

Oak Flats Public School 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
<p>2 Children’s health and safety</p> <p>2.1 Health</p> <p>2.2 Safety</p>	<p>Regulation 90 Medical conditions policy</p> <p>Regulation 91 Medical conditions policy to be provided to parents</p> <p>Regulation 92 Medication record</p> <p>Regulation 93 Administration of medication</p> <p>Regulation 94 Exception to authorisation requirement—anaphylaxis or asthma emergency</p> <p>Regulation 95 Procedure for administration of medication</p> <p>Division 2 Policies and Procedures</p>	<p>Leading and operating department preschool guidelines</p> <p>Student health in NSW schools: A summary and consolidation of policy</p> <p>Allergy and Anaphylaxis Management within the Curriculum P-12</p> <p>Anaphylaxis - student safety</p> <p>Health conditions including meningococcal disease, infectious diseases, epilepsy, anaphylaxis, asthma, hepatitis, childhood cancer, diabetes, HIV and AIDS, head lice</p> <p>Individual health care planning</p> <p>Administering prescription medication</p>

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](#)

Related preschool procedures

- Administration of first aid
- Dealing with infectious diseases
- Emergency and evacuations
- Enrolment and orientation
- Staffing

Introduction

While parents have primary responsibility for managing their children's health, staff need to 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 and/or developing an individual health care plan.

Staff roles and responsibilities

School principal

The principal as Nominated Supervisor, Educational Leader and Responsible Person holds primary responsibility for the preschool.

The principal is responsible for ensuring:

- 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.

<p>Preschool supervisor</p>	<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.
<p>Preschool educators</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. This includes all staff; casuals, lunch cover, volunteers and anyone else who works in the preschool ● 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 ● all permanent and temporary contracted educators have a current Provide an emergency first aid response in an education and care setting HLTAID004 first aid certificate. ● all preschool permanent, temporary and casual educators undertake current approved emergency asthma, anaphylaxis and CPR training annually as provided by the department. Both the online and face-to-face courses are approved by ACECQA.
<p>Procedure</p>	

Individual health care plans

- The preschool enrolment form requires the parent or carer to document relevant medical information. The school office staff meet with the family to seek additional information or clarify what is written in the enrolment form if needed and then verbally share this information with the preschool staff.
- 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:
 - 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 teacher / Principal or school office staff (depending on the needs of the child) consult with the family to develop the individual health care plan.
- Staff in local education services offices are available to support the development of individual health care plans especially when a child has an emergency care need such as anaphylaxis or another complex health care need.
- The health care plan and attachments must be completed and in place before the child commences preschool. The template used for health care plans is provided by the NSW Department of Education.
- 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

	<p>signature must be included on the plan as verification that they were consulted.</p> <ul style="list-style-type: none"> ● A communication plan must be developed to document: <ul style="list-style-type: none"> ● 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 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> ● The child cannot commence preschool until the family supplies their emergency medication. ● When a preschool child with an individual health care plan transitions to Kindergarten, staff need to give parents a copy of the current plan and encourage them to discuss it with the school at enrolment. This will help teachers plan for the child's health care needs in the new setting.
Epilepsy	<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 know to suffer epilepsy suffers a seizure, follow the instructions on the Epilepsy Australia seizure first aid poster.

<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.
<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.

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.
- All preschool staff should be aware of children with allergies and consider ways to reduce their exposure to known allergens.
- In most cases, anaphylactic reactions can be prevented with precautions to avoid the known allergen, however, when anaphylaxis occurs an emergency response is required.
- Parents need to advise the school if their child is diagnosed with an allergy and/or is at risk of anaphylaxis.
- The implementation of Anaphylaxis Procedures for Schools 2012 is mandatory for NSW government schools and preschools. These include information on the management of severe reactions at preschool as well as the development of individual health care and emergency response plans.
- Children and their parents will not always be aware that they have a severe allergy.

	<ul style="list-style-type: none">• To reduce the risk of exposure to a high-risk allergen, preschools may decide, in consultation with their community, to ask families not to bring nut or nut products to the preschool site or to preschool activities. Preschools should ensure their program supports and educates the children in regards to these restrictions.• 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.
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Administration of medication

- Before administering medication to a child, a staff member must 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.
- 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. The medication record forms are kept in the preschool foyer in the wooden filing box.
- For long term medication, the parent / carer needs to complete the *Long Term Medication Record*. This is kept in a folder with the regular medication record.
- 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.
- 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 expiry dates and general condition of children's individual medication kept in the preschool will be checked at the beginning of each term. Families are asked to replace them before they expire. The action taken is documented and the parents are required to sign the Communication form which is kept on a clipboard in the preschool laundry.
- All school staff must follow the Department's *Student Health in NSW Public Schools* 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.
- Non-prescription medication (such as Panadol, Zyrtec, Claratyne) cannot be administered to a child, unless

	<p>prescribed by a medical practitioner and verified in a written letter from them.</p> <ul style="list-style-type: none"> ● Parents are encouraged to advise the preschool staff if their child is taking medication, even when it is not given at the preschool. ● All medication forms are stored in the school for the specified period of time as required by regulation.
<p>Emergency medication</p>	<ul style="list-style-type: none"> ● Emergency medications (EpiPen Jnr., Ventolin) are inaccessible to children, but not locked away so they are readily available if needed. They are stored in: <ul style="list-style-type: none"> ● a white plastic basket on the top shelf in the tall storage cupboard (brown wooden door) and instructions for their use are attached to the front of the storage cupboard door. ● a red backpack located on a hook at the back door. ● Individual emergency medication is stored with a copy of the child's emergency care plan. ● Emergency care plans are also displayed in the Preschool laundry, Preschool kitchen area, casual teacher folder and in the Oak Flats Public School sick bay, hub, digital technology room, main office, canteen, staffroom and library. ● In any medical emergency an ambulance will be called immediately. The preschool staff will do this and then notify the Principal as soon as practical. ● 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. ● When the group leaves the preschool to evacuate, for an excursion or to go into the school site, the following is taken: <ul style="list-style-type: none"> ○ a first aid kit in a backpack

	<ul style="list-style-type: none"> ○ the general – use emergency medication (EpiPen and Asthma inhaler) and instructions for use ○ individual children’s emergency medication and medical management plans. ● The SLSO is responsible for the first aid kit during excursions and incursions.
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Record of procedure’s review
Date of review and who was involved
Sarah Beesley, Nicole Tate and Jodie Earl 14/09/22
Key changes made and reason/s why
Align with new department template Annual review
Record of communication of significant changes to relevant stakeholders
Sent to Principal for review 15/09/22 Posted on Kinderloop for parent and community input 19/09/22

Copy and paste a new table to record each occasion the procedure is reviewed.