MEDICAL CONDITIONS POLICY

POLICY STATEMENT –

RATIONALE- The centre and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, staff and visitors.

PROCEDURE

- The service will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

- A copy of the Medical Conditions Policy will be provided to all educators and at the service. The Policy will also be provided to parents of children enrolled at the service including those whose child has been identified as having a specific health care need or allergy. Educators are also responsible for raising any concerns with a child’s parents about any medical condition/suspected medical condition or known allergens that pose a risk to the child.

- No child enrolled at the service will be able to attend the service without medication prescribed by their medical practitioner. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the service or its programs without the device.

- If the child’s medication is out of date, the child will be unable to attend the service until medication within date, prescribed by the medical practitioner is provided to the service.

- Families are required to provide information about their child’s health care needs, allergies, medical conditions and medication on the Enrolment Form and are responsible for updating the service about all of these things, including any new medication, ceasing of medication, or changes to their child’s prescription. Where children have specific health care needs or medical conditions, medical, risk minimisation and communication plans are required as discussed below.

- The Nominated Supervisor and Educators will provide support and information to families about resources and support for managing specific health care needs and medical conditions, including allergies, anaphylaxis asthma and diabetes.

- Where a child has been diagnosed at risk of anaphylaxis, a notice stating the anaphylaxis risk and the nature of the allergen will be displayed so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the notice will not name the child.
• The Nominated Supervisor will ensure all educators have a current first aid certificate (HLTAID004 Provide an emergency first aid response in an education care setting). The centre will fund this certificate for all permanent educators.

• If there are children with Diabetes at the service, the Nominated Supervisor will ensure first aid trained educators receive regular training in the use of relevant devices eg insulin injection device (syringes, pens, pumps) used by children

Enrolment record

The Enrolment Form provides an opportunity for parents to help the service effectively meet their child’s health and medical needs. All educators and volunteers at the service follow a child’s medical management plan, including in the event of an incident related to the child’s specific health care needs or medical condition.

The Enrolment Update Form is provided to all families at the start of each calendar year and provides an opportunity to update changes. For changes regarding health needs, the Management of a medical condition form needs to be completed.

Families must:
• advise details of specific health care needs or medical conditions including asthma, diabetes and allergies, and whether the child has been diagnosed at risk of anaphylaxis. If health care needs or medical conditions change, it is a requirement that families advise the service as soon as possible.

• provide a Medical Management Plan in the event the child has a medical condition

Medical Management Plan.

Medical Management plans are prepared by the child’s registered medical practitioner in respect of any specific health care needs or medical conditions. The medical management plan should detail the following:

• details of the diagnosed health care need, allergy or relevant medical condition including the severity of the condition

• state what triggers the allergy or medical condition if relevant

• any current medication prescribed for the child

• the response required from the service in relation to the emergence of symptoms

• any medication required to be administered in an emergency

• the response required if the child does not respond to initial treatment

• when to call an ambulance for assistance.

• contact details of the doctor who signed the plan

• state when the plan should be reviewed

• have supporting documentation if appropriate

• a current photo of the child

Medical Conditions Risk Minimisation Plan
The Nominated Supervisor and relevant Educators will prepare and implement a *medical conditions risk minimisation plan* in consultation with families which is informed by the child’s Medical Management Plan.

The plan will include measures to ensure:
- any risks are assessed and minimised
- practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented if relevant (we will follow all health, hygiene and safe food policies and procedures)
- all parents are notified of any known allergens that pose a risk to a child and how these risks will be minimised
- a child does not attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition.

This plan will be signed by parents, the Nominated Supervisor and relevant Educators. We have a template resource for this purpose titled ‘Medical Conditions Risk Minimisation Plan’.

