



# Valley View Kindergarten – Dealing with Medical Conditions Policy



Government of South Australia  
Department for Education

Date:  
14/7/2022  
Review:  
14/7/2024

National Quality Standard [2.1](#)

[Regulation 168 \(2\) \(d\)](#)

Related Key Regulations: [90](#), [91](#), [92](#), [93](#), [94](#), [95](#), 96, [162](#), 169

## Aims

All educators at Valley View Kindergarten 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.

## Implementation

The Medical Conditions Policy applies at any time that the child with the specific health care need, allergy or relevant medical condition is being educate and cared for, including during excursions

Valley View Kindergarten will ensure privacy and confidentiality in relation to individual health needs.

The Medical Conditions Policy is to be provided to all Educators, volunteers and families of enrolled children diagnosed with a health care need or allergy by a medical practitioner. Educators are responsible for raising any concerns with a child's family about the diagnosed condition and or allergy.

Children enrolled at Valley View kindergarten with a diagnosed medical condition including asthma, diabetes and anaphylaxis will not be able to attend without a Health Care Plan completed by a medical practitioner and their prescribed medication (adrenaline auto-injection device, insulin injection device or asthma inhaler).

## Family Responsibilities:

- To provide information about their child's health care needs, allergies, medical conditions and medication on the Enrolment Form
- To update the Valley View Kindergarten about any new medication, ceasing of medication, or changes to their child's prescription
- To provide Valley View Kindergarten with a Health Care Plan updated every 12 months
- To provide Valley View Kindergarten with new medication prior to the expiry date of medication currently held at the centre.
- To maintain up to date emergency contact information.

All educators and volunteers at the service must follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

Our service will implement the following communications plan to ensure that families are reminded to advise of any changes which will impact the health management of their child:

- Families are requested in the letter of offer of placement at Valley View Kindergarten to provide the kindergarten with a Health Care Plan from their child's doctor / specialist so that we can

ensure the child's well - being during their time at the centre. This enables us to plan for any training or seek further information that may be required.

- Families are to provide the required medication which is stored in the child's 'medical box' in the first aid cupboard along with their Health Care Plan File.
- Families must sign the Medication Log when medication has been administered during the day.
- Health Care Plans and medications are logged on a spread sheet and are checked at the end of every term. Families are provided with letter informing that these are close to their 'use by date and needs to be updated. Any changes to the new plans will be recorded on their enrolment form and the Early Years System
- An 'Update' sheet is provided to families at end of Term 2 for them to fill out and return for details to be added to the child's enrolment form and the Early Years system.

Copies of the Health Care Plan are maintained with the child's medication file box which is above the food preparation area and can be easily accessed. Copies are also kept in the child's enrolment file as well as an Enrolment 'Copy' folder which is taken on excursions with their medication. Each copy has a photo of the child. Plans are kept with the medication in the first aid cupboard and also accompany them on any excursions.

Our service will implement the following communications plan to ensure that relevant educators, staff and volunteers are:

- informed about the Medical Conditions Policy
- easily able to identify a child with medical conditions
- are aware of the requirements of any medical management plans and risk minimisation plans
- aware of the location of each child's medication
- updated on the child's treatment along with any regulatory changes that may affect practices for specific medical conditions.
- 

Through the following processes:

- annual induction meeting
- staff meetings
- staff communication book
- an identification spreadsheet located inside the first aid door
- placement of a child's photo on the front of the cupboard when a family want the child monitored for the day or medication administered

Where a child has been diagnosed at risk of anaphylaxis, a notice stating this must be displayed at the service so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the public notice will not name the child.

### **Medical Conditions Risk Minimisation Plan**

Our service will develop a Medical Conditions Risk Minimisation Plan in consultation with a child's parents and medical professionals which will ensure that:

- any risks are assessed and minimised
- if relevant, practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented (note 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.

Our service will provide support and information to all parents and other members of our community about resources and support for managing allergies, anaphylaxis asthma and diabetes.

Our service will routinely review each child's medication at the end of each term to ensure it hasn't expired.

### **Medical Conditions Risk Minimisation Plan: Anaphylaxis/Allergy Management**

While not common, anaphylaxis is life threatening. Anaphylaxis 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 the individual and it is possible to have an allergy to any foreign substance.

