

Medical Conditions Policy

NQS

QA2	2.1.1	Wellbeing and comfort – Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s need for sleep, rest and relaxation.
	2.1.2	Health practices and procedures – Effective illness and injury management and hygiene practices are promoted and implemented.

QA4	4.2.2	Professional standards – Professional standards guide practice, interactions and relationships.
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QA5	5.1.2	Dignity and rights of the child – The dignity and rights of every child are maintained.
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QA6	6.1.1	Engagement with the service – Families are supported from enrolment to be involved in the service and contribute to the service decisions.
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QA7	7.1.2	Management systems – Systems are in place to manage risks and enable the effective management and operation of a quality service.
	7.1.3	Roles and responsibilities – Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

National Regulations

Regs	90	Medical conditions policy
	91	Medical conditions policy to be provided to parents
	92	Medication record
	93	Administration of medication
	94	Exception to authorisation requirement – anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication
	99	Children leaving the education and care service premises
	177	Prescribed enrolment and other documents to be kept by approved provider
	181	Confidentiality of records kept by approved provider
	183	Storage of records and other documents

EYLF

LO3	Children become strong in their social, emotional and mental wellbeing
	Children are aware of and develop strategies to support their own mental and physical health and personal safety

Aim

The aim is to make sure children with special health needs feel safe and supported at Montessori Journey. We keep an ongoing communication with families to work together for the best benefits of children.

Related Documents

Medical Conditions Policy and Procedures

Anaphylaxis Management policy

Hygiene and Safety Policy

Welcome to the Montessori Journey

Educators Supervision Policy

Enrolment and Orientation Policy

Implementation

Children with special health needs must have a medical management plan for all staff to follow. These plans must be updated quarterly in consultation with the parents. The program is modified if necessary, to ensure maximum safe participation of all children. If a notice is put up about your child's medical condition an authorisation form will need to be filled in by the parent/guardian. The centre also requires a risk minimisation plan in consultation with the child's parents and the best way for ongoing communication for staff members and the parents regarding the child's medical condition.

Process for administration of medication

When possible, medication should be administered by the parent/guardian at home. A child requiring medication will not be able to attend the service without it. Staff will give prescribed medication if they can follow the directions on the label. The label must show child's name, medication name, and dosage, frequency of administration, the date of issue and expiry date and must be in the correct and original bottle. Educators are not allowed to administer the first dose of a new medication as a child may have an allergic reaction to it. Educators will not administer drugs more frequently, or of a higher dosage, than stated on the medication unless accompanied by a doctor's letter. Early childhood educators will not administer medication for more than three days unless given instructions by a doctor. With chronic problems (e.g., Asthma) a control program over three to six months will be given to the educators regarding the management of the condition.

All medication instructions should be written on the medication form in your child's room and handed to an educator. The medication must be put in the kitchen fridge in the lockable box in your child's room. No medication is to be left in your child's bag, this includes vitamin tablets, which must clearly have the child's name on it and dosage. Parents can ask staff where the medication forms are kept. No medication will be given unless all the above things are done. Staff will always administer medication with a witness. Both educators will sign the medication form.

Health forms used within the centre

- Staff and children's Immunisation record
- Confidential medication form
- Accident/Illness/Trauma form
- Enrolment form has the immunisation details, allergies etc.
- Authorisation to display a child's medical form
- Risk Minimisation form

All these forms are fully confidential. The only persons permitted to see this information are the parents or legal guardians, centre educators, and the licensing body.

Anaphylaxis Management Policy

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring at the childcare service.
- Raise awareness about diagnosis throughout the childcare community through policy implementation.
- All relevant staff will do training on anaphylaxis emergency procedures to ensure staff are confident in the procedure and able to act in an emergency.
- Relief staff will be made aware of any children with an anaphylaxis plan.
- Prior to enrolment or as soon as an allergy is diagnosed, we will develop an Individual Anaphylaxis Health Care Plan for the child in consultation with the child's parents/guardians and appropriate health professionals. This will be updated in consultation with the family quarterly.
- Whenever a child with severe allergies or newly diagnosed as having a severe allergy, is enrolled at our centre, all staff will be informed of:
 - Where the child's ASCIA Action Plan will be located.
 - Where the child's adrenaline autoinjector is located.
- The child's ASCIA Action Plan will be placed in a prominent position. This will ensure it can be regularly read by all staff.
- Staff will routinely review a child's ASCIA Action Plan to ensure they feel confident in how to respond quickly in an emergency.
- Parents/guardians are responsible for supplying the named adrenaline autoinjector and ensuring that the medication has not expired and is in good working order.
- After each emergency incident, the Individual Anaphylaxis Health Care Plan will be evaluated to determine if the childcare service's emergency response could be improved.
- The child's adrenaline auto injector (and any other medication) must be labelled with the name of the child and recommended dosage. Medication must be in a position that is out of reach of the children, but readily available to the staff. Consideration must also be given to the need to keep the adrenaline autoinjector away from excessive light, heat or cold when deciding on a suitable location.
- Staff will advise the parents/guardians at the earliest opportunity if the adrenaline autoinjector needs to be replaced.
- Where it is known, a child has been exposed to their specific allergen, but has not developed symptoms, the child's parents/guardians will be contacted. The staff will closely monitor the child until the parents/guardians arrive. Immediate action will be taken if the child develops symptoms.

Sources

National Quality Standard

Education and Care Services National Regulations (Queensland)

Early Years Learning Framework

Queensland Health

Red Nose Australia

Australian Commission on Safety and Quality in Health Care

Review

This policy will be reviewed annually by:

- Director
- Employees
- Families
- Interested Parties

Last reviewed: October 2023

Date for next review: November 2024