Medical Conditions Policy

Document Title	NQS2.12 Medical Conditions Policy	**Version**	3a
Date Approved	January 2024	**Date for Review**	March 2025
Warning - Ensure you are using the latest version of this policy.			
DCC Network/All Organisation Information/DCC Policies/Quality Area 2 – Childrens Health & Safety			

1. Policy Statement

This policy acts to ensure that:

- Children are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well,
- Families can expect that educators will act in the best interests of the children in their care at all times; meet the children's individual health care needs and maintain continuity of medication for their children when the need arise,
- Educators feel competent to perform their duties; understand their liabilities and duty of care requirements; are provided with sufficient information and training regarding the administration of medication and other appropriate treatments,
- There is collaboration with families of children with diagnosed medial conditions to develop a Risk Minimisation Plan for their child,
- All staff, including casual staff, educators and volunteers, are informed of all children diagnosed with a medical condition and the risk minimisation procedures for these,
- All families are provided with current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the Risk Minimisation Plan,
- All children with diagnosed medical conditions have a current Risk Minimisation Plan that is accessible to all staff,
- All staff are adequately trained in the administration of emergency medication.

2. Rationale

Clear procedures are required to support the health, wellbeing and inclusion of all children enrolled at the service.

Our service practices support the enrolment of children and families with specific health care requirements. Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases, if not managed appropriately, these can be life threatening.

3. Responsibilities

It is the responsibility of the Approved Provider to:

- Ensure the development of a Communication Plan and encourage ongoing communication between parents/guardians and educators/staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation.

- Ensure relevant educators 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.
- Ensure at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service.
- Ensure that a Risk Minimisation Plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually.
- Ensure that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this policy and other relevant service policies.
- Ensure there is at least one general use adrenaline injector at the service and staff are informed of the location of this.
- Undertake a risk assessment to determine how many general use adrenaline injectors are required by the service and where the device/s will be located, including whether they will be taken to off-site activities.
- Provide support (including counselling) for service staff who manage a severe allergic reaction and for the child who experienced the anaphylaxis and any witnesses.
- Notify the regulatory authority within 24 hours of any incident involving a serious injury or trauma to a child while that child is being educated and cared for, including any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis.

It is the responsibility of Nominated Supervisors and Responsible Persons to:

- Implement this policy at the service and ensure that all staff adhere to the policy.
- Inform the Approved Provider of any issues that impact on the implementation of this policy.
- Identify specific training needs of staff who work with children diagnosed with a medical condition, and ensuring, that staff access appropriate training.
- Coordinate two scenarios to practice the use of the emergency medication and procedure in the event of an emergency.
- Ensure children do not swap or share food, food utensils or food containers.
- Ensure staff awareness that unexpected allergic reactions, including anaphylaxis, might occur for the first time in children not previously identified as being at risk, in the service.
- Ensure food preparation, food service and casual staff/educators are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis.
- Ensure a copy of the child's Medical Management Plan is visible and known to staff in the service.
- Ensure staff/educators follow each child's Risk Minimisation Plan and Medical Management Plan.
- Ensure opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan.

- Provide information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.
- Maintain ongoing communication between staff/educators and parents/guardians in accordance with the strategies identified in the Communication Plan to ensure current information is shared about specific medical conditions within the service.
- Should there be an incident requiring emergency medical treatment, inform staff of the incident and undertake reporting requirements to the regulatory authority. Offer staff a debrief after each incident and arrange help as needed such as counseling.
- Review the child's medical management plan to identify if further risk minimisation strategies are needed, or some strategies need to be adapted.
- If a child has had an allergic reaction to a packaged food or to a meal provided by the service, this will be reported to the local food authority for investigation (Refer to: allergyfacts.org.au/allergy-management/risk/ reporting-an-allergic-reaction). If the reaction is to a food sent from home, it is the parent's responsibility to report the reaction.,

It is the responsibility of educators to:

