

WK - Medical conditions policy

POLICY RATIONALE

Children’s safety, health and well-being are crucial at Wonder Kidz. We have a duty of care to be aware of the needs, health and well-being of all children enrolled in our programs.

Suppose a child enrolled in the program has a specific healthcare need, allergy, or relevant medical condition. In that case, every effort will be made to manage that condition within the scope of the experience, knowledge and abilities that can reasonably be expected of our educators.

In developing plans for the care of individual children, we will consider the program environment, the knowledge and skills of each staff member, the needs of all the children in the program, and our ability to cater for specific healthcare needs adequately. In some circumstances, we may be unable to offer a place to a child because we cannot reasonably and sufficiently meet their care needs. In this instance, we will communicate with the family as early as practicable to enable them to make alternate arrangements.

POLICY OBJECTIVES

This policy aims to:

- Ensure children with specific health care needs, allergies or relevant medical conditions are identified and receive appropriate care.
- Identify and, where practicable, act to minimise risk to children.
- Ensure staff are familiar with the medical conditions policy and briefed on risk minimisation and communication procedures where a specific health care need, allergy or relevant medical condition has been identified.
- A copy of this policy will be provided/available to all parents/guardians who identify their children with a diagnosed medical condition.
- Ensure that at least one staff member with current qualifications in first aid, anaphylaxis, and asthma will always be rostered at the service.
- Ensure that all the staff can respond to the needs of any child with breathing difficulties.
- Raise awareness about medical conditions such as asthma, allergies and anaphylaxis amongst the service community and children in attendance.

PROCEDURES

The service manager's responsibilities

- Assess the ability of the staff to care for the specific healthcare need, allergy, or relevant medical condition.
- Ensure that detailed information is gathered regarding the child's specific health care need, allergy, or relevant medical condition.

- Ensure detailed information is communicated to staff via the enrolment form and other relevant documentation.
- Concerning the risk of anaphylaxis, the service will ensure all relieving and new staffs are aware of the following:
 - The symptoms of an anaphylactic reaction.
 - The child is at risk of anaphylaxis.
 - The anaphylactic child's allergies.
 - Where the anaphylaxis action plan is located.
 - Where the auto-injection device kit is located.
- Ensure that a medical management plan is received from the families and a risk minimisation plan is prepared in partnership with the family, both being maintained in the child's enrolment record and available to the staff who can respond to the child's needs.
- Where possible, provide training and support to staff so they are confident in their ability to respond to the child's needs. Specific training may be required for conditions such as diabetes and epilepsy to meet children's needs.
- When it is not possible to meet the child's care needs, communicate challenges/difficulties with the family promptly to ensure that the family can understand why the service cannot provide care for the child.
- Wonder Kidz does not permit children to self-administer medication. Any medication, including Ventolin, is to either be administered by or in the presence of the team leader. The medication name and the dosage will then be recorded in a medication record.
- Ensure that staff members and families know the medical records and that the processes of managing these are adhered to.
- Ensure this policy is provided/available to parents of children with an identified specific health care need, allergy, or relevant medical condition.

Support staff responsibilities:

- Develop a risk minimisation plan for the specific need in conjunction with parents. This plan and the action plan are designed to: Identify possible risks, enable risk minimisation strategies to be implemented, and identify whether specific safe food/other practices need to be developed.
- Ensure the child does not attend the service without relevant medication that may be required. This must be in date, in its original container and appropriately labelled with the child's name.
- Ensure an emergency puffer, e.g., Ventolin, is kept in the First Aid Kit and is within its use-by date.
- Detail the location of the medication/ action plans and other relevant information.

- Record any medication and the dosage in a medication administration record; when administered, check that the medicine is within its expiry dates.
- Notify parents of known allergens that may pose a risk to the child and ensure the risk assessment addresses strategies to minimise this risk.

Operation:

- In the situation where a child who has not been diagnosed as allergic but who appears to be having an anaphylactic reaction:
- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Contact the parent/guardian/emergency contact immediately.
- Ensure all staff can identify the child and know their medical condition. Active supervision will always be used to monitor the condition of children with medical conditions.
- If the puffer and/or spacer are used, the following cleaning process must be followed:
- Remove the metal canister.
- Wash in warm, soapy water and allow to air dry.
- Wipe down with an alcohol swab when dry.
- Supervise mealtimes to see that all children only eat food prepared specifically for them.
- Lunch boxes and drink bottles provided for the child should be clearly labeled with the child's name by their parents.
- After School Care services provide children with afternoon tea as per their dietary requirements. .
- In Vacation Care services, children have morning and afternoon tea. Children bring their lunch.
- Staff will ensure children with known allergies do not consume food/drinks they cannot consume.
- Ensure tables and bench tops are wiped with warm soapy water and sanitised before and after eating.
- Follow the medical management plan in the event of an incident relating to a specific healthcare need, allergy, or relevant medical condition.

