



## Medical Conditions Policy and Procedures

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<b>National Quality Standard</b>	Quality Area 2: Children’s Health and Safety Quality Area 7: Governance and Leadership

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## Policy Statement

All parents/guardians of enrolled children with a diagnosed medical condition will be provided with this policy and advised that it should be read in conjunction with the Allergy and Anaphylaxis Policy and Procedures, Asthma Policy and Procedures, Diabetes (Type 1) Policy and/or Epilepsy Policy and Procedures as required.

This Medical Conditions Policy and associated procedures aims to provide clear strategies and practices to support the health, wellbeing and inclusion of all children enrolled at the Heritage Early Childhood Centre (Heritage) with a diagnosed medical condition. Heritage recognises it has a duty of care and legal responsibilities under the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to provide a safe and inclusive environment for all enrolled children, and to take every reasonable precaution to protect them from harm or hazards likely to cause injury. In addition, the service aims to develop quality practices that meet or exceed the National Quality Standard.

Under regulation 168, Heritage is required to have a medical conditions policy and associated procedures that addresses matters set out in regulation 90 in relation to the management of children with diagnosed medical conditions. This includes the requirement to develop a Medical Condition Management Plan in collaboration with families that includes a risk management plan, communication plan, and relevant medication authorisations (Appendix 1). Families are required to update the plan at least annually on enrolment, whenever there is a change, and following a related incident. Reasonable steps must be taken by the service to ensure procedures are followed by educators and volunteers (regulation 170), including when educators are supervising children's health and behaviour needs, administering medication, planning activities, and on excursions.

Heritage understands that some medical conditions such as asthma, anaphylaxis, epilepsy, and diabetes can result in severe, life-threatening consequences and it is imperative that educators, families, students, and regular volunteers are aware of the importance of acknowledging their shared responsibilities under this policy and strictly adhere to its procedures in order to maintain a safe environment.

## Policy Aims

The Heritage Medical Conditions Policy and Procedures have been developed to ensure:

- Clear procedures are in place to support the health, wellbeing and inclusion of all children enrolled at the service who are diagnosed with a medical condition.
- Enrolled children are supported to feel physically and emotionally well, and secure in knowing their wellbeing and health care needs will be met when they are unwell.
- Enrolled children's additional health needs are supported with the appropriate management of each child's medical condition while participating in the service program.
- A Medical Condition Management Plan, including a risk minimisation plan, communication plan and relevant medication authorisations, is developed and regularly updated in consultation with the parents/guardians of children diagnosed with a medical condition.
- Educators are informed during their induction or on the enrolment of new families of those children with diagnosed medical conditions and their Management Plans.
- Educators understand their duty of care and legal liabilities and are trained to have the skills required to support children with diagnosed medical conditions.
- All staff, including relief staff and regular volunteers, are informed of enrolled children diagnosed with a medical condition, where their medication is stored, and the risk minimisation procedures in place including any specific dietary restrictions.
- Prescribed medication is administered in accordance with legislative requirements and the procedures set out in the Medication Policy and Procedures.
- Educators communicate with families about their children's health requirements in a culturally sensitive way.
- The additional health needs of enrolled children are taken into account when considering staffing arrangements, including during excursions, evacuations, and lockdowns.



- The Heritage community is provided with current information about the diagnosed medical conditions of enrolled children and strategies to support their risk minimisation plans, while respecting the privacy of families.

## Scope

It is understood that there is a shared responsibility and accountability between educators (including students and regular volunteers) and families to implement the Heritage Medical Conditions Policy and Procedures as a matter of high priority both onsite and during off-site activities and excursions due to the potential health and litigation risks of not doing so.

## Definitions

**Adequate Supervision:** A level of supervision that ensures legislative requirements are met for educator-to-child ratios at all times.<sup>1</sup> In addition, all children are within access and sight/hearing of an educator at all times including during toileting, rest and transition routines and educators utilise flexible supervision strategies to ensure individual children's needs, including additional health needs are met. Specifically in relation to this policy:

- Children with diagnosed medical conditions are adequately monitored for signs and symptoms of their condition, at all times.
- Educators are attuned to the physical environment and the needs of individual children and undertake risk-benefit assessments to determine the level of supervision required for each child with a diagnosed medical condition in different situations.
- Vigilant supervision is provided to children with severe food allergies or allergies to bee stings etc., particularly during excursions, emergency evacuations and lockdowns.

**Ambulance Card.** A card to be kept by phones with guidelines on how to call an ambulance.

**Approved First Aid Qualifications:** A qualification published on the list of approved first aid qualifications and training on the [ACECOA website](#).

**Communication Plan:** Part of a child's Medical Condition Management Plan that outlines how educators, staff members and regular volunteers are informed about the medical management plan and risk minimisation plan for the child and how families communicate any updates.

**Duty of Care:** A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable, foreseeable risk of injury.

**First Aid:** The initial care of the ill or injured until a qualified educator or health care professional (e.g., doctor, registered nurse, or ambulance officer) arrives or the person recovers.

**Medical Condition:** A diagnosed allergy, such as bee stings or hay fever, or a food allergy such as nut anaphylaxis or lactose intolerance, or a diagnosed medical condition such as asthma, diabetes, ADHD, or epilepsy.

**Medical Condition Management Plan:** A Heritage document (Appendix 1) prepared by families and signed by their child's medical practitioner that describes the signs, symptoms and causes of the child's medical condition, gives clear instructions on action/treatment, provides medication authorisations, and includes the child's name and photograph. An Action Plan from a recognised authority, e.g., ASCIA Anaphylaxis Action Plan, signed by the child's Medical Practitioner, may be used in conjunction with the service Medical Condition Management Plan.

**Risk Minimisation:** The implementation of a range of strategies to reduce the risk of an adverse effect from the mismanagement of a specific medical condition at Heritage.

**Risk Minimisation Plan:** A plan developed with parents/guardians and in consultation with staff for children with diagnosed medical conditions that require Medical Condition Management Plans while at Heritage. Developed upon enrolment or diagnosis of the condition, it forms part of the Medical Condition Management Plan. Risks are identified, and practical strategies detailed, including who is responsible, to minimise those risks. Specifically, procedures are developed as set out in [regulation 90](#) where relevant in relation to:

- Safe handling, preparation, consumption, and service of food.
- Strategies for minimising known allergens in the environment.
- Ensuring that all staff members and regular volunteers are able to identify the child, the child's Management Plan and the location of the child's medication.
- Ensuring the child does not attend the service without prescribed medication.

<sup>1</sup> Refer to: Supervision Policy and Procedures

**Non-prescribed Medication:** All medication that does not meet the criteria for prescribed medication and includes eczema cream, paracetamol, antihistamine, and teething gel.

**Prescribed Medication:** Medication authorised by a health care professional and dispensed by a pharmacist with a printed label, which includes the child’s name, dosage, and expiry date.

**Serious Incident:** As defined under [regulation 12](#). It includes a child having a serious illness while at the service and for which the child attended, or ought reasonably to have attended, a hospital, e.g., severe asthma attack, seizure, or anaphylaxis reaction. Note: It does not mean an incident where emergency services attended as a precaution.

