LINDFIELD MONTESSORI
Education for Life

2.37 MEDICAL CONDITIONS

INTRODUCTION

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 school is committed to a planned approach to the management of medical conditions to ensure the safety and wellbeing of all children at this school.

Lindfield Montessori School is also committed to ensuring educators and staff are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are considered at all times. Providing families with information about medical conditions and the management of conditions is a key priority.

POLICY STATEMENT

This policy aims 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 act in the best interests of the children in their care are at all times; meet the children's individual health care needs and maintain continuity of medication for their children when the need arises.
- 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 a collaboration with families of children with diagnosed medical conditions to develop a Risk Minimisation Plan for their child.
- All staff, including causal 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 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 diagnosed with 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.

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GOALS / PURPOSE

Clear procedures are required to support the health, wellbeing and inclusion of all children enrolled at Lindfield Montessori.

Lindfield Montessori's practices support the enrolment of children and families with specific healthcare requirements. Medical conditions include, but are not limited to asthma, diabetes, or a diagnosis that a child is at risk of anaphylaxis. In many cases, if not managed properly, these can be life threatening.

STRATEGIES

Enrolment of Children into the School

- On application for enrolment, families will be required to complete full details about their child's medical needs. We will assess whether educators are appropriately trained to manage the child's health considerations at that time.

- When children require medication or have specific health care needs for conditions, the child's doctor or allied health professional and parent/guardian must complete a **Medical Management Plan**. Such a plan will detail the child's health support needs including administration of medication and other actions required to manage the child's condition (this can be an ASCIA Plan).

- The Nominated Supervisor will also consult with the child's family to develop a Risk Minimisation and Communication Plan. This plan will assess the risks relating to the child's specific health care needs, allergy, or medical condition; any requirements for safe handling, preparation, and consumption of food; notification procedures that inform other families about allergens that pose a risk, procedures for ensuring educators/students/volunteers can identify the child, and their medication. This will also detail how families will inform educators about specific requirements for child(ren) regarding medical conditions, and how educators will communicate to families, and any intervention taken in relation to their child's medical condition.

- Children with specific medical needs must be reassessed regarding the child's needs, and our service's continuing ability to manage the child's health considerations, on a regular basis, depending on the child's medical condition.

- If a child's medical, physical emotional or cognitive state changes, the family will need to complete a new Medical Management Plan and our service will re-assess its ability to care for the child, including whether educators are appropriately trained to manage the child's ongoing specific needs.

- Staff will help children with medical conditions feel safe while they are at Lindfield Montessori by:
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    - Talking to the child about signs and symptoms of their condition so they learn to talk about and tell staff when they are experiencing symptoms.
    - Taking the child's and their parent's/guardians concerns seriously.
    - Making every effort to address any concerns/worries they may want to talk about.

- New, relief and casual staff will be given information about the child's condition during the orientation process before the child is in their care.

Administration of Prescribed Medication

- Prescribed medication, authorised medication and medical procedures for children can only be administered by an educator to a child:
    - With written authorisation from the parent/guardian as authorised to consent to administration of medication (R, 92[3][b]).
    - With two educators in attendance. One educator will be responsible for the administration and the other will witness the procedure.
    - If the prescribed medication is in its original container bearing the child's name, dose, and frequency of administration, as provided by the pharmacist or medical practitioner.

- Prescribed medication will be placed in a secure location easily accessible to staff and stored at a temperature in accordance with instructions. In the case of prescribed adrenaline injectors, they will not be locked away but will be stored where they are not available to children.

- Medication, including emergency medication, and Medical Management Plans will be taken whenever the child goes to off-site activities.

- Medication will be checked at least quarterly to ensure it has not expired and does not need replacing. Staff will inform the parents/guardians if medication needs to be replaced.

- Lindfield Montessori School acknowledges Education and Care Services National Regulation 90 (2) regarding self-administration of medication by children over preschool age. This applies to very few of the cohort at Lindfield Montessori. In consideration of this, and the skills of children of this age group, Lindfield Montessori does not allow self-administration of medication.

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Medical Management Plans

Medical Management Plans are required if a child enrolled at our Service has a specific health care need, allergy, or relevant medical condition. This involves:

- Requiring a parent of the child to provide a Medical Management Plan for the child. This Plan must include a current photo of the child and must clearly outline procedures to be followed by the staff in the event of an incident relating to the child's specific health care needs. The plan needs to be prepared and signed by a registered medical practitioner.