The *Medical Management and Risk Minimisation plans* will be kept in the child’s file and a copy of the plans stored securely with the child’s medication, emergency evacuation kit and first aid kit. A copy of the plans will also be displayed in a prominent position near a telephone (e.g. kitchen) to ensure all procedures are followed. If parents have not authorised display of the plans in public areas, the plans will be displayed in areas which are not accessed by families and visitors to protect the child’s privacy. We will explain to families why the prominent display of their child’s plans is preferable.

The medical management plans will also be taken on any excursions

**Medical Conditions Communication Plan**

The Nominated Supervisor will
- Implement a *medical conditions communication plan* to ensure that relevant educators, staff and volunteers:
  - understand the Medical Conditions Policy
  - can easily identify a child with health care needs or medical conditions
  - understand the child’s health care needs and medical conditions and their medical management and risk minimisation plans
  - know where each child’s medication is stored
  - are updated about the child’s needs and conditions

- ensure the medical conditions communication plan sets out how parents may advise changes to their child’s medical management and risk minimisation plans.
- regularly remind families to update their child health and medical information as outlined in the Plan.
- Provide education and awareness regarding specific medical conditions as required.

The plan will be signed by parents, the Nominated Supervisor and relevant educators. We have a template resource for this purpose titled ‘Medical Conditions Communication Plan.’

The Nominated Supervisor will ensure:
• any new information is attached to the child’s Enrolment Form and medical plans where relevant and shared with relevant educators, staff and volunteers

• displays about a child’s health care needs or medical conditions are updated.

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

The Nominated Supervisor will also:

• instruct educators and staff on the need to prevent cross contamination

• 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:

  o peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts

  o 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

  o 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.**

- instruct food preparation staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food and organise training as required e.g. careful cleaning of food preparation areas and utensils, use of different tools and equipment for allergic children

- ensure meals prepared at the service do not contain ingredients like nuts, and other allergens including eggs and milk if appropriate

- ensure food preparation staff consult risk minimisation plans when making food purchases and planning menus

- provide information about anaphylaxis and organise training for all educators on how to administer adrenaline auto injector devices e.g. EpiPen's

- encourage all educators to undertake anaphylaxis management training

- ensure all educators administer medication in accordance with our "Administration of Medication Policy"

- ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an anaphylactic reaction, and implement improvements if possible

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.

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 or near the medication cabinet (see [www.allergy.org.au](http://www.allergy.org.au))
Educators will react rapidly if a child displays symptoms of anaphylaxis and will:

- lay child flat or seat them if breathing is difficult (child will not be allowed to walk or stand)
- ensure a first aid trained educator with approved anaphylaxis training administers first aid in line with the child’s medical management plan. This may include use of an adrenaline autoinjection device e.g. EpiPen® and CPR if the child stops breathing in line with the steps outlined by ASICA in the Action Plan for Anaphylaxis (see www.allergy.org.au)
- call an ambulance immediately by dialling 000

The **Nominated Supervisor** will ensure that an emergency auto-injection device kit is stored in the first aid kit.

**Asthma Management**

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma symptoms include wheezing, cough, chest tightness or shortness of breath. 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 for example,

- 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

The **Nominated Supervisor** will also:

- consider planting low allergy plants in the indoor and outdoor environment. The Asthma Foundation of Victoria, ‘The low Allergen Garden’ is a useful resource.
- 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.

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](http://www.nationalasthma.org.au))

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, educators will:

• ensure a first aid trained educator with approved asthma training immediately attends to the child. If the procedures outlined in the child’s medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined in the National Asthma Council Australia Action Plan:

1. Sit the child upright - Stay with the child and be calm and reassuring
2. Give 4 separate puffs of a reliever inhaler (blue/grey)
   - Use a spacer if there is one
   - Shake puffer
   - Give 1 puff at a time with 4-6 breaths after each puff
   - Repeat until 4 puffs have been taken
3. Wait 4 minutes - If there is no improvement, give 4 more puffs as above
4. If there is still no improvement call an ambulance on 000
   - Keep giving 4 puffs every 4 minutes until the ambulance arrives

The service will ensure that an **Emergency Asthma First Aid Kit** is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas. An **Emergency Asthma First Aid kit** should 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 and provide for their own future use or dispose of thoughtfully.

