

8.7 Medical Conditions

POLICY: Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening. Our service is committed to a planned approach to the management of medical conditions to ensure the safety and well-being of all children at this service.

Our service is also committed to ensuring our educators and staff are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are considered always. Providing families with ongoing information about medical conditions and the management conditions is a key priority.

PRACTICES: Shine will minimise the risks around medical conditions of children by:

- Collaborating with families of children with diagnosed medical conditions to develop a risk minimisation plan for their child
- Informing all staff, including casual staff, educators and volunteers, of all children diagnosed with a medical condition and the risk minimisation procedures for these
- Providing all families with current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the risk minimisation plan
- Ensuring all children with diagnosed medical conditions have a current risk minimisation plan that is accessible to all staff
- Ensuring all staff are adequately trained in the administration of emergency medication.

The Approved Provider will: Ensure the Nominated Supervisor fulfils responsibilities in the management of medical conditions.

In accordance with Regulations 90 Medical conditions policy, the approved provider will ensure:

- The management of medical conditions, including asthma, diabetes, or a diagnosis that a child is at risk of anaphylaxis
- That the nominated supervisor and staff members of, and volunteers at, the service are informed of practices in relation to managing those medical conditions
- Requirements arising if an enrolled child enrolled has a specific health care need, allergy or relevant medical condition, including:

(i) requiring a parent of the child to provide a medical management plan for the child; and

(ii) requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition; and

(iii) requiring the development of a risk-minimisation plan in consultation with the parent / carer of a child

Shine will:

- Ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised
- If relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption, and service of food are developed and implemented
- If relevant, to 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
- If relevant, 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
- 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

At Shine:

- Action Plans are updated annually
- A current photo of the child is attached to the Action Plan
- Action Plans are displayed in all play rooms
- A current Medical Health chart is available in all playrooms, the kitchen, office and staff room
- A current Special Diet Record is displayed in the kitchen
- Action Plans are kept with the child's medication in the relevant medication tub with their name on the pack
- All staff, including volunteers and students, are advised on induction of the location of the Medication Tub/s, Action Plans and Medical Health Chart are displayed and stored
- The food trolley has an Action Plan and Special Diet Record attached to it
- Name tags are attached to children's food bowls that require Special Dietary requirements
- Relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child

ENROLMENT OF CHILDREN TO THE CENTRE**The Nominated Supervisor will:**

- Ensure that any parent with a child enrolled at the service that has a specific health care need, allergy or other relevant medical condition is provided with a copy of this *Medical Conditions* policy
- Inform parents of the requirement to provide the service with a medical management plan of their child's condition

Collaborate with families of children with medical conditions to develop a risk minimisation plan to ensure the child's safety and wellbeing:

- to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimized
- if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented
- if relevant, to 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
- to 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
- if relevant, 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
- Ensure that all staff and educators are aware of the medical management plan and risk minimisation plan
- Ensure that staff are adequately trained in procedures contained in the medical management plan
- Inform other families enrolled at the centre of the need to prohibit any items which may present a hazard to children with diagnosed medical conditions

COMMUNICATION AND DISPLAY OF MEDICAL INFORMATION**The Nominated Supervisor will:**

- Ensure all medical management and risk minimisation plans are accessible to all staff
- Ensure that all plans are current and kept up to date

- Develop a communication plan to ensure that relevant staff members and volunteers are informed of the medical conditions policy, the medical management plan and risk minimisation plan for the child
- Develop a communication plan to ensure that parents can communicate any changes to the medical management plan and risk minimisation plan
- Update the communication plan as needed

Educators and staff will:

- Ensure they are aware of enrolled children with medical conditions and be familiar with the medical management and risk minimisation plans of each child diagnosed with a medical condition
- Will consult the communication plan to ensure they are aware of their communication responsibilities

MANAGEMENT OF ASTHMA AND ANAPHYLAXIS

The Nominated Supervisor will:

- Ensure that all staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies
- Ensure that all staff are adequately trained in the administration of emergency medication such as the EpiPen / AnaPen or asthma medication

Educators and staff will:

- Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma
- Administer emergency medication in accordance with their training, as required

ALLERGIES, ANAPYLAXIS, ASTHMA

No Pen, No Play. If your child has anaphylaxis and requires an epipen, they cannot be at the centre any time without their epipen.