- Requiring the Medical Management Plan to be followed in the event of an incident relating to the child's specific health care need, allergy, or relevant medical condition.

- Reviewing the plan at least annually in consultation with the child's parent/guardian to make sure information is up to date and strategies to reduce risk remain age appropriate.

It will also be reviewed when a child's allergies change or after exposure to a known allergen while attending the service or before any special activities (such as off-site activities) to make sure information is up to date and correct, and any new procedures for the special activity are included.

Risk Minimisation and Communication Plans

Risk Minimisation and Communication Plans 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 ensure 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 all staff members and volunteers can identify the child, the child's Medical Management Plan, and the location of the child's medication.

- 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.

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Communication Strategies

- Our service will maintain the review and development of communication strategies to ensure that:

    - Relevant staff members and volunteers are informed about the medical conditions policy and the Medical Management Plan and Risk Minimisation Plan for the child.
    - A child's parent can communicate any changes to the Medical Management Plan and Risk Minimisation Plan for the child, setting out how that communication can occur.
    - Families and educators communicate regarding the child's/children's changing requirements and any intervention undertaken by the educators.
    - Personal information given by parents/guardians is collected, used, shared as needed, stored, and destroyed (when no longer needed) according to the relevant Privacy Act in that state.
    - The service receives written permission from the parents before the child's action plan is displayed in public areas.

ASTHMA

Asthma is a long-term lung condition which can be controlled but cannot currently be cured. People with asthma have sensitive airways. These airways are more likely to react to triggers.

The lining of the airways is thicker and inflamed. When a person with asthma has an asthma flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow, and there is more mucus. This makes it hard to breathe.

An asthma flare-up can come on slowly (over hours, days or even weeks) or very quickly (over minutes). A sudden or severe asthma flare-up is sometimes called an asthma attack. Any person with asthma can have an asthma flare-up. The good news is, for most people, asthma can be well-controlled by following a daily management plan. People with well-controlled asthma have irregular asthma symptoms and very few flare-ups. This means that people with asthma can live healthy, active lives.

- Whenever a child with asthma is enrolled at Lindfield Montessori, or newly diagnosed as having asthma, communication strategies will be developed to inform all relevant educators, including students and volunteers of:
    - The child's name
    - Where the child's medical management plan is located
    - Where the child's preventer/reliever medication will be stored
    - Which educators will be responsible for administering treatment

- Asthma reliever medications will be stored out of reach of children, in an easily accessible central location.

- Reliever medications together with a spacer will be included in our service's First Aid Kit in case of an emergency situation where a child does not have their own reliever medication with them.

- Asthma Australia (along with other registered training organisations) provides training in Emergency Asthma Management (EAM) which instructs on all aspects of asthma management and administration of asthma reliever medications. Educators who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care, will attend, or have attended, an EAM course. It is a requirement that at least one Educator or other person that is trained in EAM is always at the service children are present.

- Asthma Australia produces recommended guidelines on asthma management within the childcare setting, including an Asthma Care Plan for education and care services.

Asthma Emergencies

In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian or the child's registered medical practitioner will be contacted as soon as possible.

The National Asthma Council (NAC), recommends that should a child not known to have asthma appear to be in severe respiratory distress, the First Asthma First Aid plan should be followed immediately. The following steps are recommended:

- If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma:
  - Give 4 puffs of a reliever medication and repeat if no improvement.
  - Keep giving 4 puffs every 4 minutes until the ambulance arrives.
  - No harm is likely to result from giving reliever medication to someone who does not have asthma.

  In the event of anaphylactic emergency and breathing difficulties, an adrenaline auto-injector must be administered first, then reliever medication.

ANAPHYLAXIS

- Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. 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.

  It is important to know the signs and symptoms of Anaphylaxis. Symptoms of anaphylaxis are potentially life threatening and include any one of the following:

  - Difficult/noisy breathing
  - Swelling of the tongue
  - Swelling/tightness in the throat
  - Difficulty talking and/or hoarse voice
  - Wheeze or persistent cough
  - Persistent dizziness and/or collapse
  - Pale and floppy (in young children)

- In some cases, anaphylaxis is preceded by less dangerous allergic symptoms such as:
  - Swelling of the face, lips or eyes
  - Hives or welts
  - Abdominal pain or vomiting (these are signs of anaphylaxis for insert allergies)

- Several factors can influence the severity of an allergic reaction. These include exercise, heat, alcohol, and in food allergic people, the amount of food eaten and how it is prepared.

