



Preschool Dealing With Medical Conditions in Children Procedure

Associated National Quality Standards	Education and Care Services National Law or Regulation	Associated department policy, procedure or guideline
2.1 2.2	Regulation 90 Regulation 91 Regulation 92 Regulation 93 Regulation 94 Regulation 95	Leading and operating department preschool guidelines Student health in NSW schools: A summary and consolidation of policy Allergy and Anaphylaxis Management within the Curriculum P-12
Pre-reading and reference documents		
Australasian Society of Clinical Immunology and Allergy (ASCIa) ASCIa Guidelines for the prevention of anaphylaxis in schools ASCIa Risk management strategies for schools, preschools and childcare services National Asthma Council Australia Epilepsy Australia Diabetes Australia		
Staff roles and responsibilities		
School principal	<p>The principal as Nominated Supervisor, Educational Leader and Responsible Person holds primary responsibility for the preschool.</p> <p>The principal is responsible for ensuring:</p> <ul style="list-style-type: none"> the preschool is compliant with legislative standards related to this procedure at all times all staff involved in the preschool are familiar with and implement this procedure all procedures are current and reviewed as part of a continuous cycle of self- assessment. 	

Preschool supervisor	<p>The preschool supervisor supports the principal in their role and is responsible for leading the review of this procedure through a process of self-assessment and critical reflection. This includes:</p> <ul style="list-style-type: none"> · analysing complaints, incidents or issues and what the implications are for the updates to this procedure · reflecting on how this procedure is informed by relevant recognised authorities · planning and discussing ways to engage with families and communities, including how changes are communicated · developing strategies to induct all staff when procedures are updated to ensure practice is embedded.
Preschool educators	<p>The preschool educators are responsible for working with leadership to ensure:</p> <ul style="list-style-type: none"> · all staff in the preschool and daily practices comply with this procedure · storing this procedure in the preschool, and making it accessible to all staff, families, visitors and volunteers · being actively involved in the review of this procedure, as required, or at least annually · ensuring the details of this procedure's review are documented.
Procedure	
Staff Professional Learning	<p>All staff who work in the preschool must have completed:</p> <ul style="list-style-type: none"> - Anaphylaxis e-learning (required to be renewed every 2 year) - e-Emergency Care (required to be renewed every 3 years) <p>If a child is identified as having a specific health need, for example epilepsy or diabetes, staff are provided with training to support their understanding of this health need and the requirements that come with it.</p>

Individual health care plans

- The preschool enrolment form requires the parent or carer to document relevant medical information. Once the enrolment form has been given to the preschool/school, the Executive Principal or the Preschool Assistant Principal will schedule a meeting with the parent/carers. This meeting is to clarify anything recorded on the enrolment form and to discuss any additional forms required. The contents of this meeting, where relevant, are shared with the preschool staff during a stage meeting, prior to the child's enrolment.
- A Department of Education individual health care plan will be developed for any child with a medical condition diagnosed by a registered medical practitioner. This may include, but is not exclusive to:
 - a child diagnosed with asthma, diabetes, epilepsy or a food or insect allergy
 - a child at risk of anaphylaxis
 - a child who requires the administration of health care procedures.
- The process of consulting with the family and creating the individual health care plan is led by the Preschool Assistant Principal and supported by the Preschool Teacher. The individual health care plan is completed and in place prior to the commencement of enrolment.
- In addition, the following documentation will be developed and collated as an attachment to the health care plan:
 - The family must provide an **emergency medical management or action plan** for their child. This must be developed, dated and signed or stamped by a medical practitioner. If the child is at risk of anaphylaxis, this will generally be the *ASCIA Action Plan for Anaphylaxis (Red) 2020*.
 - A **risk minimisation plan** for the child must be developed in consultation with their family. This should include information related to potential triggers for the child and how risks will be minimised in the preschool environment. The parent or carer's signature must be included on the plan as verification that they were consulted.
 - A **communication plan** must be developed to document:
 - how all staff and volunteers will be made aware of the child's needs
 - that all staff are able to identify the child