*Emergency first aid kits* will be contained within the Allergy Buddies held within each service. All kits will be audited every three months as per the *first aid guidelines* contained within the *Incident, Injury, Illness and trauma policy*.

**Diabetes Management**
Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin. The most common form of diabetes in children is Type 1. The body’s immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

Type 2 diabetes is often described as a ‘lifestyle disease’ because it is more common in people who are overweight and don’t exercise enough. Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

Symptoms of diabetes include frequent urination, excessive thirst, tiredness, weight loss, vision problems and mood changes. People who take medication for diabetes are also at risk of hypoglycaemia (they may have a “hypo”) if their blood sugar levels are too low.

Things that can cause a “hypo” include:

- a delayed or missed meal, or a meal with too little carbohydrate
- extra strenuous or unplanned physical activity
- too much insulin or medication for diabetes
- vomiting

Symptoms of hypoglycaemia include headache, light-headedness and nausea, mood change, paleness and sweating, and weakness and trembling. If left untreated people may become disorientated, unable to drink, swallow or stand, suffer a lack of coordination, loss of consciousness and seizures.

Educators and staff will implement measures to reduce the risk of children suffering adverse effects from their condition. These may include, for example:

- ensuring medication is administered as outlined in the medical management plan
- ensuring children eat at regular intervals and have appropriate levels of carbohydrate

The Nominated Supervisor will also ensure information about the child’s diet including the types and amounts of appropriate foods as outlined in the child’s Medical Management Plan is considered when preparing service menus.

If a child is displaying symptoms of a “hypo” a first aid trained educator will:

- immediately administer first aid in accordance with the child’s medical management plan. This may include giving the child some quick acting and easily consumed carbohydrate eg several jellybeans, 2-3 teaspoons of honey or some fruit juice. Once blood glucose is at regular levels the child may be given some slow acting carbohydrate to stabilise blood sugar eg slice of bread, glass of milk, piece of fruit

If a child is displaying severe hypoglycaemia (e.g. they’re unconscious, drowsy or unable to swallow) a first aid trained educator will:

- immediately administer first aid in accordance with the child’s medical management plan

- call an ambulance by dialling 000

- administer CPR if the child stops breathing before the ambulance arrives.

- We will refer to the website: 1diabetes (as1diabetes.com.au) for more child friendly information and resources, on diabetes.
<table>
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<tr>
<th>Role</th>
<th>Authority/responsibility for</th>
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| Approved provider                  | • Ensuring the development of a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child’s specific health care need, allergy or other relevant medical condition, this policy and its implementation.  
• Ensuring relevant staff receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs.  
• Ensuring at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service.  
• Ensuring 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. Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies                                                                 |
| Nominated supervisor               |                                                                                                                                                                                                                            |
| Responsible person                 | • Implementing this policy at the service and ensuring that all staff adhere to the policy.  
• Informing the Approved Provider of any issues that impact on the implementation of this policy.  
• Identifying specific training needs of staff who work with children diagnosed with a medical condition, and ensuring, that staff access appropriate training.  
• Ensuring children do not swap or share food, food utensils or food containers.                                                                                     |
- Ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service’s procedures for dealing with emergencies involving allergies and anaphylaxis.

- Ensuring a copy of the child’s medical management plan is visible and known to staff in the service.

- Ensuring staff follow each child’s Risk Minimisation Plan and medical management plan.

- Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan.

- Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.

- Maintaining ongoing communication between staff and parents/guardians in accordance with the strategies identified in the communication plan to ensure current information is shared about specific medical conditions within the service.

**Early Childhood Educators**

**Certified Supervisor**

- Communicating any relevant information provided by parents/guardians regarding their child’s medical condition to the Nominated Supervisor to ensure all information held by the service is current.