## Rationale

Heritage recognises it has a duty of care to take all reasonably practicable steps to provide the Heritage community with a safe and healthy physical and psychological environment that supports the emotional and physical wellbeing of all employees and children (*Work Health and Safety Act, 2011*). In addition, this policy has been developed to comply with:

- [Education and Care Services National Law Act \(ACT\) \(2010\)](#)
- [Education and Care Services National Regulations \(2011\)](#)
- [Education and Care Services National Amendment Regulations \(2022\)](#)
- [National Quality Standard \(2012\)](#)
- [Early Years Learning Framework for Australia \(Version 2, 2022\)](#).
- National Health and Medical Research Council guidelines

Relevant Education and Care National Law	
<a href="#">S 165</a>	<b>Offence to inadequately supervise children</b>
<a href="#">S 167</a>	<b>Offence relating to protection of children from harm and hazards</b>
<a href="#">S 169</a>	<b>Offence relating to staffing arrangements</b>
<a href="#">S 175</a>	<b>Offence relating to requirement to keep enrolment and other documents</b>
Relevant Education and Care National Regulations	
<a href="#">R 12</a>	<b>Meaning of a serious incident</b>
<a href="#">R 77</a>	<b>Health, hygiene, and safe food practices</b>
<a href="#">R 85</a>	<b>Incident, injury, trauma and illness policies and procedures</b>
<a href="#">R 86</a>	<b>Notification to parents of incident, injury, trauma and illness</b>
<a href="#">R 87</a>	<b>Incident, Injury, trauma, and illness record</b>
<a href="#">R 89</a>	<b>Suitably equipped first aid kits</b>
<a href="#">R 90</a>	<b>Medical Conditions Policy</b>
<a href="#">R 91</a>	<b>Medical Conditions Policy to be provided to parents</b>
<a href="#">R 92</a>	<b>Medication Record</b>
<a href="#">R 93</a>	<b>Administration of Medication</b>
<a href="#">R 94</a>	<b>Exception to authorisation requirement – anaphylaxis/asthma emergency</b>
<a href="#">R 95</a>	<b>Procedure for the administration of Medication</b>
<a href="#">R 136</a>	<b>First Aid Qualifications</b>
<a href="#">R 161</a>	<b>Authorisations to be kept in enrolment record</b>
<a href="#">R 162</a>	<b>Health information to be kept in enrolment record:</b> (c) details of any: (i) specific healthcare needs of the child, including any medical condition; (ii) allergies, including whether diagnosed as at-risk of anaphylaxis (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in (c).

<a href="#">R 168</a>	<b>Education and care service must have policies and procedures including:</b> (d) dealing with medical conditions in children, including matters set out in <a href="#">r90</a> .
<a href="#">R 170</a>	<b>Policies and procedures to be followed</b>
<a href="#">R 171</a>	<b>Policies and procedures to be kept available</b>
<a href="#">R 172</a>	<b>Notification of change to policies or procedures</b>
<a href="#">R 173</a>	<b>Prescribed Information to be displayed:</b> (i) notice stating that a child who has been diagnosed as at-risk of anaphylaxis is enrolled at the service.
<a href="#">R 176</a>	<b>Time to notify Regulatory Authority</b>
<a href="#">R 177</a>	<b>Prescribed enrolment and other documents to be kept</b>
<a href="#">R 181</a>	<b>Confidentiality of records to be kept</b>
<a href="#">R 183</a>	<b>Storage of records and other documents</b>
<b>Relevant National Quality Standards</b>	
<a href="#">QA 2</a>	<b>Children’s Health and Safety</b> <b>Standard 2.1. Health.</b> <b>Element 2.1.2. Health Practices and Procedures.</b> Effective illness and injury management and hygiene practices are promoted and implemented. <b>Standard 2.2. Safety.</b> <b>Element 2.2.1 Supervision.</b> At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. <b>Element 2.2.2. Incident and emergency management.</b> Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced, and implemented.
<a href="#">QA 7</a>	<b>Governance and Leadership</b> <b>7.1.2 Management Systems:</b> Systems are in place to manage risk and enable the effective management and operation of a quality service. <b>7.1.3 Roles and Responsibilities:</b> Are clearly defined, and understood, and support effective decision making and operation of the service.
<b>Relevant Outcomes in Early Years Learning Framework for Australia (EYLF)</b>	
<a href="#">Outcome 3</a>	<b>Children have a strong sense of wellbeing.</b>

### Summary of Key Roles and Responsibilities

Role	Responsible for ensuring:
Management Committee	<ul style="list-style-type: none"> <li>• A Medical Conditions Policy and Procedures document is in place, up to date, and easily accessible to families and educators at all times.</li> <li>• There is a process in place to ensure all service policies and procedures are regularly updated to reflect current legislative requirements, <a href="#">government guidelines</a> and best practice recommendations from recognised authorities.<sup>2</sup></li> <li>• This policy clearly defines the roles and responsibilities of the Nominated Supervisor, educators, families, and others in the Heritage community.</li> <li>• Reasonable steps are taken to ensure this policy and procedures are followed.</li> <li>• The cost of training educators to perform specific medical procedures as agreed on enrolment or subsequent diagnosis is met by the Committee.</li> </ul>

<sup>2</sup> Refer to: Policy Development and Review Policy and Procedures



Director/ Nominated Supervisor	<ul style="list-style-type: none"> <li>• This policy and procedures are regularly updated to reflect current legislative requirements and best practice in consultation with staff and families.</li> <li>• Ease of access to this document is provided via the Heritage website, policy folders in the Foyer, Staff Programming Room, and Main Office.</li> <li>• Procedures related to this policy are summarised in Heritage Handbooks.</li> <li>• All permanent educators have approved first aid qualifications including emergency management of asthma and anaphylaxis (exceeding r136).</li> <li>• Robust induction procedures are in place for families, educators, students, and regular volunteers to ensure the implementation of procedures outlined in this policy.</li> <li>• Educators and families are informed of, and acknowledge, each other’s responsibilities under this policy.</li> <li>• During enrolment and orientation, the health and behaviour status of each child is discussed with their family and documented on the Enrolment Form.</li> <li>• A Medical Condition Management form is completed for each child identified with a diagnosed medical condition and signed by their medical practitioner.</li> <li>• A Risk Minimisation Plan and Communication Plan is developed in consultation with the child’s family prior to the child starting at Heritage or following diagnosis.</li> <li>• Opportunities are provided for children with medical conditions to participate in activities and excursions in accordance with their Risk Minimisation Plan.<sup>3</sup></li> <li>• On-going communication occurs between staff and parents/guardians in accordance with the strategies identified in the Communication Plan to ensure current information is shared about each child’s medical conditions.</li> <li>• A new risk assessment and communication plan is developed when circumstances change for a child’s specific medical condition.</li> <li>• Families are reminded to update their child’s Medical Condition Management Plan and authorisations whenever there is a change in the condition/ medication, after an incident, annually on enrolment and on expiry.</li> <li>• Children’s enrolment and medical condition management information is updated as soon as practicable after families update the information.</li> <li>• Various methods of communication are utilised including emails, newsletters and information on noticeboards to remind families of their obligations.</li> <li>• Relevant educators and volunteers are informed of children in their care with diagnosed medical conditions, their Medical Condition Management Plan and the location of their medication during their induction, on enrolment of new families, prior to room transitions; and whenever a family updates their child’s health information.</li> <li>• Educators who work with children diagnosed with a medical condition are able to access appropriate training.</li> <li>• Procedures are regularly reviewed with educators at staff meetings including any updates to children’s Medical Condition Management Plans.</li> <li>• Educators strictly follow the risk minimisation strategies when supervising children, administering medication, and planning activities and excursions.</li> <li>• A copy of each child’s Medical Condition Management Plan is visible at Heritage and known to relevant educators prior to displaying the plan.</li> <li>• If a child is diagnosed as being at-risk of anaphylaxis, a notice is displayed in the main entrance area to inform families and visitors to the service.</li> <li>• The need to display plans for the purpose of the child’s safety is explained to parents/guardians and their written consent is obtained.<sup>4</sup></li> <li>• If a child/staff member has diagnosed severe reactions/anaphylaxis to a food, it is added to the Excluded Foods List for duration of their enrolment.</li> <li>• Suspected food intolerances are accommodated where possible, particularly when backed up with a report from a specialist.<sup>5</sup></li> </ul>
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<sup>3</sup> Refer to: Creating Inclusion and Equity Policy and Procedures

