

## Medical Conditions Policy

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### NQS

QA2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

### National Regulations

Reg	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

### My Time, Our Place

LO3	Children become strong in their social and emotional wellbeing.
	Children take increasing responsibility for their own health and physical wellbeing.

### Aim

The service and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service 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 Policy

Food Nutrition and Beverage Policy

Health, Hygiene and Safe Food Policy

HIV AIDS Policy

Immunisation and Disease Prevention Policy

Incident, Injury, Trauma and Illness Policy

Infectious Diseases Policy

Privacy and Confidentiality Policy

## Implementation

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

A copy of the Medical Conditions Policy must be provided to all educators and volunteers at the service. The Policy must also be provided to parents of children enrolled at the service including those whose child has been identified as having a specific health care need or allergy. 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 service will be able to attend the service 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 service 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 service about these things, including any new medication, ceasing of medication, or changes to their child's prescription.

All educators and volunteers at the service 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.

All families are asked to update the plans at the beginning of the year. This is coordinated and managed through the provider's first aid officer.

### **Information that must be provided in Enrolment Record**

The service's Enrolment Form provides an opportunity for parents to help the service effectively meet their child's needs relating to any 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.
- any Medical Management Plan provided by a child's parents and/or registered medical practitioner. 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 and informed from the child's Medical Management Plan.

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

Any new information will be attached to the Enrolment Form and kept on file at the service. 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 conditions will be shared with relevant educators at the service. Educators will be briefed on the specific health needs of each child.

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

- informed about the 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 practices for specific medical conditions.

**Staff will be informed of this policy through induction and the staff information handbook.**

Our service 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 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 service 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 service will develop a Medical Conditions Risk Minimisation Plan in consultation with a child's parents 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 service without medication prescribed by their medical practitioner in relation to their specific medical condition.

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

### **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.

Anaphylaxis is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cows' 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 service *will*:

- not allow children to trade food, utensils or food containers.
- prepare food in line with a child's medical management plan and family recommendations.
- use non-food rewards with children, for example, stickers for appropriate behaviour.
- 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.
- 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.

- if appropriate, 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.
- hold non-allergic babies when they drink formula/milk or there is a child diagnosed at risk of anaphylaxis from a milk allergy.
- instruct food preparation staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food, such as careful cleaning of food preparation areas and utensils.
- 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 service with food.
- consult risk minimisation plans when making food purchases and planning menus.

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 service *may*:

- 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 severe allergy or anaphylaxis to a particular food, the service will have a "allergy-awareness policy" for that food e.g. an "Allergy-Aware (Nut) Policy" which would exclude children or other individuals visiting the service 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 material.

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 service will ensure that creams and sunscreen used on allergic children are approved by their parent.

Risk minimisation practices will be carried out to ensure that the service is to 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 service will display an Australasian Society of Clinical Immunology and Allergy inc (ASCI) 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

<http://www.allergy.org.au/content/view/10/3/#r1>

Our service 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.

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 service 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

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Immunology and Allergy <http://allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis> and CPR if the child stops breathing.

- contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Note that the regulator has a draft anaphylaxis Model Policy at <http://www.education.vic.gov.au/ecsmangement/educareservices/anaphylaxis.htm>

### **Medical Conditions Risk Minimisation Plan: Asthma Management**

Asthma is a chronic lung disease that inflames and narrows the airways. While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers may include:

- dust and pollution
- inhaled allergens, for example mould, pollen, pet hair
- changes in temperature and weather, heating and air conditioning
- activity and exercise

Risk minimisation practices will be carried out to ensure that the service 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.

The service will display an Asthma chart in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet.

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, our service 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 and reassuring
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2. Give 4 puffs of blue 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 takenShake, 1 puff, 4 breaths
  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 service 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

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. We 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.

While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service. 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 little carbohydrate
- Extra strenuous or unplanned physical activity
- Too much insulin or medication for diabetes
- Vomiting

Children with Type 1 diabetes may also need to limit their intake of sweet foods. Our service will ensure information about the child’s diet including the types and amounts of appropriate foods is part of the child’s Medical Management Plan and that this is used to develop the Risk Minimisation Plan.

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

If a child is displaying symptoms of a “hypo” our service will:

- ensure the first aid trained educator provides immediate first aid which will be outlined in the child’s medical management plan and may include giving the child some quick acting and easily consumed carbohydrate.
- call an ambulance by dialling 000 if the child does not respond to the first aid and CPR if the child stops breathing.
- contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

### **Educator Training and Qualifications**

Our service will ensure that at least one educator attending the service:

- holds a current approved first aid qualification

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- has undertaken current approved anaphylaxis management training and
- has undertaken current approved emergency asthma management training (required from 1 January 2013).

Our staffing Arrangements Policy has more details about educator training and qualifications in this area.

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

- all educators in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months.
- Practice 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.

### **Supervised Self-Administration of Medication by Children over Preschool Age**

- The service permits children over preschool age to self-administer medication.
- Educators must supervise the child during this process. To promote consistency and ensure the welfare of all children using the service, educators will ensure each child follows all administration of medication, health and hygiene policies and procedures.
- The self-administration of medication must be negotiated with, and approved by the child's parents. This information will be detailed in the child's Medical Management Plan and the Medical Conditions Risk Minimisation Plan if appropriate, and the location of the child's medication for self-administration must also be noted and made available to educators.
- The service will record all instances of supervised self-administration of medication as per the Administration of Medication Policy.

## **Sources**

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**My Time, Our Place Framework for School Age Care**

**Asthma Australia**

National Asthma Organisation

Australasian Society of Clinical Immunology and Allergy [www.allergy.org.au](http://www.allergy.org.au)

Australian Diabetes Council

## Review

The policy will be reviewed annually by the Out of School Hours Care subcommittee of School Council.

<u>Ratification Date</u> December 2019	<u>Review Date</u> Year 2020	<u>Version Number</u> 3	<u>Date Produced</u> October 2015
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