



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		
<p>Australasian Society of Clinical Immunology and Allergy (ASCIA)</p> <p>ASCIA Guidelines for the prevention of anaphylaxis in schools</p> <p>ASCIA Risk management strategies for schools, preschools and childcare services</p> <p>National Asthma Council Australia</p> <p>Epilepsy Australia</p> <p>Diabetes Australia</p>		
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 	

	<ul style="list-style-type: none"> all procedures are current and reviewed as part of a continuous cycle of self-assessment.
<p>Preschool educators (This includes all staff; casuals, lunch cover, volunteers and anyone else who works in the preschool)</p>	<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.
<ul style="list-style-type: none"> Educators will work with parents to support their children's health care needs while they are at preschool. This may involve giving medication, performing health care procedures or developing an individual health care plan. The teacher will consult with the family to develop an <i>Individual Health Care Plan</i> for any child who is diagnosed with severe asthma, type 1 diabetes, epilepsy or anaphylaxis, is at risk of an emergency reaction or requires health care procedures. Parents and caregivers will receive a copy of their child's health care plan once completed. As part of this process, the teacher will consult with the family to develop an individual risk management plan for the child. This will be discussed with the family and their input sought. The teacher will then be responsible for implementing the preventative action listed on the plan. Furthermore, as part of the <i>Individual Health Care Plan</i>, the teacher will develop a communication plan. This will ensure all relevant staff members and volunteers are informed about the medical conditions procedure and the medical management plan and risk minimisation plan for the child, as well as setting out how a parent can communicate any changes to the medical management plan and risk minimisation plan for the child. Families are requested to indicate on their child's enrolment form if their child has a medical condition or allergy. If so, after receiving the completed form, and before the child commences, the teacher will discuss the child's particular needs at orientation time. If a child with a known food allergy or anaphylaxis enrolls in the preschool, all preschool families will be notified by way of a written notice and via Class Dojo app., requesting they not pack the particular food or allergen in their own child's morning tea and lunch. If a child enrolled at the preschool, has a specific health care need, allergy or other medical condition, parents will be provided with a copy of the Department of Education's student health policy. 	
<p>Procedure</p>	
<p>Individual health care plans</p>	<ul style="list-style-type: none"> The preschool enrolment form requires the parent or carer to document relevant medical information. Upon receipt of the completed enrolment form, the school office staff will request the parent or carer for any additional documents, medical information and/or action plans if it required for that child. For serious disabilities, the parent or carer will meet with the principal to discuss options. An 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: <ul style="list-style-type: none"> 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.
- If not supplied with the enrolment form and accompanying documents at the time of lodgement, the school staff will hand to the parent or carer the relevant action plan form for completion by the child's doctor, and subsequent return to the school office staff for notation in the child's enrolment record card and for electronic uploading into ERN (Department of Education's online enrolment register) and Sentral.
- 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*. Action plans are displayed in the preschool office on a noticeboard next to the first aid cabinet and copies also accessible in the preschool office in a folder labelled, *Individual Risk Management*.
 - 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 of their involvement in the consultation process and endorsement of the plan. This is stored in the preschool office in a folder labelled *Individual Risk Management*.
 - 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
 - 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.
 - The communication plans for individual children are stored in the preschool office in a folder labelled *Individual Risk Management*.
 - The family must be given a copy of this procedure and the *Student Health in NSW Public Schools: A summary and consolidation of policy*
- The child cannot commence preschool until the family supplies their emergency medication.

<p>Asthma</p>	<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"> • wheezing – a high-pitched sound coming from the chest while breathing • a feeling of not being able to get enough air or being short of breath • a feeling of tightness in the chest • 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 The Asthma Care Plan for Education and Care Services. Parent / carer authorisation is not required for this. • 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 of: <ul style="list-style-type: none"> • where the child's Medical Management Plan will be located • where the child's preventer/reliever medication etc will be stored • Individual and general use asthma reliever medications and spacers will be stored out of reach of children, in an easily accessible central location in the office.
<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. • Management of diabetes in children at our service will be supported by the child having in place an Emergency Action Plan. • 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 of: <ul style="list-style-type: none"> ○ 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.
<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.

