

Corporate Policy

Policy:	PSK2.10 Medical Conditions Policy	Version no.:	4.4
Quality area:	Quality Area 2: Children's Health and Safety	Date approved:	Nov 2023
Scope of policy:	Preschools	Next review:	Nov 2025
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Policy statement

The Shepherd Centre Pre-school is committed to implementing a planned approach to the management of medical conditions of the children enrolled in our service, to ensure the safety and wellbeing of all children at our service.

The Shepherd Centre Pre-school is also committed to ensuring our educators and staff are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are considered at all times.

Policy

Service's Responsibilities

As a Service we will:

- Set out practices in relation to the management of medical conditions (including asthma, diabetes, a risk of anaphylaxis or Epilepsy (see Appendix 1)), informing nominated supervisors, staff and volunteers of the practices related to managing the medical condition and the requirements arising from the management of any child's specific health care needs.
- Collaborate with the family of the enrolled child (with a medical condition), along with the child's medical practitioners to develop a 'Medical Management Plan' and an 'Action Plan' to be kept and implemented within the pre-school setting. These plans must be kept up to date which is the responsibility of the parent or carer. Staff will communicate regularly with the parents to ensure this process occurs. It is a Shepherd Centre requirement that all 'Action Management Plans' are updated every 12 months, or if the child's medical status changes.
- Collaborate with the family of the enrolled child (with a medical condition) to develop a 'Risk Minimisation Plan' for their child.
- Ensure the Medical Management Plan, the Action Plan and Risk Minimisation Plan is displayed with a current photo of the child.
- Collaborate with the parent or carer to ensure a 'Communication Plan' is developed and implemented by families and staff at the service.
- Ensure that the service utilises the information provided in the 'Medical Management Plan', 'Action Plan' and 'Risk Management Plan' to inform all practices within the service. Medical conditions, including but not limited to Diabetes, Asthma, Anaphylaxis and Epilepsy require specific practices, which will be undertaken by the staff whilst a child is enrolled within the service.
- If a child with a medical condition including but not limited to Diabetes, Asthma, Anaphylaxis and Epilepsy is enrolled in the service, the staff will collaborate with the family to ensure that not only is service practice meeting the requirements of the Medical Management Plan, the Action Plan and the Risk Minimisation Plan, but also meeting any specific requirements of the child, to ensure their medical safety within the service.
- Ensure all staff, including casual staff, educators and volunteers and the nominated supervisor, are aware of any child diagnosed with a medical condition and are advised of the risk minimisation procedures to be followed along with the Medical Management Plan, and the Action Plan, as per the Communication Plan. This will be done through the staff orientation process.
- Ensure any current 'Medical Management Plans', 'Risk Minimisation Plans' AND 'Action Plans' are accessible to all staff, and displayed in staff only areas (unless permission is given by the parents to display throughout the pre-school play areas).
- We will provide all families with current, general information about identified medical conditions of children enrolled at the service, with strategies to support the implementation

of the risk minimisation plan. This will allow other enrolled families to not bring any items or undertake any practices which may present a hazard to the child/ren diagnosed with a medical condition. Confidentiality of individual children is a priority, and their identity will be kept confidential, unless the family give explicit instructions to reveal their details. Otherwise, only staff and those authorised will be privy to this information.

- Ensure all primary staff are adequately trained in the administration of emergency medication and/or emergency procedures, as provided within the child's individual Medical Management Plan and/or Action Plan.
- Providing opportunities for educators to source relevant up to date information on medical conditions, and maintaining health from trusted sources.
- Ensure ALL necessary medications are provided every day the child is in attendance, otherwise the child will be refused entry to the pre-school program on that day.
- Ensure ALL families are given a copy of this *Medical Conditions Policy*.
- The service will administer and record administration of all medications. No child shall be self-administering medication whilst attending the service.
- In the event of a seizure (see Appendix 1), before the child returns to preschool, a GP letter is to be requested and obtained stating that the child is clear to return to preschool. This includes febrile convulsions.