<sup>4</sup> Refer to: Privacy and Confidentiality Policy and Procedures

<sup>5</sup> Refer to: Allergy and Anaphylaxis Policy and Procedures



	<ul style="list-style-type: none"> <li>• Children do not swap or share food, food utensils or food containers.</li> <li>• Prescribed medications are administered as required, and witnessed, in accordance with the procedures outlined in the Medication Policy.</li> <li>• How to Call an Ambulance cards are displayed near room telephones.</li> <li>• Emergency contact details are stored near room telephones.</li> <li>• Equipment used is replenished as required in the excursion bag or first aid kits, including hygiene equipment, medications, asthma spray, EpiPen.</li> <li>• Relief staff, students and regular volunteers are informed of children/staff with medical conditions/food allergies and the specifics of the condition.</li> <li>• Relief staff, students and regular volunteers understand the procedures for dealing with emergencies involving asthma, allergies, and anaphylaxis.<sup>6</sup></li> <li>• Information is provided to the Heritage community about resources/support for managing medical conditions while respecting the privacy of families.</li> <li>• Health information collected about enrolled children under this policy is treated as confidential, stored securely and disposed of appropriately.<sup>7</sup></li> <li>• The Management Committee is informed of any issues that impact on the implementation of this policy.</li> <li>• Debriefing and support is provided to educators who witness a severe medical incident or allergic reaction.</li> <li>• The ACT Regulatory Authority is notified within 24 hours of a serious illness at the service for which a child attended, or ought reasonably to have attended, a hospital, e.g., severe asthma attack, seizure, or anaphylaxis.</li> <li>• Families are notified at least 14 days before changing this policy or procedures if it affects fees or significantly impacts the service’s education and care of children or the ability of families to utilise the service.</li> </ul>
<p><b>Educators</b></p>	<ul style="list-style-type: none"> <li>• The individual requirements of children with diagnosed medical conditions are understood and their Medical Management Plans, Risk Minimisation Plans and Communication Plans are strictly followed.</li> <li>• The risk minimisation strategies are strictly followed when supervising children, administering medication, and planning activities and excursions.</li> <li>• Procedures and instructions for the administration of medication - on-going, intermittently or in an emergency - are strictly followed.</li> <li>• Each child’s needs and medication requirements are taken into account when planning indoor/outdoor experiences, on excursions and during emergency evacuations or lockdowns.</li> <li>• Families are regularly asked about their child/ren’s health to check if there have been any changes in their condition or treatment.</li> <li>• An Illness Report Form is completed when a child has an incident at Heritage related to their medical condition.</li> <li>• Families complete the Medication Form when medication is required and has not previously been authorised (e.g., outside their usual day/time).</li> <li>• Parents/guardians are informed when their child/ren’s medication needs to be replenished.</li> <li>• Children with diagnosed medical conditions are adequately supervised<sup>8</sup> at all times and monitored for signs and symptoms of their condition.</li> <li>• Extra vigilant supervision is provided to children with severe food allergies or allergies to bee stings etc., especially on excursions.<sup>9</sup></li> <li>• Parents/guardians are contacted promptly when concerns arise regarding their child’s health and well-being.<sup>10</sup></li> <li>• If a child’s condition suddenly deteriorates or if educators are at any time concerned, the Room Leader/Nominated Supervisor is informed immediately.</li> <li>• Medication is stored securely (out of children’s reach and in a sealed, labelled</li> </ul>

<sup>6</sup> Refer to: Relief Educator Handbook

<sup>7</sup> Refer to: Privacy and Confidentiality Policy and Procedures

<sup>8</sup> Refer to: Definitions

<sup>9</sup> Refer to: Supervision Policy and Procedures

<sup>10</sup> Refer to: Illness and Infectious Diseases Policy and Procedures



	<p>container), at the recommended temperature (e.g., in fridge, insulated bag or authorised medical cabinet).</p> <ul style="list-style-type: none"> <li>• Medication is administered to children in line with the Medication Policy and r95, and the Medication Form is completed as required.</li> <li>• Children are monitored following the administration of medication for any adverse reactions.</li> <li>• The Room Leader/Nominated Supervisor is informed of any relevant information provided by parents/guardians regarding their child’s medical condition to ensure all information held by Heritage is current.</li> <li>• Children do not swap or share food, food utensils or food containers.</li> <li>• They are aware that unexpected allergic reactions may occur in children not previously identified as being at risk.</li> <li>• The Director is informed of any issues concerning the implementation of this policy and procedures.</li> <li>• Health information collected about enrolled children under this policy is treated as confidential, stored securely and disposed of appropriately.<sup>11</sup></li> </ul>
<p>Families</p>	<p>Responsible for:</p> <ul style="list-style-type: none"> <li>• Reading the Family Handbook, available on the Heritage website.</li> <li>• Being familiar with this policy and related procedures, available in the Policy Folder in the Foyer, and on the Heritage website.</li> <li>• Providing information about their child’s health needs on the Enrolment Form and additional details during the orientation process as required.</li> <li>• Where their child has a diagnosed medical condition, completing a Medical Condition Management Plan signed by their medical practitioner on enrolment or diagnosis.</li> <li>• Developing a Risk Minimisation Plan and Communication Plan in consultation with the Director and educators as required.</li> <li>• Detailing the dosage and frequency of any medication required by their children on the Medical Condition Management Plan.</li> <li>• Providing a current photograph of their child for use in line with this policy.</li> <li>• Verbally advising the Director of changes in the management of their child’s medical condition or medication as soon as possible.</li> <li>• <b>Updating their child’s Medical Condition Management Plan at least annually and as needed when information changes, on expiry, following a change in their child’s condition, or following a related incident.</b></li> <li>• Advising educators on arrival, verbally or in writing, of any symptoms affecting their child and requiring medication in the past 48 hours, and the cause, if known.</li> <li>• Ensuring all procedures are followed in relation to the Medication Form.</li> <li>• Ensuring the service has adequate supplies of their child’s medication.</li> <li>• Bringing a clearly labeled safe treat box for use on special occasions such as birthdays if their child has a food allergy.</li> <li>• Adhering to the Excluded Foods Lists to ensure the safety of all children.</li> <li>• Ensuring advice given by staff is respected and appropriate action is taken.</li> <li>• Ensuring that, where their child has a diagnosed medical condition that requires invasive clinical procedures, they negotiate with the Director prior to enrolment to ensure arrangements are in place should the child require a procedure while at the service.<sup>12</sup></li> <li>• Understanding that, while all due care will be taken to implement their child’s Medical Condition Management Plan, it cannot be guaranteed that a medical emergency as a result of their condition will not occur.</li> <li>• Ensuring the confidentiality of medical condition information relating to other Heritage families is respected.</li> <li>• Informing the Room Leader/Nominated Supervisor of any issues that impact on the implementation of this policy and procedures at Heritage.</li> </ul>