- Being aware of individual requirements of children with specific medical conditions and following their Risk Minimisation Plan and medical management plan.

- Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor.
<table>
<thead>
<tr>
<th>Families</th>
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<tr>
<td>• Ensure that parents/guardians are contacted when concerns arise regarding a child’s health and wellbeing</td>
<td>• Informing the service of their child’s medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition.</td>
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<tr>
<td>• Developing a Risk Minimisation Plan with the nominated supervisor and/or other relevant staff members at the service.</td>
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<tr>
<td>• Providing a medical management plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child’s specific health care needs</td>
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</tbody>
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**Sources**

- Asthma Australia
- Australasian Society of Clinical Immunology and Allergy [www.allergy.org.au](http://www.allergy.org.au)
- Allergy and Anaphylaxis Australia [www.allergyfacts.org.au](http://www.allergyfacts.org.au)
- Australian Diabetes Council
- Better Health Vic
- Education and Care Services National Law and Regulations
- National Quality Standard

**Review**
The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

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**LEGISLATIVE REQUIREMENTS**
Children (Education and Care Services National \( \text{Law Application} \) Act 2010
Mobile Service- Children (Education and Care Services) Supplementary Provision Regulation 2012

**EYLF**

- Children are happy, healthy, safe and connected to others.
- Educators promote continuity of children’s personal health and hygiene by sharing ownership of routines and schedules with children, families and the community
- Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all

**Attachments**

- NQS 2.12 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
- NQS 2.12 A6 CPR chart- NSW Ambulance

The following forms are found in the enrolment package

- NQS 2.12 A7 Management of a medical condition
- NQS2.12 A8 Action plan anaphylaxis/asthma
- NQS2.12 A9 Management of an allergic reaction
# PROCESS FOR DEVELOPING AND IMPLEMENTING INDIVIDUAL MEDICAL MANAGEMENT PLANS FOR CHILDREN

| Step 1 | Identify specific medical needs at enrolment and collect **All** contacts  
|---|---|
|   | Parents  
|   | Carers  
|   | Doctor  
|   | Specialist  
|   | Authorised Nominees  
|   | Emergency Contacts  

| Step 2 | Before child is permitted to attend service, *the administration team* will ask the parent/carer to get the child's Doctor or Specialist to complete a **Medical Management Plan**. Plan must include photo of child, triggers to condition, first aid needed (including a plan of action in time of an emergency), contact details of doctor/specialist and when it should be reviewed.  

The administration team will make an appointment with the parent/carer and the nominated supervisor to develop a **Risk Minimisation Plan**  

| Step 3 | The Nominated Supervisor will work with parents to develop **Risk Minimisation Plan** taking into account information in Medical Management Plan. Provide a signed copy to families.  

| Step 4 | Advise parents about **Medical Communication Plan** and provide them with a signed copy.  

| Step 5 | Ensure Educators, Staff and volunteers are aware of child’s medical needs, location of each Plan and location of child’s medication. Conduct training if required. This may include education and first aid training for all staff including the administration of an Epipen.  

| Step 6 | Display information regarding child’s medical needs in appropriate areas such as kitchen for food allergies. Consider child’s privacy and only display child’s medical needs in public areas if families authorise this.  

| Step 6 |
Ensure Educators and Staff are implementing measures outlined in the Medical Plans

E.g. for allergies - Implement avoidance measures to eliminate the allergen from the allergic child’s environment.