Preschool's Responsibilities

Staff will:

- Ensure that they are familiar with all the children in their care, who are diagnosed with a medical condition. They must also be familiar with their Management Plan and their Action Plan, as well as how to administer any necessary medications or manage required procedures.
- Ensure all staff always maintain any safe food preparation or procedures relevant to the child's medical condition.
- Ensure the Medical Management Plan and Action Plan is followed in the event of an incident in relation the child's specific health care need.
- Ensure issues identified in the Risk Minimisation Plan are supported in preschool practice through assessment, minimisation and implementation.
- Implement appropriate health and safety procedures, when tending to any child with an identified medical condition, whilst ensuring correct supervision ratios are maintained at all times.
- Let parents know of any risks or allergens that may pose a risk for the child within the service (Communication Plan).
- Will ensure that parents or emergency contacts are informed (emergency contact only if parent is not available) if a child displays any symptoms of their identified medical condition.
- Ensure that they maintain the required first aid, asthma, anaphylaxis and CPR training.
- Follow the practices &/or instructions provided in a child's Medical Management Plan or Action Plan in relation to managing their specific medical condition. This includes asthma, diabetes, epilepsy and children diagnosed with anaphylaxis.

Families' Responsibilities

Families will:

- Inform the centre of any medical condition that their child has been diagnosed with, prior to commencement at preschool, or on their next day of preschool attendance if diagnosed after enrolment.
- Inform the centre of any changes to their child's medical condition and/or medications prior to, or on their next day of preschool attendance. (Communication Plan)

- Ensure they provide their child's updated Medical Management Plan and Action Plan every 12 months or if there has been a change in their condition or treatment or management.
- Collaborate with preschool staff to complete a 'Risk Minimisation Plan' for their child when necessary.
- Collaborate with preschool staff to complete a 'Communication Plan', ensuring the practice of effective transfer of information between the family and the service staff.
- Inform the Pre-school if their child has been sick at home prior to bringing their child to preschool, so staff can assess whether or not they are well enough to attend. The decision will be made in consultation with the family, but the Preschool Director will be responsible for the final decision.
- Keep all emergency contacts updated regularly.
- Ensure the child comes with any necessary medication &/or medical appliances required for the management of their medical condition, as advised on their Medical Management Plan or their Action Plan, otherwise admission to pre-school will be refused on that day.
- Provide input into the review and effectiveness of the policies and procedures of the service.
- In the event of a seizure (see Appendix 1), the parent **must** notify the service of the incident. For the child to return to preschool, a GP letter must be obtained stating the child is clear to return to preschool. This includes febrile convulsions and one-off seizures. If the child is diagnosed with Epilepsy, the above requirements must be adhered to.

Statutory Legislation & Considerations

Education and Care Services Regulations 2018: Part 4.2 (90, 91, 92,93)

Links to National Quality Standard

National Quality area – Children's Health and safety	
2.1	Each child's health and physical activity is supported and promoted.
2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with authorities, practised and implemented.
7.1.2	Systems are in place to manage risk and enable the effective management and operations.

Links to the Child Safe Standards

Standard 1	Child safety is embedded in organisational leadership, governance and culture.
Standard 2	Children participate in decisions affecting them and are taken seriously.
Standard 3	Families and communities are involved and informed.
Standard 5	People working with children are suitable and supported.
Standard 7	Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training.
Standard 10	Policies and procedures document how the organisation is child safe.

Sources

[Staying Healthy in Childcare 5th Edition 2013](#)

[ASCIA](#)

