



Glen Iris Childcare and Kindergarten

330-332 Warrigal Road, Glen Iris VIC 3146 – (03) 9889 8396

glenirisccc@bigpond.com
www.glenirischildcare.com.au



Dealing with Medical Conditions

POLICY

POLICY STATEMENT

Our organisation aims to effectively respond to & manage the individual medical conditions, allergies and health care needs of all children, staff, families, and visitors, ensuring their health, safety and wellbeing is of the utmost importance.

BACKGROUND

The *Education and Care Services National Regulations* require approved providers to ensure their services have policies and procedures in place for dealing with medical conditions in children.

LEGISLATION

- National Law Act – 167
- National Regulations – 85–87, 89–96, 136, 162, 168, 170–173
- National Quality Standard – 2.1, 3.1.1, 3.2.1, 6.2.2, 7.1

RELEVANT POLICIES

- Acceptance and Refusal of Authorisations
- Administration of First Aid
- Anaphylaxis Management
- Dealing with Infectious Diseases
- Delivery and Collection of Children
- Emergency and Evacuation
- Enrolment and Orientation
- Excursions
- Governance and Management
- Health, Safety and Wellbeing
- Incident, Injury, Trauma & Illness
- Nutrition, Food, Beverages, and Dietary Requirements
- Providing a Child-Safe Environment
- Safe Arrival of Children
- Safe Transportation of Children
- Sleep and Rest for Children
- Staffing Arrangements
- Sun Protection

LOCATION OF INFORMATION

- Centre Policy and Procedure Handbook
- Glen Iris Childcare and Kindergarten Website

MONITORING AND REVIEW

This policy is required to be reviewed at least annually by the approved provider, in conjunction with nominated supervisors, responsible persons, staff, families and children.

- Dates of Review: February 2025
April 2024
January 2023
January 2022



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Dealing with Medical Conditions

PROCEDURES

KEY RESPONSIBILITIES

- All education and care services must have a medical conditions policy which is:
 - understood and followed by all staff and volunteers.
 - easily accessible at all times.
 - given to all parents and guardians of a child enrolled at the service who has a diagnosed health care need, allergy or relevant medical condition.
- It must describe how the service will:
 - manage medical conditions in children, including asthma, diabetes, epilepsy, or a diagnosis of being at risk of anaphylaxis.
 - ensure staff and volunteers are aware of how these medical conditions will be managed.

MANAGEMENT OF MEDICAL CONDITIONS

- Any child enrolled in the service with a medical condition, allergy or health care need is required to have a medical management plan completed and signed by their medical practitioner, outlining management of the medical condition. This will be developed in consultation with the family.
- Staff will be notified on any child with a medical condition, allergy, health care need or diagnosis of anaphylaxis.
- The organisation has a separate anaphylaxis management policy with extensive detail on how anaphylaxis and allergies will be managed and responded to at the service.
- The organisation is a completely **NUT-FREE** organisation.
- This includes, but is not limited to, ingredients, foods or meals containing any type of nut, Nutella, pesto, peanut butter, and/or any products containing nut oils, *e.g., some nappy creams*.
- Families are discouraged from sending their child into the service with any food from home, unless pre-approved, to avoid severe allergic reactions.
- Nuts, peanut butter, Nutella, lollies, chocolates, muesli bars, and/or confectionary are not to be brought into the service.

ENROLMENT OF A CHILD WITH A MEDICAL CONDITION

- Before a child can commence orientation or attend the service, a completed enrolment form must be submitted to the service by their parent or guardian.
- The enrolment form must contain detailed information about the child's individual health needs including, but not limited to:
 - any diagnosed medical condition.
 - a diagnosis of anaphylaxis, including risks and management procedures.
 - allergies, intolerances and dietary restrictions.



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- consent to medical treatment.
- emergency contacts authorised to:
 - collect the child.
 - be notified in the event of an emergency involving the child, if parents or guardians cannot be contacted.
 - consent to medical treatment of the child.
 - consent to medication being administered to the child.
 - authorise staff to take the child outside the service premises.
- This process enables the service to assess whether they have the resources and support required to effectively cater for a child's individual health care needs.
- The following matters must be considered during the enrolment process:
 - has a medical management plan been prepared and supplied for the child?
 - has a risk minimisation plan been developed in consultation with the parents or guardians of the child?
 - has the child's parent or guardian provided authorisations for any medication that the child must take?
 - will it be necessary to adjust any of the usual practices of the service in order to be fully inclusive of the child?
 - has relevant documentation and medication been supplied?
 - has the family been supplied with the 'Dealing with Medical Conditions' policy and the 'Anaphylaxis Management' policy, if required?
- The service will regularly consult with families regarding any diagnosed health care needs, allergies or relevant medical conditions a child may have developed since enrolment and update enrolment records accordingly.

MEDICAL MANAGEMENT PLAN

- A medical management plan must be in place for every child enrolled who has a diagnosed health care need, allergy or relevant medical condition. These must be followed at all times.
- Medical management plans must be prepared by the child's medical practitioner, and the family must then provide it to the service. These must be kept with the child's enrolment record.
- These plans must include:
 - details of the diagnosed health care need, allergy or relevant medical condition including the severity of the condition.
 - any current medication and dosage prescribed for the child.
 - what triggers the allergy or medical condition.
 - the response required from the service in relation to the emergence of symptoms.
 - any medication required to be administered in an emergency.
 - the response required if the child does not respond to initial treatment.
 - when to call an ambulance for assistance.
 - supportive documentation, if required and available.
 - a current photo of the child.
 - contact details of the medical practitioner who provided the plan.
 - the date of when the plan should be reviewed.
- There is no need to update a medical management plan at the beginning of each year, if there is no change to a child's allergy or medical status. The plan should be updated by the date specified by the child's doctor or nurse practitioner on the current plan, usually every 12-18 months, when they are reviewed by their doctor and/or receive a new medication prescription.



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- If the patient is a child, the photo on the medical management plan should be updated each time, so they can be easily identified.
- If there is a change in a child's allergy or medical status, the family must provide an updated medical management plan. If no updated plan is available, the most recent plan can still be used but the family needs to see a doctor to update the plan as soon as possible.
- If a child has medical confirmation that they no longer have allergies or a medical condition requiring a medical management plan, the child's doctor or allergy clinic should provide a letter confirming that the child's medical status has changed.

