
Bendigo Regional YMCA Dealing with Medical Conditions Policy

OFFICE USE ONLY

Policy Number	CS 2.2	Version	1
Drafted by	JB	Approved by CEO on	03.08.2017
Responsible Person	CSM	Scheduled Review date	03.08.2018

1.

OBJECTIVES

This objective of this policy is to ensure:

- clear procedures are in place to support the health, wellbeing and inclusion of all children enrolled at the services provided by BRYMCA
- BRYMCA practices support the enrolment of children and families with specific health care requirements.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities.

3. POLICY

BRYMCA is committed to providing a safe environment for children with specific medical and health care requirements through implementing and maintaining effective procedures.

BRYMCA through this policy will outline the process 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 medical conditions risk minimisation plan in consultation with the child's parents/guardians
- when developing a medical conditions 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.

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.

4. PROCEDURES

BRYMCA is responsible for:

- ensuring that all staff and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within
- ensuring relevant 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 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

The Nominated Supervisor (ELC Director/OSHC Supervisors/Occasional Care Room Leader) is responsible for:

- implementing this policy at the service and ensuring that all educators/staff follow the policy and procedures set out within
- developing and implementing a medical conditions risk minimisation plan and a medical conditions communication plan (attached) 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
- informing the BRYMCA of any issues that impact on the implementation of this policy
- ensuring families and 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 parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies.
- identifying specific training needs of staff who work with children diagnosed with a medical condition, and ensuring, in consultation with the BRYMCA that staff access appropriate training
- ensuring children do not swap or share food, food utensils or food containers
- ensuring 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 medical conditions including but not limited to 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 medical conditions 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
- 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 medical conditions communication plan, to ensure current information is shared about specific medical conditions within the service.

All Educators are responsible for:

- ensuring that children do not swap or share food, 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 medical conditions risk minimisation plan and a medical conditions communication 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, if appropriate
- 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.

5. DEFINITIONS

Medical conditions 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 medical conditions communication plan also describes how parents/guardians and staff will be informed about medical conditions 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 <i>Education and Care Services National Regulations 2011</i> , 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
Medical conditions 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 medical conditions 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.

6. ROLES AND RESPONSIBILITIES

Department/Area	Role/Responsibility
Educators, Supervisors, Directors and Coordinators	<ul style="list-style-type: none"> • BRYMCA Nominated Supervisor and/or Service Management will oversee the implementation and service adherence to this policy (ie policy compliance). • All Educators are responsible for the daily implementation of the policy when directly supervising children.
Community Services Manager	<ul style="list-style-type: none"> • Is responsible for ensuring suitable resources and support systems to enable compliance with this policy. • Drive the consultation process and provide leadership and advice on the continuous improvement of the policy. Nominated Supervisor and/or Person with Management and Control will seek individual community feedback and facilitate an active consultation process with service users as appropriate.

CEO	<ul style="list-style-type: none"> • Policy Approval

7. MONITORING, EVALUATION AND REVIEW

BRYMCA management team is responsible for formally reviewing and updating this policy every 12 months, in consultation with representatives from key stakeholder groups. Small changes and additions may be made outside of the formal review to ensure the policy remains relevant and current. We retain records of each review undertaken. Such records may include minutes of meetings and documentation of changes to policies and procedures that result from a review.

Managers and Supervisors are responsible for ensuring compliance with this policy, including sharing this policy with existing and new employees and volunteers. They will monitor compliance through audits of enrolment records each term.

8.SUPPORTING DOCUMENTS (PROCEDURES, LEGISLATION, FORMS, WORK PRACTICES)

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*
- *Child Safe Standards*
- *BRYMCA Safeguarding Children and Young People Policy*
- *BRYMCA Code of Conduct*
- *BRYMCA Privacy and Confidentiality Policy*
- *BRYMCA Administration of Medication Policy*

Information from other sources includes:

- 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)

Attachments

Attachment 1: Medical conditions communication plan

Attachment 2: Medical conditions risk minimisation plan

ATTACHMENT 1: MEDICAL CONDITIONS COMMUNICATION PLAN

This medical conditions communication plan is to be completed by BRYMCA Children’s Services in consultation with the at risk child’s parents/guardian. Copies are to be kept by both the parent/guardian and the Children’s Service, on the child’s file. It is the parent/guardians responsibility to notify the children’s service of any changes.

All families must be aware that no child who has been prescribed with an EpiPen /Anapen is permitted to attend this Children’s Service without an EpiPen/Anapen.

Child’s Details

Name of Child	Date Of Birth

Parent/Guardian Contact Details

Name	Address Home & Work	Telephone/s

It is the responsibility of the Parent/Guardian to:

(please tick box when completed)

- Provide the Medical Management Plan during enrolment.
- Inform the child's service if their child's medical condition changes, by phone or in person, and if relevant provide an updated Medical Management Plan.

