Health & Safety: Dealing with Medical Conditions

Policy/Procedure Number: B 7

Policy/Procedure Requirement: National Quality Standards 2 & 7; Regulations 90, 91 & 168

Policy Statement

Children with specific diagnosed medical conditions must have their medical requirements met whist in FDC. The Service recognises this as an important part of Education and Care service delivery to ensure that every child enrolled with the Service with a medical condition is provided with the best possible care to ensure their health and wellbeing.

Rationale

To equip the Educators to provide safe, effective care for children with a medical condition. Some common medical conditions include:

- Allergies
- Anaphylaxis
- Asthma
- Diabetes, and
- Epilepsy

Strategies and Practices

Parents/Guardians will:

- **Complete a Medical Management Plan** for a child with a known medical condition, allergy or other health care need with the assistance of the child's medical practitioner and provide it to the Educator
- **Administer the first dose of medication at least 2 hours before the child attends care**, due to the possibility of side effects
- Sign and provide the **Medication Record** Form to the Educator authorising the Educator to administer specific/prescribed medicines
- Inform the Educator of any changes to their child's medical needs and if required provide updated Medical Management Plan
- In case of emergency, provide verbal authorisation to the Educator
- Review and update the Medical management plans annually

Educators will:

- Follow Medical Management Plans, which include plans for asthma, anaphylaxis and diabetes, in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition
- **Inform the Service Manager, Coordination Unit** and Education Assistants of the requirements of the Medical Management Plan
- Where appropriate, display a notice advising that an enrolled child has been diagnosed as being at risk of anaphylaxis
- Only administer prescribed medication if it's in its original container, bearing the original label with the name of the child, the dosage to be given and is within the expiry and use by date
- Ensure that all non-prescribed medication (as an example: Paracetamol, nappy cream) are in the original container with the original label, have clear dosage instructions and a used date not past
- Provide parents/guardians a copy of the Service's *Health & Safety: Dealing with Medical Conditions Policy* to the parent at time of enrolment
- Provide the *Incident, Injury, Trauma and Illness Record* to the Service to be kept until the child turns 25 years
- Keep children's personal medication (e.g. Epipen) and Medical Management Plan easily recognisable and accessible to adults
- Ensure that children's personal medication and Medical Management Plans are with the child whenever they are taken out of the Educator's home
- In consultation with the Parents and the Service, prepare and maintain a **Medical Condition Risk Minimisation Plan** and **Medical Communication Plan** for **each child with a medical condition**
- Follow the template Medical Condition Risk Minimisation Plan and Medical Communication Plan provided below

Medical Condition Risk Minimisation Plan

Child's Name _____

Rationale

Risk Minimisation Plan and Communication Plan for children with specific health care needs, such as anaphylaxis, asthma and relevant medical conditions

Minimising Medical risks

- FDC Educator has First Aid training with Anaphylaxis and Asthma management
- The medical management plan and risk minimisation plan are stored in the Child's locker at the FDC residence
- A copy of the medical management plan and child's medication are also kept with the First Aid Kit and in the Educator's emergency evacuation bag
- The child's medication including Epipen and/or asthma medication is stored in the
- The child's medication will be checked to ensure it is current and has not expired
- There is a notification of child at **risk of anaphylaxis** displayed near the **front entrance of the FDC residence** with other prescribed information such as **evacuation plan**
- The Educator will notify the Service and/or the Nominated Supervisor (Service Manager) of all children with specific health care needs, allergies or diagnosed medical conditions
- Parents are required to **authorise administration of medication** on medication record, and Educator will **complete administration of medication record** whenever medication is provided
- A copy of the parent's authorisation to administer medication is attached to medical management plan (or in the FDC Educator Diary & Planner) and original filed in the child's folder
- The Educator will **notify parents** of other children attending care of **any allergens that pose a risk to the child**
- The Educator will **display the child's picture**, first name, medication held and location, and brief description of allergy/condition on a poster at the FDC residence where it is visible to other parents and visitors. It is **necessary to get parents approval for this** or the information must be displayed so it is not visible to other families and visitors to protect the child's privacy

Potential triggers for child's health care need, allergy or medical condition:

- Educator should list the triggers using medical management plan and information from parents. Examples include:
  - → Eating certain foods
  - → Using products containing certain foods, chemicals or other substances
  - → Temperature
  - → Dust
  - → Physical activity
  - → Laughing

→ Exposure to certain animals or plants

→ Mould/pollen

→ Missed meals

→ Too much insulin (diabetes)

- Triggers that are specific to the Child's medical condition:

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Educator will minimise the effect of triggers by:

- The Educator must write down the actions in response to known allergens or child's health care needs. For example:

→ FDC residence will be cleaned daily to reduce allergens

→ Educator will use damp clothes to dust so it's not spread into the atmosphere

→ Child will be supervised to prevent movements from hot or warm environments to cold environments

