

Orange Grove Public School Preschool

Medical Conditions and Administering Medication Procedures

Associated National Quality Standards	Education and Care Services National Law or Regulation	Associated department policy, procedure or guideline
2.1	Regulation 90	Leading and operating department preschool guidelines
2.2	Regulation 91	Student health in NSW schools: A summary and consolidation of policy
	Regulation 92	Allergy and Anaphylaxis Management within the Curriculum P-12
	Regulation 93	
	Regulation 94	
	Regulation 95	
Pre-reading and reference documents		
Australasian Society of Clinical Immunology and Allergy (ASCI) ASCI Guidelines for the prevention of anaphylaxis in schools ASCI Risk management strategies for schools, preschools and childcare services National Asthma Council Australia Epilepsy Australia Diabetes Australia		
Record of procedure's review		
Date of review and who was involved		
14/06/23 by Lauren Tinslay		
Key changes made and reason/s why		
<ul style="list-style-type: none"> No changes made 		
Record of communication of significant changes to relevant stakeholders		
- Communicated to preschool staff and principal on 21/06/23		

Staff roles and responsibilities	
School principal	<p>The principal as Nominated Supervisor, Educational Leader and Responsible Person holds primary responsibility for the preschool.</p> <p>The principal is responsible for ensuring:</p> <ul style="list-style-type: none"> the preschool is compliant with legislative standards related to this procedure at all times all staff involved in the preschool are familiar with and implement this procedure all procedures are current and reviewed as part of a continuous cycle of self- assessment.
Preschool supervisor	<p>The preschool supervisor supports the principal in their role and is responsible for leading the review of this procedure through a process of self-assessment and critical reflection.</p> <ul style="list-style-type: none"> reflecting on how this procedure is informed by relevant recognised authorities planning and discussing ways to engage with families and communities, including how changes are communicated developing strategies to induct all staff when procedures are updated to ensure practice is embedded.

Preschool educators including K-6 staff, relief staff and casual staff	<p>The preschool educators are responsible for working with leadership to ensure:</p> <ul style="list-style-type: none"> • all staff in the preschool and daily practices comply with this procedure • storing this procedure in the preschool, and making it accessible to all staff, families, visitors and volunteers • being actively involved in the review of this procedure, at least annually, or as required • ensuring the details of this procedure's review are documented. • analysing complaints, incidents or issues and what the implications are for the updates to this procedure.
---	---

Individual health care plans

The preschool enrolment form requires the parent or carer to document relevant medical information. All families meet with an educator as part of their transition process prior to starting preschool and discuss the child's medical condition, if applicable, allowing educators to seek further information or clarification. This information is recorded in the child's health care plan, if required, and in the class profile. The class profiles are stored in the casual folder in the preschool office cupboard. Children's individual health care plan documents are stored in a folder in the preschool office cupboard.

Children with medical conditions are communicated to all staff at the induction at the start of each year. Any changes to the medical requirements for any child are communicated to all staff through the next team meeting and whole school admin meeting.

An individual health care plan will be developed for any child with a medical condition diagnosed by a registered medical practitioner. This may include, but is not exclusive to:

- a child diagnosed with asthma, diabetes, epilepsy or a food or insect allergy
- a child at risk of anaphylaxis
- a child who requires the administration of health care procedures.

The NSW Department of Education individual health care plan template will be used. Preschool educators coordinate the preparation of this plan in consultation with the child's family and any external professionals as required, through the transition interview.

In addition, the following documentation will be developed and collated as an attachment to the health care plan:

- The family must provide an emergency medical management or action plan for their child. This must be developed, dated and signed or stamped by a medical practitioner. If the child is at risk of anaphylaxis, this will generally be the ASCIA Action Plan for Anaphylaxis (Red).
- A risk minimisation plan for the child must be developed in consultation with their family. This should include information related to potential triggers for the child and how risks will be minimised in the preschool environment. The parent or carer's signature must be included on the plan as verification that they were consulted.
- A communication plan must be developed to document:
 - how all staff and volunteers will be made aware of the child's needs
 - that all staff are able to identify the child
 - that all staff are able to locate the child's management plan and medication
 - how the family will inform the preschool of any changes in the child's management, medication, or the risks identified on their risk minimisation plan
 - record any communication between the family and preschool around the child's condition.
- The family must be given a copy of this procedure and the Student Health in NSW Public Schools: A summary and consolidation of policy.

The child cannot commence preschool until the family supplies their emergency medication.

Asthma

Asthma is a medical condition that affects the airways. From time to time, people with asthma find it harder to breathe in and out, because the airways in their lungs become narrower.

In developing the risk management plan for children with asthma, triggers that will be considered are smoke, colds and flu, exercise and allergens in the air. The plan will note how the child's relevant triggers will be minimised in the preschool environment.

The most common symptoms of asthma are:

- wheezing – a high-pitched sound coming from the chest while breathing
- a feeling of not being able to get enough air or being short of breath
- a feeling of tightness in the chest
- coughing. · If a child known to suffer asthma has a flare – up, their emergency action plan will be applied.

If a child not known to have asthma has a flare – up, the preschool's general use reliever medication will be administered, following The Asthma Care Plan for Education and Care Services. Parent / carer authorisation is not required for this.

Diabetes

Diabetes is a serious complex condition which can affect the entire body, requiring daily self - care. When someone has diabetes, their body can't maintain healthy levels of glucose in the blood.

The signs and symptoms of low blood sugar include the child presenting pale, hungry, sweating, weak, confused and/or aggressive.

The signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath.

How a child's diabetes will be managed and supported at preschool will depend on the type of diabetes they have. An extensive health care plan, including an emergency action plan, will be in place before they commence preschool.

Epilepsy

Epilepsy is a disorder of brain function that takes the form of recurring convulsive or non-convulsive seizures. · Seizures can be subtle, causing momentary lapses of consciousness, or more obvious, causing sudden loss of body control.

If a child known to suffer epilepsy has a seizure, apply their individual emergency management plan.

If a child not known to suffer epilepsy suffers a seizure, follow the instructions on the Epilepsy Australia seizure first aid poster.

Anaphylaxis

Anaphylaxis is a severe, life-threatening allergic reaction and is a medical emergency. If a child is considered as suffering from anaphylaxis, an ambulance will be called immediately.

Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis. ·

Signs of mild or moderate allergic reaction are swelling of the lips, face, eyes, a tingling mouth, hives or welts, abdominal pain or vomiting. ·

Signs of a severe allergic reaction (anaphylaxis) are difficult/noisy breathing, swelling of tongue, swelling / tightness in throat, wheeze or persistent cough, difficulty talking and/or hoarse voice, persistent dizziness or collapse, pale and floppy.

If a preschool child known to be at risk of anaphylaxis suffers anaphylaxis, their emergency action plan will be applied and their emergency medication administered.

If a child not known to be at risk of anaphylaxis, is suffering anaphylaxis, the preschool's general - use EpiPen Junior will be administered, following the instructions on the ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2020 EpiPen. Parent / carer authorisation

Administration of medication

Before administering medication to a child, a staff member will have completed the department's Administration of Medication in Schools e-Safety e-Learning course.

On arrival at preschool, the parent or carer hands the child's medication to a staff member for safe storage.

All non-emergency medication is stored in a locked cupboard, or locked container in the refrigerator, out of reach of children.

Medication will only be given to a child if it is in its original packaging or container with a pharmacy label stating the child's name, dosage instructions and a non-expired use-by date.

The parent or carer completes the first section of the medication record, documenting dosage and administration details and authorising the medication to be administered to their child.

When a staff member administers medication to a child, they record the details on the medication record, with another member of staff witnessing that the medication was administered as prescribed. This is to be made available to the family for verification when they collect their child. This record is stored in the 'children with medical conditions' folder in the cupboard of the Preschool office.

The expiry dates of children's individual medication kept in the preschool will be monitored every term as part of the maintenance and cleaning checklist, and families asked to replace them before they expire.

Emergency medication

Emergency medications (EpiPen Jnr., Ventolin) are inaccessible to children, but not locked away so they are readily available if needed. These are stored in the first aid bag near the back door of the preschool (for general use medication) or in the children's bathroom in pouches labelled with each child's photo (for individual medication).

Individual emergency medication will be stored with a copy of the child's emergency management plan.

In any medical emergency an ambulance will be called immediately. (Does the office or preschool call?)

In an anaphylaxis or asthma emergency situation, preschool educators will administer emergency medication (EpiPen Jr or Ventolin) to a child who requires it. Parent / carer authorisation is not required for this.

If emergency medication is administered:

- an ambulance will be called or the principal will be notified
- the child's parent or carer will be notified
- a notification will be made to Early Learning (phone 1300 083 698) within 24 hours.

Student Health in NSW Public Schools: A summary and consolidation

Use the QR code below to access the NSW Department of Education policy relating to children with medical conditions.



Record of procedure's review
Date of review and who was involved
15/06/22 by Lauren Tinslay
Key changes made and reason/s why
<ul style="list-style-type: none">• Change to the structure of the document for clarity.• Clarification of the process for preparing a health care plan for a child with a medical condition.
Record of communication of significant changes to relevant stakeholders
16/6/22 - Communicated to K-6 Staff and P&C