Training:

- Ensure all staff are familiar with risk minimisation procedures relevant to the specified need.
- Discuss participation in cooking activities with parent/guardian if there are any concerns about the ingredients used. Carefully consider the selection of ingredients for cooking activities to minimise potential risks to children.
- Read the action plan and relevant action/ risk minimisation plans.

- Follow appropriate procedures as defined in relevant policies if the specific health care need, allergy, or suitable medical condition is Asthma, Anaphylaxis, Epilepsy, Diabetes, or an allergy.
- Seek further information, training, or support, if necessary, to manage the specific health care need, allergy, or relevant medical condition.

Supervise:

- Ensure no trading or sharing of food, food utensils or containers for any children.
- Ensure handwashing for all children before and after eating.
- Document any changes/concerns/observations regarding the child's needs.

Families' responsibilities:

- Identify their child's additional needs on their child's enrolment form. Failure to do so may result in the **service cancelling the child's booking**. The service cannot meet specific health needs where these are not disclosed, and staff cannot plan for them within the context of our service.
- Provide the service with a detailed action plan for the specific healthcare need, allergy, or relevant medical condition. These will be reviewed by the child's family/guardian at least annually to ensure the information is current or more regularly if the child's condition changes.
- Ensure the child attends the program with all appropriate medications and equipment to respond to the specific health care need, allergy, or relevant medical condition, as documented in the medical management plan.
- Ensure all necessary medication is handed to staff upon arrival.
- **Agree that the child cannot attend the program without all medication and equipment identified in the medical management plan (action plan).**

Communication:

- Agree to develop a risk minimisation plan in collaboration with the staff before their child attends the program.
- Inform team leaders of any changes to their child's specific health care need allergy or relevant medical condition in writing.
- Support the program in their efforts to minimise risk and care for their child by:
- Ensuring all information is accurate and current.
- Providing medications, equipment, and relevant health information for your child to the service
- Communicating openly and honestly with staff in reflecting on the service communication plan.

- Assisting in developing risk minimisation plans on the child's first day of attendance or if any changes are noted to the child's medical condition.
- Respond to the requests of staff where those requests pertain to your child's care needs.

Communication plan*:

The purpose of this communication plan (Reg 90) is to ensure that there is a clearly defined process for:

- Staff members should be informed about policy, medical management plans, risk minimisation plans, and procedures.
- Parents and families to communicate changes/needs to staff about medical management plans, risk minimisation plans or their child's health and well-being in general.

*This communication plan came into effect when a child enrolled in the program is identified as having a specific health care need, allergy, or relevant medical condition.

Communication plan for parents:

- All requests for care for significant healthcare needs must be forwarded to the Wonder Kidz management so that appropriate arrangements and training can be considered.
- Such requests should occur at least **four weeks before the commencement** of the care. This ensures ample time to plan for each child's needs & training if needed.
- The management can be contacted from 9.00 am – 3.00 pm on weekdays, excluding public holidays on 0402524656 or via ryounes@wonderKidz.net.au
- Once your child's needs have been discussed, the management team will inform you of the following.

Once care for a child has been approved:

- Concerns or questions specific to managing the healthcare need, allergy or relevant medical condition at the program site should be discussed with the Team leader.
- If concerns have not been adequately addressed, parents may discuss the matter with the Wonder Kidz Manager.

Communication plan for the service:

- All medical, health or allergy info and alerts sheets held by the service will be on a date, and parents will be asked to review these annually.
- When medical management plans, risk minimisation plans and contact forms are due to be reviewed, the service will remind the parents/guardian via official email.
- When the enrolment forms indicate changes to a specific healthcare need, allergy or relevant medical condition, the parent/guardian will be emailed to confirm specific details.

- Staff members will be informed during team meetings about policy, medical management plans, and risk minimisation plans to be developed.
- Program Staff will be informed of the children attending with medical conditions that require medical management plans and risk minimisation through a daily list at the beginning of each session.
- Team leaders & Director of Service will be required to inform their staff of specific health care needs, allergies, or relevant medical conditions they must be aware of at the service (this can happen during site-specific sessions at the team meeting, during program set-up or at the beginning of a staff member's first shift at the program).
- All staff members are to liaise with the Director of Service during program periods or any time if they have concerns.

Definitions:

Medical conditions refer to any condition diagnosed by a medical practitioner, including the risk of anaphylaxis, allergy, diabetes, and epilepsy. Further details of each condition are listed below.

