



Dealing with Medical Conditions Policy

Policy first issued	2 nd August 2016
Current review date	14 th July 2023
Personnel responsible	Childcare Operations

NQS 2 Children's Health and Safety

NQS

QA 2	2.1	Each child's health and physical activity is supported and promoted.
	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	7.1.3	Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

National Law

Section	167	Offence relating to protection of children from harm and hazards
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National Regulations

Regs	90	Medical Conditions Policy
	90(1)(iv)	Medical Conditions Communication Plan
	91	Medical Conditions Policy to be provided to parents
	92	Medication Record
	93	Administration of Medication
	94	Exception to authorisation requirement – anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication
	168(2)(d)	Education and Care Services must have policies and procedures dealing with medical conditions in children, including the matters set out in regulation 90
	173(2)(f)	Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all

EYLF

LO 3	Children are happy, healthy, safe and connected to others
	Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community
	Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.

NQS

The Centre and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the Centre to ensure the safety and wellbeing of children, staff and visitors.

Related Policies

- Additional Needs Policy
- Administration of First Aid Policy
- Death of a Child Policy
- Emergency Service Contact Policy

Emergency Management and Evacuation Policy
Enrolment and Orientation Policy
Food, Nutrition, Beverage and Dietary Requirements Policy
Health and Hygiene Policy
HIV AIDS Policy
Immunisation and Disease Prevention Policy
Incident, Injury, Trauma and Illness Policy
Dealing with Infectious Diseases Policy
Privacy and Confidentiality Policy
Staffing Arrangements Policy

Implementation

The Centre will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our Curriculum. The Centre will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of the *Dealing with Medical Conditions Policy* must be provided to all educators and volunteers at the Centre. The policy must also be provided to parents of children enrolled at the Centre including those whose child has been identified as having specific health care needs or allergies. Educators are also responsible for raising any concerns with a child's parents about any medical condition / suspected medical condition, or known allergens that pose a risk to the child.

No child enrolled at the Centre will be able to attend the Centre without medication prescribed by their medical practitioner. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the Centre or its programs without the device.

Families are required to provide information about their child's health care needs, allergies, medical conditions and medication on the Enrolment Form and are responsible for updating the Centre about these things, including any new medication, ceasing of medication, or changes to their child's prescription. Where children have specific health care needs or medical conditions, medical risk minimisation and communication plans are required as discussed below.

All educators and volunteers at the Centre must follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

The Nominated Supervisor and educators will provide support and information to families regarding resources and support for managing specific health care needs and medical conditions, including allergies, anaphylaxis, asthma and diabetes.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating the anaphylaxis risk will be displayed so it is clearly visible from the main entrance and entry into the child's room. The privacy and confidentiality of the child will be maintained at all times and the notice will not name the child.

The Nominated Supervisor will ensure all educators and relevant staff receive refresher training in the administration of adrenaline auto-injection devices and cardio-pulmonary resuscitation every 12 months externally and termly internally, even if there are no children diagnosed at risk of anaphylaxis at the Centre at the time.

If there are children with diabetes at the Centre, the Nominated Supervisor will ensure first aid trained educators receive regular training in the use of relevant devices e.g. insulin injection device (syringes, pens, pumps) used by children.

Information that must be provided in Enrolment Record

The Centre's Enrolment Form provides an opportunity for parents to help the Centre effectively meet their child's needs relating to any medical condition. All educators and volunteers at the Centre follow a child's medical management plan, including in the event of an incident related to the child's specific health care needs and medical condition.

The enrolment record will include details of any:

- Specific health care needs or medical conditions of the child, including asthma, diabetes, allergies and whether the child has been diagnosed at risk of anaphylaxis.

- Parents will provide a Medical Management Plan prepared by the child's doctor in respect of any specific health care needs or medical conditions. This plan should:
 - Have supporting documentation if appropriate.
 - Include a photo of the child.
 - If relevant, state what triggers the allergy or medical condition .
 - First aid needed.
 - Contact details of the doctor who signed the plan.
 - State when the plan should be reviewed.

Copies of the plan should be kept with the child's medication and also accompany them on any excursions.

Where there is a Medical Management Plan, a risk minimisation plan must be developed, informed from the child's Medical Management Plan.

Note, parents are responsible for updating their child's Medical Management Plan / providing a new Plan every 12 months and will be regularly reminded by the Centre as per the Medical Management Communications Plan.

Any new information will be attached to the Enrolment Form and kept on file at the Centre.

Educators will ensure information that is displayed about a child's medical conditions is updated.

Identifying Children with Medical Conditions

Any information relating to a child's medical condition will be shared with relevant educators and volunteers at the Centre. Educators will be briefed by the Centre Director on the specific health needs of each child.