No Puffer, No Play. If your child has asthma and requires a puffer, they cannot be at the centre any time without their ventolin and spacer.

Epipen's and asthma ventolin must be within the current expiration date. If these become expired while your child is in our care, your child will be excluded from attending care until a current epipen or Ventolin has been replaced.

Do not share medication: Each child must have medication prescribed to them only or we cannot administer this, this extends to siblings and includes sharing asthma puffers and spacers.

Calling an ambulance. In an emergency, if we feel that an ambulance is required, they will be called. This is a condition of enrolment and is included in the enrolment agreement at the commencement of care.

24-hour exclusion period. If your child has suffered an asthma attack or anaphylactic reaction, they cannot return to care for a minimum of 24 hours to ensure they are fully recovered and no longer vulnerable to further episodes.

Action Plans. These must be updated annually by a medical professional (ie GP). Photos on action plans must also be updated annually to ensure the child is recognizable. This is the responsibility of families.

DOCUMENTATION AND RECORD KEEPING

The Approved Provider will: Ensure records are confidentially stored for the specified period of time as required by the Regulation

The Nominated Supervisor will: Provide a copy of the Medication Record to medical staff in the event further medical intervention is required

Educators and staff will:

- Complete a Medication Record when a child receives emergency medication
- Will provide parents with a copy of the Medication Record

EVALUATION:

- Educators respond in an effective manner to any medical conditions' incident, and documentation is completed, shared, and stored as appropriate
- Plans to effectively manage medical are developed in consultation with families, and implemented
- Regular reviews of procedures and policy are implemented.

ASTHMA MANAGEMENT: Adapted with permission from Asthma Foundation of Victoria, *Asthma and the Child in Care Model Policy, Version 6.2, January 2011.*

Introduction: It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, our service recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

Goals - What are we going to do: This *Asthma Policy* aims to:

Raise awareness of asthma amongst those involved with the service

Implement strategies to support the health and safety of children with asthma enrolled at the service

Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities

Provide a clear set of guidelines and expectations to be followed about the management of asthma

Strategies - How will this be done?

The Approved Provider will: Provide *Emergency Asthma Management Training* to all staff

The Nominated Supervisor will:

- Provide staff with a copy of this policy and brief them on asthma procedures upon their appointment
- Ensure at least one staff member who has completed accredited asthma training is on duty whenever children are present at the service
- Ensure all enrolment forms contain the question: "Has your child ever had asthma?"
- Identify children with asthma during the enrolment process and inform staff
- Provide families with a copy of this policy and Asthma Action Plan upon enrolment or diagnosis; (*Asthma Action Plan* template can be downloaded from www.asthma.org.au)
- Store *Asthma Action Plans* in the child's enrolment record
- Formalise and document the internal procedures for emergency *Asthma First Aid*
- Ensure that an emergency *Asthma First Aid* poster (available from www.asthma.org.au) is displayed in key locations
- Ensure that the *First Aid Kit* contains a blue reliever medication (e.g. Airomir, Asmol, or Ventolin), a spacer device, face mask, concise written instructions on *Asthma First Aid* procedures and 70% alcohol swabs;

- Ensure that an accredited staff member correctly maintains the asthma component of the *First Aid Kit* (eg. regular checks of expiry dates on medication)
- Provide a mobile *Asthma First Aid Kit* for use on excursions
- Encourage open communication between families and staff regarding the status and impact of a child's asthma
- Promptly communicate any concerns to families should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities

Staff will:

- Ensure that they maintain current accreditation in *Emergency Asthma Management* (valid for three years)
- Ensure that they are aware of the children in their care with asthma
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's asthma
- Identify and, where practical, minimise asthma triggers
- Where necessary, modify activities in accordance with a child's needs and abilities
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written *Asthma Action Plan*
- Administer emergency asthma medication if required according to the child's written *Asthma Action Plan*. If no written *Asthma Action Plan* is available, the *Asthma First Aid Plan* outlined in this document should be followed immediately
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities
- Ensure that children with asthma are treated the same as all other children