It is the responsibility of the BRYMCA Children's Service to:

(please tick box when completed)

- Ensure all enrolment forms are completed; including:
 - Medical Management Plan signed by medical practitioner and parent.
 - Medical Conditions Risk Minimisation Plan signed by children's service and parent/guardian
 - Medical Conditions Communication Plan signed by children's service and parent/guardian
- Provide the Parent/Guardian with contact details of the service so they can notify of any updates or changes to the child's medical condition, medical conditions risk minimisation plan or medical management plans
- Maintain up-to-date training, relevant to the child's condition e.g. Anaphylaxis training, including administering of EpiPen or Anapen of Educators

It is the responsibility of the BRYMCA Children's Service Staff to:

(please tick box when completed)

- Ensure all staff, including relief staff and parent/guardians/helpers, and others attending an excursion or outing with the at risk child are able to identify the child
- Carry the medical management plan/s and medication of any 'at risk' child when going on an excursion.
- Make sure any medication (within expiry date) is available for use at any time the child is in care and all staff including relief staff are aware of the location of the child's medication.
- Inform other families in care that there is an 'at risk' child and the procedures that are to be followed, information sign up on display.
- Provide the Parent/Guardian with contact details so they can notify of any updates or changes to the child's medical condition, medical conditions risk minimisation plan or medical management plans.
- Follow the DEECD Incident and Accident Reporting requirements.
- Maintain up-to-date training, relevant to the child's condition e.g. Asthma Training, Anaphylaxis training, including administering of EpiPen or Anapen.

The following people have read, understood and agree that this document is a medical conditions communication plan for the at risk child of a medical condition.

Parent/ Guardian Name	Signature	Date
Educator Name	Signature	Date

ATTACHMENT 2: MEDICAL CONDITIONS RISK MINIMISATION PLAN

Date of risk minimisation plan: ____/____/____

Name of child	Date Of Birth	Medical Condition/s

***This risk minimisation plan is to be completed by the Children’s Service in consultation with the at risk child’s parents/guardian.**

Anaphylaxis

Are all families aware that children will not be accepted into care without their prescribed EpiPen or Anapen?
Yes / No

The Service/Educator will ensure the EpiPen/Anapen kit is taken on all excursions attended by the ‘at risk’ child.
Yes / No

Anaphylaxis/Allergy

Does the family give permission to display the potential sources of exposure to each known allergen to assist the Service/Educator to provide a safe environment for their child?
Yes / No

Has the Service/Educator notified all other families in care of any specific procedures to be followed to minimise the risk of exposure to a known allergen? This may include requesting certain foods are not sent with children. i.e. nut products
Yes / No

Asthma

Are all families aware that children will not be accepted into care without their prescribed Asthma medication?

Yes / No

The Service/Educator will ensure the Asthma Medication is taken on all excursions attended by the 'at risk' child.

Yes / No

Diabetes

Are all families aware that no child who has been prescribed with Diabetes medication and/or blood glucose meter is permitted to attend the Children's Service without these items?

Yes / No

The Service/Educator will ensure that the Diabetes Medication and/or blood glucose meter is taken on all excursions attended by the 'at risk' child.

Yes / No

Epilepsy

Are all families aware that when medication is prescribed, parents must provide an adequate supply of emergency medication for their child? Yes /

No

The Service/Educator will take medication on all excursions attended by the "at risk" child.

Yes /No

Risk Minimisation Table

1. List the known Medical Condition and scenario including allergens where necessary for the ‘at risk’ child in the following table.
 2. List the strategies to minimise the risk to the child, in the following column. This may include requesting that certain food / items not be brought to the service/care environment.
 3. In the last column include who is responsible for enforcing the risk minimisation strategy

See examples of risk minimisation strategies on the last page

Medical Condition & Scenario	Risk Minimisation Strategies	Who (parent/guardian/ educator)

How will all staff, including relief staff and parent/guardians/helpers, recognise the child if on an excursion or incursion. (List Strategies)

State where the child's Medical Management/Action Plan will be displayed or located:

Record when regular checks of the expiry date of each medication for the at risk child are undertaken.

Date Checked	Name of Medication Applicable Notes	Checked By	Signature

Record when regular checks of the expiry date of each medication are undertaken by an Educator/Parent/Guardian of an 'at risk' child

Date Checked	Name of Medication Applicable Notes	Checked By	Signature

Example of Risk Minimisation Table

The following strategies will be implemented during the following possible scenarios. That will reduce the potential exposure for the 'at risk' child to a risk. allergen:

Medical Condition & Scenario	Risk Minimisation Strategies	Who (parent/guardian/ educator)
<p>ANAPHYLAXIS</p> <p>Food allergies (eggs)</p> <p>Entering the children's service</p> <p>hygiene practices</p>	<p>Ensure each child in care washes his / her hands upon arrival and before eating.</p> <p>After eating the children will wash or use baby wipes to clean their hands.</p> <p>Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.</p> <p>Bottles and lunch boxes provided by the family of the child at risk should be clearly labelled with the child's name.</p>	<p>Parent/ Guardian / Educator</p> <p>Educator</p> <p>Educator</p> <p>Parent/guardian</p>

Medical Condition & Scenario	Risk Minimisation Strategies	Who (parent/guardian/ educator)
<p>ALLERGIC TO BEES</p> <p>Protection from insect bite allergies</p>	<p>Specify play areas that are lowest risk to the 'at risk' child and encourage him/her and peers to play in the area.</p> <p>Decrease the number of plants that attract bees.</p> <p>Ensure the at risk child wears shoes at all times outdoors</p> <p>Quickly manage any instance of insect infestation. It may be appropriate to request the exclusion of the child at risk during the period required to eradicate the insects.</p>	<p>Educator</p>
<p>ASTHMA</p> <p>Child has a cold</p>	<p>Monitor 'cold' symptoms notify parents if needed</p> <p>Monitor child's asthma symptoms and provide medication as required</p> <p>Be vigilant with the spread of infection to minimise repeat infections.</p>	<p>Educator</p>
<p>DIABETES</p> <p>Excursions</p>	<p>Organise excursions to places that are low risk to the at risk child</p> <p>Make sure child's medication and management plan are with the child at all times.</p>	<p>Educator</p>
<p>Note ** This is not a conclusive list and may be added to as the need arises</p>		