Our Centre will implement the following communications plan to ensure that relevant educators, staff and volunteers are:

- Informed about the *Dealing with Medical Conditions Policy*.
- Easily able to identify a child with medical conditions.
- Are aware of the requirements of any medical management plans and risk minimisation plans.
- Aware of the location of each child's medication.
- Updated on the child's treatment along with any regulatory changes that may affect practise for specific medical conditions.

Our Centre will display information about a child's medical management plan, risk minimisation plan, and the location of each child's medication in an area near a telephone that is visible and easily accessed by all educators e.g. food preparation or serving area to ensure all procedures are followed. We will ensure the display of information meets privacy guidelines and is not accessible to visitors or other families. We will explain to families why this is important for the safety of the child and obtain parental consent.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating this must be displayed at the Centre so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the public notice will not name the child.

Medical Conditions Risk Minimisation Plan

Using a child's Medical Management Plan, our Centre will develop and implement a Medical Conditions Risk Minimisation Plan in consultation with families and medical professionals which will ensure that:

- Any risks are assessed and minimised.
- If relevant, practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented (note we will follow all health, hygiene and safe food policies and procedures).
- All parents are notified of any known allergens that pose a risk to a child and how these risks will be minimised.
- A child does not attend the Centre without medication prescribed by their medical practitioner in relation to their specific medical condition.

This plan will be signed by parents, the Nominated Supervisor and relevant educators. We have a template resource for this purpose titled '*Risk Minimisation Plan*'.

The Medical Management and Risk Minimisation Plans will be kept in the child's file and a copy of the plans stored securely with the child's medication, emergency evacuation kit, room information flip folders and first aid kits. A copy of the plans will also be displayed in a prominent position near a telephone to ensure all procedures are followed.

Our Centre will routinely review each child's medication to ensure it hasn't expired.

The medical plans will also be taken on excursions.

Medical Conditions Communication Plan

The Nominated Supervisor will implement a '*Medical Conditions Communication Plan*' to ensure that relevant educators, staff and volunteers:

- Understand the *Dealing with Medical Conditions Policy*.
- Can easily identify a child with health care needs or medical conditions.
- Understand the child's health care needs and medical conditions and their medical management and risk minimisation plans.
- Know where each child's medication is stored.
- Are updated about the child's needs and conditions.

Medical Conditions Risk Minimisation Plan: Anaphylaxis / Allergy Management

While not common, anaphylaxis is life threatening. Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists.

We are aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.

Symptoms of anaphylaxis include difficulty breathing, swelling or tightness in the throat, swelling tongue, wheeze or persistent cough, difficulty talking, persistent dizziness or collapse and in young children paleness and floppiness.

Anaphylaxis is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.

While developing the *Medical Conditions Risk Minimisation Plan* and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, our Centres will:

- Not allow children to trade food, utensils of food containers.
- Prepare food in line with a child's medical management plan and family recommendations.
- Request families to label all bottles, drinks and lunchboxes etc. with their child's name.
- Consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate.
- Instruct educators on the need to prevent cross contamination.
- Request all parents not to send food with their children that contain highly allergenic elements even if their child does not have an allergy by, for example, placing a sign in the foyer or near the front door reminding families about this.
- Where a child is known to have a susceptibility to severe allergy or anaphylaxis to a particular food, the Centre will have an 'allergy-awareness policy' which is documented in the Centre's *Food, Nutrition, Beverage and Dietary Requirements Policy*, which would exclude children or other individuals visiting the Centre from bringing any foods or products containing nuts or nut material such as:
 - Peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts.
 - Any other type of tree or ground nuts, peanut oil or other nut based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan.

- Any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods.
- Foods with spices and seeds such as mustard, poppy, wheat and sesame seeds.
- Cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil that contain nut materials.
- Be aware that a child may have a number of food allergies or there may be a number of children with different food allergies, and it may not be possible to have an allergy free policy for all those foods involved. Nut allergy is the most likely to cause severe reaction and will take precedence.
- Where risk assessments have been conducted and it is found that the safest option is to seat a child with allergies at a different table if food is being served that he / she is allergic to, this will always be done in a sensitive manner so that the child does not feel excluded. If a child is very young, the family may be asked to provide their own high chair to further minimise the risk of cross infection.
- Hold non-allergic babies when they drink formula / milk or there is a child diagnosed at risk of anaphylaxis from a milk allergy.
- Ensure all children with food allergies only eat food and snacks that have been prepared for them and the food is labelled with that child's name.
- Instruct food preparation staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food and organise training as required e.g. careful cleaning of food preparation areas and utensils, use of different tools and equipment for allergic children.
- Closely supervise all children at meal and snack times and ensure food is eaten in specified areas. To minimise risk children will not be permitted to 'wander around' the Centre with food.
- Ensure meals prepared at the Centre do not contain ingredients such as nuts.
- Consult risk minimisation plans when making food purchases and planning menus.
- Provide information about anaphylaxis and organise training for all educators on how to administer adrenaline auto injector devices e.g. EpiPens.
- Ensure all educators administer medication in accordance with the Centre's *Administration of Medication Policy*.

