



## **Policy and Procedure for Children with Medical Needs**

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Date Created January 2023

### **Purpose of the Policy**

To ensure that children attending Royal City Cooperative Preschool feel safe and to minimize the risk of a medical emergency at the centre; to reduce the concerns of parents of children with acute medical needs; to provide teaching staff with a clear plan to follow in case of emergency and reduce their anxiety in dealing with children with acute medical needs.

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### **Procedure for inclusion of children with medical needs**

#### **Identifying children with medical needs**

- At the time of enrolment parents/guardians will be asked to identify if their child has any medical needs or requires medical treatments/emergency medications. Allergies will be indicated on the snack list posting and in the classroom.
- Parents of children with acute medical needs will be asked to complete an Individualized Plan for a Child with Medical Needs. (See attachment)

Whenever a child with acute medical needs is enrolled at the centre, all staff will be informed of:

- The child's name
- The nature of the medical and need signs and symptoms and actions
- Where the child's medical plan will be located;
- Where the child's medication is located; (if applicable)
- New and supply staff will be given information about children's needs during the orientation process.
- Staff will review and initial on the Plan annually or as needed if there is a change to the Plan

### **Emergency Procedures**

- Information sheets on the use of medical equipment and medication will be provided by the parents of the child or a medical professional.
- The child's Individualized Plan should be completed with the child's parents/guardians before the child's first day of class. Such consultation includes:

- the medical condition
  - Preventions and Supports
  - Symptoms and Emergency Procedure
  - Any additional necessary information
  - consent for the information contained within the Plan to be made available to all child care staff and emergency medical personnel (if necessary)
  - approval of the Plan and signature
- The child's Individualized Plan should be reviewed prior to any special activities (e.g. excursions) to ensure information is current and correct, and any specific contingencies are pre-planned.
  - Parents/guardians are responsible for supplying the child's medication and medical devices every day they attend the program according to their Plan. If the child is without their medication or medical device, parent's will be asked to return home to retrieve it. The child must go with them and may return when they have their medication and/or devices. This is for the child's safety.
  - After any emergency incident, the Individualized Plan for a Child with Medical Needs will be evaluated to determine if the child care service's emergency response could be improved.
  - If the medical need involves medication, the child's medication must be in its original package, labelled with the name of the child and recommended dosage. Medication will be located above the "printer" cupboard in the classroom or in the emergency backpack when going to the gym or outside of the centre. The expiry date of the child's medication will be included on the Individualized Plan for a Child with Medical Needs. Staff will advise the parents/guardians at the earliest opportunity if the medication needs to be replaced. The parent must also fill out the AUTHORIZATION FOR DRUG/MEDICATION ADMINISTRATION.

### **Risk minimisation strategies**

All staff will be trained on the needs of the child with medical needs. This training may be done by the parents of the child or by a medical service provider (ie. Nurse) depending on the case.

Wherever possible the child care service will minimize exposure to known risks to the child's health. Ex. Shortened periods of strenuous play, no allergens in the classroom

### **Reporting Procedures**

If the child should have a medical emergency during school hours emergency protocols will be followed and the parent will be called and notified immediately.

If the medical emergency results in a life threatening illness our serious occurrence policy will be followed and a report will be submitted to Ministry of Education and also to the County of Wellington.



This is a S A M P L E F O R M - Original Form Found on our WebPage under “For Parents” to download.

### INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS

*This form must be completed for a child who has one or more acute\* or chronic\*\* medical conditions such that he or she requires additional supports, accommodation or assistance.*

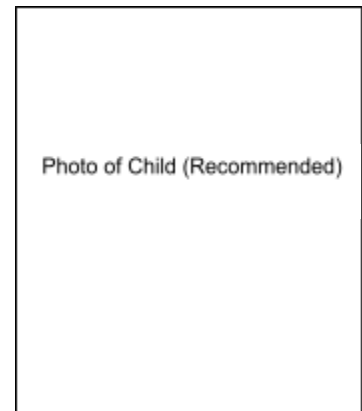
**Child’s Full Name:** \_\_\_\_\_

**Child’s Date of Birth:** \_\_\_\_\_  
(dd/mm/yyyy)

**Date Individualized Plan Completed:** \_\_\_\_\_

**Medical Condition(s):**

- Diabetes
- Asthma
- Seizure
- Other: \_\_\_\_\_



**Prevention and Supports**

<p><b>STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S):</b> <i>[Include how to prevent an allergic reaction/other medical emergency; how not to aggravate the medical condition (e.g. Pureeing food to minimize choking)]</i></p>
<p><b>LIST OF MEDICAL DEVICES AND HOW TO USE THEM</b> (if applicable): <i>(e.g. feeding tube, stoma, glucose monitor, etc.; or not applicable (N/A))</i></p>
<p><b>LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S)</b> (if applicable): <i>(e.g. glucose monitor is stored on the second shelf in the program room storage closet; or not applicable (N/A))</i></p>
<p><b>SUPPORTS AVAILABLE TO THE CHILD</b> (if applicable): <i>(e.g. nurse or trained staff to assist with feeding and/or disposing and changing of stoma bag; or not applicable (N/A))</i></p>

**Symptoms and Emergency Procedures**

**SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:** *[include observable physical reactions that indicate the child may need support or assistance (e.g. hives, shortness of breath, bleeding, foaming at the mouth)]*

**PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY:** *[include steps (e.g. Administer 2 puffs of corticosteroids; wait and observe the child's condition; contact emergency services/parent or guardian, parent/guardian/emergency contact information; etc.)]*

**PROCEDURES TO FOLLOW DURING AN EVACUATION:** *(e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate)*

**PROCEDURES TO FOLLOW DURING FIELD TRIPS:** *(e.g. how to plan for off-site excursion; how to assist and care for the child during a field trip)*

**Additional Information Related to the Medical Condition (if applicable):**

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This plan has been created in consultation with the child's parent / guardian.

**Parent/Guardian Signature:**

<b>Print name:</b>	<b>Relationship to child:</b>
<b>Signature:</b>	<b>Date:</b> (dd/mm/yyyy)

The following individuals participated in the development of this individual plan (optional):

<b>First and Last Name</b>	<b>Position/Role</b>	<b>Signature</b>

Frequency at which this individualized plan will be reviewed with the child's parent/guardian:  
...will happen annually unless there are changes to the child's medical needs and this individual plan no longer is appropriate.