**Step 7**

Regularly review children’s medical needs with Educators at staff meetings. Every 6 months remind parents to update their child’s medical information.
MEDICAL CONDITIONS RISK MINIMISATION PLAN

Child’s Name

Specific health care need, allergy or diagnosed medical condition

Medical risks at the service and how these are minimised

- Anaphylaxis, asthma and first aid trained educators are on the premises at all times.
- The medical management plan, risk minimisation plan and medication are accessible to all educators. Explain where they are kept eg A copy of the medical management plan and risk minimisation plan will be stored in the medical management plan folder in all rooms accessed by the child, with the child’s medication, with the First Aid Kit and in our emergency evacuation bags.
- The child’s medication is stored <insert location> and the child’s Epipen/asthma medication is accessible in the environment where educators are supervising the child.
- Children cannot attend the service without their prescribed medication.
- Service Epipen and emergency asthma kit is stored in medication cabinet.
- The child’s medication will be checked to ensure it is current and has not expired.
- There is a notification of child at risk of anaphylaxis displayed in the front foyer with other prescribed information.
- The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child’s medical management plan, risk minimisation plan and medication.
- Parents are required to authorise administration of medication on medication record, and educators will complete administration of medication record whenever medication is provided.
- A copy of parent’s authorisation to administer medication is attached to medical management plan and original filed in medical authorisation folder for child.
- The Nominated Supervisor will notify the parents of any allergens that pose a risk to the child.
- The service will display the child’s picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children’s rooms and prominent places to alert all staff, volunteers and students. It is necessary to get parents approval for this or the information must be displayed so it is not visible to other families and visitors to protect the child’s privacy.

The triggers for the child’s health care need, allergy or medical condition are:
List triggers using medical management plan and information from parents
eg eating certain foods
Using products containing certain foods, chemicals or other substances
Temperature
Dust
physical activity
Laughing
Exposure to certain animals or plants
Mould/pollen
Missed meals
Too much insulin (diabetes)

**What educators, staff and volunteers will do to minimise effect of triggers:**
This must be written in response to known allergens or child’s health care needs.

eg Centre will be cleaned daily to reduce allergens.
Centre will use damp cloths to dust so it’s not spread into the atmosphere.
Child will be supervised to prevent movements from hot or warm environments to cold environments.
Child will not feed pet chickens.

Service may have a separate section for kitchen staff if child has an allergy to a food.

**Food handling, preparation, consumption and service**

eg Educators to clean tables and floors of any dropped food as soon as practical
Child will be supervised at all times vigilantly while other children are eating and drinking.
The child will only eat food prepared and bought to the service by the parents.
The child’s food items will be labelled clearly. Educators may refuse to give the child unlabelled food.
Child to be seated a safe distance from other children when eating and drinking with an educator positioned closely to reduce the risk of the child ingesting other children’s food or drinks.

I/we agree to these arrangements, including the display of our child’s picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children’s rooms and prominent places to alert all staff, volunteers and students

Parent/s signature ________________________________

Nominated Supervisor ________________________________

Date______________________________
MEDICAL COMMUNICATION PLAN

Name of service:

The Nominated Supervisor will:

- advise all new educators, staff, volunteers and students about the location of the child’s medical management plan, risk minimisation plan and medication as part of their induction
- review the child’s medical management plan, risk minimisation plan and medication regularly at staff meetings, and seek feedback from educators about any issues or concerns they may have in relation to the child’s medical condition
- regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child’s medical management plan, risk minimisation information and medication information through newsletters and information on parent noticeboards
- update a child’s enrolment and medical information as soon as possible after parents update the information.

Educators will:

- understand the Medical Conditions Policy.
- complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time)
- may enquire about the child’s health to check if there have been any changes in their condition or treatment
- advise parents if child’s medication needs to be replenished.

Parents will:

- verbally advise the Nominated Supervisor of changes in the medical management plan or medication as soon as possible after the change, and immediately provide an updated medical management plan, medication and medication authorisation (if relevant)
- provide an updated medical management plan annually, whenever it is updated or prior to expiry
- provide details annually in enrolment documentation of any medical condition
- advise educators verbally or in writing on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms if known
- ensure the service has adequate supplies of the child’s medication.

A copy of the Medical Conditions Policy is attached.

I/we agree to these communication arrangements.

Parent/s signature ________________________________
Nominated Supervisor ________________________________
Date__________________________________________