RISK MINIMISATION PLAN

- A risk minimisation plan must be in place for every child enrolled who has a diagnosed health care need, allergy or relevant medical condition. These must be followed at all times.
- Risk minimisation plans must be developed by staff in conjunction with the parents or guardians of the child, and provide information to guide the management of medical conditions including potential triggers, relevant medication and the appropriate first aid response. These must be kept with the child's enrolment record.
- These plans must include:
 - the practices and procedures in place to ensure:
 - all parents and guardians of children with known allergies provide a medical management plan completed and signed by their child's medical practitioner.
 - the safe handling, preparation, consumption and serving of food.
 - the child does not attend the service unless they have their prescribed medications.
 - risk minimisation plans are reviewed at least annually and/or revised with each change to the medical management plan in conjunction with parents or guardians.
 - staff and volunteers can identify the child, the child's medical management plan and the location of the child's medication.
 - all relevant information pertaining to the child's health and medical condition is communicated to parents or guardians at the end of each day by staff.
 - appropriate hygiene practices are followed by staff when managing medical conditions.
 - there is an orientation timeline for the child and training requirements for staff.
 - how parents and guardians are notified:
 - of the risks relating to the child's diagnosed health care need, allergy or relevant medical condition, and how these risks are assessed and minimised.
 - of any known allergens that pose a risk to a child.
 - in advance of any special activities taking place such as celebrations, sporting events or excursions, so plans of safe inclusion can be developed.
- If the child has multiple medical conditions and/or diagnosed health care needs, the risk minimisation plan must include strategies for all conditions and procedures. One plan can address more than one medical condition and diagnosed health care need.

COMMUNICATION PLAN

- A communication plan outlines how the service intends to communicate with staff, volunteers, children, families, and the broader service community about allergies and medical conditions.
- The approved provider, nominated supervisor and responsible persons are responsible for ensuring that the communication plan is developed and implemented.



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- The communication plan defines:
 - how staff and volunteers are informed about the service's medical conditions policy.
 - the medical management and risk minimisation plans for all children at the service who have a diagnosed health care need, allergy or relevant medical condition.
 - how parents or guardians can communicate any changes to the medical management plan and risk minimisation plan for their child.
- A copy of the communication plan must be kept with the child's enrolment record.
- Any changes to a child's medical management plan and/or risk minimisation plan will be documented in the communication plan.
- Casual staff, students, volunteers and visitors are not permitted to serve food and drinks to children unless under the direct supervision of room staff.
- Staff, students and volunteers spend meal times seated at the tables with the children.
- A verbal handover is conducted when lunch is delivered to the room to ensure all food provided is correct for each particular child.
- All specially prepared meals come from the kitchen pre-served and named. Regular room staff are responsible for the distribution of these meals.
- To ensure staff are aware of the communication plan and kept regularly updated, the service communicates with staff:
 - on enrolment of any child with a diagnosed health need or medical condition.
 - upon induction and throughout probation.
 - at regular team meetings.
 - through staff notices and emails.
 - during professional development.
- Families are responsible for:
 - informing the service of any changes to their child's medical management plan and/or medication.
 - providing an updated medical management plan and/or medication, when required.
 - providing an updated medical management plan when it is updated, prior to its expiry date.
 - providing updated medication prior to its expiry date.
- In regards to staff, including casual staff, relief staff and volunteers:
 - all staff need be aware of children with diagnosed health needs or medical conditions including what their health need or medical condition is, and any changes to their medical status, to manage risk.
 - inform staff who may not have been included in training such as cleaners and maintenance staff, about how the service manages diagnosed health needs medical conditions and what role they have.
- In regards to parents or guardians of children with diagnosed health needs or medical conditions:
 - plan how the service will inform parents or guardians of children with diagnosed health needs or medical conditions about food provided and activities they will engage in, include any special activities such as incursions and off-site activities.
 - document in the child's individual care plan how the parent or guardian would prefer this communication to occur, *e.g., phone call, in person, email.*
- In regards to the service community:



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- plan when and how the service will communicate with the wider community, e.g., *enrolment packs, signage, newsletters, email reminders at set times during the year.*
- In regards to children:
 - ensure any education about diagnosed health needs or medical conditions is Australian, age-appropriate and evidence-based.

ONGOING REQUIREMENTS

- Once a child with a diagnosed health need or medical condition is attending, the service must continue to:
 - monitor the safety, health and wellbeing of the child.
 - regularly review the risk minimisation plan for the child.
 - ensure that parents or guardians are regularly asked to provide any updated information relating to the nature of, or management of, their child's diagnosed health care need, allergies or relevant medical condition.
 - ensure staff are updated on changes to information relating to the nature of, or management of, a child's diagnosed health care need or relevant medical condition.
 - if necessary, ensure an updated medical management plan is provided by the child's parents or guardians.
 - if necessary, ensure updated medication is provided by the child's parents or guardians.
 - ensure the practices and procedures of the service are inclusive of the child.
 - consider what extra precautions may be necessary in order to protect the safety, health and wellbeing of a child who has a diagnosed health care need, allergy or relevant medical condition.

ALLERGY AWARE APPROACH

- Being allergy aware means implementing a range of measures to minimise the chance of a child being exposed to a known allergen.
- These measures include:
 - knowing which children are at risk of anaphylaxis.
 - knowing what allergies need to be managed in the service.
 - working with parents or guardians of children at risk of anaphylaxis to identify appropriate risk minimisation strategies for their child.
 - completing a risk management plan for the service including risk management plans for all off-site activities.
 - implementing appropriate strategies to minimise the risks identified.
 - ensuring all staff have undergone anaphylaxis training including hands on practice with adrenaline injector trainer devices.
 - ensuring all staff and volunteers responsible for preparing and serving food have undertaken *All About Allergens* online training.
 - communicating with the service community about how the service manages the risk of anaphylaxis and how they can help support the service's approach.
 - communicating with parents or guardians of children with food allergies about any activities that involve food.
 - informing children about allergies and how they can help to keep their friends and peers safe. This includes teaching children to not share food or drinks and washing their hands after they eat.
- An allergy aware approach is recommended rather than implementing food bans. It is not recommended that services '*ban*' food or claim to be '*free of any allergen*'.
- Children with food allergies should be supported to engage with their peers and be included in mealtime routines and interactions. All young children and children with developmental delay or other issues that limit their ability to manage their own food allergies should be closely supervised at meal and snack times.



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- Allergen restricted areas may be used to reduce the risk for children with allergies, *e.g.*, using a separate highchair for a young child with allergies or seating children eating messy egg meals, grated cheese or drinking milk or infant formula away from children with egg or dairy allergies. However, steps should be taken to avoid isolating children from their peers.
- Water bottles belonging to children with food allergy should be kept in a separate to reduce the chance of other children drinking from them.
- The service should have procedures in place for staff to support children to participate in personal hygiene practices such as handwashing to prevent contamination or spread of food residue on shared resources and equipment.

ADMINISTRATION OF MEDICATION

- Medication must not be given to a child unless it has been authorised by:
 - a parent or guardian, OR
 - an authorised nominee named in the child's enrolment record as authorised to consent to the administration of medication.
- When administering medication, staff must check:
 - there is proper authorisation to administer medication to the child.
 - the medication is administered from its original container with original label attached.
 - the medication has not expired or passed the use by date.
 - the dose and instructions on the label, as well as any verbal or written instructions from a medical practitioner are followed.
- Before the medication is given to the child:
 - another staff member - other than the one administering it - must check the dosage of the medicine AND
 - ensure that it is being administered to the correct child, *e.g.*, check the identity of the child.
- A medication record must be kept for each child to whom medication is to be administered by the service. It must include the appropriate authorisations.
- Medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.
- Authorisation may be given verbally by a parent, guardian or authorised nominee, or if such a person cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.
- Children with a diagnosed medical condition that require medication must not attend the service without their medication.
- Staff will ensure that all medications prescribed for children:
 - are stored in a location that is known and easily accessible to all staff.
 - include a copy of the management plan with the medication.
 - are inaccessible to children.
 - are kept away from a direct source of heat.
- Medication must be handed directly to staff. Medication should **NEVER** be left in a child's bag as this poses a risk of poisoning. Medicine must be inside a locked medication box at all times.