→ Child will not feed pet chickens

- The Educator will do the following to minimise the effect of triggers for the Child with medical condition:

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Where the Educator provides food and a Child has an allergy:

- The Educator must take all appropriate precautions when preparing and serving food while caring for a child with allergy. For example:

→ Educators to clean tables and floors of any dropped food as soon as practical

→ Child will be supervised at all times vigilantly while other children are eating and drinking

→ The child will only eat food prepared and bought to the service by the parents

→ The child's food items will be labelled clearly. Educators may refuse to give the child unlabelled food

→ Child to be seated a safe distance from other children when eating and drinking with an educator positioned closely to reduce the risk of the child ingesting other children's food or drinks

Medical Communication Plan

Educator:

- Will complete an Incident, Injury, Trauma and Illness form and advise the parent when the child requires medication where this has not previously been authorised for a specific day or time
- May enquire about the child's health to check if there have been any changes in their condition or treatment
- Advise parents if child's medication needs to be replenished
- Review the child's medical management plan, risk minimisation plan and medication regularly, and seek advice from Coordinator or the Service Manager about any issues or concerns they may have in relation to the child's medical condition
- Advise the Service to update a child's enrolment and medical information in HubWorks as soon as possible after parents update the information

Service:

- Will regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child's medical management plan, risk minimisation information and medication information through newsletters and information on parent noticeboards
- Will update a child's enrolment and medical information in HubWorks as soon as possible after parents update the information

Parents:

- Wil verbally advise the Educator of **changes in the medical management plan** or medication as soon as possible after the change, and immediately provide an updated medical management plan, medication and medication authorisation (if relevant)
- Will provide an **updated medical management plan annually**, whenever updated or prior to expiry
- Will **provide details annually** in enrolment documentation of any medical condition
- Will advise Educator verbally or in writing on arrival of symptoms requiring administration of medication in the past **48 hours** and the cause of the symptoms if known
- Will ensure the Educator has adequate supplies of the child's medication

I/we agree to these arrangements, including the display of our child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children's rooms and prominent places to alert all staff, volunteers and students.

Parent/s signature _____

FDC Educator _____ Date_____

Communication	*Date*	*Educator Signature*	*Parent Signature*

Day-to-Day Service Management of Health and Safety Policies

- Reviewed quarterly and as required

Resources and Further Readings

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au
- Childcare Service Handbook 2013-2014
- Asthma Foundation - http://www.Asthmafoundation.org.au
- Allergy & Anaphylaxis Australia - https://www.allergyfacts.org.au/
- Australasian Society of Clinical Immunology and Allergy - http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis#sthash.1MriX2GY.dpuf

Related FDC Policies, Procedures & Documents

- Child Enrolment and Parent Agreement Form
- Authorisation of Medication Form
- Medication Self Administration Form
- Incident, Injury, Trauma and Illness Form
- Medical Management Plan

Created:	May 2015
Reviewed:	May 2016, June 2017, February 2018
Next Review:	June 2018

Health & Safety: Sleep and Rest

Policy/Procedure Number: B 8

Policy/Procedure Requirement: National Quality Standards 2; Regulation 81 and 168

Policy Statement

Each child's wellbeing and comfort including the child's need for sleep, rest and relaxation must be provided for. The Service recognises that it is an important part of Education and Care service delivery to ensure that effective sleep and rest strategies are in place to ensure a child feels secure and safe whist in FDC.

Rationale

To equip the Educators to provide care for children and infants with a high level of safety when they are sleeping and resting and to take every reasonable precaution to protect them from harm and hazard.

Strategies and Practices

The Coordination Unit will:

- Regularly review and update sleep and rest policies and procedures to ensure they are maintained in line with best practice principles and guidelines
- Provide Educators with information and training to fulfil their roles effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time
- Only consider endorsing a family's request for a baby to sleep on his or her stomach or side, if it is due to a rare medical condition and with the written support of the baby's medical practitioner. In any event, the service may also consider undertaking a risk assessment and implementing risk minimisation plans for the baby

Educators will:

- Consult with families about their child's individual needs and be sensitive to different values and parenting beliefs, cultural or otherwise, associated with sleep and rest
- Consult the Coordination Unit where a family's beliefs and requests are in conflict with the strategies and practices outlined herein. Child safety should always be the first priority and Educators **should not agree to parents' request** to adopt practices that are contrary to the safety of the child.
- **At all times ensure that**:
  - → Children sleep and rest with their **face uncovered**
  - → Children's sleep and rest environments should be free from cigarette or tobacco smoke
  - → Sleep and rest environments and equipment should be safe and free from hazards

