. The plan will note how the child’s relevant triggers will be minimised in the preschool environment. • The most common symptoms of asthma are: <ul style="list-style-type: none"> ○ wheezing – a high-pitched sound coming from the chest while breathing ○ a feeling of not being able to get enough air or being short of breath ○ a feeling of tightness in the chest ○ coughing.

	<ul style="list-style-type: none"> • If a child known to suffer asthma has a flare – up, their emergency action plan will be applied. • If a child not known to have asthma has a flare – up, the preschool's general use reliever medication will be administered, following The Asthma Care Plan for Education and Care Services. Parent / carer authorisation is not required for this.
<p>Diabetes</p>	<ul style="list-style-type: none"> • Diabetes is a serious complex condition which can affect the entire body, requiring daily self - care. When someone has diabetes, their body can't maintain healthy levels of glucose in the blood. • The signs and symptoms of low blood sugar include the child presenting pale, hungry, sweating, weak, confused and/or aggressive. • The signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath. • How a child's diabetes will be managed and supported at preschool will depend on the type of diabetes they have. An extensive health care plan, including an emergency action plan, will be in place before they commence preschool.
<p>Epilepsy</p>	<ul style="list-style-type: none"> • Epilepsy is a disorder of brain function that takes the form of recurring convulsive or non-convulsive seizures. • Seizures can be subtle, causing momentary lapses of consciousness, or more obvious, causing sudden loss of body control. • If a child known to suffer epilepsy has a seizure, apply their individual emergency management plan. • If a child not know to suffer epilepsy suffers a seizure, follow the instructions on the Epilepsy Australia seizure first aid poster
<p>Anaphylaxis</p>	<ul style="list-style-type: none"> • Anaphylaxis is a severe, life-threatening allergic reaction and is a medical emergency. If a child is considered as suffering from anaphylaxis, an ambulance will be called immediately. • Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis. • Signs of mild or moderate allergic reaction are swelling of the lips, face, eyes, a tingling mouth, hives or welts, abdominal pain or vomiting. • Signs of a severe allergic reaction (anaphylaxis) are difficult/noisy breathing, swelling of tongue, swelling / tightness in throat, wheeze or persistent cough, difficulty talking and/or hoarse voice, persistent dizziness or collapse, pale and floppy. • If a preschool child known to be at risk of anaphylaxis suffers anaphylaxis, their emergency action plan will be applied, and their emergency medication administered. • If a child not known to be at risk of anaphylaxis, is suffering

	<p>anaphylaxis, the preschool's general - use EpiPen Junior will be administered, following the instructions on the ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2020 EpiPen. Parent / carer authorisation is not required for this.</p>
<p>Administration of medication</p>	<ul style="list-style-type: none"> • Before administering medication to a child, a staff member will have completed the department's <i>Administration of Medication in Schools e-Safety e-Learning course</i>. • On arrival at preschool, the parent or carer hands the child's medication to a staff member for safe storage. • All non-emergency medication is stored in a locked cupboard, or locked container in the refrigerator, out of reach of children. • Medication will only be given to a child if it is in its original packaging or container with a pharmacy label stating the child's name, dosage instructions and a non-expired use-by date. • The parent or carer completes the first section of the medication record, documenting dosage and administration details and authorising the medication to be administered to their child. • When a staff member administers medication to a child, they record the details on the medication record, with another member of staff witnessing that the medication was administered as prescribed. This is to be made available to the family for verification when they collect their child. <ul style="list-style-type: none"> - Located in a folder in preschool office • The expiry dates of children's individual medication kept in the preschool will be monitored regularly and families asked to replace them before they expire. <ul style="list-style-type: none"> -There is a section in the daily safety check to remind educators to review the medication.
<p>Emergency medication</p>	<ul style="list-style-type: none"> • Emergency medications (EpiPen Jnr., Ventolin) are inaccessible to children, but not locked away so they are readily available if needed. <ul style="list-style-type: none"> -EpiPen's are located on the kitchen cupboard. Asthma puffer is located on top of the white medication cupboard. • Individual emergency medication will be stored with a copy of the child's emergency management plan. • In any medical emergency an ambulance will be called immediately. <ul style="list-style-type: none"> - An educator will need to have access to a phone to call 000 - The second educator will call 7011 (broad cast number) and or contact the office to get assistance. • In an anaphylaxis or asthma emergency situation, preschool educators will administer emergency medication (EpiPen Jr or Ventolin) to a child who requires it. Parent / carer authorisation is not required for this.

	<ul style="list-style-type: none"> • If emergency medication is administered: <ul style="list-style-type: none"> ○ an ambulance will be called ○ the principal will be notified ○ the child's parent or carer will be notified ○ a notification will be made to Early Learning (phone 1300 083 698) within 24 hours.
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Record of procedure's review

Date of review and who was involved

June 2021 Chelsea Stanton, Claire Callinan, Jen Mitchell

Key changes made and reason/s why

Record of communication of significant changes to relevant stakeholders

Date of review and who was involved

August 2022 Claire Callinan, Jen Mitchell

Key changes made and reason/s why

Record of communication of significant changes to relevant stakeholders