- Whenever a child with severe allergies is enrolled at Lindfield Montessori, or is newly diagnosed as having a severe allergy, a Risk Assessment and Communication Plan will be developed to inform all relevant educators, including students and volunteers, of:

  - The child's name
  - Where the child's Medical Management Plan will be located
  - Where the child's auto-injector is located
  - Which educators/staff will be responsible for administering the adrenaline auto-injector

- In accordance with the Education and Care Services National Regulations, Lindfield Montessori will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service. A notice will be posted on the in the office and on the wall of the classroom. The notice will advise which foods (if any) are allergens and the Service will assess whether these foods can be brought in.

- It is required that the child at risk of allergic reactions will have a Medical Management Plan. The ASCIA Action Plan is designed to meet the requirements of a Medical Management Plan. Educators will become familiar with the child's plan and develop an individual anaphylaxis Risk Minimisation and Communication Plan for the child in

- consultation with the child's parents/guardians and appropriate health professionals.

- Within the plan, the communication strategy will be developed with parents/guardians to ensure any changes to aa child's health care needs are discussed and the health care plan updated as required.

- Children prescribed with an adrenaline injector will be required to make one device available to the service while in the care of the service. Parents/guardians are responsible for supplying the adrenaline injector and making sure it has not expired.

- All staff will be trained in the prevention, recognition, and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice. ASCIA anaphylaxis e- training for services will be undertaken at least every 2 years.

- All staff will undertake ASCIA anaphylaxis refresher e-training twice yearly *(etraining.allergy.org.au/course/index.php?categoryid=3). This service will have adrenaline injector trainer devices available to allow staff to have hands on practise with the devices during training and refresher training.*

- Staff involved in the preparing, serving, and supervising of meals will undertake the *National Allergy Strategy all about Allergens for Children's Education and Care* food allergen management training for food service at least every two years *(refer to foodallergytraining.org.au).*

- A staff training register will be kept. *(we need to ensure that each staff member is updating their professional development spreadsheet as they complete a course).*

Anaphylaxis Emergencies

- Adrenaline (epinephrine) given through an adrenaline injector (Epipen or Anapen) into the muscle of the outer mid-thigh is the first line emergency treatment for anaphylaxis.

- In the case of an anaphylaxis 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.

- For anaphylaxis emergencies, educators will follow the Child's Action Plan. The general use adrenaline injector can be used if the child does not have their prescribed adrenaline injector, if their device is no administered correctly, if the child requires a second dose or of a child does not have a prescribed device.

- Educators/staff administering the adrenaline will follow the instructions stored within the device. An ambulance will always be called. The used auto-injector will be given to ambulance officers on their arrival.

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- A process will be in place to regularly check (quarterly) that general use of adrenaline injectors have not expired. General use adrenaline injectors will be replaced before they expire.

- A child (or staff member/visitor) with no history of anaphylaxis may have their first anaphylaxis while at the service. If the service staff think that a child/staff member/visitor may be having anaphylaxis, the general use adrenaline injector should be given to the individual immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance.

- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to 2 hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.
    - Where it is known that a child has been exposed to whatever they are allergic to, but has not developed symptoms, the child's parents/guardians will be contacted and asked to come and collect their child.
    - The Service will carefully monitor the child following instructions on the ASCIA Plan until the parents/guardians arrive.
    - Staff should be prepared to take immediate action, following instructions on the ASIC Plan should the child begin to develop allergic symptoms.

- Anaphylaxis emergency drills (like a fire drill) will be practiced and assessed twice a year to make sure staff understand the anaphylaxis emergency procedure and know what to do.

- After an allergic reaction/anaphylaxis, the individualised anaphylaxis management plan will be reviewed to determine if the service's risk minimisation strategies and emergency response procedures need to be changed/improved.

DIABETES

- Whenever a child with diabetes is enrolled at Lindfield Montessori, or is newly diagnosed as having diabetes, a communication plan will be developed to inform all relevant educators, including students and volunteers, of:
    - The child's name
    - The child's Risk Minimisation Plan
    - Where the child's Emergency Action Plan will be located
    - Where the child's insulin/snack box etc will be stored
    - Which educators will be responsible for administering treatment.