- → Sleeping and resting children are adequately supervised including by **checking/ inspecting sleeping children at regular intervals**
- → The Educator is always **within sight and hearing distance** of sleeping and resting children so that they can assess a child's breathing and the colour of their skin
- → A safety check of sleep and rest environments is undertaken on a regular basis
- → Hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and mattresses
- → Heaters and electrical appliances kept away from cots
- → Electric blankets, hot water bottles and wheat bags are **not used** in cots
- → **Nothing is around the neck** of a sleeping child (e.g. amber teething necklaces). The use of teething bracelets (e.g. amber teething bracelets) is **not recommended** while a child sleeps

- **For Babies and Toddlers will also ensure that:**
  - → **At no time be a baby's face or head covered** (i.e. with linen)
  - → Babies are **placed on their back** to sleep when **first being settled**
  - → Babies (**younger than 6 months**): Babies who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side
  - → Babies (**older than 6 months**): Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position
  - → If a **medical condition exists** that prevents a baby from being placed on their back, the **alternative practice should be confirmed in writing** with the Service, by the child's **medical practitioner**
  - → When a baby is placed to sleep, Educator should check that any bedding is **tucked in secure and is not loose**. Babies **older than 4 months** may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood). To prevent a baby from wriggling down under bed linen, they should be **positioned with their feet at the bottom of the cot**
  - → If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around three months of age, and **discontinue the use of a wrap when the baby can roll from back to tummy to back again** (usually four to six months of age). Visit the Red Nose website https://rednose.com.au/article/wrapping-babies for more information

Good Practices:

- Babies or young children should not be **moved out of a cot into a bed** too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age, but could be as early as 18 months
- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby's life. If a dummy falls out of a baby's mouth during sleep, it **should not be re-inserted**

- If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest (if required). It is important that opportunities for rest and relaxation, as well as sleep, are provided
- Children who **do not wish to sleep** are provided with alternative quiet activities and experiences, while those children **who do wish** to sleep are allowed to do so, without being disrupted
- Look for and respond to children's cues for sleep (e.g. yawning, rubbing eyes, disengagement from activities, crying, decreased ability to regulate behaviour and seeking comfort from adults)
- Avoid using settling and rest practices as a behaviour guidance strategy because children can begin to relate the sleep and rest environment, which should be calm and secure, as a disciplinary setting
- Minimise any distress or discomfort
- Acknowledge children's emotions, feelings and fears
- Understand that younger children (especially those aged 0–3 years) settle confidently when they have formed bonds with familiar carers
- Ensure that the physical environment is safe and conducive to sleep. This means providing quiet, well-ventilated and comfortable sleeping spaces. Wherever viewing windows are used, all children should be visible to supervising educators

Overnight Care:

- The Educator **must seek approval** from the Service prior to providing overnight care
- Written parental approval will be obtained before any child shall sleep overnight in the same room with any other child or any adult
- The room in which the child sleeps shall preferably be a bedroom but in any case shall not be used as a thoroughfare
- Children who regularly stay overnight will be provided with their own bed and linen
- The child who stays overnight will have access to the Educator at all times
- The Educators must be aware of their vulnerability to **allegations of child abuse** and its ramification and ensure that protective measures for themselves and their families are put into place. This should include Educator keeping a record of:
  - → the times the child went to sleep and woke up
  - → where the child slept and the sleeping environment (should be safe)
  - → supervision of the child while they are sleeping and how they are monitored during the night
  - → whether there were any other children or adults at home during the period of care
  - → if anyone has access to the child's sleeping environment, and
  - → night time emergency evacuation plans (e.g. in case of fire, intruder etc – refer to Policy C2, *Child Safe Environment: Emergency and Evacuation*)

Cots:

- All cots must meet the current mandatory Australian Standard for Cots (AS/NZS 2172), and should carry a label to indicate this
- All portable cots must meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and should carry a label to indicate this
- Bassinets, hammocks and prams/strollers do not carry safety codes for sleep. Babies **should not be left** in a bassinet, hammock or pram/stroller to sleep, as these are not safe substitutes for a cot

Cot Mattresses:

- Mattresses should be in good condition; be clean, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends. A **firm sleep surface** that is compliant with the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013) should be used
- Mattresses should not be elevated or tilted. **Testing by hand is not recommended** as accurate for testing adequate mattress firmness
- Remove any plastic packaging from mattresses
- Ensure waterproof mattress protectors are strong, not torn, and a tight fit
- In portable cots, use the firm, clean and well-fitting mattress that is supplied with the portable cot. Do not add any additional padding under or over the mattress or an additional mattress

Bedding:

- Light bedding is the preferred option; it should be tucked in to the mattress to prevent the child from pulling bed linen over their head
- Remove pillows, doonas, loose bedding or fabric, lamb's wool, bumpers and soft toys from cots
- Soft and/or puffy bedding in cots is not recommended and may obstruct a child's breathing

Day-to-Day Service Management of Health and Safety Policies

- Reviewed quarterly and as required

Resources and Further Readings

- Education and Care Services National Regulations
- Education and Care Services National Law Act 2010
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au
- Red Nose (https://rednose.com.au/)