

## Acute Medical Incidents Policy

Southern Montessori Early Learning Centre

Version	Last Amendment	Approved By	Date	Maintained By	Next Review
1		Board of Governors	Aug 2020	Governance	Aug 2023

### Links Education and Care Services National Regulations 2011, National Quality Standard 2018

Regs	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	89	First aid kits
	90	Medical conditions policy
	91	Medical conditions policy to be provided to parents
	92	Medication record
	93	Administration of medication
	94	Exception to authorisation requirement–anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	136	First aid qualifications
	160	Child enrolment records to be kept by approved provider and family day care educator
	168	Education and care service must have policies and procedures
	177	Prescribed enrolment and other documents to be kept by approved provider
	246	Anaphylaxis training
	247	Asthma management training

NQS	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented
	2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
	2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service

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## Background

Serious medical conditions, including asthma, anaphylaxis, and diabetes need to be effectively managed to ensure that staff are able to adequately care for the needs of the children. The management of such medical conditions needs to include the child, the parents, staff and medical professionals. With effective management of medical conditions, children will be able to participate in all aspects of the program.

## Policy Statement

The Centre is committed to:

- Providing, as far as practicable, a safe and supportive environment in which children with known medical conditions can participate equally in all activities
- Raising awareness about medical conditions in the community
- Engaging with parents/carers of children at risk of an acute medical incident in assessing risks and developing risk minimisation strategies for their child

## Strategies and Practices

### Enrolment

- On enrolment parent/carer will be asked to complete a Preschool Student Needs Profile detailing any medical/health issues including allergies.
- On enrolment parent/carer will be asked to identify if their child has any food intolerances. Where special needs are stated a 'Special Diet Record' will be completed and reviewed annually. A copy will be provided to those staff members who have responsibility for the child.

### The Medical Management Plan

- It is a requirement that a child with anaphylaxis will have an Australian Society for Clinical Immunology and Allergy (ASCIA) Action Plan which will be reviewed annually and placed in a prominent position.
- Parents are asked to provide the Centre with any Medical Management Plans from the child's doctor. The Plan should include details of the actions to take in the event of a medical incident, including the administration of medication.
- Prior to enrolment or as soon as a medical condition is diagnosed, the Centre will also develop an Individual Medical Management Plan for the child in consultation with the child's parents/carers and appropriate health professionals. Information from the child's medical practitioner will be requested on the Administration of Medication Form. The Medical Management Plan will be reviewed annually.
- All staff will be informed of:
  - The child's name;
  - The child's Medical Management Plan
  - Where the child's ASCIA Action Plan will be located;
  - Where the child's medication is located;
  - Which educators will be responsible for administering the medication.
- Staff will routinely review the plans to ensure they feel confident to respond quickly in an emergency.
- New and relief/casual educators will be given information about children's special needs (including children with severe allergies) during the induction process.
- The Medical Management Plan should be reviewed prior to any special activities (e.g. excursions) to ensure information is current, and any specific contingencies are pre-planned.
- The Centre will discuss the provision of a Medic Alert bracelet for the child at risk of anaphylaxis with parents/carers.

### Staff Training

- All educators will be trained in the prevention, recognition and treatment of asthma and anaphylaxis in the Centre, including the use of inhalers and adrenaline auto-injectors.

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## Medication

- All medication provided must be labelled with the name of the child and recommended dosage. Medication must be located in a position that is out of reach of the children, but readily available to educators. Consideration must also be given to the need to keep medications away from excessive light, heat or cold when deciding on a suitable location.
- The expiry date of the child's adrenaline auto-injector will be included on the Individual Medical Management Plan. Educators will check the medication termly to ensure it is not discoloured or expired and therefore in need of replacement.
- If medication is administered, it will be recorded on the Record of Administration of Medication Form.

