### 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 |
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| 2.12.2 | Regulation [90](https://www.legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653#sec.90)[Regulation 91](https://www.legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653#sec.91)[Regulation 92](https://www.legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653#sec.92)[Regulation 93](https://www.legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653#sec.93)[Regulation 94](https://www.legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653#sec.94)Regulation [95](https://www.legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653#sec.95) | [Leading and operating department preschool guidelines](https://education.nsw.gov.au/teaching-and-learning/curriculum/early-learning/department-preschools) [Student health in NSW schools: A summary and consolidation of policy](https://education.nsw.gov.au/policy-library/policies/student-health-in-nsw-public-schools-a-summary-and-consolidation-of-policy?refid=285776)[Allergy and Anaphylaxis Management within the Curriculum P-12](https://education.nsw.gov.au/content/dam/main-education/student-wellbeing/health-and-physical-care/media/documents/anacurric.pdf) |
| **Pre-reading and reference documents** |
| [Australasian Society of Clinical Immunology and Allergy (ASCIA)](https://allergy.org.au/patients/about-allergy/anaphylaxis)[ASCIA Guidelines for the prevention of anaphylaxis in schools](https://www.allergy.org.au/images/stories/pospapers/Vale_et_al-2015-Journal_of_Paediatrics_and_Child_Health.pdf)[ASCIA Risk management strategies for schools, preschools and childcare services](https://allergy.org.au/images/scc/ASCIA_Risk_minimisation_strategies_table_030315.pdf)[National Asthma Council Australia](https://www.nationalasthma.org.au/)[Epilepsy Australia](http://www.epilepsyaustralia.net/)[Diabetes Australia](https://www.diabetesaustralia.com.au/) |
| **Staff roles and responsibilities** |
| **School principal** | The principal as Nominated Supervisor, Educational Leader and Responsible Person holds primary responsibility for the preschool. The principal is responsible for ensuring:* 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.
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| **Preschool supervisor**  | 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. This includes: * 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.
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| **Preschool educators** | The preschool educators are responsible for working with leadership to ensure:* 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.
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| **Procedure** |
| **Individual health care plans** | * The preschool enrolment form requires the parent or carer to document relevant medical information.
	+ The School Administration Officer in charge of school enrolments ensures all enrolment information is completely correctly and seeks clarification or additional documentation as required. Enrolments are not processed without all the required documents and sections completed.
	+ Information about students with health conditions or other specific needs is communicated to the preschool educator, supervisor and principal as required, verbally as well as being recorded on the enrolment spreadsheet on the shared drive. Additional meetings with families to discuss and plan for student needs are then arranged.
	+ Pre-enrolment interviews between the preschool educator and families are organised for each student. These meetings are used to complete individual health care plans as required.
* 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:
	+ 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.
* The Department of Education’s health care and communication plan templates are used. The preschool educator is responsible for the preparation of the plan and consults with the family, with support from the preschool supervisor and principal if necessary. The transition interviews are used to complete this documentation.
* The health care plan and attachments must be completed and in place before the child commences preschool.
* In addition, the following documentation will be developed and collated as an attachment to the health care plan:
	+ 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 *ASCIA Action Plan for Anaphylaxis (Red) 2020.*
	+ 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:
* 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
* record any communication between the family and preschool around the child’s condition
* how families would like to discuss or be contacted regarding changes to their plans.
	+ The family must be given a copy of this procedure and the *Student Health in NSW Public Schools: A summary and consolidation of policy.*
* The child cannot commence preschool until the family supplies their emergency medication.
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| **Asthma** | * 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:
	+ 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.
* 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](https://asthma.org.au/treatment-diagnosis/asthma-first-aid/). Parent / carer authorisation is not required for this, however they are to be notified immediately after.
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| **Diabetes** | * 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.
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| **Epilepsy** | * 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 known to suffer epilepsy suffers a seizure, follow the instructions on the [Epilepsy Australia seizure first aid poster](https://www.epilepsy.org.au/first_aid_posters/)
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| **Anaphylaxis** | * 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 anaphylaxis, the preschool’s general - use EpiPen Junior will be administered, following the instructions on the [ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2023 EpiPen](https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis). Parent / carer authorisation is not required for this, however they would be notified as soon as possible, once an ambulance has been called.
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| **Administration of medication** | * Before administering medication to a child, a staff member will have completed the department’s *Administration of Medication in Schools e-Safety e-Learning course.*
* 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. The medication records are stored in a labelled box in the kitchen, under the first aid cabinet.
* 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.
	+ A School Administration Officer is responsible for monitoring and maintaining records of expiry dates of regular medications stored at school.
	+ The preschool educator also checks the medication expiry dates once per term, as per the termly cleaning schedule.
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| **Emergency medication** | * Emergency medications (EpiPen Jnr., Ventolin) are inaccessible to children, but not locked away so they are readily available if needed. They are stored in the first aid cupboard in the kitchen above the sink.
* Individual emergency medication will be stored with a copy of the child’s emergency management plan.
* A fully stocked first aid bag is taken by the preschool educator or SLSO whenever the group leaves the immediate preschool premises, e.g. to visit the library or hall, or in the event of an emergency evacuation. That includes children’s individual medication that is taken from the first aid cupboard.
* In any medical emergency an ambulance will be called immediately. The preschool educator or SLSO calls the ambulance then notifies the main school office immediately.
* In an anaphylaxis or asthma emergency situation, p**reschool educators will a**dminister emergency medication (EpiPen Jr or Ventolin) to a child who requires it. Parent / carer authorisation is not required for this.
* If emergency medication is administered:
	+ 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 |
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| **Date of review and who was involved** |
| 21.05.2021. Rebecca Donaldson, Jessica Le, Sally Egan, Neil Bourke. |
| **Key changes made and reason/s why** |
| Adopted new DoE template. Specified that the risk minimisation plan and communication plan are to be completed with the preschool teacher during the initial parent interviews.  |
| **Record of communication of significant changes to relevant stakeholders** |
| Updated copy provided to front office.Summary of procedure put into casual folder. |

*Copy and paste a new table to record each occasion the procedure is reviewed.*

| Record of procedure’s review |
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| **Date of review and who was involved** |
| 16.06.2022. Rebecca Donaldson, Francesca Donaldson, Sally Egan, Neil Bourke. |
| **Key changes made and reason/s why** |
| Correct typos.  |
| **Record of communication of significant changes to relevant stakeholders** |
| Review health care plan requirements and procedures with enrolment officer (SAO). |

*Copy and paste a new table to record each occasion the procedure is reviewed.*

| Record of procedure’s review |
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| **Date of review and who was involved** |
| 1/8/2023. Rebecca Donaldson, Francesca Donaldson, Sally Egan, Thi Nguyen. |
| **Key changes made and reason/s why** |
| Updated where medication records are stored.Updated reference to the 2023 ASCIA Action Plan. Clarified how the School Administration Officer notifies the preschool team of new enrolments with a medical condition. Updated invalid links to asthma and seizure management posters.  |
| **Record of communication of significant changes to relevant stakeholders** |
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