- Read and be familiar with this policy.
- Communicate 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
- Be aware of individual requirements of children with specific medical conditions and following their Risk Minimisation Plan and Medical Management Plan.
- Monitor signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor.
- Ensure that parents/guardians are contacted when concerns arise regarding a child's health and wellbeing.
- Include information and discussions about food allergies in the programs they develop, to help children understand about food allergy and to encourage caring, acceptance and inclusion of children with food allergies. (Curriculum resources are available: allergyfacts.org.au/allergy- management/schooling-childcare/school-resources)
- Provide age-appropriate education of children with allergies and their peers to manage risks in the service. This may include signs and symptoms of an allergic reaction, what to do if their friend is having an allergic reaction, not sharing food, drinking from their own water bottle, washing their hands after they have eaten something another child is allergic to,
- Complete an incident report should a child require emergency medical treatment.

It is the responsibility of employees preparing food to:

- Prepare food in accordance to children's health needs, following medical and intolerance / diet modification plans.
- Implement highly effective measures to prevent cross contamination between foods during the handling, preparation and serving of food.

It is the responsibility of families to:

- Inform the service of their child's medical conditions, if any, and inform the service of any specific requirements that their child may have in relation to their medical condition.

- Develop a Risk Minimisation Plan with the Nominated Supervisor and/or other relevant staff members at the service.
- Provide 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 staff in the event of an incident relating to the child's specific health care needs.

4. Definitions

Nil

5. Guidelines

a) Administration of Prescribed Medication

Prescribed medication, authorised medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- with two adults in attendance (except in the case of FDC or an education and care service that is permitted to have only 1 educator to educate and care for children), one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure
- if the prescribed medication is in its original container bearing the child's name, dose and frequency of administration.

Prescribed medication will be placed in a location easily accessible to staff and stored at a temperature in accordance with instructions. In the case of prescribed adrenaline injectors, they will not be locked away and will be stored where they are not available to children.

- Medication, including emergency medication, and Medical Management Plans will be taken whenever the child goes to off-site activities.
- Medication will be checked at least quarterly to ensure it has not expired and does not need replacing. Staff will inform the parents/ guardians if medication needs to be replaced (if used or about to expire).

b) Medical Management Plans

Medical Management Plans are required if a child enrolled at our service has a specific health care need, allergy or relevant medical condition. This involves:

- requiring a parent of the child to provide a Medical Management Plan for the child. The Medical Management Plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs. The plan needs to be authorized by a registered medical practitioner.
- requiring the Medical Management Plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.
- reviewing the plan at least annually in consultation with the child's parents/guardians to make sure information is up to date and strategies to reduce risk remain age appropriate.

It will also be reviewed when a child's allergies change or after exposure to a known allergen while attending the service or before any special activities (such as off-site activities) to make sure information is up to date and correct, and any new procedures for the special activity are included.

No child enrolled at the service will be able to attend the service without medication prescribed / authorised by their medical practitioner.

- If the child's medication is *out of date,* the child will be unable to attend the service until medication within date, prescribed by the medical practitioner is provided to the service.
- If a medical management plan is required, children cannot attend until a plan is in place. If the plan is requiring a change, a new plan must be developed within two weeks.

c) Risk Minimisation and Communication Plans

Risk Minimisation and Communication Plans are required to be developed in consultation with the parents of a child:

- to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.
- if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented.
- if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.
- to ensure that all staff members and volunteers can identify the child, the child's Medical Management Plan and the location of the child's medication.
- if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition, are developed and implemented.

d) Communication Strategies

Our service will maintain the review and development of communication strategies to ensure that:

- Relevant staff members and volunteers are informed about the medical conditions policy and the Medical Management Plan and Risk Minimisation Plan for the child.
- A child's parent can communicate any changes to the Medical Management Plan and Risk Minimisation Plan for the child, setting out how that communication can occur.
- Families and educators communicate regarding the child's/children's changing requirements and any interventions undertaken by the educators.
- Personal information given by parents/guardians is collected, used, shared as needed, stored and destroyed (when no longer needed) according to the relevant Privacy Act in that state.
- The service receives written permission from the parents before the child's Action Plan is displayed in public areas.