## Emergencies

- Where it is known a child has been exposed to their specific allergen, but has not developed symptoms, the child's parent/carer will be contacted. A request will be made to collect the child and seek medical advice. The Centre will closely monitor the child until the parent/carer arrives. Immediate action should be taken if the child develops symptoms.
- It is quite possible that a child with no history of allergies may have their first anaphylactic reaction whilst at the Centre. If educators believe a child may be having an anaphylactic reaction and the Centre has an adrenaline auto-injector for general use, this should be administered immediately and an ambulance called. If the Centre does not have an adrenaline auto-injector for general use, staff must follow emergency First Aid procedures and ring for an ambulance immediately.
- In the case of an asthma or anaphylaxis emergency, medication may be administered to a child without written parent/carer authorisation. If medication is administered, the parent/carer of the child will be contacted as soon as possible.
- In an emergency, staff will follow the child's Medical Management Plan.

## Risk minimisation strategies

In the Preschool environment, strategies used to reduce the risk of medical emergencies for individual children will depend on the nature and severity of the medical condition.

A Risk Minimisation and Communication Plan will be completed prior to starting at the Centre in consultation with parents and the child's doctor.

## Reporting Procedures

- After an emergency situation the following will need to be carried out:
  - Educators will complete an Incident, Injury, Trauma and Illness Report, which will be countersigned by the person in charge of the Centre at the time of the incident.
  - The Nominated Supervisor will inform management about the incident.
  - In the case of an anaphylaxis incident, the Nominated Supervisor or the Licensee will inform the Regulatory Authority within 24 hours about the incident. Refer to Serious Incident Policy.
- Staff will be debriefed after each acute medical incident and the child's Individual Medical Management Plan evaluated. Staff will need to discuss their own personal reactions to the emergency, as well as the effectiveness of the procedures that were in place. It is important to learn from each incident.

## Responsibilities of Parents

- To promptly notify the Centre if their child has been diagnosed as being at risk of an acute medical incident.
- To provide an Administration of Medication Form completed and signed by the child's medical practitioner.
- To inform the Centre of any changes to their child's medical condition.
- To assist in the development of the Medical Management Plan including identifying risk minimisation strategies.
- To supply any medication and ensure all medication is within the expiry date.

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## Links to Other Policies

- Administration of Medication
- Child Safe Environment
- Cleaning Policy
- Food Preparation, Storage and Handling
- Handwashing Policy
- Incident, Injury, Illness and Trauma Policy
- Medical Conditions Policy
- Serious Incident Policy

## Sources, Further Reading and Useful Websites

### Sources

- Education and Care Services National Regulations 2011
- National Health and Medical Research Council. (2013). Staying healthy in child care: Preventing infectious diseases in child care. 5th ed.
- NSW Department of Education and Communities. (2014) Anaphylaxis Guidelines for Early Childhood Education and Care Services  
[www.det.nsw.edu.au/media/downloads/what-we-offer/regulation-and-accreditation/early-childhood-education-care/anaphylaxis\\_guide.pdf](http://www.det.nsw.edu.au/media/downloads/what-we-offer/regulation-and-accreditation/early-childhood-education-care/anaphylaxis_guide.pdf)

### Useful Websites

- Australian Society of Clinical Immunology and Allergy. [www.allergyfacts.org.au/](http://www.allergyfacts.org.au/)
- Asthma Foundation. [www.asthmaaustralia.org.au/](http://www.asthmaaustralia.org.au/)
- Women’s and Children Hospital. Adelaide [www.wch.sa.gov.au/](http://www.wch.sa.gov.au/)

## Policy Review

The Centre encourages staff and parents to be actively involved in the review of each of its policies and procedures. In addition, the Centre will accommodate any new legislative changes as they occur and any issues identified as part the Centre’s commitment to quality improvement. The Centre consults with relevant recognised authorities as part of the biannual review to ensure the policy contents are consistent with current research and contemporary views on best practice.

**This policy replaces the Allergy and Anaphylaxis Management Policy (2016) and the Asthma Management Policy (2016).**

### Document History and Version Control Table

Version	Date Approved	Approved By	Brief Description
1	Aug 2020	Board of Governors	Creation of original document

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