In relation to nuts and nut products, commercial food processing practices mean it is not possible to eliminate nuts and nut products entirely from our Centre e.g. there will be traces of nut in many products.

For this reason, we are a nut aware Centre rather than a nut free Centre.

Allergic reactions and anaphylaxis are also commonly caused by:

- All types of animals, insects, spiders and reptiles.
- All drugs and medications, especially antibiotics and vaccines.
- Many homeopathic, naturopathic and vitamin preparations.
- Many species of plants, especially those with thorns and stings.
- Latex and rubber products:
 - Band-aids, Elastoplast and products containing rubber based adhesives.

Our Centre will ensure that body lotions, shampoos and creams used on allergic children are approved by the parent. Risk minimisation practices will be carried out to ensure that the Centre is, to be the best of our ability, providing an environment that will not trigger an anaphylactic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

The Centre will display an Australasian Society of Clinical Immunology and Allergy (ASCI) generic poster called Action Plan for Anaphylaxis in a key location at the Centre, for example, in the children's room, the staff room or near the medication cabinet (see www.allergy.org.au)

In line with best practice, our Centre will ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and away from direct

sources of heat. This will be moved with the child as the child moves locations within the Centre to ensure that the device is always accessible in an emergency.

Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction our Centre will:

- Call an ambulance immediately by dialling 000.
- Ensure the first aid trained educator / educator with approved anaphylaxis management training provides appropriate first aid which may include the injection of an auto immune device EpiPen in line with the steps outlined by the Australian Society of Clinical Immunology and Allergy <https://www.allergy.org.au/hp/ascia-plans-action-and-treatment> and CPR if the child stops breathing.
- Lay child flat or seat them if breathing is difficult (child will not be allowed to walk or stand).
- Contact the parent / guardian or the person to be notified in the event of illness if the parent / guardian cannot be contacted.

The Centre does not permit a child of any age to self-administer medication.

Medical Conditions Risk Minimisation Plan

Please read this policy in conjunction with the Centre's *Asthma Policy*

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma symptoms include wheezing, cough, chest tightness or shortness of breath. While developing the Medical Conditions Risk Minimisation Plan our Centre will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- Dust and pollution.
- Inhaled allergens, for example mould, pollen, pet hair.
- Changes in temperature and weather, heating and air conditioning.
- Emotional changes including laughing and stress.
- Activity and exercise.

Risk minimisation practices will be carried out to ensure that the Centre is, to the best of our ability, providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

To minimise exposure of susceptible children to triggers which may cause asthma, educators and staff will ensure children's exposure to asthma triggers are minimised. This may include, for example:

- Implement wet dusting to ensure dust is not stirred up.
- Plan different activities so children are not exposed to extremes of temperature e.g. cold outdoors and warm insides.
- Restrict certain natural elements from inside environments.
- Supervise children's activity and exercise at all times.
- Keep children indoors during periods of heavy pollution, smoke haze or after severe storms which may stir up pollen levels etc.

The Nominated Supervisor will also:

- Consider banning certain plants and vegetation from outdoor and indoor environments.
- Consider children's asthma triggers before purchasing Centre animals or allowing children's pets to visit.
- Ensure indoor temperatures are appropriate and heating and cooling systems are being used appropriately.
- Assist educators to monitor pollution levels and adverse weather events.
- Ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an asthma attack, and implement improvements if possible.

The Centre will display an Asthma chart called First Aid for Asthma Chart for under 12 years or Asthma First Aid in a key location at the Centre, for example, in the children's room, the staff room or near the medication cabinet (see www.asthmaaustralia.org.au).

The Centre will keep an emergency Asthma Kit on the premises at all times as a precautionary measure.

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, our Centre will:

- Ensure a first aid trained educator / educator with approved asthma management training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:
 1. Sit the child upright
 - Stay with the child and be calm
 2. Give 4 puffs of blue / grey reliever puffer medication
 - Use a spacer if there is one
 - Shake puffer
 - Put 1 puff into spacer
 - Take 4 breaths from spacer
 - Repeat until 4 puffs have been taken
Shake, 1 puff, 4 breaths, 4 times
 3. Wait 4 minutes
 - If there is no improvement, give 4 more puffs as above
 4. If there is still no improvement call emergency assistance 000
 - Keep giving 4 puffs every 4 minutes until emergency assistance arrives
 - Contact the child's parent or authorised contact where the parent cannot be reached

The Centre will ensure that an Emergency Asthma First Aid Kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas.

An Emergency Asthma First Aid Kit should contain:

- Blue or grey reliever puffer.
- At least 2 spacer devices that are compatible with the puffer.
- At least 2 face masks compatible with the spacer for use by children under 5.

