



Out of School Hours Care & Vacation Care

Medical Conditions Policy

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

EYLF

LO3	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

Aim

Seaford District Community Children's Centre 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

Administration of First Aid Policy
Emergency Service Contact Policy
Emergency Management and Evacuation Policy
Enrolment Policy
Food Nutrition and Beverage Policy
Health, Hygiene and Safe Food Policy
Immunisation and Disease Prevention Policy
Incident, Injury, Trauma and Illness Policy
Infectious Diseases Policy
Privacy and Confidentiality Policy

Implementation

Seaford District Community Children's Centre 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 students 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 of 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.

Our service will implement the following communications plan to ensure that parents are reminded to advise of any changes which will impact the Medical Management Plan and Risk Minimisation Plan:

Parents and guardians can keep the service informed about any changes to their child's Medical Management Plan and Risk Minimisation Plan and Communication Plan for children at increased risk of medical emergencies (Anaphylaxis/Allergic reactions/Diabetes/Asthma/Epilepsy) by meeting with the Director and reviewing the existing plan and providing the centre with an updated Asthma, Diabetes, Anaphylaxis,

Allergic reaction or Epilepsy Management Plan completed by your child's registered medical practitioner.

The service will communicate with parents in person, via emails and telephone calls with regard to their child's Risk Minimisation Plan and Communication Plan for children at increased risk of medical emergencies.

Attachment A

- ***Risk Minimisation Plan and Communication Plan*** for children at increased risk of medical emergencies (Anaphylaxis/Allergic reactions/Diabetes/Asthma/Epilepsy)
Out of School Hours Care & Vacation Care

Information that must be provided in Enrolment Record

The Seaford District Community Children's Centre 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 and students at the service. Educators will be briefed by the director 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.

Please see Risk Minimisation Plan and Communication Plan

At our service each care group has a cupboard marked with a Red Cross symbol which holds a RED Health Support Plan Folder as well as the individual child's emergency medication. The RED folder has the child's medical management plan, risk minimisation and communication plan. This ensures the display of information meets privacy guidelines and is not accessible to visitors or other families.

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 provide support and information to all parents and other members of our community about resources and support for managing allergies, anaphylaxis asthma and diabetes.

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 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 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.
- 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 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.
- 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. 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 at home where possible.
 - 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.
 - ensure meals prepared at the service do not contain ingredients such as milk, eggs or nuts.
 - consult risk minimisation plans when making food purchases and planning menus.

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 body lotions, shampoos and creams 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 (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

<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 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.

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 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 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 called First Aid for Asthma Chart for under 12 years or Asthma First Aid in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet

<http://www.nationalasthma.org.au/uploads/content/22-NAC-First-Aid-for-Asthma-Chart-Kids-FINAL.pdf> or <http://www.asthmaaustralia.org.au/national/about-asthma/resources>

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 with approved asthma management training educator 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
 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.

Medical Conditions Risk Minimisation Plan: Epilepsy

Epilepsy is a disorder of brain function that takes the form of recurring convulsive or non-convulsive seizures. Epilepsy is not just one condition; rather it is a diverse family of disorders comprising many seizure types. 10% of the population are at risk of experiencing a seizure during their lifetime, while 3-4% will go on to be diagnosed with epilepsy.

Seizure management plans contain information with the aim to provide anyone, who may be present when your child experiences a seizure, with enough information to enable them to recognise your child's seizure and know how to best assist your child and keep them safe.

See <http://www.epilepsyaustralia.net/> for an online Australian information about explaining epilepsy and resources.

While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to ensure children with epilepsy do not suffer any adverse effects from their condition while at the service. This includes protecting the child's physical and emotional wellbeing during and after a seizure.

Our service will:

- ensure the first aid trained educator provides immediate first aid which will be outlined in the child's medical management plan.
- ensure key educators working directly with your child have specific epilepsy management training delivered by a credentialed practitioner including the Administration of Midazolam and documentation.
- Record any identified triggers or situations that make your child more vulnerable to experiencing a seizure. Include any strategy you may have to avoid exposure to identify individual trigger or what to do if your child has already been exposed.
- be aware that warning signs differ from person to person, some people never experience an aura or warning of an impending seizure. If your child experiences any warning or aura before a seizure provide a detailed description in the plan about what can be done in this situation.
- will follow Epilepsy Action Australia Seizure First Aid
- CALL AN AMBULANCE (000) IF ...
 - You are in any doubt about what to do
 - Injury has occurred
 - There is food/fluid/vomit in the persons mouth
 - The seizure occurs in water
 - The person has breathing difficulties after the seizure stops
 - Another seizure quickly follows

- The seizure lasts longer than 5 minutes
- The person is non-responsive for more than 5 minutes after the seizure ends

Educator Training and Qualifications

The approved provider must ensure that at least one educator attending the service :

- holds a current approved first aid qualification
- has undertaken current approved anaphylaxis management training and
- has undertaken current approved emergency asthma management training.