Anaphylaxis is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk. While developing the Medical Conditions Risk Minimisation Plan and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, our service will:

- not allow children to trade food, utensils or food containers.
- prepare food in line with a child's medical management plan and family recommendations.
- 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.
- instruct educators on the need to prevent cross contamination.
- request all parents not to send food with their children that contain highly allergenic elements even if their child does not have an allergy by, for example, placing a sign in the foyer or near the front door reminding families about this.
- where a child is known to have a susceptibility to severe allergy or anaphylaxis to a particular food, Valley View kindergarten will have a "allergy-awareness policy" for that food e.g. an "Allergy-Aware (Nut and Egg) Policy" which would exclude children or other individuals visiting the service from bringing any foods or products containing nuts, nut material, eggs such as :
  - peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
  - 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
    - 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.
- be aware that a child may have a number of food allergies or there may be a number of children with different food allergies, and it may not be possible to have an allergy free policy for all those foods involved. Nut allergy is the most likely to cause severe reaction and will take precedence.
- if appropriate, seat a child with allergies at a different table if food is being served that he/she is allergic to. This will always be done in a sensitive manner so that the child does not feel excluded.

- ensure all children with food allergies only eat food and snacks that have been prepared for them at home where possible.
- instruct staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food, such as careful cleaning of food preparation areas and utensils.
- closely supervise all children at meal and snack times and ensure food is eaten in specified areas. To minimise risk children will not be permitted to 'wander around' the service with food.
- consult risk minimisation plans when making food purchases for cooking.

Allergic reactions and anaphylaxis are also commonly caused by:

- all types of animals, insects, spiders and reptiles.
- all 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.
- 

Our service will ensure that body lotions, shampoos and creams used on allergic children are approved by their parent.

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an anaphylactic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

The service will display an Australasian Society of Clinical Immunology and Allergy inc (ASCI) generic poster called Action Plan for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet

Our service will ensure that the auto-injection device 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 away from direct sources of heat.

Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction our service will:

- call an ambulance immediately by dialling 000
- ensure the first aid trained educator/educator with approved anaphylaxis management training provides appropriate first aid which may include the injection of an auto immune device EpiPen® in line with the steps outlined by the Australian Society of Clinical Immunology and Allergy and CPR if the child stops breathing.
- contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

### **Medical Conditions Risk Minimisation Plan: Asthma Management**

Asthma is a chronic lung disease that inflames and narrows the airways. While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible 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

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

The service will display an Asthma chart called First Aid for Asthma Chart for under 12 years or Asthma First Aid from National Asthma in a key location at the service, for example, in the children's room, the staff room or near the medication

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

- ensure a first aid trained educator/educator with approved asthma management 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 by Asthma Australia as follows:
  - Sit the child upright -Stay with the child and be calm and reassuring
  - Give 4 puffs of blue reliever puffer medication - Use a spacer if there is one
  - Shake puffer
  - 
  - Put 1 puff into spacer
  - Take 4 breaths from spacer
  - Repeat until 4 puffs have been taken
  - Shake, 1 puff, 4 breaths
  - Wait 4 minutes
  - If there is still no improvement call emergency assistance 000 Keep giving 4 puffs every 4 minutes until emergency assistance 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 can only be used by one person. That person can re-use the spacer or mask but it cannot be used by anyone else. We will ensure the child's name is written on the spacer and mask when it is used.

### **Medical Conditions Risk Minimisation Plan: Diabetes**

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 managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service. These include ensuring they do not suffer from hypoglycaemia (have a “hypo”) which occurs when 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

Children with Type 1 diabetes may also need to limit their intake of sweet foods. Our service will ensure information about the child’s diet including the types and amounts of appropriate foods is part of the child’s Medical Management Plan and that this is used to develop the Risk Minimisation Plan.

Our service will ensure our first aid trained educator is trained in the use of the insulin injection device (syringes, pens, pumps) used by children at our service with diabetes.

If a child is displaying symptoms of a “hypo” our service will:

- ensure the first aid trained educator provides immediate first aid which will be outlined in the child’s medical management plan and may include giving the child some quick acting and easily consumed carbohydrate.
- call an ambulance by dialling 000 if the child does not respond to the first aid and CPR if the child stops breathing.
- contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

### **Educator Training and Qualifications**

The approved provider must ensure that at least one educator attending the service :

- holds a current approved first aid qualification
- has undertaken current approved anaphylaxis management training and
- has undertaken current approved emergency asthma management training.

Educators in our service recognise how serious anaphylaxis is and will undertake steps to minimise the possibility of occurrence. The service will maintain the following in relation to educator qualifications for anaphylaxis:

- all educators whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months.

### **Supervised Self-Administration of Medication by Children over Preschool Age**

Valley View Kindergarten does not permit a child of any age to self-administer medication.

#### **DECD Site Specific Requirements / Recommendations :REQUIRED:**

Where a child has been diagnosed as at risk of anaphylaxis:

1. A notice is to be displayed in accordance with Regulation [173 (2) (f)] (refer Prescribed Information template)
2. Complete the Allergy Aware (and Anaphylaxis) checklist for Education and Children's Services.