

Medical Conditions Policy

Purpose

This policy will provide guidelines for St. Kevin's OHSC Centre to ensure that:

- clear procedures exist to support the health, wellbeing and inclusion of all children enrolled at the service
- service practices support the enrolment of children and families with specific health care requirements.
- Mandatory – Quality Area 2, regulation 90

Policy statement

1 Values -

St. Kevin's OHSC Centre is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements through implementing and maintaining effective hygiene practices. This will be achieved through:

- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved in the programs and activities of St. Kevin's OHSC Centre are protected from harm
- informing educators, staff, volunteers, children and families on the importance of adhering to the *Dealing with Medical Conditions Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service
- ensuring that educators have the skills and expertise necessary to support the inclusion of children with additional health needs.

2 Scope

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of for St. Kevin's OHSC Centre, including during offsite excursions and activities.

It applies to medical conditions including Diabetes, epilepsy, anaphylaxis, asthma, and any other medically diagnosed illness. **An intolerance is NOT a medical condition.**

3 Background and legislation

Section 90 – Medical Conditions Policy

The medical conditions policy must (regulation 168) set out requirements for:

- the management of medical conditions including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
- informing the nominated supervisor, staff members and volunteers of practices in relation to managing those medical conditions
- a child enrolled at the service who has a specific health care need, allergy or relevant medical condition, to have in place:
 - o a medical management plan provided by the parents of the child and for the medical management plan to be followed in the event of a related incident; and

- o a risk minimisation and communications plan (regulation 90).
- managing practices in relation to self-administration of medication by school aged children. And practices relating to recording in the medication record for a child of notifications from the child that medication has been self-administered.

This policy applies at any time that a child with specific health care need, allergy or relevant medical condition is being educated and cared for by the service, including during excursions. Preparations for high risk scenarios, including establishing clear decision making processes for calling an ambulance, should be addressed in the medical conditions policy.

The medical conditions policy must provide for the management of any medical condition that an enrolled child may have, which may not be limited to asthma, diabetes and a diagnosis that a child is at risk of anaphylaxis. Specific health care needs, allergies or relevant medical conditions may be ongoing or acute/short term in nature.

The medical conditions policy must be followed (regulation 170) and be readily accessible and available for inspection at all times the service is educating and caring for children or on request (regulation 171). A copy of the medical conditions policy must be provided to the parent of a child enrolled at the service who has a specific health care need, allergy or relevant medical condition (regulation 91).

Risk Minimisation & Communication Plan

Section 90 specifies that a risk-minimisation plan must contain information to:

1. ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
2. ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
3. ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
4. ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
5. to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and

It also states that a communications plan must also be created which ensures:

- relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child; and
- a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.

Medication and medical procedures

Medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure
- if the medication is in its original container bearing the child's name, dose and frequency of administration.

Refer to the *Administration of Medication Policy* for more information.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Parents/guardians and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

Self-administration by a child over preschool age

St Kevin's OHSC Centre may allow a child over preschool age to self-administer medication. The Approved Provider must consider their duty of care when determining under what circumstances such permission would be granted.

- Where a child over preschool age can self-administer medication/medical procedures, written permission must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Section 173
- *Education and Care Services National Regulations 2011*: Regulations 90, 91, 96
- *Health Act 1958*
- *Health Records Act 2001*
- *National Quality Standard*, Quality Area 2: Children's Health and Safety. Standard 2.1: Each child's health is promoted
 - o Element 2.1.1: Each child's health needs are supported
 - o Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- *National Quality Standard*, Quality Area 7: Leadership and Service Management. Standard 7.1: Effective leadership promotes a positive organisational culture and builds a professional learning community
 - o Element 7.1.2: The induction of educators, co-ordinators and staff members is comprehensive
- *Occupational Health and Safety Act 2004*

4 Definitions

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned. A sample card can be downloaded from www.ambulance.vic.gov.au/Education/Calling-000-Triple-Zero.html

Communication plan: A plan that forms part of the policy and outlines how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Medical condition: In accordance with the *Education and Care Services National Regulations 2011*, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions. Other examples include: kidney disorders, cystic fibrosis, back injury, cancer, hepatitis, chronic fatigue syndrome (CFS) and HIV/AIDS.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an adverse effect from the mismanagement of a specific medical condition at the service.

Risk minimisation plan: A service-specific plan that details each child's medical condition, and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children with specific medical conditions that require medical management plans, in consultation with staff at the service upon enrolment or diagnosis of the condition (refer to the *Anaphylaxis Policy* for a sample risk minimisation plan).