	<ul style="list-style-type: none"> - that all staff are able to locate the child's management plan and medication - how the family will inform the preschool of any changes in the child's management, medication, or the risks identified on their risk minimisation plan - record any communication between the family and preschool around the child's condition. <ul style="list-style-type: none"> o The family must be given a copy of this procedure and the <i>Student Health in NSW Public Schools: A summary and consolidation of policy</i> <ul style="list-style-type: none"> · The child cannot commence preschool until the family supplies their emergency medication.
Asthma	<ul style="list-style-type: none"> · Asthma is a medical condition that affects the airways. From time to time, people with asthma find it harder to breathe in and out, because the airways in their lungs become narrower. · In developing the risk management plan for children with asthma, triggers that will be considered are smoke, colds and flu, exercise and allergens in the air. The plan will note how the child's relevant triggers will be minimised in the preschool environment. · The most common symptoms of asthma are: <ul style="list-style-type: none"> o wheezing – a high-pitched sound coming from the chest while breathing o a feeling of not being able to get enough air or being short of breath o a feeling of tightness in the chest o coughing. · If a child known to suffer asthma has a flare – up, their emergency action plan will be applied. · If a child not known to have asthma has a flare – up, the preschool's general use reliever medication will be administered, following <u>The Asthma Care Plan for Education and Care Services</u>. Parent / carer authorisation is not required for this.

<p>Diabetes</p>	<ul style="list-style-type: none"> • Diabetes is a serious complex condition which can affect the entire body, requiring daily self - care. When someone has diabetes, their body can't maintain healthy levels of glucose in the blood. • The signs and symptoms of low blood sugar include the child presenting pale, hungry, sweating, weak, confused and/or aggressive. • The signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath. • How a child's diabetes will be managed and supported at preschool will depend on the type of diabetes they have. An extensive health care plan, including an emergency action plan, will be in place before they commence preschool.
<p>Epilepsy</p>	<ul style="list-style-type: none"> • Epilepsy is a disorder of brain function that takes the form of recurring convulsive or non-convulsive seizures. • Seizures can be subtle, causing momentary lapses of consciousness, or more obvious, causing sudden loss of body control. • If a child known to suffer epilepsy has a seizure, apply their individual emergency management plan. • If a child not known to suffer epilepsy suffers a seizure, follow the instructions on the <u>Epilepsy Australia seizure first aid poster</u>

Anaphylaxis

- Anaphylaxis is a severe, life-threatening allergic reaction and is a medical emergency. If a child is considered as suffering from anaphylaxis, an ambulance will be called immediately.
- Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis.
- Signs of mild or moderate allergic reaction are swelling of the lips, face, eyes, a tingling mouth, hives or welts, abdominal pain or vomiting.
- Signs of a severe allergic reaction (anaphylaxis) are difficult/noisy breathing, swelling of tongue, swelling / tightness in throat, wheeze or persistent cough, difficulty talking and/or hoarse voice, persistent dizziness or collapse, pale and floppy.
- If a preschool child known to be at risk of anaphylaxis suffers anaphylaxis, their emergency action plan will be applied and their emergency medication administered.
- If a child not known to be at risk of anaphylaxis, is suffering anaphylaxis, the preschool's general - use EpiPen Junior will be administered, following the instructions on the ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2020 EpiPen. Parent / carer authorisation is not required for this.

Administration of medication

- Before administering medication to a child, a staff member will have completed the department's *Administration of Medication in Schools e-Safety e-Learning* course.
- On arrival at preschool, the parent or carer hands the child's medication to a staff member for safe storage.
- All non-emergency medication is stored in a locked container in the kitchen refrigerator, out of reach of children.
- Medication will only be given to a child if it is in its original packaging or container with a pharmacy label stating the child's name, dosage instructions and a non-expired use-by date.
- The parent or carer completes the first section of the medication record, documenting dosage and administration details and authorising the medication to be administered to their child.
- When a staff member administers medication to a child, they record the details on the medication record, with another member of staff witnessing that the medication was administered as prescribed. This is to be made available to the family for verification when they collect their child. The 'Administrations of Medication' book is stored on the kitchen bench.
- The expiry dates of children's individual medication kept in the preschool will be monitored regularly and families asked to replace them before they expire. This is monitored every 5 weeks by the Preschool SLSO, when the first aid kits are checked.

Emergency medication	<ul style="list-style-type: none"> Emergency medications (EpiPen Jr., Ventolin) are inaccessible to children, but not locked away so they are readily available if needed. The ventolin is stored in the first aid kit under the kitchen sink and the EpiPen Jr is stored on top of the kitchen range hood. Individual emergency medication will be stored with a copy of the child's emergency management plan. In any medical emergency an ambulance will be called immediately by the preschool staff and the school front office will be advised of the call. In an anaphylaxis or asthma emergency situation, preschool educators will administer emergency medication (EpiPen Jr or Ventolin) to a child who requires it. Parent / carer authorisation is not required for this. If emergency medication is administered: <ul style="list-style-type: none"> an ambulance will be called the principal will be notified the child's parent or carer will be notified a notification will be made to Curriculum Early Years (formerly Early Learning) (phone 1300 083 698) within 24 hours.
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Record of procedure's review
Date of review and who was involved
27/4/2021 Carolyn Jones, Emma Horan, Natalie Kenny, Shiralee Robinson and Anthea Robinson
Key changes made and reason/s why
Format was changed to make the procedure more comprehensive.
Record of communication of significant changes to relevant stakeholders
Procedure will be presented at the next P&C meeting by Anette Thomson and added to Kinderloop for parents/carers to view.

