

CHAPTER FOUR: HEALTH AND MEDICAL SUPERVISION

Health and Medical Supervision	Children with Medical Needs
Approved Date: September 2017	Policy Number: 4.11

Policy

This policy requires that an individualized plan be developed for each child with medical needs and that licensees take all necessary steps to support the child's medical needs and ensure his or her inclusion in the program.

The review of each individualized plan (by employees, students and volunteers) supports the child(ren)'s ability to participate in the child care program, and provides staff with all necessary information to deal with any medical situation pertaining to the child.

Definition

A child with medical needs is defined as a child who has one or more chronic or acute medical conditions and he or she requires additional supports or accommodations. For example, a child with diabetes may require that a staff check the child's blood sugar levels with a glucose monitor several times a day. A child that uses a puffer for asthma would need an Individualized Support Plan.

Procedure

An individualized medical plan must be developed in consultation with the parent of the child and any regulated professional involved in the child's care who the parent believes should be consulted.

Before enrolment the parent must provide in writing any instructions included in 3.0 and ensure a complete Individualized plan is completed within 30 days. The 30 day period allows the Coordinators to consult with the family, Resource Consultant and Early Childhood Educators and time to assess the needs of the child and the inform the supports that could be included in the plan.

1.0 Each child with medical needs has an individualized plan and is not the Family Service Plan that is completed by an external party.

2.0 There is written evidence that the plan was developed in consultation with the child's parent/guardian and any regulated health professional involved in the child's care.

3.0 Each individualized plan includes:

(a) steps to be followed to reduce the risk of the child being exposed to any causative agents or situations that may exacerbate a medical condition or cause an allergic reaction or other medical emergency; And

(b) description of any medical devices used by the child and any instructions related to use; And

(c) description of the procedures to be followed in the event of an allergic reaction or other medical emergency; And

(d) a description of the supports that will be made available to the child while in care; And

(e) any additional procedures to be followed when a child with a medical condition is part of an evacuation or participating in an off-site field trip.

Licenses are required to maintain the confidentiality of a child's medical history including diagnosis. Sensitive or confidential medical information and detailed reports from medical professionals should not be included in the plan unless consent, in writing, has been given by the parent. The plans are not to be discussed with an external party unless consent is received.

Starting in February of each year the Child Care Coordinator will inform the Executive Director of preschool children with a plan so that the child can be transitioned to school with consent of the parents.

The Coordinator shall ensure that these policies, procedures and individualized plan are reviewed as follows at the child care centre:

1. With employees, before they begin their employment.
2. With volunteers or students who will be interacting with children at the child care centre, before they begin to volunteer or before they begin their educational placement.
3. With each person described in paragraph 1 or 2, at least annually after the first review and at any other time when changes are made to a policy, procedure or individualized plan.