<sup>11</sup> Refer to: Privacy and Confidentiality Policy and Procedures  
<sup>12</sup> Refer to: Creating Inclusion and Equity Policy and Procedures





Regular Family Volunteers & Students	<ul style="list-style-type: none"> <li>This policy and procedures are followed while they are at the service.</li> <li>The Relief Educator Handbook is read and signed.</li> <li>Any instructions given by educators in relation to this policy are followed.</li> <li>Any issues or hazards identified in relation to this policy and procedures are reported to the Nominated Supervisor or Room Leader as soon as practicable.</li> </ul>
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## Strategies and Procedures

### Risk Management

The Director/Nominated Supervisor will ensure:

- Whole of service risk assessments are carried out and reviewed regularly in relation to work health and safety, including following any health-related incident.<sup>13</sup>
- Whole of service risk minimisation plans are developed for children diagnosed with asthma or anaphylaxis and communicated to educators (Appendix 2).
- Risk minimisation plans are developed in collaboration with families of children diagnosed with medical conditions as part of their Medical Condition Management Plan (Appendix 1).
- Families are informed that when their child’s condition changes they must complete a new Medical Management Plan and the service must reassess its ability to care for the child, including whether educators are appropriately trained to manage their additional needs.<sup>14</sup>
- Children with additional health needs including diagnosed medical conditions are supported to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan.
- The potential risk that programmed activities may present to children with a diagnosed medical condition are assessed.
  - In the event that an activity may present a risk to a child with a medical condition, consideration is given to its overall developmental merit to the educational program and whether it can be closely monitored.
  - Where the activity has high educational merit, however the risk is deemed to be too great, the child at-risk may be given an alternative experience.

### Enrolment Procedure for Children Diagnosed with a Medical Condition

The Director/Nominated Supervisor must ensure:

1. During enrolment and orientation, the current health and behaviour status of each child is discussed with parents/guardians and documented on the Enrolment Form.
2. Families provide information on their child’s health, medications, allergies, their medical practitioner’s name, address and phone number, and emergency contact details.
3. For children identified as having diagnosed medical conditions, an individual Medical Condition Management Plan is developed in consultation with families and signed by the child’s Medical Practitioner (Appendix 1).
4. The Medical Condition Management Plan includes an individualised Risk Minimisation Plan as well as a Communication Plan to ensure the plan is updated regularly by families and educators are aware of the most up to date information on how to manage the condition,
5. The family is informed they must tell Heritage of any changes or incidents related to their child’s medical condition as soon as practicable using the strategies agreed on the Communication Plan.
6. The Medical Condition Management Plan is shared with educators **prior** to the child attending Heritage and strictly adhered to when supervising the child’s health and behaviour needs while at Heritage, administering medication, planning indoor and outdoor activities, and on excursions, evacuations and lockdowns.
7. The Medical Condition Management Plans is updated at least annually on enrolment, when the condition or medication changes and following any related incident at Heritage.
8. The family is provided with a copy of this policy and related policies (e.g., Asthma, Allergy and Anaphylaxis, Diabetes Type 1, Epilepsy) and informed they are available in the Policy Folder, Members Area of the website and summarised in the Family Handbook.

<sup>13</sup> Refer to: Work Health and Safety Policy and Procedures

<sup>14</sup> Refer to: Creating Inclusion and Equity Policy and Procedures



9. The details provided on the Medical Condition Management Plan are added to the Whole of Service Risk Management Plan for Asthma or Anaphylaxis as required (Appendix 2).
10. Families are informed that while all due care will be taken to implement children's Medical Condition Management Plans, it cannot be guaranteed that a medical emergency as a result of their condition will not occur.

### Procedure for Subsequently Diagnosed Conditions

- Where a child already enrolled at Heritage is subsequently diagnosed with a medical condition, families will be required to follow the procedure as outlined above.

### Staffing Arrangements including on Excursions and Emergency Evacuations/Lockdowns

#### First Aid

The Director/Nominated Supervisor will:

- As a demonstration of duty of care and in line with best practice, ensure all Heritage permanent educators have approved current first aid qualifications that include CPR and emergency asthma and anaphylaxis training (exceeding r136).
- Ensure procedures are in place ensuring required medication and equipment including Ventolin, spacer devices and adrenaline auto-injection devices is safety stored and taken, together with each child's emergency contacts and emergency action plan, whenever the child is taken off the premises, e.g., on excursions, evacuations or lockdowns.<sup>15</sup>
- Ensure medication and equipment is replenished as required in first aid kits, excursion bags and evacuation/lockdown bags, including hygiene equipment, asthma spray, EpiPens.

#### Supervision

The Director/Nominated Supervisor will consider the following to determine appropriate educator-to-child ratio required both on the premises and on off-site activities:

- Do the children require more active one-on-one support?
- Do the children require close supervision while resting and sleeping?
- Are educators confident with their role in supervising the children?
- Do educators have a strong understanding and awareness of service policies and procedures in relation to educating and caring for children with medical conditions?
- Are educators new to Heritage or have recently undertaken/are working towards a qualification?
- Have educators been trained in the skills/knowledge to support children with additional health needs, including understanding the signs, symptoms and triggers of their condition.
- Is there a suitably qualified Early Childhood Teacher and Diploma qualified educators engaged at Heritage to support educators with programming appropriate for children with additional health needs?

### Authorisation to Give Medications

- Medication, including prescription and non-prescription medication, will not administered to a child at Heritage without the written authorisation of a parent/guardian or an authorised person as provided in the child's Enrolment Form e.g., an emergency contact.
- Authorisation must be given on the day via the signed entry in the Medication Book, or on enrolment on the child's Medical Condition Management Plan for specific conditions.
- Signed authorisation to administer first aid remedies, such as paracetamol, Ventolin, and antihistamines, must be sought on the Enrolment Form.
- In the case of an emergency, it is acceptable to obtain verbal consent from a parent/guardian/emergency contact or a registered medical practitioner or medical emergency services if the child's parent/guardian/emergency contact cannot be contacted.
- **In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without authorisation. In this circumstance, the child's parent and emergency services must be contacted as soon as possible.**
- Medication prescribed outside of Australia will not be administered without written approval from an Australian G.P. that includes instructions for administration.