- Educators will be aware of the signs and symptoms of low blood sugar including the child presenting pale, hungry, sweating, weak, confused and/or aggressive. Signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath.

- Management of diabetes in children at our service will be supported by the child having in place an Emergency Action Plan which includes:
  - Administration of insulin, if needed – information on how to give insulin to a child, how much insulin to give, and how to store the insulin. Insulin may be delivered as a shot, an insulin pen, or via an insulin pump.
  - Oral medicine – children may be prescribed with oral medication.
  - Meals and snacks – including permission to eat a snack anytime the child needs it.
  - Blood sugar testing – information on how often and when a child's blood sugar may need to be tested by educators.
  - Symptoms of low and high blood sugar – one child's symptoms of low or high blood sugar may be different to another. The child's Action Plan should detail the child's symptoms of low or high blood sugar and how to treat it. For high blood sugar, low blood sugar, and/or hypoglycaemia, educators will follow the child's Emergency Action Plan.

ROLES AND RESPONSIBILITIES

Approved Provider

- Ensuring the development of a Communication Plan and encouraging ongoing communication between parents/guardians and educators/staff regarding the status of the child's specific health care nee, 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 Management Pan is developed for each child with the 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 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.

- Provide support (including counselling) for service staff who manage a severe allergic reaction and for the child who experienced the anaphylaxis and any witnesses.

- 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 which the child attended, or ought reasonably to have attended, a hospital e.g., Severe asthma attack, seizure, or anaphylaxis.

Nominated Supervisor / Responsible Person

- Implementing this policy at the service and ensuring that all staff adhere to the policy.
- Informing the Approved Provider of any issues that impact on the implementation of this policy.
- Identifying any specific training needs of staff who work with children diagnosed with a medical condition, and ensuring, that staff access appropriate training.
- Ensuring children do not swap or share food, food utensils or food containers.
- 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.
- 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.
- Ensuring a copy of the child's Medical Management Plan is visible and known to staff in the service.
- Ensuring staff/educators follow each child's Risk Minimisation Plan and Medical Management Plan.
- Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan.
- Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.
- 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.

- 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 adopted.

- If a child has an allergic reaction to a packaged food or to a meal provided by the service, this will 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.

Early Childhood Educators

- 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.

- Being aware of individual requirements of children with specific medical conditions and following their risk Management Plan and Medical Management Plan.

- Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor.

- Ensure that parents/guardians are contacted when concerns arise regarding a child's health and wellbeing.

- 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/allergy-management/schooling-childcare/school-resources*).

- 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.

- Complete an incident report should a child require emergency medical treatment.

Families

- Informing Lindfield Montessori 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.

- Developing a Risk Minimisation Plan with the Nominated Supervisor and/or other relevant staff members of the service.

- Providing a Medical Management Plan signed by a medical practitioner on enrolment of 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.

MONITORING, EVALUATION AND REVIEW

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the school will review this policy every 2 years.

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

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

Relevant Legislation	Education and Care Services National Regulations 2011. Reg. 85-87, 89-96, 136, 162 (c) (d), 168, 173 Children (Education and Care Services National Law Application) Act 2010 Section 167, 175 My Health Records Act 2012
Related to NQS QA	Quality Area 2 - Standard 2.1 & 2.2 Quality Area 7 – Standard 7.1, Elements 7.1.2, 7.1.3
Related Policies	First Aid Nutrition Requirements Excursion Medication Procedure
Sources & Further Reading	Based on policy written by Community Early Learning Australia National Asthma Council Australia – www.nationalasthma.org.au Allergy and Anaphylaxis Australia – allergyfacts.org.au Australian Society of Clinical Immunology and Allergy – www.allergy.org.au Diabetes Australia – www.diabetesaustralia.com.au Allergy Aware – Children's education and care: Best practice guidelines resources www.allergyaware.org.au/childrens-education-and-care ACECQA's guide to the National Quality framework

POLICY REVIEWED	MODIFICATIONS	NEXT REVIEW DATE
July 2022	Checked regulations, updated copy.	2024 or as required.
August 2023	Included copy regarding self-administration of medication.	2024
October 2023	Updated in line with CELA sample	2025