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- All medication administered by staff must be checked by the administering staff member and checked by another staff member at the time of administration.

‘OVER THE COUNTER’ MEDICATIONS

- The service **WILL NOT** administer ‘over the counter’ medications to children without a current letter from a medical practitioner stating the reason, dosage and period of time the child requires the medication.
- All medication prescribed must be in the original container and labelled by a pharmacist with the child's name, dosage and the times when the medication is to be administered. The medication must not be past its use by date. This applies to over-the-counter medications, ointments, asthma puffers and allergy medications.
- Cough and cold syrups are not recommended for children under the age of two without medical advice. The service will not administer any of these medications without a current letter from a medical practitioner.
- The service will keep *Panadol* on the premises in the event of a child experiencing an extreme temperature. *Panadol* will only be administered after permission from a parent, guardian or authorised nominee has been given and whilst the child is waiting to be collected.
- The service will keep *Zyrtec* on the premises in the event of a child experiencing an allergic reaction. *Zyrtec* will only be administered after permission from a parent, guardian or authorised nominee has been given and whilst the child is waiting to be collected.
- The service will keep *Ventolin* puffers on the premises in the event of a child experiencing breathing difficulties. *Ventolin* will only be administered after permission from a parent, guardian or authorised nominee has been given and whilst the child is waiting to be collected.

SELF-ADMINISTRATION OF MEDICATION

- The organisation does not permit the self-administration of medication.

PARACETAMOL

- Paracetamol will be kept in a locked medication container for emergency purposes.
- To safeguard against the incorrect use of paracetamol and minimise the risk of concealing the fundamental reasons for high temperatures, staff will only administer paracetamol if:
 - it is accompanied by a medical practitioner's letter stating the reason for administering, the dosage and duration it is to be administered.
 - a child develops a high fever whilst attending the service.
 - a parent or guardian is on their way to collect an unwell child and has verbally approved the administration of paracetamol to two staff members.

EMERGENCIES

- In the occurrence of an emergency where the administration of medication must occur, the service will attempt to receive verbal authorisation by a parent or guardian of the child named in the child's enrolment form who is authorised to consent to the administration of medication.
- If a parent or guardian of a child is unreachable, the service will endeavour to obtain verbal authorisation from an emergency contact named in the child's enrolment form, who is authorised to approve the administration of medication.
- If all of the child's authorised nominees are non-contactable, the service will contact emergency services on **000**.



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- For anaphylaxis or asthma emergencies, medication and/or treatment will be administered to a child without authorisation, following the asthma or anaphylaxis management plan provided by the family.
- In the event of a child not known to have asthma or anaphylaxis appearing to be in severe respiratory distress, an ambulance will be called immediately.
- Staff will continue trying to contact parents, guardians and/or authorised nominees of the child until contact is made and the family has been notified on the child's current medical status.

ALLERGIES AND ANAPHYLAXIS

- Whenever a child with allergies or diagnosed at risk of anaphylaxis is enrolled at the service, or is newly diagnosed, the following items are required prior to commencing care or returning:
 - enrolment form detailing all information about their individual health needs.
 - medical management plan.
 - risk minimisation plan.
 - communication plan.
 - prescribed medication.
- The service will advise families that a person who has been diagnosed as at risk of anaphylaxis is enrolled at the service via a notice posted at the entrance to the service.
- For anaphylaxis emergencies, medication and/or treatment will be administered without authorisation, following the anaphylaxis medical management plan provided.
- If a person does not have an adrenaline injector and appears to be having a reaction, staff will only administer adrenaline if the service has an additional adrenaline injector for general use, or they are instructed to by emergency services.
- The used adrenaline injector will be given to ambulance staff upon their arrival.
- Another person's adrenaline injector will NOT be used unless instructed to by emergency services. That person will be closely monitored and their family will be immediately contacted.
- Approved providers are required to notify the regulatory authority when a child experiences an allergic or anaphylactic reaction while at the service, where medical treatment is required.
- The organisation has a separate anaphylaxis management policy with extensive detail on how anaphylaxis and allergies will be managed and responded to at the service.

ASTHMA

- Asthma is a medical condition that affects the airways that carry air into our lungs. Symptoms include wheezing, a feeling of not being able to get enough air, being short of breath, coughing, and a feeling of tightness in the chest.
- Common asthma triggers include, but are not limited to:
 - viral infections, *e.g., colds, flu, respiratory conditions*
 - cigarette smoke
 - physical exercise
 - allergens, *e.g., mould, pollens, pets*
 - irritants in the environment, *e.g., dust, pollution, wood smoke, bushfire smoke*
 - weather, *e.g., changes in air temperature, thunderstorms*
 - chemicals and strong smells, *e.g., perfumes, cleaning products*
 - stress or high emotions, *e.g., laughter, crying*



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- Whenever a child with asthma is enrolled at the service, or is newly diagnosed, the following items are required prior to commencing care or returning:
 - enrolment form detailing all information about their individual health needs.
 - medical management plan.
 - risk minimisation plan.
 - communication plan.
 - prescribed medication.
- The organisation will:
 - implement asthma management strategies and risk minimisation procedures.
 - obtain health information for each person enrolled with asthma at the service, including a detailed medical management plan.
 - develop a risk minimisation plan and communication plan, in consultation with the family.
 - ensure parents and guardians of children diagnosed with asthma provide reliever medication and a spacer, including a child's face mask, if required.
 - ensure medical management, risk and communication plans are reviewed at least annually and/or revised with each change to the medical management plan in conjunction with parents or guardians.
 - keep a detailed record of medication administered to any child.
 - ensure that at least one member of staff is on duty at all times with current and approved emergency asthma management and first aid training.
 - ensure adequate provision and maintenance of first aid kits and emergency medication.
 - ensure staff are aware of asthma management strategies upon employment at the service.
 - organise emergency asthma management training to staff as required.
 - ensure reliever medications are regularly replaced and are within expiry.
 - identify and minimise, where possible, asthma triggers for people attending the service.
 - ensure people with asthma are not discriminated against in any way.
 - ensure people with asthma can participate in all activities safely and to their fullest abilities.
 - notify the regulatory authority if a child has a serious asthma attack, resulting in emergency services being called and/or death.
- For asthma emergencies, medication and/or treatment will be administered without authorisation, following the asthma medical management plan provided.
- If a person does not have an asthma puffer and appears to be having an asthma attack, staff will only administer an emergency puffer if the service has an additional puffer for general use, or they are instructed to by emergency services.
- Another person's puffer will NOT be used unless instructed to by emergency services. That person will be closely monitored and their family will be immediately contacted.
- Approved providers are required to notify the regulatory authority when a child experiences an asthma attack while at the service, where medical treatment is required.
- Contact emergency services on **000** if:
 - a person's asthma symptoms are severe.
 - a person suddenly stops breathing.
 - a person's asthma symptoms continue to worsen or is not improving.
 - there is no asthma medical management plan for the person.
 - reliever medication is not available or is past its expiry date.
 - it is unsure what is causing the breathing difficulty.
 - the person is turning blue.
 - the person is known to have anaphylaxis. If this is the case, always give adrenaline injector first, and then reliever, even if there are no skin symptoms.