Families will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma
- Provide all relevant information regarding their child's asthma via the written *Asthma Action Plan*, which should be provided to the centre within seven (7) days of enrolment
- Notify the Nominated Supervisor, in writing, of any changes to the *Asthma Action Plan* during the year
- Ensure that their child always has an adequate supply of appropriate asthma medication (including reliever) , along with a spacer and face mask
- Ensure that they comply with all requirements and procedures in relation to the Medications Record
- Communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous evening)
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma

Children will: Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

ANAPHYLAXIS MANAGEMENT Goals - What are we going to do: Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service

- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device

- Raise the service community's awareness of anaphylaxis and its management through education and policy implementation
- Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications
- Young children may not be able to express the symptoms of anaphylaxis
- A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device
- The Approved Provider recognises the importance of all staff/carers responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device
- Staff/carers and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff/carers should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

Strategies – How will this be done?

“The Approved Provider will ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by ACECQA by January 2013 then at least every 3 years.”

The Approved Provider will:

- Ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by ACECQA by January 2013 then at least every 3 years
- Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service

In services where a child diagnosed at risk of anaphylaxis is enrolled the Approved Provider shall also:

- Assess the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with staff and the families of the child/ren
- Ensure that a notice is displayed prominently in the main entrance of the service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service

“The Nominated Supervisor will ensure staff members on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated have completed emergency anaphylaxis management training.” The Nominated Supervisor will:

- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner

- Ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service
- Ensure staff members on duty whenever children are present at the service have completed emergency anaphylaxis management training
- Ensure that practice of the adrenaline auto-injection device is undertaken on a quarterly basis and recorded
- Ensure that all relief staff members in a service have completed current approved anaphylaxis management training including the administration of an adrenaline auto-injection device and awareness of the symptoms of an anaphylactic reaction
- Ensure all staff know the child/children at risk of anaphylaxis, their allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without the device
- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- Display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called *Action Plan for Anaphylaxis* in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet
- Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used
- Ensure that all staff in a service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit
- Ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit

Staff responsible for the child at risk of anaphylaxis shall:

Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff in a service

Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis

In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:

1. Call an ambulance immediately by **dialing 000**
 2. Commence **first aid** measures
 3. Contact the parent/guardian
 4. Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" on a quarterly basis

- 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
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member on all excursions
- Regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
- Provide information to the service community about resources and support for managing allergies and anaphylaxis

Parents/guardians of children shall:

- Inform staff at the children's service, either on enrolment or on diagnosis, of their child's allergies
- Develop an anaphylaxis risk minimisation plan with service staff
- Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- Provide staff with a complete auto-injection device kit
- Regularly check the adrenaline auto-injection device expiry date
- Assist staff by offering information and answering any questions regarding their child's allergies
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- Comply with the service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device

DIABETES MANAGEMENT

Introduction: The management of a child's diabetic condition is dependent upon coordination between our service, the child's family and the child's doctor. Our service recognises the need to facilitate effective care and health management of children who have diabetes, and the prevention and management of acute episodes of illness and medical emergencies.

Goals – What are we going to do: This Diabetes Management Policy aims to:

- Raise awareness of diabetes management amongst those involved with the service
- Provide the necessary strategies to ensure the health and safety of all children with diabetes enrolled at the service
- Provide an environment in which children with diabetes can participate in all activities to the full extent of their capabilities
- Provide a clear set of guidelines and expectations to be followed with regard to the management of diabetes

Strategies – How will this be done?

The Approved provider will: Encourage all staff to complete senior first aid training.

The Nominated Supervisor will:

- Provide staff with a copy of this policy and brief them on diabetes procedures upon their appointment
- Ensure at least one staff member who has completed accredited senior first aid training is on duty whenever children are being cared for or educated
- Ensure all enrolment forms contain the question: *“Has your child been diagnosed with diabetes?”*
- Identify children with diabetes during the enrolment process and inform staff;
- Provide families with a copy of this policy and Diabetes Action plan upon enrolment or diagnosis; (a *Diabetes Action Plan* template can be downloaded from www.chess.sa.edu.au/Pathways/diabcareplanjune2009.doc)
- Ensure that each *Diabetes Action Plans* are received for each child with a diagnosis of diabetes that contain information for the child’s *Diabetic Management* and outline what do in relation to any *Diabetic Emergency* the child might face

“Our service recognises the need to facilitate effective care and health management of children who have diabetes, and the prevention and management of acute episodes of illness and medical emergencies.”