	<ul style="list-style-type: none"> • 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 know to suffer epilepsy suffers a seizure, follow the instructions on the Epilepsy Australia seizure first aid poster.
Anaphylaxis	<ul style="list-style-type: none"> • 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. • Whenever a child with anaphylaxis is enrolled at our service, or newly diagnosed as having anaphylaxis, communication strategies will be developed to inform all relevant educators of: <ul style="list-style-type: none"> • where the child’s Medical Management Plan will be located • where the child’s medication will be stored. • 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. • All preschool educators will be made aware of children with allergies and consider ways to reduce their exposure to known allergens. • Individual and general use EpiPens and antihistamines will be stored out of reach of children, in an easily accessible, central location in the office with a general emergency management plan. • When anaphylaxis occurs, an emergency response is required. • The Department of Education requires all staff to undertake Anaphylaxis training. Both the online and face-to-face courses are approved by ACECQA. • Regulation 136 of the Education and Care Services National Regulations state that at least one person who has undertaken approved anaphylaxis training and one who has undertaken approved emergency asthma training must be in attendance and immediately available at all times.
Administration of medication	<ul style="list-style-type: none"> • Before administering medication to a child, a staff member will have completed the department’s <i>Administration of Medication in Schools e-Safety e-Learning course</i>. • On arrival at preschool, the parent or carer hands the child’s medication to a staff member for safe storage in the preschool office. Any medication requiring refrigeration is stored safely in the preschool kitchen.

	<ul style="list-style-type: none"> • All non-emergency medication is stored in a locked cupboard, or locked container in the 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 and signs 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. These records are stored securely in the preschool office. • As our preschool is only for a 12-month period, when a child's individual health care requires medication to be kept in the preschool, we request parents supply the relevant medication with an expiry date of at least 12 months' time. Medication expiry dates are recorded on sheet near First Aid Kit in the preschool office and checked regularly by preschool staff. • Permission forms to give medication for a prolonged period will be reviewed and updated when there is a change to the medication dosage or frequency. Administration of prescribed medication can form part of an individual health care plan. • Parents will be encouraged to advise if a child is on medication, even when it is not given at the preschool. • All medication forms will be kept in the preschool office archived records until the child reaches the age of 25 years. • There may be times when emergency medication needs to be given to children in the preschool. This will be documented in the individual health care plan (particularly for conditions such as anaphylaxis). • If an emergency occurs, that has not been documented in the emergency response section of the Individual Health Care Plan, preschool staff will provide a general emergency response which may involve calling an ambulance. • All school staff must follow the Department's <i>Student Health in NSW Public Schools</i> policy for administering medication to children. The policy states that the school (including the preschool) must assist with administering prescribed medication during school hours, if parents or other carers cannot reasonably do so. • In general, our preschool will not give medication which has not been specifically requested by a medical practitioner for an individual child for a specific condition. • In some cases, the medical practitioner may prescribe an over-the-counter medication. If so, our educators will follow the same procedures as for "prescribed medications".
Emergency medication	<ul style="list-style-type: none"> • Emergency medications (EpiPen Jnr., Ventolin) are stored on top of the first aid cupboard in the preschool office so that they are inaccessible to the children, but not locked away and readily available if needed. • Individual emergency medication will be stored with a copy of the child's

	<p>emergency management plan in the preschool office.</p> <ul style="list-style-type: none"> • In any medical emergency an ambulance will be called immediately. This will be done by the one of the preschool staff. The parent or carer, and principal will then be notified. • 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 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
15 November 2021 – Sharna Labbe, Deana Talevska, and Alex Arancibia
Key changes made and reason/s why
Added links to Regulations and DoE policies and procedures for access and increased information
Record of communication of significant changes to relevant stakeholders
Preschool staff informed of updated procedures 23.11.2021 at weekly meeting SIS staff made aware of updated procedures 30.11.2021 at whole school administration meeting Families sent link via Class Dojo to updated procedures on school website 30.11.2021. Hard copies of procedures also made available to parents 23.11.2021
Due date of review
End Term 3 2022 – 23 September 2022