Anaphylaxis: is a severe, life-threatening allergic reaction. The most common causes in young children are eggs, peanuts, tree nuts, fish or seafood, cow's milk, bee or other insect stings, and medications. Some fruits, mainly fruit, strawberries, and figs, can also cause severe allergic reactions.

- Young children may not be able to express the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen. Still, with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device such as an EpiPen®.
- Wonder Kidz recognises the importance of appropriate training for staff responsible for caring for children at risk of severe allergic reactions and/or anaphylaxis.
- Training includes preventative measures to minimise the risk of anaphylaxis, recognition of signs and symptoms of anaphylaxis and administering appropriate emergency treatment, including the effective use of an adrenaline auto-injection device.
- Staff and parents/guardians must know that achieving a completely allergen-free environment in any service open to the general community is impossible. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead, Wonder Kidz recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including plans to minimise the presence of the allergen in the service.

Asthma: Children with asthma have sensitive airways in their lungs. The airways can narrow and make breathing difficult when exposed to specific triggers. Symptoms usually include coughing, wheezing,

shortness of breath or rapid breathing. Asthma can range from mild to severe – some children rarely need medication, others require it every day, but most children can control their asthma correctly.

- Understanding the nature of a child's asthma is crucial, but it is important to note that the onset of asthma can occur at any time.
- Families and staff will share the responsibility of managing a child's asthma by working collaboratively to minimise risks to the child, understanding asthma triggers and ensuring ongoing communication regarding the child's health needs.
- Wonder Kidz is committed to providing, as far as is practical, a safe and healthy environment for children who have asthma so that they can participate equally in the program.

Diabetes: is a severe and complex condition affecting the entire body. It is caused by having too much sugar – also called glucose - in the bloodstream. Diabetes requires daily self-care, and if complications develop, diabetes can have a significant impact on quality of life and reduce life expectancy. There are different types of diabetes; all types are severe and complex. The three types of diabetes are Type 1, Type 2 and gestational diabetes. Young people with diabetes can participate fully in school life. However, some aspects of school life can affect diabetes, for example, sports, break times and camps.

- Wonder Kidz will work with families and the child; to meet their medical needs as required.

Epilepsy: is a disorder of brain function that takes the form of recurring convulsive or non-convulsive seizures. Epilepsy is not just one condition but a diverse family of disorders comprising many seizure types. Seizures can be subtle, causing momentary lapses of consciousness or conspicuous, causing sudden loss of body control. Seizures are episodic and unpredictable and may occur as frequently as every day or just occasionally in a lifetime. Medication required for children diagnosed with epilepsy will be provided according to their daily medication authorisation record and, in the case of a seizure, according to their medical management plan.

- Staff may require further training specific to their child's needs about epilepsy.

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will produce antibodies to allergens.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Anaphylaxis: A severe, rapid, and potentially fatal allergic reaction that involves the major body systems, particularly the breathing or circulation systems.

Anaphylaxis Action Plan: a medical management plan prepared and signed by a Registered Medical Practitioner providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan. A registered medical practitioner will update this plan annually to ensure the listed information meets the child's needs.

Auto-injection device kit: An insulated container, for example, an insulated lunch pack containing a current adrenaline auto-injection device, e.g. (EpiPen® or Anapen®), a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed, an antihistamine may be included in the kit. Auto-injection devices are stored away from direct heat. A texta to write details of any medication administered to a child in the event of a reaction is also a valuable inclusion in the kit.

EpiPen®: This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is over 20kg.

Anapen®: This auto-injection device containing a prefilled needle syringe combination delivers adrenaline intramuscularly.

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents and staff about the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child is diagnosed at risk of anaphylaxis enrolled in the service.

Risk minimisation: Implementing a range of strategies to reduce the risk of an allergic reaction, including removing, as far as is practicable, the significant sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.

Risk minimisation plan: A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the system. The Risk Minimisation Plan should be reviewed at least annually.

Special events box: Non-food rewards, for example, stickers, stamps and so on, are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.

REFERENCES:

Wonder Kidz's medical conditions policy endeavours to adhere to the Asthma Foundation asthma management guidelines:

- Asthma Australia: www.asthmaaustralia.org.au
- Diabetes Australia: <https://www.diabetesaustralia.com.au/school>
- Epilepsy Australia: <http://www.epilepsyaustralia.net/>
- ACECQA National Quality Framework Resource Kit (2012)
- Quality Area 2 – Health and Safety
- Quality Area 7 – Leadership and Service Management
- Education and Care Services National Regulations (2011), R 73, 74, 75, 177 & 185
- Education and Care Services National Law Act (2010), S 165

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