5 Sources and related policies

Sources

- National Quality Framework, Children with medical conditions attending education and care services Fact Sheet, September 2013
- *Health and Safety in Children's Services, Model Policies and Practices*, 2nd Edition (2003): [www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/resources/CCModelPolicies.pdf/\\$file/CCModelPolicies.pdf](http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/resources/CCModelPolicies.pdf/$file/CCModelPolicies.pdf)

Diabetes

- Diabetes Australia (Victoria) www.diabetesvic.org.au
- Diabetes Australia www.diabetesaustralia.com.au
- Australian Diabetes Society www.diabetessociety.com.au

Anaphylaxis and allergies

- Australian Society of Clinical Immunology and Allergy www.allergy.org.au
- Allergy and Anaphylaxis Australia www.allergyfacts.org.au
- Royal Children's Hospital, Department of Allergy and Immunology www.rch.org.au/allergy

Asthma

- National Asthma Council Australia www.nationalasthma.org.au
- Asthma Foundation Victoria www.asthmafoundation.org.au
- Asthma Australia www.asthmaaustralia.org.au

Other

- Royal Children's Hospital fact sheets www.rch.org.au/kidsinfo
- Emergencies - when to call an ambulance fact sheet
- Epilepsy Foundation of Victoria www.epinet.org.au

Further information

The Australian Children's Education and Care Quality Authority is the national, independent statutory authority governing the National Quality Framework.

Phone: 1300 422 327

Email: enquiries@acecqa.gov.au

Web: www.acecqa.gov.au

The Department of Education and Early Childhood Development is the Regulatory Authority in Victoria.

Phone: 1300 307 415

Email: licensed.childrens.services@edumail.vic.gov.au

Web: www.education.vic.gov.au/childhood/providers/regulation

St. Kevin's OHSC policies

This policy should be read in conjunction with:

- *Anaphylaxis Policy*
- *Asthma Policy*
- *Medication Policy*
- Code of Conduct
- Philosophy
- Inclusion & Equity
- Administration of First Aid Policy
- Administration of Medication Policy
- Dealing with Infectious Diseases Policy
- Incident, Injury, Trauma and Illness Policy
- Privacy Policy
- Supervision of Children Policy

Procedures

The Committee of Management and Approved Provider is responsible for:

- ensuring that all staff and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within
- developing and implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation (refer to anaphylaxis policy for template)
- ensuring relevant educators/staff receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs
- ensuring at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service
- establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy
- ensuring families and educators/staff understand and acknowledge each other's responsibilities under these guidelines

Specifically, the enrolment officer is responsible for:

- ensuring families provide information on their child's health, medications, allergies, their medical practitioner's name, address and phone number, emergency contact names and phone numbers, and a medical management plan signed by their medical practitioner, following enrolment and prior to the child commencing at the service. See Attachment B
- Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies.

The Nominated Supervisor is responsible for:

- ensuring that a risk minimisation plan (refer to *Anaphylaxis Policy* for a sample risk minimisation plan) is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually
- implementing this policy at the service and ensuring that all educators/staff follow the policy and procedures set out within
- informing the Approved Provider/Committee of management of any issues that impact on the implementation of this policy
- ensuring that the *AV How to Call Card* is displayed near all telephones
- identifying specific training needs of educators/staff who work with children diagnosed with a medical condition, and ensuring, in consultation with the Approved Provider/Committee of management, that educators/staff access appropriate training
- ensuring children do not swap or share food, food utensils or food containers
- ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis
- Ensuring a copy of the child's medical management plan is visible and known to staff in the service. Prior to displaying the medical management plan, the Nominated Supervisor must explain to parents/guardians the need to display the plan for the purpose of the child's safety and obtain their consent (refer to *Privacy and Confidentiality Policy*)
- ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan
- providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service
- administering medications as required, in accordance with the procedures outlined in the *Administration of Medication Policy*
- maintaining ongoing communication between educators/staff and parents/guardians in accordance with the strategies identified in the communication plan, to ensure current information is shared about specific medical conditions within the service.

Certified Supervisors and other educators/staff are responsible for:

- ensuring that children do not swap or share food, food utensils or food containers
- communicating any relevant information provided by parents/guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the service is current
- being aware of individual requirements of children with specific medical conditions
- monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor
- adequately supervising all children, including those with specific medical conditions
- Informing the Nominated Supervisor of any issues that impact on the implementation of this policy.