Diabetes Australia- <https://www.diabetesaustralia.com.au/>

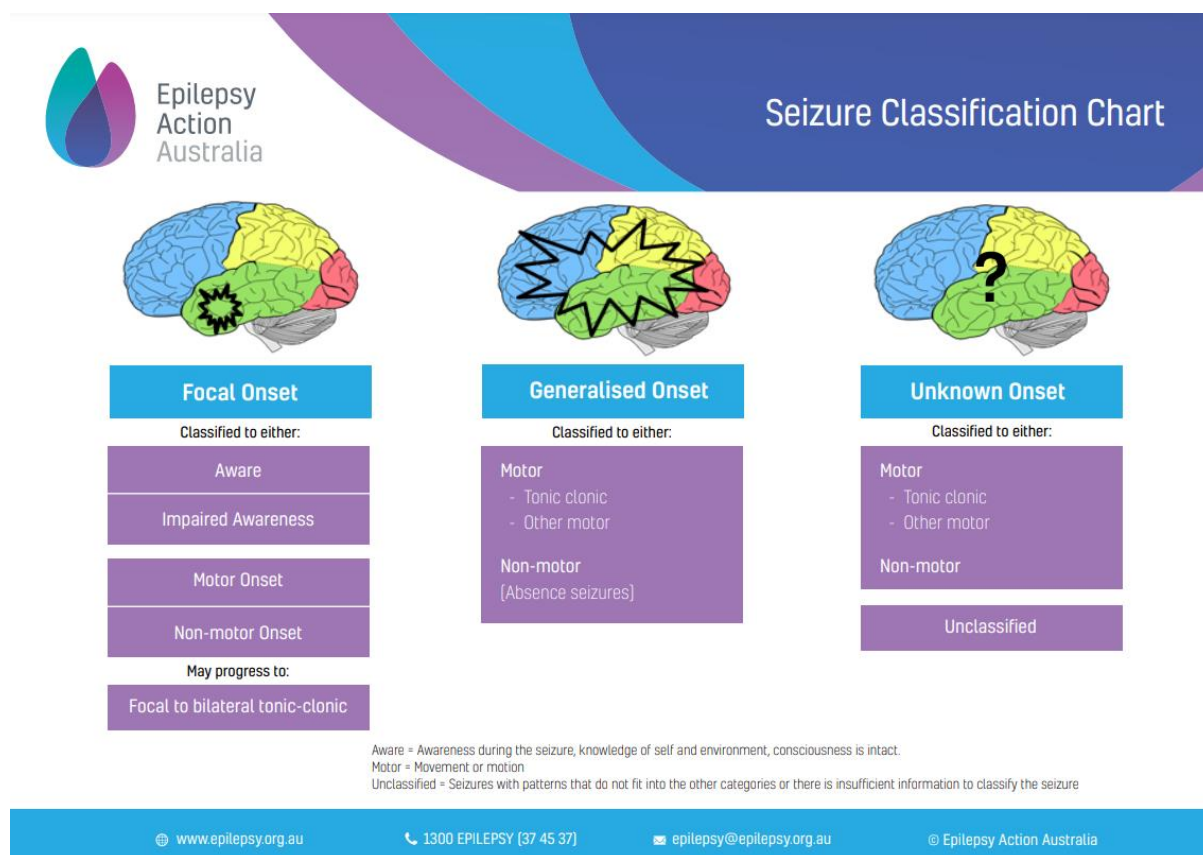
NSW Ministry of Health: www.health.nsw.gov.au/

Poison information centre. <https://www.poisonsinfo.nsw.gov.au/> (Call – 13 11 26)

Epilepsy Foundation <https://epilepsyfoundation.org.au/>

Appendix 1

Epilepsy



“What is Epilepsy?”

Epilepsy is diagnosed when someone has recurrent seizures.

It is a neurological disorder and seizures are caused by a temporary disruption of the electrical activity in the brain. Epilepsy can start at any age, although it is more likely to be diagnosed in childhood or senior years. There are many different types of epilepsies and people’s experiences differ greatly.” (Epilepsy Action Australia, 2023).

Focal Onset Seizures

Focal onset (formerly known as partial seizures) means the seizure starts in just one small region of the brain. It may spread to other areas of the brain.

These seizures can often be subtle or unusual and may go unnoticed or be mistaken for anything from being intoxicated to daydreaming. About 60% of people with epilepsy have focal onset seizures – which are also simply known as focal seizures.

Focal onset seizures can be further divided into two groups relating to a person’s awareness during a seizure. Both types of focal seizures can spread to become a bilateral tonic clonic seizure.

Focal Aware Seizures

With focal aware seizures, the person retains awareness and is conscious of what is happening. These seizures are sometimes termed an ‘aura’ or warning as they can occur immediately before a focal seizure with impaired awareness; a tonic clonic seizure; or may just occur on their own.