<sup>15</sup> Refer to: First Aid for Injury, Trauma and Illness Policy and Procedures; Excursions and In-House Extra Activities Policy and Procedures; Emergency and Evacuation Policy and Procedures.



- Topical creams and lotions containing nut oils will not be administered.<sup>16</sup>
- The Director/Nominated Supervisor reserves the right to contact a health care professional if educators are unsure about administering medication to a child, even if the parent/guardian has requested the medication to be administered.<sup>17</sup>

**Ultimately the safety and welfare of children must be given first priority by Heritage educators when administering medication.**

### **Inclusion of Children with Diagnosed Medical Conditions**

- Heritage recognises that curriculum decision making for the inclusion of children with additional health needs including diagnosed medical conditions is about creating opportunities for all children to engage in daily experiences, rather than planning alternative/separate experiences for a child and reflects the Heritage philosophy.
- When children feel included, they feel safer, more secure, and have a sense of belonging - a protective factor for children's mental health and wellbeing.
- Heritage understands that inclusive practice occurs when educators make thoughtful and informed curriculum decisions and work in partnership with families and professionals.
- It is understood that adapting the environment for children with additional needs often benefits all children by giving them alternative ways to learn.
- Altering or adding to the physical environment will be considered where practicable to enable children with additional health needs including diagnosed medical conditions to manage daily routines and experiences as independently as possible.

### Individual Inclusion Plans

- Educators will work collaboratively with families, children, and professionals (such as therapists/specialists) to develop individual plans as required to meet the needs of children identified with additional health needs including diagnosed medical conditions.<sup>18</sup>
- Educators may seek information and strategies from specialists in relation to:
  - Accessing and using adaptive equipment.
  - Learning specialist skills, e.g., Makaton® (a system of signs/symbols to help people communicate).
  - Developing and using visual communication systems.
  - Recognising and responding to children's cues that they need assistance or support.
  - Implementing individualised behaviour guidance strategies.
  - Adapting specific routines and experiences to maximise the child's opportunities for independent participation.
  - Accessing professional development to support their responsiveness to children with additional health needs.

### Inclusion of Children that require Invasive Clinical Procedures

- Where a child with a chronic illness or medical condition that requires invasive clinical procedures/support is accepted by Heritage, prior arrangements will be 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 Heritage.
- Parents/guardians and the Director must 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 Heritage.**<sup>19</sup>

<sup>16</sup> Refer to: Allergy and Anaphylaxis (including Nut Free) Policy and Procedures

<sup>17</sup> Refer to: Medication Policy and Procedures; Acceptance and Refusal of Authorisations Policy and Procedures

<sup>18</sup> Refer to: Creating Inclusion and Equity Policy and Procedures; Behaviour Guidance Policy and Procedures

<sup>19</sup> Refer to: Creating Inclusion and Equity Policy and Procedures



## Training

The Director/Nominated Supervisor will:

- Work with families of children with a diagnosed medical condition and relevant professionals to ensure educators are trained in appropriate emergency first aid responses.
- Ensure educators are trained in safe food handling and hygiene practices.
- Ensure educators are trained in asthma and anaphylaxis management including the administration of Epi-pen/Anapen for anaphylaxis.
- Educators are trained in identifying signs of hypoglycaemia and hyperglycaemia should a child be enrolled with diabetes.
- Educators are trained in managing epilepsy seizures should a child be enrolled with epilepsy.<sup>20</sup>

## Communication

The Director/Nominated Supervisor and Room Leader will ensure:

- Children's Medical Condition Management Plans are displayed within each room or designated eating area as required, and obtain their consent obtained and recorded.
- All relevant educators, students and regular volunteers are informed of the location of children's medication both on the Heritage premises and on excursions and this will be written on the Medical Condition Management Plans on display in the relevant rooms.
- Educators are informed during their induction and/or during the enrolment of new families of those children with diagnosed medical conditions and their Medical Condition Management Plans, including their Risk Management Plans and medication authorisations.
- The Heritage community is informed of and provided with resources and support for managing specific medical conditions while respecting the privacy of enrolled families.
- Should there be an incident requiring emergency medical treatment, educators are debriefed and supported, and procedures and risk minimisation strategies reviewed.

Families must:

- Communicate any changes to the Medical Management Plan and Risk Minimisation Plan for their child, setting out how that communication can occur in the Communication Plan.
- Communicate regularly with educators regarding their child's diagnosed medical condition and related physical, emotional or cognitive state changes both verbally and in writing, such as on arrival and departure and via the Parent Communication sheet.

Educators must:

- Communicate regularly with families regarding their child's medical condition and any interventions they have undertaken while their child was at the service.
- Help children with medical conditions feel safe at the service by talking to them about signs and symptoms of their condition so they learn to talk about them and can tell educators when they are experiencing them.
- Provide age-appropriate education about medical conditions to all enrolled children as part of the educational program.
- Take the concerns of children with medical conditions and their families seriously.
- Communicate with families about their children's health requirements in a culturally sensitive way.<sup>21</sup>

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<sup>20</sup> Refer to: First Aid for Injury, Trauma and Illness Policy; Food Safety Policy; Asthma Policy; Allergy and Anaphylaxis Policy; Diabetes (Type 1) Policy, Epilepsy Policy

<sup>21</sup> Refer to: Creating Inclusion and Equity Policy and Procedures



## Notification Requirements

### The Director/Nominated Supervisor must:

- Notify CECA within 24 hours of any serious incident involving a trauma to a child while at Heritage including a serious illness for which the child attended, or ought reasonably to have attended, a hospital e.g., severe asthma attack, seizure or anaphylaxis.<sup>22</sup>
- Ensure that if a child has an allergic reaction to a packaged food or to a meal provided by the service, this is reported to the local food authority for investigation.<sup>23</sup> If the reaction is to a food sent from home, inform the parent it is their responsibility to report the reaction.

### Educators must:

- Complete an Illness Report Form when a child has an incident at Heritage related to their medical condition.
- Notify parents /guardians as soon as practicable whenever their child has received first aid for their medical condition.
- If a child's condition suddenly deteriorates or if educators are at any time concerned about the health of a child with a medical condition, an ambulance must be called immediately, and parents/guardians notified as soon as practicable.

## Privacy and Confidentiality

- Health information collected about enrolled children under this policy is regarded as personal and sensitive information and must be treated as confidential, stored securely and disposed of appropriately (Australian Privacy Principle 11).<sup>24</sup>
- Heritage will ensure that health information collected about enrolled children under this policy is not divulged or communicated, directly or indirectly, to another person other than:
  - To the extent necessary for the education and care or medical treatment of the child to whom the information relates; or
  - A parent of the child to whom the information relates, or
  - The Regulatory Authority or an authorised officer; or
  - As expressly authorised, permitted, or required to be given by or under any Act/law; or
  - With the written consent of the person who provided the information.

### Medical Condition Management Plans on Display

- Where it is necessary to display a child's Medical Condition Management Plan for the purpose of the child's safety, this will be explained to the child's parents/guardians and their consent obtained and recorded.
- **The Heritage community is asked to respect the confidentiality of children's medical information they see displayed in each room.**

### Security of Health Information

In order to protect health information collected about enrolled children from misuse, loss, unauthorised access, modification or disclosure, the Director/Nominated Supervisor will take all practicable steps to reduce risk and ensure:

- Access is limited to authorised staff or other individuals, such as the Management Committee, who require information to fulfil their responsibilities and duties at Heritage.
- All information collected is treated in the strictest confidence and is not divulged to any third party without the consent of the subject unless required to do so by law.
- Information is not left in areas that allow unauthorised access to that information.
- All information collected relating to enrolled families/children is filed in cabinets in the Director's office.
- Access to information kept in filing cabinets in the Director's office is restricted to the Director and authorised staff unless permission is granted by the subject.
- Computerised records containing personal or health information are stored safely and secured with a password for access only available to the Director and authorised staff.

<sup>22</sup> Refer to: Definitions: Serious Incident

<sup>23</sup> <https://allergyfacts.org.au/allergy-management/risk/reporting-an-allergic-reaction>

<sup>24</sup> Refer to: Privacy and Confidentiality Policy and Procedures



- Passwords are recorded and stored in a secure management folder accessible only by the Director and authorised staff.
- There is security in transmission of the information via email or telephone:
  - Emails are only sent to a person authorised to receive the information.
  - Telephone – limited and necessary personal information is provided over the telephone to persons authorised to receive that information.
- Personal information is not used on the Heritage website without permission.<sup>25</sup>
- When confidential information must be taken off-site (e.g., a list of children with medical conditions is taken on excursions), consideration is given to how this is transported and stored securely.
- Educators and families are required to discuss confidential information in private and appointments are required to discuss sensitive matters with the Room Leader or Director.
- Families are asked to use their discretion and respect privacy when discussing events or occurrences they witness at Heritage.
- All educators and other staff are required to abide by the Privacy and Confidentiality policy when engaged in social activities with parents, e.g., via Facebook or while babysitting.<sup>26</sup>
- Families are asked to be prudent when submitting information by email as there is a risk of interception.
- Any Heritage community is informed that any information or documentation found by families remains confidential and must be returned to the Director immediately.<sup>27</sup>

### Monitoring, Evaluation and Review

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

- Monitor the implementation, compliance, complaints, and incidents in relation to this policy.
- Regularly seek feedback from educators, other staff, parents/guardians and all stakeholders affected by the policy regarding its effectiveness.
- Ensure that all information on display and supplied to parents/guardians regarding the management of diagnosed medical conditions is current.
- Keep the policy up to date with current legislation, research, policy, and best practice.
- Revise the policy and procedures as part of the Heritage policy review cycle, or as required.
- Notify families at least 14 days before changing this policy or procedures if it affects fees; significantly impacts the service's education and care of children or the ability of families to utilise the service.

### Related Forms

- Enrolment Form
- Medical Condition Management Plan (Appendix 1).
- Whole of Service Risk Management Plan for Children with Asthma or Anaphylaxis (Appendix 2).
- Register of Children Attending with a Medical Condition
- Illness Report Form
- Family Communication Sheet.

### Links to Medical Condition Action Plans from Recognised Authorities

- [Asthma Action Plans](#)
- [Allergy and Anaphylaxis Action Plans](#)
- [Diabetes Action Plans](#)
- [Epilepsy Management Plans](#)

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<sup>25</sup> Refer to: Communication and Family Involvement Policy and Procedures

<sup>26</sup> Refer to: Social Media Policy and Procedures

<sup>27</sup> Refer to: Privacy and Confidentiality Policy and Procedures



## Related Policies and Procedures

Name of Policy and Procedures Document	Location
Acceptance and Refusal of Authorisations	
Allergy and Anaphylaxis (including Nut Free)	
Asthma	
Behaviour Guidance	Policy and Procedures Manuals in the
Child Safe Environment	Entrance Foyer, Main Office, and Staff
Communication and Family Involvement	Programming Room.
Creating Inclusion and Equity	
Diabetes	Family Handbook
Emergency and Evacuation	Educator/Relief Educator Handbooks
Employment and Staffing	
Epilepsy	Policies and Procedures documents in
Excursions and In-House Extra Activities	Members Section on Heritage website.
Enrolment and Graduating Rooms	
First Aid for Injury, Trauma, and Illness	
Food Safety	
Illness and Infectious Diseases	
Medication	
Supervision	
Work Health and Safety	
Privacy and Confidentiality	

## References and Further Readings

**Australian Children’s Education and Care Quality Authority (ACECQA).** (2023). [First Aid Qualifications and Training.](#)

**Australian Children’s Education and Care Quality Authority (ACECQA).** (2023). [Dealing with Medical Conditions - Policy and Procedures Guidelines](#)

**Community Early Learning Australia (CELA)** (2021). *Sample Policy: Dealing with Medical Conditions*

**National Health and Medical Research Council.** (2013). [Staying Healthy: Preventing infectious diseases in early childhood education and care services. 5th edition.](#)

**University of Melbourne Early Learning Centre.** (2014). *Dealing with Medical Conditions Policy.*

**University of Melbourne Early Learning Centre.** (2014). *Diabetes Policy*

**University of Melbourne Early Learning Centre.** (2014). *Epilepsy Policy*

**University Preschool and Childcare Centre.** (2017). [Medical Conditions Policy](#) – Asthma, Anaphylaxis, Diabetes and Other Conditions

### Useful Websites

[ADHD Australia](#)

[Allergy and Anaphylaxis Australia](#)

[Asthma Australia](#)

[National Asthma Council](#)

[Diabetes Australia](#)

[Epilepsy Action Australia](#)

[Centre for Community Child Health](#)

[Health Direct](#)

[National Health and Medical Research Council](#)

[Raising Children Network](#)



### Version Control and Change History

Version Number	Approval Date	Approved by	Author and Amendments
1	9 October 2018	Heritage Committee	Author: Julia Charters. New Policy created to meet regulation 90. Updated Medical Condition Management Plan Form. Included the requirement for a Risk Minimisation Plan and Communication Plan to be developed in consultation with families. Created Calling an Ambulance Card.
2	12 December 2023	Heritage Committee	Author: Julia Charters Updated references and regulations and added hyperlinks. Added Contents Page. Minor edits to wording to reduce sentence length without changing the meaning. Cross checked with latest ACECQA guidelines and CELA Medical Conditions Policy Sample. More detail added to Policy Aims and Risk Management. Clarified procedures for managing medical conditions during evacuations and lockdowns. Added Notification Requirements including procedure for notification of serious illness to the ACT Regulatory Authority such as a severe asthma attack, seizure, or anaphylaxis. Added section on risk management during sleep and rest to Medical Condition Management Plan. Added Whole of Service Risk Management Plans for Asthma and Anaphylaxis to Appendices.



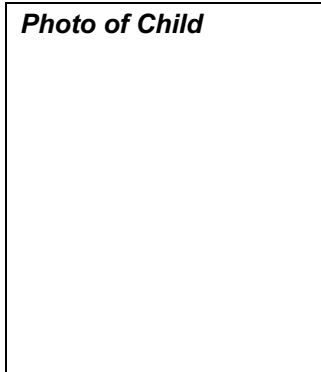
## Medical Condition Management Plan

*For Asthma, Anaphylaxis, Allergies, Diabetes or Epilepsy, you may also attach an Action Plan from a recognised authority, eg, ASCIA Action Plan, signed by your child’s Medical Practitioner, for use in conjunction with this form.*

### Instructions

- To be completed by parents in consultation with their child’s Medical Practitioner.
- Parents must check and review this Medical Condition Management Plan at least annually on enrolment and after a relevant incident.
- Parents must inform the Director immediately if there are any changes to this Plan.
- Please print your responses clearly.

**Photo of Child**



### Privacy

The information on this Plan is confidential. All educators that care for your child will have access to this information and it may be displayed, with your consent, in your child’s room, and only to provide safe management for your child. Heritage will only disclose this information to others with your consent if it is to be used elsewhere, unless required to do so by law.

**Child’s Name** ..... **Date of Birth** .....

**Medical Condition** .....

**Parent 1 Name** .....

Telephone: (H) ..... (W) ..... (M).....

**Parent 2 Name** .....

Telephone: (H) ..... (W) ..... (M).....

**Emergency contact**.....

Relationship..... Emergency contact phone (H).....

(W) ..... (M) .....

**Doctor** ..... **Phone** .....

### Risk Minimisation Plan

(Strategies to minimise risk may include safe food handling practices; excluding certain foods; notifying parents of allergens present at service; Management Plan on display; child cannot attend without medication/device etc).

Signs and Symptoms of Condition	
<b>Mild</b>	<b>Action/Treatment to be Taken</b>
<b>Severe</b>	<b>Action/Treatment to be Taken</b>

Risk/Trigger Factor	Strategies to Minimise Risk	Who is Responsible
Risk Management on Excursions		
Risk Management During Sleep and Rest		

**Medication Authorisation** (including those administered at home, eg, herbal medications)

Name and Location of Medication	Dosage	How often given

**Other information**

(Include system of treatment e.g., injections/oral/inhaled and if dosage needs to be altered etc.)

Doctor's Name \_\_\_\_\_ Ph \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Communication Plan**

What must be communicated	Procedures
If a child's condition suddenly deteriorates or if educators are at any time concerned	<ul style="list-style-type: none"> <li>Educators must call an ambulance immediately and notify parents/guardians.</li> <li>Parents /guardians to be notified as soon as practicable whenever their child has received first aid for their medical condition.</li> </ul>
Relevant educators and volunteers must be informed	<ul style="list-style-type: none"> <li>Director will inform relevant educators and volunteers about the Medical Conditions Policy during their induction and ensure they</li> </ul>

<p><b>about the Medical Conditions Policy, Medical Condition Management Plan and Risk Minimisation Plan for children in their care that have a diagnosed medical condition</b></p>	<p>have access to the policy in the Staff Programming room and via the Members section of the website. Procedures must be summarised in service Handbooks.</p> <ul style="list-style-type: none"> <li>• Director will inform relevant educators and volunteers of children in their care with diagnosed medical conditions, of their Medical Condition Management Plan and the location of their medication. This will be done during their induction; on enrolment of new families; prior to room transitions; and whenever a family updates their child's health information.</li> <li>• Director will regularly review medical condition procedures with educators at Staff meetings.</li> </ul>
<p><b>Educators must regularly communicate with families regarding their child's medical condition.</b></p>	<ul style="list-style-type: none"> <li>• Educators must complete an Illness Report Form when a child has an incident at Heritage related to their medical condition and advise parents/guardians if their child requires medication when this has not previously been authorised (such as outside their usual day/time for administration).</li> <li>• Educators must regularly communicate with families at drop off and pick up times about their child's health to check if there have been any changes in their condition or treatment.</li> <li>• Educators must advise families when their child's medication needs to be replenished at Heritage.</li> </ul>
<p><b>Parents/guardians must regularly update and communicate any changes to their child's Medical Condition Management Plan and Risk Minimisation Plan.</b></p>	<ul style="list-style-type: none"> <li>• Families must provide details annually on enrolment and on subsequent diagnosis of any existing or new medical conditions.</li> <li>• Families must provide an updated Medical Condition Management Plan at least annually, prior to expiry or whenever information changes.</li> <li>• Families must verbally advise the Director of changes to their child's Medical Condition Management Plan or authorised medication as soon as possible after a change has occurred, and immediately provide an updated Medical Management Plan, medication and medication authorisation (if relevant).</li> <li>• The Director will regularly remind families of the requirement to keep their child's Medical Condition Management Plan up to date through emails, the newsletter, notices etc.</li> <li>• Families must advise educators verbally or in writing on arrival at Heritage of symptoms experiences by their child requiring administration of medication in the past 48 hours, and the cause of the symptoms if known.</li> <li>• Families must ensure the service has adequate supplies of their child's medication.</li> </ul>
<p><b>Other</b></p>	

- I agree with the Risk Minimisation and Communication Plan arrangements for managing my child's medical condition as detailed above.
- In the event my child falls ill, I agree to my child receiving the treatment described above.
- I authorise staff to assist my child with taking medication.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.
- A copy of the Medical Conditions Policy is attached.

Parent's/Guardian Signature \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_



## Whole of Service Risk Minimisation Plan for Asthma

To be completed by Director in consultation with families of children at-risk and educators.

Meeting the needs of children who may be at-risk of asthma	
<p><b>Who are the children and what sets off their asthma?</b></p> <ul style="list-style-type: none"> <li>List names and room locations of each of the children at-risk of asthma.</li> <li>List all of the known triggers for the at-risk children.</li> </ul>	
<p><b>How are the triggers minimised?</b></p> <ul style="list-style-type: none"> <li>List potential sources of exposure to each known trigger and strategies to minimise the risk of exposure.</li> <li>This may include requesting that certain foods/items not be brought to the service.</li> </ul>	
<p><b>Does everyone recognise the at-risk children?</b></p> <ul style="list-style-type: none"> <li>List the strategies for ensuring that all educators, including relief staff recognise each of the at-risk children.</li> <li>Confirm where each child's asthma action plan (including the child's photograph) will be displayed.</li> </ul>	<p>Picture, trigger factors and action plan display of all "at-risk" children in their rooms and kept in a folder in the office with their medication.</p> <p>This is discussed with room educators before any transition of rooms take place.</p>
Managing the risk of Asthma checklist	
<ul style="list-style-type: none"> <li>Provide each family at-risk with a copy of the Asthma Policy.</li> <li>Record the date of the Ventolin the family provides.</li> <li>Test that all educators, including relief staff, know where the asthma kit is kept for each at-risk child.</li> <li>Expiry date of Ventolin is regularly checked by a nominated educator and the families of each at-risk child are informed of replacement requirements.</li> <li>Procedures are in place to minimise the risk of exposure to known triggers.</li> <li>First Aid Action Plans for Asthma is be displayed in key locations.</li> <li>Emergency contacts and ambulance cards located by phone.</li> <li>The Ventolin device is carried together with the spacer and the child's emergency contacts and asthma action plan, by an educator when a child at-risk is removed from the service, e.g. for excursions/evacuations.</li> </ul>	Yes