Puffers, spacers and facemasks must be thoroughly cleaned after each use to prevent cross contamination. To clean:

- Remove canister from puffer and wash device (but not canister) in warm water with kitchen detergent.
- Do not rinse or rub dry, allow devices to air dry.
- When dry, wipe the mouth piece inside and outside with 70% alcohol swab.
- When completely dry, replace the canister and ensure puffer is working correctly.

Spacers and masks can only be used by one person. That person can re-use the spacer or mask but it cannot be used by anyone else. The Centre will ensure the child's name is written on the spacer and mask when it is used.

Medical Conditions Risk Minimisation Plan: Diabetes

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin.

The most common form of diabetes in children is Type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

See <http://www.diabeteskidsandteens.com.au/whatisdiabetes.html> for an online presentation for children explaining how diabetes affects the body.

Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

Symptoms of diabetes include frequent urination, excessive thirst, tiredness, weight loss, vision problems and mood changes. People who take medication for diabetes are also at risk of hypoglycaemia if their blood sugar levels are too low.

While developing the Medical Conditions Risk Minimisation Plan our Centre will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the Centre. These include ensuring they do not suffer from hypoglycaemia (have a 'hypo') which occurs when blood sugar levels are too low. Things that can cause a 'hypo' include:

- A delayed or missed meal, or a meal with too low carbohydrate.
- Extra strenuous or unplanned physical activity.
- Too much insulin or medication for diabetes.
- Vomiting.

Symptoms of hypoglycaemia include headache, light-headedness and nausea, mood change, paleness and sweating, and weakness and trembling. If left untreated people may become disorientated, unable to drink, swallow or stand, suffer a lack of coordination, loss of consciousness and seizures.

Educators and staff will implement measures to reduce the risk of children suffering adverse effects from their condition. These may include, for example:

- Ensuring medication is administered as outlined in the medical management plan.
- Ensuring children eat at regular intervals and have appropriate levels of carbohydrate.

Children with Type 1 diabetes may also need to limit their intake of sweet foods. Our Centre will ensure information about the child's diet is provided including the types and amounts of appropriate foods as outlined in the child's Medical Management Plan and that this is used to develop the Risk Minimisation Plan, as well as being considered when preparing Centre menus.

Our Centre will ensure our first aid trained educators are trained in the use of the insulin injection device (syringes, pens, pumps) used by children with diabetes at our Centre.

If a child is displaying symptoms of a 'hypo' our Centre will:

- Immediately administer first aid in accordance with the child's medical management plan. This may include giving the child some quick acting and easily consumed carbohydrate e.g. several jellybeans, 2-3 teaspoons of honey or some fruit juice. Once blood glucose is at regular levels the child may be given some slow acting carbohydrate to stabilise blood sugar e.g. slice of bread, glass of milk, piece of fruit.
- Contact the parent / guardian or the person to be notified in the event of illness if the parent / guardian cannot be contacted.

If a child is displaying severe hypoglycaemia (e.g. they are unconscious, drowsy or unable to swallow) a first aid trained educator will:

- Immediately administer first aid in accordance with the child's medical management plan.
- Call an ambulance by dialling 000.
- Administer CPR if the child stops breathing before the ambulance arrives.
- Contact the parent / guardian or the person to be notified in the event of illness if the parent / guardian cannot be contacted.

The Centre will refer to [as1diabetes \(as1diabetes.com.au\)](http://as1diabetes.com.au) for more information and resources, including child friendly resources on diabetes.

Educator Training and Qualifications

Our Centre will ensure that all educators attending the Centre:

- Hold a current approved first aid qualification.
- Have undertaken current approved anaphylaxis management training.
- Have undertaken current approved emergency asthma management training.

Our *Staffing Arrangement Policy* has more details about educator training and qualifications in this area.

Educators in our Centre recognise how serious anaphylaxis is and will undertake steps to minimise the possibility of occurrence. The Centre will maintain the following in relation to educator qualifications for anaphylaxis:

- All educators in all Centres whether or not they have a child diagnosed at risk of anaphylaxis undertake training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 12 months.
- Practise using adrenaline auto-injection devices with the Anaphylaxis Resource Kits provided by the Victorian regulator will be undertaken regularly, preferably quarterly, and recorded. The kit will be stored separately to a child's medication to ensure that there is no confusion.

Sources

Education and Care Services National Regulations 2011

National Quality Standard

Asthma Australia

National Asthma Organisation

The Asthma Foundation Victoria

Australasian Society of Clinical Immunology and Allergy www.allergy.org.au

Australian Diabetes Council

Better Health Vic

Best Practice Guidelines for anaphylaxis prevention and management in children's education and care services

Review

The policy will be reviewed annually. The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: 14.07.2023

Date for next review: July 2024