Our organisation will communicate with our community about food allergy and anaphylaxis at least annually, ideally at the commencement of each calendar year or when the allergies being manage change. This is to help raise awareness and provide necessary information. The allergy strategy sample letter will be incorporated into the newsletter.

e) Anaphylaxis/Allergy Management

While not common, anaphylaxis is life threatening. It is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to an individual and it is possible to have an allergy to any foreign substance.

Symptoms of anaphylaxis include difficulty breathing, swelling or tightness in the throat, swelling tongue, wheeze or persistent cough, difficulty talking, persistent dizziness or collapse and in young children paleness and floppiness.

Anaphylaxis is often caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.

To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, educators and staff will:

- ensure children do not trade food, utensils or food containers.
- prepare food in line with a child's medical management plan and family recommendations.
- use non-food rewards with children, for example, stickers for appropriate behaviour.
- request families to label all bottles, drinks and lunchboxes etc with their child's name.
- consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate.
- sensitively seat a child with allergies at a different table if food is being served that he/she is allergic to, so the child does not feel excluded. If a child is very young, the family may be asked to provide their own high chair to further minimise the risk of cross infection.
- hold non-allergic babies when they drink formula/milk if there is a child diagnosed at risk of anaphylaxis from a milk allergy.
- closely supervise all children at meal and snack times, ensure food is eaten in specified areas and children are not permitted to 'wander around' the service with food
- consider requesting parents to not send food that contains highly allergenic elements, even if their child does not have an allergy e.g. by placing a sign near the front door reminding families about this. In the case of a nut allergy this may prevent, for example, parents or other individuals visiting the service from bringing any foods or products containing nuts or nut material such as:
    - peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts,
    - any other type of tree or ground nuts, peanut oil or other nut-based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan,
    - any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods,
    - foods with spices and seeds such as mustard, poppy, wheat and sesame seeds,
    - cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil that contain nut material.
- consider the food allergies of all children. It may not be practical to prohibit all foods triggering food allergies. Nut allergy is the most likely to cause severe reaction and will take precedence.
- consider requesting parents of children with (severe) food allergies to prepare food for the child at home where possible.

In relation to nuts and nut products, commercial food processing practices mean it is not possible to eliminate nuts and nut products entirely from our service eg there will be traces of nuts in many products. **For this reason we are a nut aware service rather than a nut free service.**

Allergic reactions and anaphylaxis are also commonly caused by:

- animals, insects, spiders and reptiles,
- drugs and medications, especially antibiotics and vaccines,
- many homeopathic, naturopathic and vitamin preparations,
- many species of plants, especially those with thorns and stings,
- latex and rubber products,
- Band-Aids, Elastoplast and products containing rubber-based adhesives.

Educators will ensure body lotions, shampoos and creams used on allergic children are approved by their parent.

6. Procedure

a) Asthma

- Whenever a child with asthma is enrolled at our service, or newly diagnosed as having asthma, communication strategies will be developed to inform all relevant educators, including students and volunteers, of:
    - the child's name, and room they are educated and cared for (in the child's Risk Minimisation Plan)
    - where the child's Medical Management Plan will be located
    - where the child's preventer/reliever medication etc. will be stored
    - which educators will be responsible for administering treatment.
- Asthma reliever medications will be stored out of reach of children, in an easily accessible central location.
- Reliever medications together with a spacer will be included in our service's First Aid kit in case of an emergency situation where a child does not have their own reliever medication with them.
- Asthma Australia (along with other registered training organisations) provides training in Emergency Asthma Management (EAM) which instructs on all aspects of asthma management and administration of asthma reliever medications. Educators who will be responsible for administering asthma reliever medication to children diagnosed with
- asthma in their care, will attend, or have attended, an EAM course. It is a requirement that at least one Educator or other person that is trained in EAM is at the service at all times children are present.
- The service will display a National Asthma Council Australia Action Plan Poster in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet (see www.nationalasthma.org.au)

Asthma Management

Educators and staff will implement measures to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack.