Ensure families provide the service with the child’s testing kit and hypo pack if required

Store *Diabetes Action Plans* in the child’s enrolment record

Formalise and document the internal procedures for emergency Diabetes treatment

Encourage open communication between families and staff regarding the status and impact of a child’s diabetes

Promptly communicate any concerns to families should it be considered that a child’s diabetes is limiting his/her ability to participate fully in all activities

Staff will:

- Ensure that they maintain current accreditation in first aid
- Ensure that they are aware of the children in their care with diabetes
- Ensure that they are familiar with the symptoms of signs and symptoms and the emergency treatment of a low blood glucose level
- Call an ambulance if they feel emergency treatment is required
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child’s diabetes
- Where necessary, modify activities in accordance with a child’s needs and abilities
- Ensure that a child’s *Diabetes Action Plan* is always followed
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child’s diabetes is limiting his/her ability to participate fully in all activities
- Ensure that children with diabetes are treated the same as all other children

Families will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has diabetes
- Provide all relevant information regarding their child’s diabetes via a written *Diabetes Action Plan*, which should be provided to the centre within seven (7) days of enrolment
- Keep the child’s testing kit and hypo pack updated as required
- Notify the Nominated Supervisor, in writing, of any changes to the *Diabetes Action Plan* during the year
- Ensure that they comply with all requirements and procedures in relation to the Medications Record

- Communicate all relevant information and concerns to educators as the need arises
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's diabetes.

For health reasons and the well being of your child and other children, please do not bring your child to Shine if they:

- Have the symptoms of an infectious illness (ie reddened eye, sore throat, painful ears, rashes, headaches or abdominal pains)
- Are experiencing prolonged coughing, wheezing or have a heavy coloured nasal discharge
- Have a fever or have had a fever within the past 24 hours (any temperature over 24 degrees)
- Have vomited or had diarrhea within the past 24 hours

In all instances, the health and well being of your child and other children in the centre are our main priority and the following request are necessary:

- If your child has contracted a communicable illness, they must bring a medical clearance, duly completed by your doctor prior to returning to the centre.
- You must advise us if your child has contracted a contagious illness (ie chicken pox) so that we can take the necessary precautions (this is also the case if your child is ill on a day/s that they are not enrolled for)

It is the responsibility of the parent / carer to keep sick children away from the centre to keep illness within Shine to a minimum. The risk of cross infection is extremely high in group care.

If your child develops symptoms of illness during the day whilst they are at Shine, they will be made as comfortable as possible and you will be contacted immediately to collect your child. You or an authorised persons nominated on the enrolment form, are required to pick up your child within 1 hour of the call.

RELEVANT LEGISLATION:

- Education and Care Services National Regulations 2011: 90, 91, 94
- R.90: Medical conditions policy including procedures for managing allergies and conditions such as asthma, diabetes or anaphylaxis
- Medical conditions policy
 - 108; 90 Medical conditions policy
 - 108; 91 Medical conditions policy to be provided to parents

KEY SOURCES:

- Dealing with Food Allergy video and booklet; Allergy Unit, RPA Hospital Medical Centre, 100 Carillon Avenue, Newtown NSW 2042; Phone: 02 9565 1464; Fax: 02 9519 8420; Email: allergy@email.cs.nsw.gov.au
- Guidelines for the prevention, recognition and management of anaphylaxis in childcare and school sites; Australasian Society of Clinical Immunology & Allergy Inc.; Website: <http://www.allergy.org.au/pospapers/anaphylaxis.htm>
- The Recognition. Management and Prevention of Anaphylaxis in Childcare, Pre-School and School 1998; Department of Education, Training & Employment, and the Women's & Children's Hospital, Adelaide SA; Phone: 08 8204 6875; Fax: 08 8204 6885; Email: healthinfo@wch.sa.gov.au
- Instructions on how to use and NOT use EpiPen are on the ASCIA website: <http://www.allergy.org.au/aer/infobulletins/adrenaline.htm>