**Minimising the risk of a child being exposed to asthma triggers**

<p><b>When might the child be exposed to triggers and what strategies are in place to prevent this (including who is responsible for implementing them).</b></p>	
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**Allocating responsibilities for action to take if a child has an asthma attack**

Educators know what each child’s asthma action plan says and implement it.	Yes
<p>Educators know who will:</p> <ul style="list-style-type: none"> <li>• administer the Ventolin and stay with the child.</li> <li>• telephone the ambulance and the family/emergency contact.</li> <li>• ensure the supervision of the other children.</li> <li>• let the ambulance officers into the service and take them to the child.</li> </ul>	Yes, Director or Room Leader to direct at time of incident.
Educators with responsibilities for at-risk children have undertaken asthma management training.	Yes

**How effective is the service’s risk minimisation plan?**

Risk minimisation plan is reviewed with families of at-risk children at least annually, but always upon enrolment of each at-risk child and after any incident.	Yes
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## Whole of Service Risk Minimisation Plan for Anaphylaxis

To be completed by Director in consultation with families of children at-risk and educators.

Meeting the needs of children with allergies who are at-risk of anaphylaxis	
<p><b>Who are the children and what are they allergic to?</b></p> <ul style="list-style-type: none"> <li>List names and room locations of each of the children at-risk of anaphylaxis.</li> <li>List all of the known allergens for each of the at-risk children.</li> </ul>	
<p><b>How are the allergens minimised?</b></p> <ul style="list-style-type: none"> <li>List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service.</li> </ul>	
<p><b>Does everyone recognise the at-risk children?</b></p> <ul style="list-style-type: none"> <li>List the strategies for ensuring that all educators, including relief staff recognise each of the at-risk children.</li> <li>Confirm where each child's anaphylaxis action plan (including the child's photograph) will be displayed.</li> </ul>	<p>Picture, trigger factors and action plan display of all "at-risk" children in their rooms and kept in a folder in the office with their medication.</p> <p>This is discussed with room educators before any transition of rooms take place.</p>
Managing the risk of anaphylaxis checklist	
<ul style="list-style-type: none"> <li>Provide each family at-risk with a copy of the Allergy and Anaphylaxis Policy.</li> <li>Record when a family provides a complete auto-injection device kit.</li> <li>Test that all educators, including relief staff, know where the auto-injection device kit is kept for each at-risk child.</li> <li>Expiry date of each adrenaline auto-injection device is regularly checked by a nominated educator and the families of each at-risk child.</li> <li>Procedures are in place to minimise the risk of exposure to a known allergen, eg, food containing the allergen is excluded; food packaging of risk foods not to be used by allergic child, eg, egg cartons.</li> <li>Families are aware that no child who has been prescribed an adrenaline auto-injection device is permitted to attend Heritage without that device.</li> <li>ASCIA's Generic First Aid Action Plans for Anaphylaxis (Epipen and Anapen) will be displayed in key locations (<b>refer to:</b> attachments)</li> <li>Emergency contacts and ambulance cards located by phone.</li> <li>The auto-injection device is carried in an insulated container together with the child's emergency contacts and anaphylaxis action plan, by an educator when a child at-risk is removed from the service, eg for excursions/evacuations.</li> </ul>	

**Minimising the risk of a child being exposed to a food allergen**

<ul style="list-style-type: none"> <li>• <b>When might the child be exposed to allergens and what strategies are in place to prevent this (including who is responsible for implementing them).</b></li> <li>• What hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.</li> <li>• What is the safest place for the at-risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child.</li> <li>• Procedures for ensuring that each at-risk child only consumes food prepared specifically for them.</li> <li>• No food is introduced to a baby if the family has not previously given this food to the baby at home.</li> <li>• Ensure each child washes or sanitised their hands before and after eating and on arrival.</li> <li>• What teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the ‘at-risk’ child/ren and the reasons for this.</li> <li>• Bottles, other drinks and lunch boxes provided by the family of the at-risk child are clearly labelled with the child’s name.</li> <li>• A safe ‘treat box’ is provided by the family of each at-risk child and used by Heritage to provide ‘treats’ to the at-risk child, as appropriate.</li> </ul>	<p>Refer to: table over-page</p>
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**Allocating responsibilities for action to take if a child has an anaphylactic reaction**

<p>Educators know what each child’s anaphylaxis action plan says and implement it.</p>	<p>Yes</p>
<p>Educators know who will:</p> <ul style="list-style-type: none"> <li>• administer the auto-injection device and stay with the child.</li> <li>• telephone the ambulance and the family/emergency contact.</li> <li>• ensure the supervision of the other children.</li> <li>• let the ambulance officers into the service and take them to the child.</li> </ul>	<p>Yes, Director or Room Leader to direct at time of incident.</p>
<p>Educators with responsibilities for at-risk children have undertaken anaphylaxis management training and undertake regular practise sessions for the administration of the auto-injection device.</p>	<p>Yes</p>

**How effective is the service’s risk minimisation plan?**

<p>Risk minimisation plan is reviewed with families of at-risk children at least annually, but always upon enrolment of each at-risk child and after any incident or accidental exposure.</p>	
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**Possible Anaphylaxis Exposure Scenarios and Strategies**

Scenario	Strategy	Who
<b>Food and milk is provided by families and served by Heritage staff.</b>	The family provides all of the food for the at-risk child.	Family
	Educators observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children’s eating area, food utensils and containers.	Educators
	There is a system in place to ensure the ‘at-risk’ child is served only the food prepared for him/her.	Educators
	An ‘at-risk’ child is served their food at a place considered to pose a low risk of contamination from allergens from another child’s food. This place is not separate from all children and allows social inclusion at mealtimes.	Educators
	Children are regularly reminded of the importance of no food sharing with the at-risk child.	Educators
	Children are supervised during eating.	Educators
<b>Party or celebration</b>	Ensure a safe treat box is provided for the at-risk child.	Family/ Educators
	Ensure the ‘at-risk’ child only has the food approved by his family.	Educators
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent.	Director/ Room Leader
<b>Insect sting allergies</b>	Specify play areas that are lowest risk to the at-risk child and encourage him/her and peers to play in the area.	Educators
	Decrease the number of plants that attract bees.	Director
	‘At-risk’ child wears shoes at all times outdoors.	Educators
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the ‘at-risk’ child during the period required to eradicate the insects.	Director
<b>Latex allergies</b>	Avoid party balloons or contact with latex gloves.	Educators

**Source:** Anaphylaxis Model Policy 2011, Victorian Government