These triggers include:

- dust and pollution,

- inhaled allergens, for example mould, pollen, pet hair,
- changes in temperature and weather, heating and air conditioning,
- emotional changes including laughing and stress,
- activity and exercise.

To minimise exposure of susceptible children to triggers which may cause asthma, educators and staff will ensure children's exposure to asthma triggers are minimised. This may include:

- implement wet dusting to ensure dust is not stirred up,
- plan different activities so children are not exposed to extremes of temperature e.g. cold outsides and warm insides,
- restrict certain natural elements from inside environments,
- supervise children's activity and exercise at all times,
- keep children indoors during periods of heavy pollution, smoke haze or after severe storms which may stir up pollen levels etc,
- consider children's asthma triggers before purchasing service animals or allowing children's pets to visit,
- ensure indoor temperatures are appropriate and heating and cooling systems are being used appropriately,
- assist educators to monitor pollution levels and adverse weather events. This may be undertaken by monitoring local wind conditions, pollen levels and considering children in service on that day with asthma or allergies. The Nominated Supervisor / Responsible Person will assess conditions to determine action and needs of the children,
- ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an asthma attack and implement improvements if possible.

Asthma Emergencies

In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.

The National Asthma Council Australia (NAC) recommends that should a child not known to have asthma appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately. The following steps are recommended:

- If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma:
    - Give 4 puffs of a reliever medication and repeat if no improvement,
    - Keep giving 4 puffs every 4 minutes until the ambulance arrives,
    - No harm is likely to result from giving reliever medication to someone who does not have asthma,
- In the event of anaphylactic emergency and breathing difficulties, an adrenaline auto-injector must be administered first, then reliever medication.

Each service will have Emergency Asthma First Aid located in the 'Buddy bag' and will contain:

- Blue or grey reliever puffer,
- At least 2 spacer devices that are compatible with the puffer,
- At least 2 face masks compatible with the spacer for use by children under 5.

Spacers and masks are single person use only and are to be replaced in the kit after each use. If the spacer and mask has been used, it can be labelled with the child's name and provide for their own future use or dispose of thoughtfully.

b) Anaphylaxis

- Whenever a child with severe allergies is enrolled at our service, or is newly diagnosed as having a severe allergy, a Communication Plan will be developed to inform all relevant educators, including students and volunteers, of
    - the child's name and room they are educated and cared for in,
    - the child's Risk Minimisation Plan,
    - where the child's Medical Management Plan will be located,
    - where the child's adrenaline auto-injector is located; and
    - which educators/staff will be responsible for administering the adrenaline auto-injector.
- In accordance with the *Education and Care Services National Regulations*, our service will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Notices will be posted in the foyer, and on the wall of the room that the child is based in. The notice will advise which foods (if any) are allergens and therefore not to be brought to the service.
- It is required that the child at risk of allergic reactions will have a Medical Management Plan. The ASCIA Action Plan is designed to meet the requirements of a medical management plan (Refer to: The Australian Society for Clinical Immunology and Allergy (ASCIA) for a plan template www.allergy.org.au). Educators will become familiar with the child's plan and also develop an individual anaphylaxis Risk Minimisation Plan for the child in consultation with the child's parents/guardians and appropriate health professionals.
    - Note that the ASCIA plan must match the autoinjector device (ASCIA plan EpiPen® or Anapen®).[i]
- A communication plan will be developed with parents/guardians to ensure any changes to a child's health care needs are discussed and the health care plan updated as required.
- Children prescribed with an adrenaline injector will be required to make one device available to the service while in the care of the service. Parents/guardians are responsible for supplying the adrenaline injector and making sure it has not expired.
- All staff will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice.
- The organisation pays for all contracted educators to undertake yearly first aid training- HLTAID012 Provide *First Aid* in an *education* and care setting Educators with a minimum of two years on their first aid certificate will complete the continuous program, others will do a full course.
- All staff will also undertake ASCIA anaphylaxis refresher e-training twice yearly (Refer to: etraining.allergy.org.au).
- The service will organise have adrenaline injector trainer devices available to allow staff to have hands-on practise with the devices during training and refresher training.
- Staff involved in the preparing, serving and supervising of meals will undertake the *National Allergy Strategy All about Allergens for children's education and care food allergen* management training for food service at least every two years (Refer to: foodallergytraining. org.au).