Record of procedure's review	
Date of review and who was involved	
23/3/2022	Carolyn Jones, Anthea Robinson, Miriam McKeown, Shiralee Robinson and Leanne McMaster
Key changes made and reason/s why	
The addition of staff qualifications	
Record of communication of significant changes to relevant stakeholders	
Procedure will be presented at the next P&C meeting by Annette Thomson and added to Kinderloop for parents/carers to view.	

Record of procedure's review	
Date of review and who was involved	
3/8/2022	Carolyn Jones, Miriam McKeown, Shiralee Robinson and Leanne McMaster
Key changes made and reason/s why	
No changes made	
Record of communication of significant changes to relevant stakeholders	
Procedure will be presented at the next P&C meeting by Annette Thomson and added to Kinderloop for parents/carers to view.	

D. Communication plan for a medical condition

Child's name: Medical condition:

Before child commences preschool

Roles and responsibilities of preschool:	Completed? Yes or No	Signature	Completion Date
Ensure preschool procedure in relation to medical conditions is current and in place.			
Meet with the child's family to collaboratively develop a risk management plan for the child (ensure the completed plan is signed as evidence of consultation).			
Ensure child's one-page emergency management plan (completed by a medical practitioner) is displayed prominently in the preschool and in the casual folder.			
Collect parent or guardian authorisation to administer the child's emergency medication.			
If your school requires it, complete the 'Individual Health Care Plan Cover Sheet'.			
Give the child's family a copy of: <ul style="list-style-type: none">• this communication plan• 'Student Health in NSW Public Schools: A summary and consolidation of policy'• Preschool procedure relating to medical conditions.			
Place copies of child's emergency management plan, risk management plan and this communication plan in their enrolment form.			
Receive the child's medication from the family. It must be: <ul style="list-style-type: none">• prescribed by a registered medical practitioner• in its original container• not expired• <u>include</u> the child's name on the original label.			
Store child's emergency medication with a copy of their emergency management plan in a labelled location, accessible to all staff and visitors.			
Inform all staff members (including regular, relieving & RFF) of: <ul style="list-style-type: none">• the child's health condition			

<ul style="list-style-type: none"> • where the child's emergency management plan is displayed in • the preschool • the location of the child's individual emergency medication • <u>location</u> of the preschool's emergency general-use medication. • 			
Roles and responsibilities of child's family:	Completed? Yes or No	Signature	Date
Record any specific health care need, allergy or medical condition of their child in the preschool enrolment form.			
Meet with preschool teacher to discuss child's condition and contribute to the development of their risk management plan. This should include details of the child's triggers (if applicable) and potential risks in the preschool environment and strategies to reduce these.			
Provide preschool with a copy of their child's one page emergency management plan (completed by a medical practitioner).			
Supply preschool with child's individually prescribed medication. This must be: <ul style="list-style-type: none"> • prescribed by a registered medical practitioner • in its original container • not expired • <u>include</u> your child's name on the original label. 			



Parent or guardian to complete

I/we agree to these arrangements, including the display of our child's emergency management plan in the preschool to alert all staff, volunteers and visitors.

Name: Signature: Date:

Record of communication related to any changes in the child's condition, medication and/or risk management plan:

Details of communication	Educator Signature	Parent Signature	Date

Medication record

Child's name: Date of birth:

				To be completed by the parent/guardian	
				Name of medication	
				Time	Last administered
				Date	
				Time	To be administered (or circumstances to be administered)
				Date	
				Dosage to be administered	
				Method of administration	
				Signature of parent / guardian	
				Time	Medication administered
				Date	
				Dosage administered	
				Method of administration	
				Name of educator administering	
				Signature of educator administering	
				Name of witness	
To be completed by the educator when administered					

Childs name:	
Name of medication to be administered:	
Expiry date of medication:	
Time, frequency or circumstances under which the medication should be administered:	
Dosage to be administered:	
Method of administration:	

I understand I can withdraw this authorisation at any time in writing, or verbally to the preschool teacher. This authorisation must be reviewed at the end of twelve months, or sooner if required.

Medication record to be completed by staff member when medication is administered.

[illegible]