Parents/guardians are responsible for:

- informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition prior to commencing the service

- developing a risk minimisation plan with the Nominated Supervisor and/or other relevant staff members at the service prior to attending the service
- Providing a medical management plan (prior to attending the service) signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline procedures to be followed by educators/staff in the event of an incident relating to the child's specific health care needs
- notifying the Nominated Supervisor of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes
- Informing the Nominated Supervisor of any issues that impact on the implementation of this policy by the service.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Evaluation

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- Notify parents/guardians at least 14 days before making any change to this policy or its procedures.

Attachments

Attachment A –Flow chart of responsibilities

Attachment B: Managing a Child Identified With Specific Health Care needs.

Attachment C: Check list for Meeting the requirements for regulation 90 Medical conditions policy

Attachment D: Risk Minimisation & Communication Plan for Medical Conditions

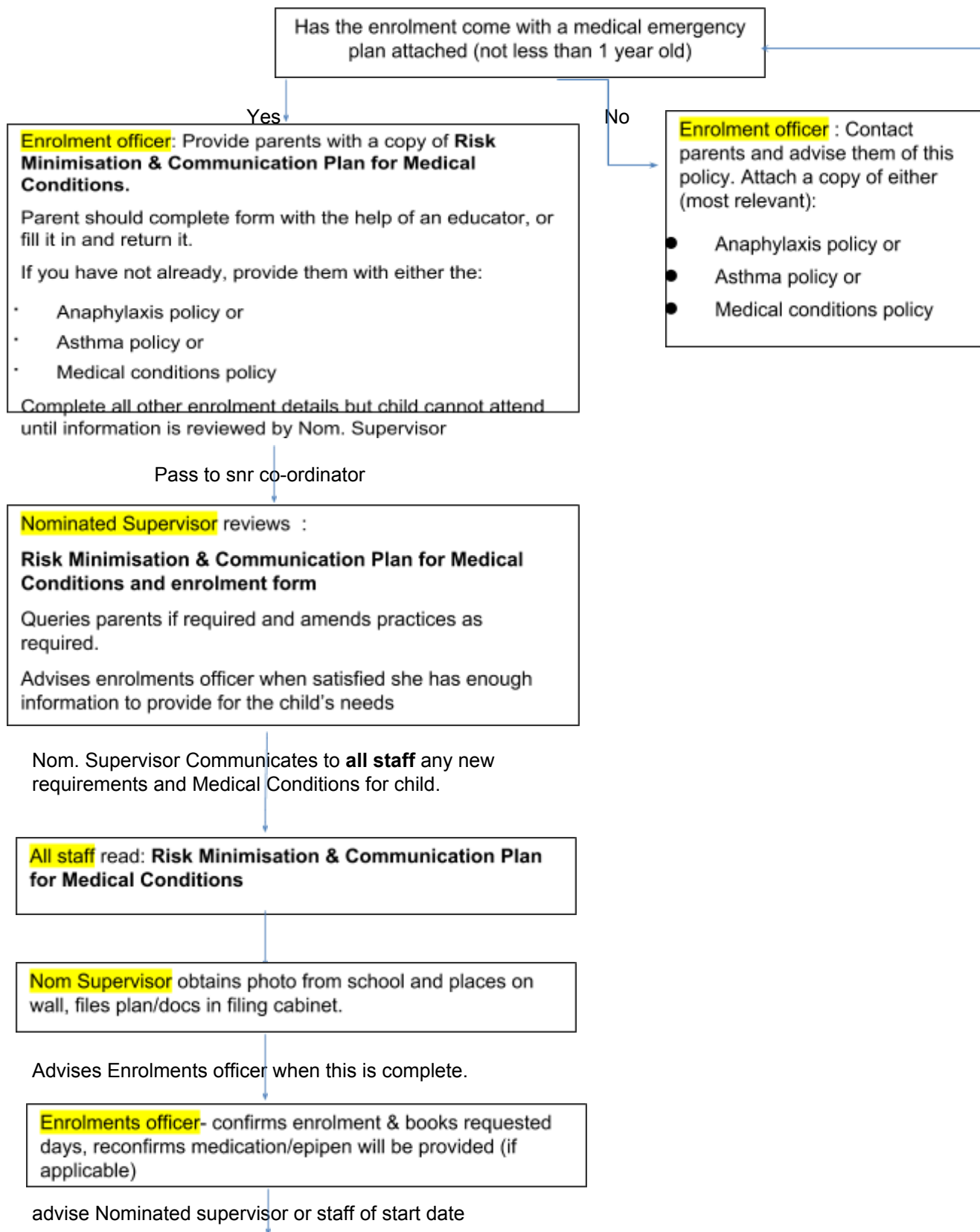
Authorisation

The policy was adopted by the **St Kevin's OHSC Centre** committee of management at a committee meeting on 18th Oct 2016

Review date: August 2018

Attachment A : Flow chart of Responsibilities

When an enrolment form has a diagnosed medical condition eg asthma, allergies, diabetes, epilepsy, anaphylaxis, you must obtain a medical emergency management plan. Intolerances are not diagnosed medical conditions.



Nom Supervisor or supervisor arranges for familiarisation (if required) and checks that they have all required medication/information for start.

Attachment B: Managing a Child Identified With Specific Health Care needs.

Once the enrolment record has been completed it should be reviewed by the enrolments office to identify whether the child has a specific health care need, allergy or relevant medical condition. Where a child is identified with a specific health care need, allergy or relevant medical condition the service will need to obtain:

1. Enrolment officer: a copy of the medical management plan from the child's parent (not more than 1 year old)
2. Senior Coordinator/parent: prepare Risk Minimisation & Communication Plan for Medical Conditions for each child. These plans should be in place prior to the child commencing at the service.
3. Obtain a copy of the schools identification photo/poster and put it up in the office (obtain parents approval)

Once enrolled, each child's parents should be regularly consulted regarding any medical conditions a child may have developed since enrolment. Educators do this at pick-up/drop off.

This information must be updated annually during the re-enrolment process.

Considerations to be made by the Nominated Supervisor

A number of issues must be considered when a child with a specific health care need, allergy or relevant medical condition is enrolled at the service. Critically, key requirements must be in place **before** the child commences attending the service, with several other issues requiring consideration:

- **Will it be necessary to adjust any of the usual practices of the service in order to be fully inclusive of the child?** An education and care program must be delivered to all children being educated and cared for that is designed to take into account the individual differences of each child (section 168(1)(d)). All aspects of the service's operation should be considered in relation to the child's inclusion at the program and to ensure that their safety, health and wellbeing is protected at all times.
- **What precautions may be necessary in order to protect the safety, health and wellbeing of the child?** The nature of specific health care needs, allergies and medical conditions varies significantly. Every reasonable precaution must be taken to protect children from harm and from any hazard likely to cause injury (section 167). For example, in some cases it may be necessary for one or more staff members to access additional professional development or training to assist in meeting a child's needs.

The Medical management plan

A parent of the child must provide a medical management plan for the child. This medical management plan must be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition (regulation 90(1)(c)(i) and (ii)).

Best practice is that the child's registered medical practitioner is consulted by parents in the development of the medical management plan and that the advice from the medical practitioner is documented in the medical management plan. The medical management plan should detail the following:

- details of the specific health care need, allergy or relevant medical condition including the severity of the condition
- any current medication prescribed for the child
- 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.

Risk Minimisation & Communication Plan for Medical Conditions

For ease of use, we have combined into one document the:

1. Risk Minimisation plan and
2. Communication plan

Risk minimisation plan

A risk-minimisation plan must be developed in consultation with the parents of a child and ensure:

- that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
- if relevant, that practices and procedures are in place including the safe handling, preparation, consumption and serving of food are developed and implemented; and
- that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
- that all staff members and replacement staff can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
- to ensure that practices and procedures ensuring that the child does not attend the service unless the child has at the service their relevant medications if this would pose a significant risk (regulation 90(1)(iii)).

Communications plan

A communications plan must be prepared (regulation 90(1)(iii)) to set out how:

- relevant staff members and volunteers are informed about the medical conditions policy; and, the medical management and risk minimisation plans for the child; and
- a parent of the child can communicate any changes to the medical management plan and risk minimisation plan for the child.

The communication plan must set out how the above communication will occur.

Child enrolment records

For a child enrolled at the service who has a specific health care need, allergy or relevant medical condition, the health information kept in the enrolment record must include:

- details of any specific healthcare needs of the child, including any medical condition and allergies, including whether the child has been diagnosed as at risk of anaphylaxis
- any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy and details of any dietary restrictions for the child (regulation 162).

Attachment C: Check list for Meeting the requirements for regulation 90 Medical conditions policy

Education and care services <u>must:</u>			Parents should be asked to:	
All education and care services	<ul style="list-style-type: none"> Have a medical conditions policy in place that meets the requirements of regulation 90. Ensure that the nominated supervisor, staff members and volunteers understand and implement the medical conditions policy. Review enrolment records and identify any children with medical conditions as part of the enrolment and orientation procedures for the service. Monitor the safety, health and wellbeing of all children being educated and cared for. Ensure all parents are regularly asked if their child has developed any specific health care need, allergy or relevant medical condition. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> Inform the service at any time of any specific health care needs, allergies or relevant medical conditions for their child. 	<input type="checkbox"/>
Prior to enrolment of each child	<ul style="list-style-type: none"> Seek information from parents about any specific health care need, allergy or relevant medical condition in relation to individual children, including whether a medical practitioner has been consulted in relation to the specific health care need, allergy or relevant medical condition. 	<input type="checkbox"/>	<ul style="list-style-type: none"> Inform the service of any specific health care need, allergy or relevant medical condition for their child prior to enrolment. 	<input type="checkbox"/>

For each child enrolled who has a specific health care need, allergy or relevant medical condition

Before the first day of the weekend at the service

- Require a parent to provide a medical management plan for the child.
- In consultation with the child's parents, develop a risk minimisation plan in relation to the child.
- Develop a communications plan in relation to the child.
- Record any prescribed health information and keep the medical management plan, anaphylaxis medical management plan (if applicable) and risk minimisation plan on the enrolment record.
- Ensure any relevant authorisations for the administration of medication are recorded on the enrolment record.

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- Provide a medical management plan to the service for their child.
- Participate in the development of a risk minimisation plan and communications plan in relation to their child's specific health care need, allergy or relevant medical condition.

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Attachment D: Risk Minimisation & Communication Plan for Medical Conditions

This document is to be completed for any child who has a medical condition. This includes but is not limited to:

Diabetes, epilepsy, anaphylaxis, asthma, and any other diagnosed illness or a specific health care need, allergy or relevant medical condition

Name of Child:		
Name of Parents:		
Date:		
Medical Condition:	<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Asthma <input type="checkbox"/> allergy <input type="checkbox"/> other _____

Parent's Mandatory Information/Advice Checklist:

This information is important and mandatory for parents to read/be advised. Please check the box as you read this information:

- ☐ You have received and read your Anaphylaxis or Asthma or Medical conditions Policy (one or all as relevant) to inform you of our exact procedures specific to your child's medical condition.
- ☐ You have received this form, have read, completed, signed and returned it.
- ☐ A medical management action plan for your child (less than 1 year old) is mandatory
- ☐ You have been given a copy of/ have reviewed St Kevin's OHSC Food menu.
- ☐ You are aware of the location of the auto-injection device
- ☐ You have provided Approval to copy the St. Kevin's photo record to put up on the wall (in the OHSC office) for easy identification of your child and their condition.
- ☐ Information: No child who has been prescribed an adrenaline auto-injection device is permitted to attend the centre without that device (within expiry date).
- ☐ Information: All staff at the service (and any relief staff) have completed approved training in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, CPR and first aid.
- ☐ You have provided an Enrolment form with correct emergency contact details and alternative contact details
- ☐ You are aware that medical emergency plans are stored in the filing cabinet with your child's enrolment forms
- ☐ You must provide St Kevin's OHSC with their own (in date) auto immune device to be stored at the service. If your child arrives to after school care without the pen, we will contact St Kevin's school to 'borrow' their pen for the session, and then call you to advise we cannot have your child at OHSC without the epipen and future booking will be cancelled until the auto immune device is provided. This will be a "one off" emergency procedure, not a regular practice.

Medication Self administration allowed **yes/no**

(refer to medication policy)

Individual Condition Information:

Specific Triggers affecting your child:

Are there any triggers that will increase the risk of an episode?

TRIGGER	MINIMISATION STRATEGY

Specific Risk Factors affecting your child:	
Are there any specific risk factors that may be identified and minimise to reduce the risk of an episode	
TRIGGER	MINIMISATION STRATEGY

Risk Minimisation/Mitigation:

FOOD ALLERGIES/ANAPHYLAXIS

This what processes St Kevin's OHSC has in place to minimize risk to your child:

Scenario	Strategy	Responsibility
Food is provided by the centre and a food allergen is unable to be removed from the centre's menu (e.g. milk).	Menus are planned in conjunction with parents/guardians of 'at risk' child/ren and food is prepared according to parents/guardians instructions.	Educator, parents/guardians
	Alternatively the parents/guardians provide all of the food for the at risk child	
	Ensure separate storage of foods containing allergen.	Educator, staff and children
	Staff observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers. See Hygiene policy	staff

	To ensure 'at risk' child is served only the food prepared for him/her, they have their own plate	staff
	An 'at risk' child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes.	staff
	Children are regularly reminded of the importance of no food sharing with the at risk child.	staff
	Children are closely supervised during eating and are sitting down	staff
Party or celebration	At least 1 weeks' notice is given to parents/guardians about the event	Parents/guardians/ staff
	Ensure food for celebration is safe for child 'at risk' OR if this is NOT POSSIBLE, a safe treat box is provided for the 'at risk' child.	Educator
	Ensure the 'at risk' child only has the food approved by his/her parents/guardians.	staff
	Specify a range of foods that parents/guardians may send for the party and note particular foods and ingredients that should not be sent.	Educator
cooking with children	<p>Ensure parents/guardians of the 'at risk' child are advised well in advance</p> <p>Plan cooking to use safe ingredients for children at risk.</p> <p>Always keep alternatives in the pantry, in case 'at risk' child is booked on the day of the activity</p>	Educator/staff
List of Foods Not To Be Bought To Centre	Nuts – whole nuts, nut products, sesame seeds. Bread without sesame seeds will be provided.	Committee
Foods Purchased for Snack Time	<p>As far as practical, the food on the menu for all children will not contain ingredients such as egg and peanut/nut products to which a child is at risk</p> <p>IF there is an ingredient not allowed, an alternative will also be provided eg gluten free crackers and wheat crackers</p> <p>A list of all foods and their ingredients will be on the notice board for parents/guardians to review.</p> <p>The 'at risk' child should not be given food if the label for the food states that the food may contain traces of a known allergen.</p> <p>Food which carry the label 'may contain traces of ...' are allowed, but parents must be advised of these items and approval from the parent of</p>	Committee

	the child at risk sort, prior to giving these foods to the child at risk	
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Other Allegies

Scenario	Strategy	Responsibility
Latex allergies	Avoid the use of party balloons or contact with latex gloves.	Staff
Protection from insect bite allergies	Specify play areas that are lowest risk to the 'at risk' child and encourage him/her and peers to play in the area.	Educator
	Ensure the 'at risk' child wears shoes at all times outdoors.	Educator/child
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the child 'at risk' child during the period required to eradicate the insects.	Educator/School

Other Risk Mitigations for your child:

Scenario	Strategy	Responsibility

Incident Response:

St Kevins OHSC incident response will be exactly as per the medical plan.

If a child has a an anaphylactic reaction:

The educator will call out for help whilst retrieving the adrenalin auto-injection device. That educator will administer the adrenalin auto-injection device and stay with the child. A second staff member or a senior child in attendance will call an ambulance and give details of the incident and location (from the list next to the phone). This person will remain on the line if requested to do so.

If required another child will call for backup from the St Kevin's School Staff.

A staff member will wait on the street to flag down the ambulance a second staff member will then be free to organise the group of children, ensuring they remain calm. Once the ambulance arrives, a staff member will immediately phone the child's parents/family.

Additional Requests if your child has a reaction:
If there are any other things you would like us to do, please write them here:

Communication:

We will communicate with you, the family:

- If we change this policy the educator will advise you within 14 days.
- If we change any foods and include any known allergens we the educator advise you via email within 48 hours
- In an emergency, we will communicate with you once safe to do so, as per your enrolment records. Please ensure they are up to date at all times.

Additional Communication for this Family:
If there are any other communication needs this family has?

Communication with Staff (Existing/New/Temporary)

This is what we will do to communicate with all educators to ensure your child's condition is full understood and well managed:

- Your child's condition is stored in our Kids Wiz system and is seen by staff when accessing your file
- We communicate to staff and to temporary staff that children have a medical condition by the asterisk next to your child's name on the attendance sheet. This prompts staff to look at enrolment forms for emergency plans and to review the photos of children on the wall and the list in the office.
- New/temporary staff are fully inducted (we have an induction check list) by the president or senior coordinator, and are shown details of children with special needs. Any new/temp staff

must have the minimum qualifications by law. These qualifications ensure staff have a good understanding of medical conditions

- To change this plan you can speak with the supervisor in charge at any time and hand amend this form. The supervisor must email the updates to all staff and update any relevant documentation

Review

This strategy is to be reviewed annually, upon enrolment and after any incident or accidental exposure.

Approval & Understanding

Signed: _____ Date _____

Name: _____ (legal parent/guardian)