	<p>They are usually reasonably brief and can include an enormous array of symptoms such as:</p> <ul style="list-style-type: none"> -sensory changes such as numbness, tingling, or burning sensation in a region of the body -movement such as jerking of a limb, twitching of the face -autonomic changes such as blushing, pallor, racing heart-rate, nausea -emotions such as fear, anxiety or panic -cognitive such as déjà vu, hallucinations (visual, sound, taste or smell).
Focal Seizures-Impaired Awareness	<p>These seizures can vary greatly, depending on where they start and spread within the brain. These are only a few signs of what you may see. The person may look vacant, frightened or confused. Their awareness is impaired, so they may or may not respond to you, or they may respond inappropriately. Sometimes people will have unusual and repetitive behaviours. Some of these behaviours include chewing, fidgeting, walking around or mumbling.</p> <p>Focal seizures can last approximately 30 seconds to three minutes and there is often a short period of confusion after the seizure.</p>
Generalised Onset Seizures	
<p>Generalised onset means the seizure affects both hemispheres (sides) of the brain from the onset. Because of this, a person may lose consciousness at the start of the seizure. Generalised onset seizures almost always affect awareness in some way.</p>	
Generalised tonic clonic seizures	<p>These are the most recognised of seizures. They begin with a sudden loss of consciousness and often the person will cry out. The body will stiffen (tonic) and this is followed by jerking of the muscles (clonic). During the seizure, breathing is affected causing the lips and complexion to look grey/bluish. There is usually excessive saliva, sometimes blood if they tongue or cheek has been bitten. There may be loss of bladder control. This seizure type can last up to two minutes and is often followed by a period of confusion, and sleep. Headaches and soreness are also common afterwards. The persons colour and breathing should return to normal with a minute or two.</p>
Absence seizures	<p>These seizures usually start in childhood (but can occur in adults) and can be mistaken for daydreaming and inattentiveness.</p> <p>Absence seizures are very brief and start and end suddenly. You will notice the person staring, lose facial expression, become unresponsive and stop what they are doing. Sometimes eye blinking or upward eye movements are seen. They generally last approximately 2 to 20 seconds and recovery is immediate with the person resuming their previous activity. Absence seizures may occur multiple times a day, which can generate gaps and disrupt learning if not managed. Many children outgrow this seizure type by puberty.</p>
Myoclonic seizures	<p>A myoclonic seizure is a seizure where a single muscle jerk or series of single muscle jerks occur. They mostly affect the upper body, neck, shoulders and arms. A person having a myoclonic seizure usually has a sudden jerk on both of sides of the body at the same time. They vary in severity, but can cause someone to spill or drop what they are holding. If severe enough, a myoclonic seizure can also cause a fall. The seizures are sometimes mistaken for clumsiness before diagnosis.</p>
Tonic seizures	<p>A tonic seizure causes increased muscle tone of the body. They are usually very brief, lasting a few seconds and if the person is standing, they will suddenly fall stiffly to the ground. Which is my they are often termed a</p>

	“drop attack”. Recovery is swift but injuries can be sustained. Tonic seizures also occur during sleep and in clusters of varying intensity. The person and family are often unaware of these. Tonic seizures during sleep may cause the person to make an exhalation or loud sigh sound.
Atonic seizures	An atonic seizure is a type of seizure that involves the sudden loss of muscle tone. If standing, this can cause the person to suddenly slump to the ground which is why they are also called “drop attacks”. If sitting, a simple head nods (as if the person is trying to fight off sleep) may be seen. These seizures are very brief, less than 2 seconds and may involve the head, body or limbs. Recovery is swift but injuries can be sustained.
Clonic seizures	Although uncommon, they cause jerking in various parts of the body.
Unknown Onset Seizures	
<p>Unknown onset means the seizure cannot be diagnosed as either focal or generalised onset. Sometimes this classification is temporary and as more information becomes available over time or through further testing, the type of seizure may be changed to a generalised or focal onset seizure.</p> <p>Rarely, doctors might be sure that someone has had an epileptic seizure, but can’t decide what type of seizure it is. This could be because they don’t have enough information about the seizure, or the symptoms of the seizure are unusual.</p>	

Epilepsy Action Australia 2023.