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- If a person known to have asthma suffers from an asthma emergency, staff will:
 - follow their asthma medical management plan.
 - if they do not respond to their medical management plan, an ambulance will be contacted on **000**.
 - continue following their medical management plan while awaiting ambulance arrival.
 - contact their parents, guardians or next-of-kin when practicable.
 - contact the child's authorised nominees if parents or guardians cannot be contacted.
 - notify the regulatory authority within 24 hours.
- If a person not known to have asthma appears to be suffering from an asthma attack, staff will:
 - contact an ambulance immediately on **000**.
 - give 4 puffs of a reliever medication, with 4 breaths in between each puff.
 - wait for 4 minutes.
 - repeat if no improvement.
 - continue giving 4 puffs with 4 breaths, every 4 minutes, while awaiting ambulance arrival.
 - contact their parents, guardians or next-of-kin when practicable.
 - contact the child's authorised nominees if parents or guardians cannot be contacted.
 - notify the regulatory authority within 24 hours.
- No harm is likely to result from giving reliever medication to someone who does not have asthma.
- In the event of anaphylactic emergency and breathing difficulties, an adrenaline injector must be administered first, then asthma medication.
- The service keeps an asthma emergency kit on site which contains reliever medication, spacers, face masks, and asthma first aid information.

THUNDERSTORM ASTHMA

- There is an increased risk of seasonal asthma, hay fever and '*epidemic thunderstorm asthma*' during grass pollen season, which typically occurs between October and December in Victoria.
- Epidemic thunderstorm asthma events are triggered by a combination of high grass pollen levels and a certain type of thunderstorm. People with a history of asthma, undiagnosed asthma or hay fever are at an increased risk during this time.
- To prepare for the grass pollen season and minimise risks of thunderstorm asthma during grass pollen season, the service will:
 - ensure all children diagnosed with asthma have an up-to-date medical management plan and risk minimisation plan.
 - confirm with parents and guardians of all children diagnosed with asthma if there have been any changes to their plans.
 - ensure that all staff and volunteers know the procedures for managing children at the service with diagnosed asthma.
 - check that asthma medication held at the service is current, and has not expired.
 - stay abreast of asthma advice and health and weather warnings.
 - follow the service's *Emergency Management Plan (EMP)*.
 - communicate information about thunderstorm asthma and procedures for managing children at risk with families and the community.
- While it is important to increase fresh air flow into indoor spaces and maximise the use of outdoor areas, the service will follow these procedures on days of heightened thunderstorm asthma risk:
 - avoid playing outside during thunderstorms and wind gusts.
 - close doors and windows.
 - turn air conditioners on to re-circulate air.
 - closely observe children and adults for signs and symptoms of asthma.



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EPILEPSY

- Epilepsy is a medical condition that affects the brain and causes seizures. These seizures happen because of a disruption to electrical activity in the brain, leading to a change in a person's movement, behaviour, and level of awareness and/or feelings.
- Common epilepsy triggers include, but are not limited to:
 - missed medication
 - sleep deprivation, e.g., *being overtired, not getting enough sleep, not sleeping well*
 - stress
 - infection or illness
 - hormonal changes, e.g., *puberty, menstruation, menopause*
 - dehydration
 - low blood sugar
 - alcohol or illicit drug use
 - use of certain medications
 - bright, flashing or flickering lights.
- Whenever a child with epilepsy is enrolled at the service, or is newly diagnosed, the following items are required prior to commencing care or returning:
 - enrolment form detailing all information about their individual health needs.
 - medical management plan.
 - risk minimisation plan.
 - communication plan.
 - prescribed medication.
- The organisation will:
 - implement epilepsy management strategies and risk minimisation procedures.
 - obtain health information for each person enrolled with epilepsy at the service, including a detailed medical management plan.
 - develop a risk minimisation plan and communication plan, in consultation with the family.
 - ensure parents and guardians of children diagnosed with epilepsy provide prescribed medication, if required.
 - ensure medical management, risk and communication plans are reviewed at least annually and/or revised with each change to the medical management plan in conjunction with parents or guardians.
 - keep a detailed record of medication administered to any child.
 - ensure that at least one member of staff is on duty at all times with current and approved first aid training.
 - ensure adequate provision and maintenance of first aid kits and emergency medication.
 - ensure staff are aware of epilepsy management strategies upon employment at the service.
 - organise emergency epilepsy management training to staff as required.
 - ensure medications are regularly replaced and are within expiry.
 - identify and minimise, where possible, epilepsy triggers for people attending the service.
 - ensure people with epilepsy are not discriminated against in any way.
 - ensure people with epilepsy can participate in all activities safely and to their fullest abilities.
 - notify the regulatory authority if a child has a seizure, resulting in emergency services being called and/or death.
- For epilepsy emergencies, medication and/or treatment will be administered without authorisation, following the epilepsy medical management plan provided.
- Approved providers are required to notify the regulatory authority when a child experiences a seizure or febrile convulsion while at the service, where medical treatment is required.



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- Seizures are classified into three types – focal onset, generalised onset, and unknown onset. Some people experience non-epileptic seizures, which don't fit into these three categories.
- The term 'motor' and 'non-motor' are also used when describing seizure types. Motor relates to physical movement or motion, and seizures involving motor activity may include either an increase or decrease in muscle tone, leading to muscle twitches, jerks or contractions, e.g., *tonic-clonic seizures*. Non-motor onset seizures don't involve muscle action but may include behavioural, emotional and/or sensory activity or actions.