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

Supervised Self-Administration of Medication by Children over Preschool Age

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

Sources

Education and Care Services National Regulations 2011

National Quality Standard

Asthma Australia

National Asthma Organisation

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

Australian Diabetes Council

Out of School Hours Care and Vacation Care School Age Child

Risk Minimisation Plan and Communication Plan for children at increased risk of medical emergencies (Anaphylaxis/Allergic reactions/Diabetes/Asthma/Epilepsy)

The following procedures have been developed in consultation with the parent/guardian and implemented to help protect the child identified as at high risk of a medical emergency:

Childs Name _____ DOB _____ / ____ / ____

In relation to the child diagnosed at risk of:	Who is Responsible	Risk Management Strategies
<input type="checkbox"/> Current Medical Management Plan, identifying known allergens has been provided.	Parent	Action Plan provided before attendance
<input type="checkbox"/> Parents/guardians are aware that the child is unable to attend the program without their prescribed medication.	Parent / Educator	Ensure medication is at services otherwise child will not be able to attend
<input type="checkbox"/> Parent/guardian is informed that centre provides each site with a second auto injection device and Ventolin that may be administered by program staff as directed by an emergency medical advisor if required.	Educator	Inform guardians that SDCCC provide medicine to be administered in case of emergency ONLY.
<input type="checkbox"/> The prescribed medication expiry date has been checked at enrolment	Parent	Expiry date
<input type="checkbox"/> Staff at the centre the child is attending have checked prescribed medication expiry date quarterly.	Educator	Expiry date
<input type="checkbox"/> The child is allowed to eat healthy snacks that are provided at the program.	Educator/ Parent/ Child	Child is allowed to eat snacks provided.
<input type="checkbox"/> In cases where the child has a severe food allergy all food for this child should be checked and approved by the child's parent/guardian in accordance with their individual Risk Minimisation Plan.	Parent/ Guardian	Parent/Guardian to pack an appropriate lunch box.
<input type="checkbox"/> Drinks and lunch boxes, including any treats, provided by the parent/guardian for this child should be clearly labeled with the child's name.	Parent/ Guardian/ Child	Lunch Box and Drinks clearly labeled before attending program
<input type="checkbox"/> There should be no trading or sharing of food, food utensils and containers with this child.	Child/Educator	Discuss at program with children and educators

<input type="checkbox"/> In extreme circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.	Educator	Ensure child is safe from allergens while maintaining a social environment at all times. Hand washing before and after eating. Tables sanitised, hygiene practices.
<input type="checkbox"/> Parents/guardians are aware that every child attending the service with a medical management plan will have a current Action Plan and identifying photo displayed in the main room of the venue.	Parents/ Educators	The children's safety overrides privacy laws, Action plan with photo will be displayed.
<input type="checkbox"/> Supervision will be increased for children at risk of a severe allergic reaction on special occasions i.e. during excursions and workshops.	Educators	Children to be monitored at a higher level when risk is increased.
<input type="checkbox"/> Ensure tables and bench tops are washed down and sanitised before and after eating.	Educators	Educators to follow standard practices.
<input type="checkbox"/> Some food, food containers, boxes and packaging in crafts, cooking and science experiments, may be restricted depending on the allergens/triggers of the children attending the service at the time.	Educators	Where necessary and practical allergens and triggers will be removed from service
<input type="checkbox"/> Foods used in activities, should be consistent with the risk minimisation plan and will be discussed with the parent/guardian of a child at risk of a severe medical reaction such as anaphylaxis, asthma and diabetes	Educators	Educators awareness will ensure the activities are appropriate for children at program.
<input type="checkbox"/> Food must be consumed in designated areas and all children will be closely supervised at meal and snack times.	Educators	Keep food to designated areas
<input type="checkbox"/> The Risk Minimisation Plan will inform the children's services food purchases and menu planning.	Educators	Increased supervision during food activities to support the needs of the child.
<input type="checkbox"/> All parents/guardians will be asked not to send food containing ingredients containing allergens that have been identified as a potential trigger; as specified in a child's Risk Minimisation Plan.	Parents/ Guardian	Parents to follow appropriate policies.

Communication Plan DIVISION. 3 -Part -4.2 Regulation: 90 C IV

The Director is responsible for managing and maintaining regular updates about the anaphylaxis, sourcing information for all staff regarding children who may be at risk of anaphylaxis in care. This includes reviewing all policy documents annually.

The Director with administration support is responsible for ensuring that a current Medical Management Policy and Communication Plan is developed and distributed to all parents and staff. Individual communication plans will be developed in conjunction with parents/guardians and will provide information to guide all staff, children, students and parents/guardians in the management of the medical condition including potential triggers, relevant medication and the appropriate first aid response.

The parent/guardian is responsible for informing the Seaford District Community Children's Centre Out of School Hours Care and Vacation Care Director of any changes to the Child's Risk Minimisation Plan and Anaphylaxis Medical Management Plan.

The Staff will inform families and the service community that a child at risk of anaphylaxis is in care and will endeavor to ensure that the items identified in the Medical Management Policy, Anaphylaxis Management Plan and Risk Minimisation Plan are not present in the program.

Parents Additional Comments/Instructions: i.e. please note here if the child is to self administer medication.

I have received a copy of Seaford District Community Children's Centre Out of School Hours and Vacation Care Anaphylaxis and Allergies in Children Policy and have read and agree to the conditions of the Risk Minimisation Plan.

This Plan was developed / reviewed in consultation with the parent/guardian on

___/___/___, ___/___/___, ___/___/___ and ___/___/___.

Name

Signature of Parent/Guardian:

Printed name:.....

Signature SDCCC Staff:..... Date: