



## MEDICAL COMMUNICATIONS POLICY

### PURPOSE

This policy will provide:

- information for parents/guardians, educators and volunteers regarding communicating about children's medical needs, including anaphylaxis.
- guidelines on expectations around communications and responsibilities.

This policy should be read in conjunction with the following service policies:

- *Anaphylaxis Policy*
- *Asthma Policy*
- *Diabetes Policy*
- *Epilepsy Policy*
- *Dealing with Medical Conditions Policy*
- *Administration of Medication Policy*

### POLICY STATEMENT

#### 1. VALUES

West Hawthorn Pre-school is committed to

- recognising the importance of providing a safe environment for children with specific medical and health care needs
- 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 West Hawthorn Pre-school are protected from harm
- informing educators, staff, volunteers, children and families of the importance of adhering to the Communications Plan 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 and to communicate effectively to support them.

#### 2. SCOPE

This plan 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 West Hawthorn Pre-school, including during offsite excursions and activities.

### 3. BACKGROUND AND LEGISLATION

#### Background

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- in the management of medical conditions
- when parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition
- when developing a risk minimisation plan in consultation with the child's parents/guardians
- when developing a **communication plan** for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, parents/guardians

### 4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Regulatory Authority, National Law, National Regulations etc. refer to the *General Definitions* section located where all the service policies are held.

**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.

**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.

**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.

### PROCEDURES

#### The 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
- ensuring educators/staff receive regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical

conditions. This includes training in the management of specific procedures that are required to be carried out for the child's wellbeing

- ensuring that, on enrolment, parents/guardians are clearly guided through what information to provide about their child/ren's medical needs
- ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this policy and other relevant service policies specific to their child's health need
- 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
- providing information about children's medical needs, made known through the enrolment process, to educators
- ensuring the Family Handbook, Staff Handbook, Enrolment Pack and WHPS website are reviewed annually and relevant information is included there for families and staff to access regarding medical conditions

**The Nominated Supervisor is responsible for:**

- implementing this plan at the service and ensuring that all educators/staff follow the policy and procedures set out within
- identifying specific training needs of educators/staff who work with children diagnosed with a medical condition, and ensuring, in consultation with the Approved Provider, that educators/staff access appropriate training
- informing the Approved Provider of any issues that impact on the implementation of this policy
- maintaining ongoing communication between educators/staff and parents/guardians in accordance with the strategies identified in this policy, to ensure current information is shared about specific medical conditions within the service
- ensuring that, on enrolment, parents/guardians are clearly guided through what information to provide about their child/ren's medical needs
- working with the Approved Provider to review the Family Handbook, Staff Handbook, Enrolment Pack and WHPS website regarding medical conditions information provided
- supporting teachers to use the initial 'Information Session' for parents/guardians as a time to share relevant information to all families about medical needs within their group
- developing a checklist with teachers to be used at their group 'Information Session' to ensure all important information is included (e.g. not to send food with nuts, no boxes that have contained nuts etc.)
- ensuring families who were unable to attend the 'Information Session' are supplied with information that they missed about expectations around children's medical conditions
- using the 'From The Desk' newsletter, a whole of kinder communication tool, to remind and explain to families using the service what the expectations of them are to support children's medical needs at the service
- supporting teachers in writing Risk Minimisation Plans (Attachment 2) in consultation with the families of children with medical conditions
- ensuring teachers collect Communication Plans (Attachment 1) from families with children who have medical conditions

**Certified Supervisors and other educators are responsible for:**

- communicating any relevant information provided from families with the Nominated Supervisor and Approved Provider
- using the initial 'Information Session' for parents/guardians as a time to share relevant information and instructions to all families about medical needs within their group.
- using the checklist of important information developed in consultation with the Nominated Supervisor at the group 'Information Session'.

- following up and sending through important information to families who are unable to attend the 'Information Session'.
- informing the Nominated Supervisor of incidents or breeches in medical condition agreements
- providing feedback information to the Nominated Supervisor and to assist with information to share through 'From The Desk' to the whole kinder community.
- writing Risk Minimisation Plans (Attachment 2) in consultation with the families of children with medical conditions.
- collecting Communication Plans (Attachment 1) from families with children who have medical conditions.
- storing the Risk Minimisation Plans and Communication Plans with children's enrolment forms

#### **Parents/guardians are responsible for:**

- informing the service of their child's medical conditions
- informing the service of any changes to their child's medical conditions
- reading and signing the Communications Plan (Attachment 1) to agree to communicate any changes in their child's medical conditions with staff
- working with teachers to develop and sign a Risk Minimisation Plan (Attachment 2) for their child with a medical condition.
- following procedures in the Dealing with Medical Conditions Policy and other relevant policies like the Asthma Policy, Anaphylaxis Policy, Administration of Medication Policy
- reading and accessing information through the Enrolment Pack, Family Handbook, From The Desk and the WHPS website.

## **EVALUATION**

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

- ensure children's records to ensure any Communications Plans and Risk Minimisation Plans are current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- 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 changes to this policy or its procedures.

## **ATTACHMENTS**

- Attachment 1: Communications Plan
- Attachment 2: Risk Minimisation Plans

## **AUTHORISATION**

This policy was adopted by the Approved Provider of West Hawthorn Pre-school on **15/05/2019**

This policy was endorsed through communication to stakeholders on **07/06/2019**.

**REVIEW DATE: 15/05/2023**



**ATTACHMENT 1**

**Communication Plan (Also completed in the online Enrolment form)**

When a child with a specific health care need, allergy or relevant medical condition is enrolled at the service, West Hawthorn Pre-school (WHPS), a 'Communications Plan' is put into place. After initial enrolment when the following documents:

- Medical Management Plan/Action Plan (supplied by parents)
- Risk Minimisation Plan (developed in consultation with parents)

have been completed, it is important that strategies are put into place for parents to communicate any changes in their child or circumstances likely to affect these practices.

**Communication Plan Agreement**

I, \_\_\_\_\_ (*full name*), the parent/guardian

of \_\_\_\_\_ (*child's full name*),

agree to inform the service of any relevant changes relating to the nature of, or management of, my child's specific health care need/s, allergies or relevant medical condition/s.

I will do this in the following way/s (*please tick*):

<input type="checkbox"/>	Written email	<input type="checkbox"/>	Letter
<input type="checkbox"/>	Speaking with a staff member before or after a session	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Phone call		

I have read and understood the Medical Communications Policy.

I am aware that I, and the relevant West Hawthorn Pre-school staff, will be informed about any risk minimisation plans and emergency procedures to be followed in relation to my child's specific health care need/s while enrolled at the pre-school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WHPS Staff Name: \_\_\_\_\_

WHPS Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ATTACHMENT 2**

**Risk Minimisation Plans - Samples**

**Individual Medical Management and Risk Minimisation Plan**



This plan is to be completed by the pre-school director, teacher or nominee on the basis of information from the child's medical practitioner. If applicable an ASCIA Action Plan for Anaphylaxis, and/or Allergies, must be provided by the parent/caregiver to the service.

It is the parent/caregivers' responsibility to provide the pre-school with a copy of the child's ASCIA Action Plan in relation to Anaphylaxis (signed by the child's medical practitioner) and an up-to-date photo of the child - to be appended to this plan; and to inform the pre-school if their child's medical condition changes.

<b>Pre-school</b>	West Hawthorn Pre-school	<b>Phone</b>	03 9818 5153
<b>Child's name</b>			
<b>DOB</b>		<b>Group (please circle)</b>	<input type="checkbox"/> Joeys <input type="checkbox"/> Red Kangaroos <input type="checkbox"/> Grey Kangaroos
<b>Allergic to And severity</b>			
<b>Other health conditions</b>			
<b>Medication at pre-school</b>			
<b>Storage of medication</b>			
<b>Emergency care to be provided at pre-school</b>			

### EMERGENCY CONTACT DETAILS (PARENT/CAREGIVER)

<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	

### EMERGENCY CONTACT DETAILS (ALTERNATE)

<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	

<b>Medical practitioner contact</b>	<b>Name</b>	
	<b>Phone</b>	

### ENVIRONMENT

To be completed by pre-school director, teacher or nominee. Please consider each environment / area / activity (on and off pre-school site) that the child will be in for the year, e.g. indoors, outdoors, verandah, bush corner, cooking activities, box construction, eating times, routines, excursions etc.

<b>Name of environment/area</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>


<b>Name of environment/area</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

<b>Name of environment/area</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

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<b>Name of environment/area</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

<b>Any other considerations</b>	
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<b>AUTHORISATION</b>
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This Individual Medical Management and Risk Minimisation Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the child's medical condition, insofar as it relates to allergies, changes
- as soon as practicable after the child has a severe / life-threatening allergy attack at pre-school
- when the child is to participate in an off-site activity, such as excursions, or at special events conducted, organised or attended by the pre-school (e.g. class parties or concerts, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Medical Management and Risk Minimisation Plan.  
I consent to the risk minimisation strategies proposed.

<b>Signature of parent/caregiver</b>	
<b>Parent/caregiver name</b>	
<b>Date</b>	

I have consulted the parent/caregivers of the child and the relevant pre-school staff who will be involved in the implementation of this Individual Medical Management and Risk Minimisation Plan.

<b>Signature of pre-school director, teacher or nominee</b>	
<b>Director, teacher or nominee name</b>	
<b>Date</b>	

I understand and have been shown this plan by the relevant teacher as a staff member who will be involved in the implementation of this Individual Medical Management and Risk Minimisation Plan.

<b>Signature of co-educator</b>	
<b>Co-educator name</b>	
<b>Date</b>	

*Form updated 17/05/2019*

# Individual Asthma Risk Minimisation Plan



This plan is to be completed by the pre-school director, teacher or nominee on the basis of information from the child's medical practitioner (Asthma Action Plan) provided by the parent/caregiver.

It is the parent/caregivers' responsibility to provide the pre-school with a copy of the child's Asthma Action Plan containing the emergency procedures plan (signed by the child's medical practitioner) and an up-to-date photo of the child - to be appended to this plan; and to inform the pre-school if their child's medical condition changes.

Pre-school	West Hawthorn Pre-school	Phone	03 9818 5153
Child's name			
DOB		Group (please circle)	Joeys      Red Kangaroos  Grey Kangaroos
Known Asthma Triggers			
Other health conditions			
Medication at pre-school			

## EMERGENCY CONTACT DETAILS (PARENT/CAREGIVER)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

## EMERGENCY CONTACT DETAILS (ALTERNATE)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	

<b>Address</b>		<b>Address</b>	
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<b>Medical practitioner contact</b>	<b>Name</b>	
	<b>Phone</b>	

<b>Emergency care to be provided at pre-school</b>	
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<b>Storage of reliever medication</b>	
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<b>ENVIRONMENT</b>
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To be completed by pre-school director, teacher or nominee. Please consider each environment/area (on and off pre-school site) the child will be in for the year, e.g. classroom, outside play area, verandah, bush corner, excursions etc.

<b>Name of environment/area</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

<b>Name of environment/area</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

<b>Name of environment/area</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

Name of environment/area			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Any other considerations	
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<b>AUTHORISATION</b>	
<p>This Individual Asthma Risk Minimisation Plan will be reviewed on any of the following occurrences (whichever happen earlier):</p> <ul style="list-style-type: none"> <li>• annually</li> <li>• if the child's medical condition, insofar as it relates to asthma, changes</li> <li>• as soon as practicable after the child has a severe / life-threatening asthma attack at pre-school</li> <li>• when the child is to participate in an off-site activity, such as excursions, or at special events conducted, organised or attended by the pre-school (e.g. class parties or concerts, cultural days, fetes, incursions).</li> </ul> <p>I have been consulted in the development of this Individual Asthma Risk Minimisation Plan. I consent to the risk minimisation strategies proposed.</p>	
Signature of parent/caregiver	
Parent/caregiver name	

<b>Date</b>	
I have consulted the parent/caregivers of the child and the relevant pre-school staff who will be involved in the implementation of this Individual Asthma Risk Minimisation Plan.	
<b>Signature of pre-school director, teacher or nominee</b>	
<b>Director, teacher or nominee name</b>	
<b>Date</b>	

*Form updated 03/01/2019*