FOCAL ONSET SEIZURES

Focal Aware Seizures	<ul style="list-style-type: none"> • During these seizures the person is aware and may experience feelings such as déjà vu, an unpleasant smell or taste, or sensations such as 'butterflies' or nausea. • These seizures may also involve: <ul style="list-style-type: none"> ○ motor activity, e.g., <i>involuntary and brief jerking of an arm or leg.</i> ○ autonomic behaviours, e.g., <i>fiddling with clothing or pointing.</i> • In some cases, this type of seizure can come before another seizure type, e.g., <i>tonic-clonic seizure.</i> • A feeling or movement that indicates a bigger seizure is going to happen is sometimes called an 'aura', although they are actually part of the seizure.
Focal Impaired Awareness Seizures	<ul style="list-style-type: none"> • During these seizures the person may appear confused and dazed, and may do strange and repetitive actions, e.g., <i>fiddling with their clothes, making chewing movements with their mouth or uttering unusual sounds.</i>

GENERALISED ONSET SEIZURES

Tonic-Clonic Seizures	<ul style="list-style-type: none"> • During a tonic-clonic seizure the person's body stiffens and, if standing, they fall to the ground, followed by their limbs jerking in strong, symmetrical, rhythmic movements. • A person experiencing this type of seizure may produce excess saliva from the mouth, go blue in the face, lose control of their bladder and/or bowel, or bite their tongue and/or cheek. • The person may also create vocal noises as the muscles in the chest contract and the air rushes through the vocal cords, making a sound. • A person experiencing a tonic-clonic seizure will not swallow their tongue, so do not put anything in their mouth. Instead, the person should be put into the recovery position as soon as it is safe to do so. • Generally, a tonic-clonic seizure lasts for one to three minutes, and the person often feels sleepy, confused or tired after the seizure has ended. • If a tonic-clonic seizure lasts for more than 5 minutes, it is considered a medical emergency and an ambulance should be called.
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	<ul style="list-style-type: none"> If a stranger is experiencing a tonic-clonic seizure, an ambulance should be called irrespective of how long the seizure lasts.
Tonic Seizures	<ul style="list-style-type: none"> Tonic seizures cause the person’s body, arms and legs to become very stiff and rigid and may cause a person to fall and injure themselves. This type of seizure often occurs during sleep. Tonic seizures are usually brief, lasting around 20 seconds.
Clonic Seizures	<ul style="list-style-type: none"> Clonic seizures are repetitive, rhythmic jerks that involve both sides of the body at the same time. Clonic seizures are rare and most commonly occur in babies, and often these clonic movements are seen as part of a tonic-clonic seizure. The jerking movements may last for a few seconds to a minute, and a clonic seizure may sometimes be hard to distinguish from a myoclonic seizure.
Atonic Seizures	<ul style="list-style-type: none"> Atonic seizures cause a sudden loss or decrease of normal muscle tone, with the person often falling to the ground if standing prior to the seizure. Atonic seizures usually involve both sides of the brain and typically last for less than 15 seconds.
Myoclonic Seizures	<ul style="list-style-type: none"> Myoclonic seizures are brief, shock-like jerks of a muscle or a group of muscles, usually involving the upper body but sometimes the whole body as well. This type of seizure generally only lasts for a couple of seconds and can happen in isolation or in a cluster. When a myoclonic seizure ends, the person is usually awake and alert, and can usually continue what they were doing before the seizure.
Absence Seizures	<ul style="list-style-type: none"> Absence seizures are brief, non-motor ones which usually occur in children and young people. These seizures cause a lapse in awareness and activity, and typically last only a few seconds. Absence seizures can be so brief that a person experiencing one is mistakenly thought to be ‘day-dreaming’ or ‘zoning out’.



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Myoclonic Absence Seizures

- Myoclonic absence seizures include rhythmic myoclonic jerks of the shoulders, arms, and legs in conjunction with tonic contraction.
- These seizures can also include rhythmic protrusion of the lips, twitching of the corners of the mouth, or jaw jerking.
- The tonic component of the seizure mainly affects shoulder and arm muscles, and may cause elevation of the arms.
- These seizures tend to last for between 10 to 60 seconds.

- Contact emergency services on **000** if:
 - a child is having a seizure or febrile convulsion.
 - the person is unknown to the service.
 - there is no available epilepsy medical management plan.
 - the seizure lasts for 5 minutes.
 - the seizure stops but the person does not regain consciousness within 5 minutes.
 - another seizure begins.
 - the seizure activity has resulted in a serious injury.
 - the person has swallowed water.
 - the seizure occurs in water.
 - the person having the seizure is, or may be, pregnant.
 - this is the person's first seizure.
 - the staff attending to the person have any concerns, are unsure what to do or are uncomfortable dealing with the situation.
 - the person asks for medical assistance.
- If a person known to have epilepsy suffers from a seizure, staff will:
 - follow their epilepsy medical management plan.
 - if they do not respond to their medical management plan, an ambulance will be contacted on **000**.
 - continue following their medical management plan while awaiting ambulance arrival.
 - contact their parents, guardians or next-of-kin when practicable.
 - contact the child's authorised nominees if parents or guardians cannot be contacted.
 - notify the regulatory authority within 24 hours.
- If a person not known to have epilepsy appears to be suffering from a seizure, staff will:
 - contact an ambulance immediately on **000**.
 - stay calm, reassure and remain with the person.
 - time the seizure.
 - try remove any food, fluid or vomit in their mouth by rolling them onto their side.
 - protect them from injury by moving any hard objects away from the area.
 - protect them by placing something soft under their head and loosening any tight clothing.
 - gently roll the person onto their side as soon as possible and tilt their chin upwards to assist with breathing and protect their airway.
 - stay with the person until the seizure ends naturally.
 - calmly talk to the person until they regain consciousness.
 - contact their parents, guardians or next-of-kin when practicable.
 - contact the child's authorised nominees if parents or guardians cannot be contacted.
 - notify the regulatory authority within 24 hours.



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DIABETES

- Diabetes is a medical condition where there is too much glucose in the blood. The body can't make insulin, enough insulin or is not effectively using the insulin it does make.
- There are three main types of diabetes:
 - Type 1
 - Type 2
 - Gestational diabetes
- People with type 1 diabetes:
 - have insulin every day either by injection or via an insulin pump.
 - check their blood glucose levels.
 - count carbohydrates in the foods they eat.
- People with type 2 diabetes and gestational diabetes:
 - need to eat healthy foods.
 - need to be active.
 - sometimes need to take medications, *e.g., tablets, insulin*.
- Whenever a child with diabetes is enrolled at the service, or is newly diagnosed, the following items are required prior to commencing care or returning:
 - enrolment form detailing all information about their individual health needs.
 - medical management plan.
 - risk minimisation plan.
 - communication plan.
 - prescribed medication.
 - prescribed equipment, *e.g., hypo kit*.
- The organisation will:
 - implement diabetes management strategies and risk minimisation procedures.
 - obtain health information for each person enrolled with diabetes at the service, including a detailed medical management plan.
 - develop a risk minimisation plan and communication plan, in consultation with the family.
 - ensure parents and guardians of children diagnosed with diabetes provide prescribed medication and equipment, *e.g., hypo kit*, if required.
 - ensure medical management, risk and communication plans are reviewed at least annually and/or revised with each change to the medical management plan in conjunction with parents or guardians.
 - keep a detailed record of medication administered to any child.
 - ensure that at least one member of staff is on duty at all times with current and approved first aid training.
 - ensure adequate provision and maintenance of first aid kits and emergency medication.
 - ensure staff are aware of diabetes management strategies upon employment at the service.
 - organise emergency diabetes management training to staff as required.
 - ensure medications are regularly replaced and are within expiry.
 - ensure people with diabetes are not discriminated against in any way.
 - ensure people with diabetes can participate in all activities safely and to their fullest abilities.
 - notify the regulatory authority if a child with diabetes requires medical treatment, resulting in emergency services being called and/or death.
- For diabetic emergencies, medication and/or treatment will be administered without authorisation, following the diabetes medical management plan provided.
- Approved providers are required to notify the regulatory authority when a child with diabetes requires medical treatment by an ambulance, hospital and/or medical practitioner.



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- Balancing blood glucose levels (BGLs) is important for people diagnosed with diabetes. Some things lower BGLs like insulin and physical activity. Other things raise BGLs, like food or being ill.
- Diabetes treatment may include:
 - insulin which may be delivered as a shot, an insulin pen, or via an insulin pump.
 - oral medication.
 - sugar, e.g., *fruit juice, soft drink, cordial, jellybeans, glucose tablets*
 - meals, snacks and drinks.
 - blood sugar testing.

LOW BLOOD GLUCOSE LEVELS (HYPOGLYCAEMIA)

- Low blood glucose is known as hypoglycaemia, or 'hypo' for short.
- Hypos can be caused by too much insulin, missing a meal, not eating enough carbohydrates for a given dose of insulin, unplanned physical activity, strenuous exercise, drinking alcohol and some medications.
- When a hypo happens, the person may be confused, start to sweat, feel dizzy and can even lose consciousness.
- Hypos can happen very quickly and they must be treated immediately. They are treated by having quick-acting glucose, such as Lucozade, 6 to 7 jellybeans, 3 teaspoons of honey, 100mls of full-strength soft drink or 150-200mls of fruit juice.
- Symptoms of hypoglycaemia are:
 - weakness, trembling or shaking
 - sweating
 - light headedness
 - headache
 - lack of concentration
 - behaviour change
 - dizziness
 - crying
 - irritability
 - numbness around the lips and/or fingers

HIGH BLOOD GLUCOSE LEVELS (HYPERGLYCAEMIA)

- When a person doesn't have enough insulin, glucose builds up in the blood and makes them feel unwell. This is called hyperglycaemia, or 'hyper' for short.
- Hyperglycaemia happens gradually. It can be caused by not enough insulin, eating too much carbohydrate food, sickness or infection, stress or reduced physical activity.
- Symptoms of hyperglycaemia are:
 - excessive thirst
 - lethargy
 - frequent urination
 - blurred vision
 - lack of concentration
 - hot, dry skin
 - smell of acetone on breath
 - change in behaviour (usually irritable).



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- If a person's BGL is above 15mmol/L and they're feeling alright, they should be ok to continue as normal.
 - If a person's BGL is above 15mmol/L and they're feeling unwell, they might have ketones. High BGLs and ketones can make a person really unwell because it means that things are out of balance in their body.
 - When a person feels like this, they should:
 - check their blood glucose levels more often.
 - check for ketones.
 - drink plenty of water.
 - rest.
-
- Contact emergency services on **000** if:
 - a child diagnosed with diabetes appears very unwell from hypoglycaemia or hyperglycaemia signs and symptoms.
 - the person has slurred speech, confusion, loss of consciousness or seizures.
 - the person is unknown to the service.
 - there is no available diabetes medical management plan.
 - the staff attending to the person have any concerns, are unsure what to do or are uncomfortable dealing with the situation.
 - the person asks for medical assistance.
 - If a person known to have diabetes suffers from hypoglycaemia, staff will:
 - follow their diabetes medical management plan.
 - if they do not respond to their medical management plan, an ambulance will be contacted on **000**.
 - continue following their medical management plan while awaiting ambulance arrival.
 - contact their parents, guardians or next-of-kin when practicable.
 - contact the child's authorised nominees if parents or guardians cannot be contacted.
 - notify the regulatory authority within 24 hours.
 - If a person known to have diabetes suffers from hyperglycaemia, staff will:
 - follow their diabetes medical management plan.
 - if they do not respond to their medical management plan, an ambulance will be contacted on **000**.
 - continue following their medical management plan while awaiting ambulance arrival.
 - contact their parents, guardians or next-of-kin when practicable.
 - contact the child's authorised nominees if parents or guardians cannot be contacted.
 - notify the regulatory authority within 24 hours.
 - If a person not known to have diabetes appears to be unwell, staff will:
 - contact an ambulance immediately on **000**.
 - stay calm, reassure and remain with the person.
 - contact their parents, guardians or next-of-kin when practicable.
 - contact the child's authorised nominees if parents or guardians cannot be contacted.
 - notify the regulatory authority within 24 hours.



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ROLES AND RESPONSIBILITIES

Approved Provider

- Ensure appropriate medical management plans and risk assessments are completed, and all relevant actions are managed.
- Develop risk minimisation plans in consultation with staff and the families of at-risk children.
- Ensure staff receive regular training on the management of medical conditions, including during the induction process.
- Consult with families to ensure that a system for ongoing communication is developed and maintained between families and staff to ensure updates to children’s medical conditions and/or allergy status are shared.
- Develop written communication plans for ongoing communication between families and staff.
- Prominently display a notice at the main entrance stating a child diagnosed as at risk of anaphylaxis is being cared for or educated by the service.
- Conduct an assessment of the potential for accidental exposure to allergens and triggers of medical conditions.
- Ensure at least one member of staff is on duty at all times with current and approved first aid training.
- Ensure staff complete first aid training, which includes anaphylaxis and asthma management training, at least every three years.
- Ensure staff complete CPR, anaphylaxis and asthma management refresher training at least annually.
- Ensure staff practice with trainer adrenaline injection devices and asthma puffers on a regular basis.
- Ensure staff are aware of symptoms of an anaphylactic reaction and management of a child experiencing anaphylaxis.
- Ensure staff are aware of management of medical conditions and medical emergencies, and symptoms that may require medical treatment.
- Ensure *Dealing with Medical Conditions and Anaphylaxis Management* policies are provided to families of at-risk children.
- Ensure children who have been diagnosed as at-risk do not attend the service without in-date medication or medical management plans.
- Ensure children’s individual medical management plans are signed by registered medical practitioners and inserted into enrolment records.
- Ensure staff know the location of medical management plans, equipment and prescribed medication.
- Ensure staff accompanying children outside the service carry each child’s medical management plan, prescribed medication and equipment.
- Ensure staff involved in food preparation are informed of children and staff who have specific medical conditions or diagnosed health care needs.
- Ensure medication is not administered unless authorisation has been given.
- Ensure medication procedures are adhered to at all times.
- Ensure medication records are accurately completed, signed & witnessed.
- Ensure parents, guardians and emergency services are notified as soon as practicable if a child requires medical treatment.
- Inform the regulatory authority within 24 hours of any medical incident.
- Review adequacy of the response if a person requires medical treatment and consider the need for additional training and other corrective action.
- Ensure people with medical conditions are not discriminated against.
- Ensure people with medical conditions can participate in all activities safely and to their full potential.
- Provide up to date resources and information to staff and families.



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	<ul style="list-style-type: none"> • Contact support services for further information, resources and training to assist staff to gain and maintain a comprehensive understanding about managing and treating medical conditions such as diabetes and epilepsy. • Ensure information regarding the health, safety and wellbeing of a child or staff member is not shared with others unless consent is provided in writing, or the disclosure is required or authorised under relevant legislation. • Read, understand, follow and enforce the organisation’s policies and procedures.
<p>Nominated Supervisor and Responsible Persons</p>	<ul style="list-style-type: none"> • Ensure appropriate medical management plans and risk assessments are completed, and all relevant actions are managed. • Develop risk minimisation plans in consultation with staff and the families of at-risk children. • Ensure staff receive regular training on the management of medical conditions, including during the induction process. • Consult with families to ensure that a system for ongoing communication is developed and maintained between families and staff to ensure updates to children’s medical conditions and/or allergy status are shared. • Develop written communication plans for ongoing communication between families and staff. • Prominently display a notice at the main entrance stating a child diagnosed as at risk of anaphylaxis is being cared for or educated by the service. • Conduct an assessment of the potential for accidental exposure to allergens and triggers of medical conditions. • Ensure at least one member of staff is on duty at all times with current and approved first aid training. • Ensure staff complete first aid training, which includes anaphylaxis and asthma management training, at least every three years. • Ensure staff complete CPR, anaphylaxis and asthma management refresher training at least annually. • Ensure staff practice with trainer adrenaline injection devices and asthma puffers on a regular basis. • Ensure staff are aware of symptoms of an anaphylactic reaction and management of a child experiencing anaphylaxis. • Ensure staff are aware of management of medical conditions and medical emergencies, and symptoms that may require medical treatment. • Ensure <i>Dealing with Medical Conditions</i> and <i>Anaphylaxis Management</i> policies are provided to families of at-risk children. • Ensure the enrolment checklist for children who have specific medical conditions or diagnosed health care needs is completed. • Ensure children who have been diagnosed as at-risk do not attend the service without in-date medication or medical management plans. • Ensure children’s individual medical management plans are signed by registered medical practitioners and inserted into enrolment records. • Ensure staff know the location of medical management plans, equipment and prescribed medication. • Ensure staff accompanying children outside the service carry each child’s medical management plan, prescribed medication and equipment. • Ensure staff involved in food preparation are informed of children and staff who have specific medical conditions or diagnosed health care needs. • Ensure measures are in place to prevent cross-contamination of any food given to at-risk children. • Provide flexible mealtime routines.



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	<ul style="list-style-type: none"> • Ensure medication is not administered unless authorisation has been given. • Ensure medication procedures are adhered to at all times. • Ensure medication records are accurately completed, signed & witnessed. • Ensure parents, guardians and emergency services are notified as soon as practicable if a child requires medical treatment. • Inform the regulatory authority within 24 hours of any medical incident. • Review adequacy of the response if a person requires medical treatment and consider the need for additional training and other corrective action. • Ensure people with medical conditions are not discriminated against. • Ensure people with medical conditions can participate in all activities safely and to their full potential. • Provide up to date resources and information to staff and families. • Contact support services for further information, resources and training to assist staff to gain and maintain a comprehensive understanding about managing and treating medical conditions such as diabetes and epilepsy. • Ensure information regarding the health, safety and wellbeing of a child or staff member is not shared with others unless consent is provided in writing, or the disclosure is required or authorised under relevant legislation. • Read, understand, follow and enforce the organisation's policies and procedures.
<p>Food Safety Supervisor, Cook, and Kitchen Staff</p>	<ul style="list-style-type: none"> • Ensure medical management plans and risk assessments are understood and followed correctly. • Be aware of children with food allergies, intolerances, restrictions, dietary requirements and/or medical conditions. • Ensure all staff comply with the <i>Food Safety Act</i>. • Ensure all changes to a child's medical management plan or risk minimisation plan are implemented immediately within menu preparation. • Develop risk minimisation plans in consultation with staff and the families of at-risk children. • Consult with families to ensure that a system for ongoing communication is developed and maintained between families and staff to ensure updates to children's medical conditions and/or allergy status are shared. • Conduct an assessment of the potential for accidental exposure to allergens and triggers of medical conditions. • Complete first aid training, which includes anaphylaxis and asthma management training, at least every three years. • Complete CPR, anaphylaxis and asthma management refresher training at least annually. • Practice with trainer adrenaline injection devices and asthma puffers on a regular basis. • Be aware of symptoms of an anaphylactic reaction and management of a child experiencing anaphylaxis. • Be aware of management of medical conditions and medical emergencies, and symptoms that may require medical treatment. • Complete an appropriate food safety certificate. • Complete regular training in managing the provision of meals for a child with allergies or medical conditions. • Complete regular training on the management of medical conditions, including during the induction process. • Complete training in planning appropriate menus including identifying written and hidden sources of food allergens on food labels.



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- Participate in regular nutrition and safe food handling training, and keep up-to-date with current research, knowledge and best practice.
- Know the location of medical management plans, equipment and prescribed medication.
- Ensure staff involved in food preparation are informed of children and staff who have specific medical conditions or diagnosed health care needs.
- Ensure measures are in place to prevent cross-contamination of any food given to at-risk children.
- Ensure children with medical conditions or at-risk of anaphylaxis only eat food that has been prepared according to parent or guardian instructions.
- Avoid the use of food as a reward.
- Provide flexible mealtime routines.
- Ensure children do not share food, food utensils or food containers.
- Review adequacy of the response if a person requires medical treatment and consider the need for additional training and other corrective action.
- Ensure people with medical conditions are not discriminated against.
- Ensure people with medical conditions can participate in all activities safely and to their full potential.
- Provide up to date resources and information to staff and families.
- Contact support services for further information, resources and training to assist staff to gain and maintain a comprehensive understanding about managing and treating medical conditions such as diabetes and epilepsy.
- Ensure information regarding the health, safety and wellbeing of a child or staff member is not shared with others unless consent is provided in writing, or the disclosure is required or authorised under relevant legislation.
- Implement and document a food safety program.
- Ensure food and beverages provided are nutritious and adequate in quantity, are chosen based on each child's dietary requirements, and meet any specific cultural, religious or health needs.
- Display the menu which accurately describes the food and beverages provided by the service each day.
- Review the menu on a regular basis, following consultation with children, families, staff and health professionals.
- Ensure adequate health and hygiene procedures are followed, as well as safe practices for handling, preparing and storing food.
- Ensure the safe handling of breastmilk and infant formula including transporting, storing, thawing, warming, preparing and bottle feeding.
- Ensure surfaces, appliances, tables, bench tops and chairs are cleaned thoroughly after preparing and serving food.
- Wear disposable gloves when handling food.
- Ensure children are not able to enter the kitchen.
- Develop an appropriate cleaning and sanitising schedule that outlines daily, weekly, monthly, quarterly and annual cleaning & sanitising responsibilities.
- Implement effective hygienic systems for cleaning.
- Ensure cloths are cleaned, stored separately and replaced regularly.
- Identify potential hazards that may occur at each stage of the food handling and preparation cycle and develop procedures to minimise these hazards.
- Clean all food contact surfaces, appliances and equipment after use.
- Complying with internal and external audit requirements.
- Share recipes and encourage feedback about food provided.
- Read, understand, follow and enforce the organisation's policies and procedures.