- A staff training register will be kept.
- The service will display an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan poster for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room (see www.allergy.org.au)

Anaphylaxis Emergencies

- Adrenaline (epinephrine) is given through an adrenaline injector (EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the first line emergency treatment for anaphylaxis.
- Storage of the child's Anapen will be in a hard tooth brush container, clearly labelled with the child's name and disposal instructions (see below).
- Each service will have an emergency adrenaline injector EpiPen® with a risk assessment undertaken to determine if additional devices are required. The device required (0.15mg or 0.30mg) will depend on the age of the children being cared for. General use adrenaline injectors are additional to a child's prescribed adrenaline injector and not a substitute for prescribed devices. These will be stored in the buddy bags. Adrenaline injectors should be stored at room temperature (not in the fridge) away from direct sunlight. Ideally in a cool dark place, between 15-25 degrees.
- In the case of an anaphylaxis emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.
- For anaphylaxis emergencies, educators will follow the child's Action Plan. The general use adrenaline injector can be used if the child does not have their prescribed adrenaline injector, if their device is not administered correctly or if the child requires a second dose or if a child does not have a prescribed device.
- Educators/staff administering the adrenaline will follow the instructions stored with the device. An ambulance will always be called. The used auto-injector will be given to ambulance officers on their arrival.
- A child (or staff member/visitor) with no history of anaphylaxis may have their first anaphylaxis whilst at the service. If the service staff think a child/staff member/visitor may be having anaphylaxis, the general use adrenaline injector should be given to the individual immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance.
- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to two hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.
- Where it is known that a child has been exposed to whatever they are allergic to, but has not developed symptoms, the child's parents/guardians will be contacted and asked to come and collect their child.
    - The service will carefully monitor the child following instructions on the ASCIA Action Plan until the parents/guardians arrive.
    - Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the child begin to develop allergic symptoms.
    - Anaphylaxis emergency response drills (like a fire drill) will be practised and assessed twice a year to make sure staff understand the anaphylaxis emergency procedure and know what to do.

    - After an allergic reaction/anaphylaxis, the individualised anaphylaxis management plan will be reviewed to determine if the service's risk minimisation strategies and emergency response procedures need to be changed/improved.
- All emergency first aid kits (containing both asthma and adrenaline injectors will be audited every three months as per the first aid guidelines contained within the Incident, Injury, Illness and trauma policy. Adrenaline injectors should also be checked for discolouration and sediment.
- All emergency medication will be replaced before they expire.
- In the event an incident occurs, a debriefing meeting will be held to discuss the incident for emotional processing to discuss any areas of improvements or learnings (e.g., whether there needs to be any changes to the risk management strategies in place).
- The first part of the debriefing meeting will involve completion of the NQS 2.12 Anaphylaxis incident report'.
- The child's individualised anaphylaxis care should be reviewed and updated.

Disposal of autoinjectors

After using an adrenaline injector device:

- The used device needs to be clearly labelled with the time it was given and then handed over to the ambulance (if applicable).
- If an expired adrenaline injector is used for training demonstrations (e.g., by safely injecting the device into a citrus fruit such as an orange) it can be placed in household rubbish.
- Anapens should not be re-sheathed after use and should be placed back in their hard storage container (toothbrush container).

c) Diabetes

- Whenever a child with diabetes is enrolled at our service, or is newly diagnosed as having diabetes, a communications plan will be developed to inform all relevant educators, including students and volunteers, of:
    - the child's name and room they are educated and cared for in,
    - the child's Risk Minimisation plan,
    - where the child's Emergency Action Plan will be located,
    - where the child's insulin/snack box etc. will be stored,
    - which educators will be responsible for administering treatment.
- Educators will be aware of the signs and symptoms of low blood sugar including the child presenting pale, hungry, sweating, weak, confused and/or aggressive. Signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath.
- Management of diabetes in children at our service will be supported by the child having in place an Emergency Action Plan which includes:
    - Administration of insulin, if needed – information on how to give insulin to the child, how much insulin to give, and how to store the insulin. Insulin may be delivered as a shot, an insulin pen, or via an insulin pump.
    - Oral medicine – children may be prescribed with oral medication.
    - Meals and snacks – Including permission to eat a snack anytime the child needs it.
    - Blood sugar testing – information on how often and when a child's blood sugar may need to be tested by educators.

- Symptoms of low or high blood sugar – one child's symptoms of low or high blood sugar may be different from another. The child's Action Plan should detail the child's symptoms of low or high blood sugar and how to treat it. For high blood sugar, low blood sugar, and/ or hypoglycemia, educators will follow the child's Emergency Action Plan.

d) Monitoring, Evaluation and Review

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every three years.

Families and staff are essential stakeholders in the policy review process and will be given the opportunity and encouragement to be actively involved.

In accordance with R. 172 of the *Education and Care Services National Regulations*, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected

7. Sources

- NAS Best Practice guidelines for anaphylaxis prevention and management in Childrens education and care services. Asthma Australia
- Australasian Society of Clinical Immunology and Allergy www.allergy.org.au
- Allergy and Anaphylaxis Australia www.allergyfacts.org.au
- CELA
- Australian Diabetes Council
- Better Health Vic
- Education and Care Services National Law and Regulations
- National Quality Standard

8. Relevant Legislation, Regulations and Standards

Legislation	
Education and Care Services National Regulation	
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement- anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self administration of medication
National Quality Standards	

2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	Healthy eating and physical activity are promoted and appropriate for each child.
2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
Child Safe Standards	
3	Families and communities are informed and involved
Early Years Learning Framework Learning Outcomes	
3	Children have a strong sense of wellbeing
Early Years Learning Framework Principles	
	Partnerships
	Collaborative leadership and teamwork
Early Years Learning Framework Practices	
	Holistic, integrated, and interconnected approaches
	Responsiveness to children

9. Related Documents

Doc #	Attachments
NQS2.12 A1	Medical Alert Notice
NQS2.12 A2	Child Medical Profile
NQS2.12 A3	Kids First Aid for Asthma
NQS2.12 A4	Action Plan for Anaphylaxis (general) for use with EpiPen 2017
NQS2.12 A5	Diabetes Emergency Information poster – sourced from as1diabetes.com.au
NQS2.12 A6	CPR Chart- NSW Ambulance
NQS2.12 A7	Medical Management Plan
NQS2.12 A8	Management of a Medical Condition Form
NQS2.12 A9	Staff Student Medical Management Plan
NQS2.12 A10	Communication Plan Template

NQS2.12 A6CPR Chart APPROVED Jan2

NQS2.12 A11	Anaphylaxis Incident Report

Doc #	Intersections with other key documents
NQS2.11	Incident, Injury, Illness, and Trauma Policy
NQS2.3	Administration of Medication Policy

10. Document Control

Doc #	Doc Title	Version	Approved	Next Review
NQS2.12	Medical Conditions Policy	1	May 2018	May 2020
NQS2.12	Medical Conditions Policy	2	June 2020	June 2022
NQS2.12	Medical Conditions Policy	3	March 2022	March 2025
NQS2.12	Medical Conditions Policy (minor changes due to name change and new policy document format)	3a	January 2024	March 2025