

Mandatory – Quality Area 2

PURPOSE

This policy will provide guidelines for Helen Paul Kindergarten to ensure that:

- clear procedures exist to support the health, wellbeing and inclusion of all children enrolled at the service
- service practices support the enrolment of children and families with specific health care requirements.

POLICY STATEMENT

1. VALUES

Helen Paul Kindergarten is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements through implementing and maintaining effective hygiene practices. This will be achieved through:

- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved in the programs and activities of Helen Paul Kindergarten are protected from harm
- informing educators, staff, volunteers, children and families on the importance of adhering to the *Dealing with Medical Conditions Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service
- ensuring that educators have the skills and expertise necessary to support the inclusion of children with additional health needs.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Helen Paul Kindergarten, including during offsite excursions and activities.

This policy should be read in conjunction with:

- *Anaphylaxis Policy*
- *Asthma Policy*
- *Diabetes Policy*

3. BACKGROUND AND LEGISLATION

Background

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- in the management of medical conditions
- when parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition
- when developing a risk minimisation plan in consultation with the child's parents/guardians
- when developing a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, parents/guardians must be provided with a copy of this and other relevant policies.

Medication and medical procedures (as opposed to first aid) can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure
- if the medication is in its original container bearing the child's name, dose and frequency of administration.

Refer to the *Administration of Medication Policy* for more information.

Staff may need additional information from a medical practitioner where the child requires:

- multiple medications simultaneously
- a specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Parents/guardians and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

Self-administration by a child over preschool age

Services who provide education and care to a child over preschool age (as defined in the *Education and Care Services National Regulations 2011*) may allow a child over preschool age to self-administer medication. The Approved Provider must consider their duty of care when determining under what circumstances such permission would be granted.

- Where a child over preschool age can self-administer medication/medical procedures, written permission must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Section 173
- *Education and Care Services National Regulations 2011*: Regulations 90, 91, 96
- *Health Act 1958*
- *Health Records Act 2001*
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
 - Standard 7.1: Effective leadership promotes a positive organisational culture and builds a professional learning community

- Element 7.1.2: The induction of educators, co-ordinators and staff members is comprehensive
- *Occupational Health and Safety Act 2004*

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned. A sample card can be downloaded from www.ambulance.vic.gov.au/Education/Calling-000-Triple-Zero.html

Communication plan: A plan that forms part of the policy and outlines how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Medical condition: In accordance with the *Education and Care Services National Regulations 2011*, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an adverse affect from the mismanagement of a specific medical condition at the service.

Risk minimisation plan: A service-specific plan that details each child's medical condition, and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children with specific medical conditions that require medical management plans, in consultation with staff at the service upon enrolment or diagnosis of the condition (refer to the *Anaphylaxis Policy* for a sample risk minimisation plan).

5. SOURCES AND RELATED POLICIES

Sources

- National Health and Medical Research Council (2005), *Staying Healthy in Child Care: Preventing infectious diseases in child care*, available at www.nhmrc.gov.au/guidelines or email nhmrc.publications@nhmrc.gov.au. (Note: this publication is currently being revised and will have significant changes. It is important that services refer to the most up-to-date version of this resource.)
- *Health and Safety in Children's Services, Model Policies and Practices*, 2nd Edition (2003): [www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/resources/CCModelPolicies.pdf/\\$file/CCModelPolicies.pdf](http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/resources/CCModelPolicies.pdf/$file/CCModelPolicies.pdf)

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

PROCEDURES**The Approved Provider is responsible for:**

- ensuring that all staff and volunteers have access to a copy of this policy and have a clear understanding of the procedures and practices outlined within
- developing and implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation
- ensuring relevant educators/staff 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
- establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy
- ensuring families and educators/staff understand and acknowledge each other's responsibilities under these guidelines
- ensuring families provide information on their child's health, medications, allergies, their medical practitioner's name, address and phone number, emergency contact names and phone numbers, and a medical management plan signed by their medical practitioner, following enrolment and prior to the child commencing at the service
- ensuring that a risk minimisation plan (refer to *Anaphylaxis Policy* for a sample risk minimisation plan) is developed for each child with 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.

The Nominated Supervisor is responsible for:

- implementing this policy at the service and ensuring that all educators/staff follow the policy and procedures set out within
- informing the Approved Provider of any issues that impact on the implementation of this policy
- ensuring that the *AV How to Call Card* is displayed near all telephones
- identifying specific training needs of educators/staff who work with children diagnosed with a medical condition, and ensuring, in consultation with the Approved Provider, that educators/staff access appropriate training
- ensuring children do not swap or share food, personal food utensils or food containers

- ensuring food preparation, food service and relief staff 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. Prior to displaying the medical management plan, the Nominated Supervisor must explain to parents/guardians the need to display the plan for the purpose of the child's safety and obtain their consent (refer to *Privacy and Confidentiality Policy*)
- ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan
- administering medications as required, in accordance with the procedures outlined in the *Administration of Medication Policy*
- maintaining ongoing communication between educators/staff 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.

Certified Supervisors and other educators are responsible for:

- ensuring that children do not swap or share food, personal food utensils or food containers
- 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
- monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor
- adequately supervising all children, including those with specific medical conditions
- informing the Nominated Supervisor of any issues that impact on the implementation of this policy.

Parents/guardians are responsible for:

- informing the service 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 at the service
- providing a medical management plan signed by a medical practitioner, either on enrolment or 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 educators/staff in the event of an incident relating to the child's specific health care needs
- meeting the cost of training staff to perform specific medical procedures as relevant to their child, as required
- notifying the Nominated Supervisor of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes
- informing the Nominated Supervisor of any issues that impact on the implementation of this policy by the service.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness. Feedback will be invited at the monthly committee meetings, via the quarterly newsletter and also via the annual parental survey. Contact details for the policy officer and the Committee president are also available at the kindergarten.
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current
- keep the policy up to date with current legislation, research, policy and best practice
- review the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any change to this policy or its procedures.

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of Helen Paul Kindergarten on 14th October 2013

REVIEW DATE: This policy will be due for review in the year 2016