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Educators and Staff Members

- Ensure medical management plans and risk assessments are understood and followed correctly.
- Be aware of children with food allergies, intolerances, restrictions, dietary requirements and/or medical conditions.
- Develop risk minimisation plans in consultation with staff and the families of at-risk children.
- Consult with families to ensure that a system for ongoing communication is developed and maintained between families and staff to ensure updates to children's medical conditions and/or allergy status are shared.
- Conduct an assessment of the potential for accidental exposure to allergens and triggers of medical conditions.
- Complete first aid training, which includes anaphylaxis and asthma management training, at least every three years.
- Complete CPR, anaphylaxis and asthma management refresher training at least annually.
- Practice with trainer adrenaline injection devices and asthma puffers on a regular basis.
- Monitor children's health closely and be aware of any symptoms and signs of illness or medical emergency.
- Be aware of symptoms of an anaphylactic reaction and management of a child experiencing anaphylaxis.
- Be aware of management of medical conditions and medical emergencies, and symptoms that may require medical treatment.
- Complete regular training on the management of medical conditions, including during the induction process.
- Ensure children who have been diagnosed as at-risk do not attend the service without in-date medication or medical management plans.
- Know the location of medical management plans, equipment and prescribed medication.
- Regularly check the expiry dates of action plans and adrenaline injectors.
- Carry each child's medical management plan, prescribed medication and equipment when accompanying children outside of the service.
- Ensure all children's health and medical needs are taken into consideration on excursions.
- Increase supervision of children with medical conditions during special occasions such as excursions, incursions, celebrations and family events.
- Ensure staff involved in food preparation are informed of children and staff who have specific medical conditions or diagnosed health care needs.
- Ensure measures are in place to prevent cross-contamination of any food given to at-risk children.
- Ensure children with medical conditions or at-risk of anaphylaxis only eat food that has been prepared according to parent or guardian instructions.
- Avoid the use of food as a reward.
- Provide flexible mealtime routines.
- Ensure children do not share food, food utensils or food containers.
- Ensure medication is not administered unless authorisation has been given.
- Ensure medication procedures are adhered to at all times.
- Ensure two staff members are present any time medication is administered.
- Ensure medication records are accurately completed, signed & witnessed.
- Ensure parents, guardians and emergency services are notified as soon as practicable if a child requires medical treatment.
- Inform the approved provider, nominated supervisor and/or responsible persons within 24 hours of any medical incident.



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	<ul style="list-style-type: none"> • Review adequacy of the response if a person requires medical treatment and consider the need for additional training and other corrective action. • Ensure people with medical conditions are not discriminated against. • Ensure people with medical conditions can participate in all activities safely and to their full potential. • Provide up to date resources and information to staff and families. • Contact support services for further information, resources and training to assist staff to gain and maintain a comprehensive understanding about managing and treating medical conditions such as diabetes and epilepsy. • Ensure information regarding the health, safety and wellbeing of a child or staff member is not shared with others unless consent is provided in writing, or the disclosure is required or authorised under relevant legislation. • Ensure adequate health and hygiene procedures are followed, as well as safe practices for handling, preparing and storing food. • Ensure the safe handling of breastmilk and infant formula including transporting, storing, thawing, warming, preparing and bottle feeding. • Ensure surfaces, appliances, tables, bench tops and chairs are cleaned thoroughly after preparing and serving food. • Wear disposable gloves when handling food. • Ensure children are not able to enter the kitchen. • Develop cleaning and sanitising schedules that outline responsibilities. • Implement effective hygienic systems for cleaning. • Ensure cloths are cleaned, stored separately and replaced regularly. • Ensure hand washing for all children upon arrival at the service and before and after eating. • Raise children’s awareness about allergies and medical conditions and the importance of their role in fostering an environment that is safe and supportive of peers. • Read, understand, follow and enforce the organisation’s policies and procedures.
<p>Parents, Guardians and Families</p>	<ul style="list-style-type: none"> • Inform staff during enrolment, or on diagnosis, of their child’s allergies, medical conditions and health status. • Complete all details on their child’s enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises. • Ensure emergency contact details are regularly updated and current. • Provide a medical management plan completed by a medical practitioner during enrolment, or on diagnosis, of an allergy or medical condition, and provide updated plans as required. • Provide an updated plan every 12-18 months or if changes have been made to the child’s diagnosis. • Provide staff with unused, in-date, prescribed medication and equipment to stay at the service. • Regularly check expiry dates of prescribed medication. • Collaborate with staff to develop risk minimisation & communication plans. • Participate in reviews of risk minimisation and communication plans. • Comply with the policy that children who have been diagnosed with a medical condition are not permitted to attend the service without a medical management plan and/or prescribed medication. • Provide regular updates on the child’s medical condition including any changes to their medical management plan, prescribed medication or equipment.



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	<ul style="list-style-type: none"> • Communicate all relevant information and concerns to staff. • Work closely with staff to assist them to provide the most appropriate support for their child. • Communicate regularly with staff in relation to the ongoing health and wellbeing of their child, and the management of their medical condition. • Encourage their child to learn about their medical condition, and to communicate with staff if they are unwell or experiencing signs & symptoms. • Assist staff in planning and preparing for the child prior to incursions and excursions or before attending special events. • Supply alternate food options for the child when required. • Inform staff if their child has had an anaphylactic or allergic reaction when not at the service, including details of triggers and treatment. • Inform staff if their child experiences a medical emergency when not at the service, including details of signs, symptoms and treatment. • Ensure prescribed medications are provided in their original container with the label intact, bearing the child’s name, dosage, instructions & expiry date. • Ensure medication, over-the-counter products or dangerous items are never left in their child’s bag or locker. • Inform staff if medication has been administered to the child before bringing them into the service, including during the night or before arrival. • Read, understand and follow the organisation’s policies and procedures.
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SOURCES

- ACECQA – *Dealing with Medical Conditions in Children Policy Guidelines* – June 2021
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- Allergy Facts
- Asthma Australia
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- Australian Children’s Education and Care Quality Authority
- Better Health Channel
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- Department of Education and Training
- Department of Health
- Diabetes Australia
- Early Childhood Australia Code of Ethics 2016
- Education and Care Services National Law Act 2010 – July 2023
- Education and Care Services National Regulations 2011 – July 2023
- Epilepsy Foundation
- Guide to the National Quality Framework 2018 – July 2023
- Healthy Eating Advisory Council – *Developing an Allergy Policy* – 2016
- National Allergy Council – *Best Practice Guidelines* – November 2023
- National Asthma Council Australia
- Royal Children’s Hospital Melbourne – *Allergy and Immunology*
- Royal Children’s Hospital Melbourne – *Kids Health Information* – February 2024
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- VicEmergency
- Victorian Government – *Managing Children’s Medical Conditions in ECEC* – April 2023