



# Medical Conditions Policy Long Day Care

## NQS

QA2	2.1.1	Health - Each child's health and physical activity is supported and promoted.
	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

## 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 Medication 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
Staffing Arrangements 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 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.

The Director, Assistant Director and educators will provide support and information to families about 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 and the nature of the allergen will be displayed so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the notice will not name the child.

The Director and Assistant Director 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**, even if there are no children diagnosed at risk of anaphylaxis at the service at the time.

If there are children with diabetes at the service, the Director and Assistant Director will ensure first aid trained educators receive regular training in the use of relevant devices eg insulin injection device (syringes, pens, pumps) used by children.

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

### **Medical Management Plan**

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

Families must:

- advise details of specific health care needs or medical conditions including asthma, diabetes and allergies, and whether the child has been diagnosed at risk of anaphylaxis
- provide a Medical Management Plan prepared by the child's doctor in respect of any specific health care needs or medical conditions. The Plan should:
  - include a photo of the child
  - state what triggers the allergy or medical condition if relevant
  - state first aid needed
  - contact details of the doctor who signed the plan
  - state when the Plan should be reviewed
  - have supporting documentation if appropriate

### **Medical Conditions Risk Minimisation Plan**

The Director, Assistant Director and Team leaders will prepare and implement a medical conditions risk minimisation plan in consultation with families which is informed by the child's Medical Management Plan. The Plan will include measures to ensure:

- any risks are assessed and minimised
- practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented if relevant (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.

This plan will be signed by parents, the Director or Assistant Director and relevant educators. We have a template resource for this purpose titled '**Medical Conditions Risk Minimisation Plan**'.

The Medical Management and Risk Minimisation plans are stored in each care group in the cupboard marked with a Red Cross symbol which holds a **RED Health Care Plan & First Aid 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.

The medical plans will also be taken on any excursions.

## **Medical Conditions Communication Plan**

The Director will implement a medical conditions communication plan to ensure that relevant educators and staff volunteers:

- understand the 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

The Director will also ensure the medical conditions communication plan sets out how parents may advise changes to their child's medical management and risk minimisation plans. The Nominated Supervisor will regularly remind families to update their child health and medical information as outlined in the Plan.

The plan will be signed by parents, the Nominated Supervisor and relevant educators. We have a template resource for this purpose titled '**Medical Conditions Communication Plan.**'

The Director will ensure:

- any new information is attached to the child's Enrolment Form and medical plans where relevant and shared with relevant educators, staff and volunteers
- displays about a child's health care needs or medical conditions are updated.

## **Anaphylaxis/Allergy Management: Medical Conditions Risk Minimisation Plan**

While not common, anaphylaxis is life threatening. It 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 an 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 often caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.

To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, educators and staff will:

- ensure children do not 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.
- sensitively seat a child with allergies at a different table if food is being served that he/she is allergic to, so 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 if there is a child diagnosed at risk of anaphylaxis from a milk allergy
- closely supervise all children at meal and snack times, ensure food is eaten in specified areas and children are not permitted to 'wander around' the service with food

The Director will also:

- instruct educators and staff on the need to prevent cross contamination
- consider requesting parents to not send food that contains highly allergenic elements, even if their child does not have an allergy eg by placing a sign near the front door reminding families about this. In the case of a nut allergy this may prevent, for example, parents 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

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 service eg there will be traces of nuts in many products. **For this reason, we are a nut aware service rather than a nut free service.**

- consider the food allergies of all children. It may not be practical to prohibit all foods triggering food allergies. Nut allergy is the most likely to cause severe reaction and will take precedence
- consider requesting parents of children with (severe) food allergies to prepare food for the child 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 and organise training as required eg careful cleaning of food preparation areas and utensils, use of different tools and equipment for allergic children
- ensure meals prepared at the service do not contain ingredients like nuts, and other allergens including eggs and milk if appropriate

- ensure food preparation staff 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 eg EpiPens
- encourage all educators to undertake anaphylaxis management training
- ensure all educators administer medication in accordance with our “Administration of Medication Policy”
- ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an anaphylactic reaction, and implement improvements if possible

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.

Educators will ensure that body lotions, shampoos and creams used on allergic children are approved by their parent.

The service will display an Australasian Society of Clinical Immunology and Allergy inc (ASICA) 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 (see [www.allergy.org.au](http://www.allergy.org.au))

Educators will react rapidly if a child displays symptoms of anaphylaxis and will:

- lay child flat or seat them if breathing is difficult (child will not be allowed to walk or stand)
- ensure a first aid trained educator with approved anaphylaxis training administers first aid in line with the child’s medical management plan. This may include use of an adrenaline autoinjector device eg EpiPen® and CPR if the child stops breathing in line with the steps outlined by ASICA in the Action Plan for Anaphylaxis (see [www.allergy.org.au](http://www.allergy.org.au))
- call an ambulance immediately by dialling 000

SDCCC will ensure that the **auto-injection** device kit is stored in a the **first aid cupboard in Pirlta** a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), and is inaccessible to children, and away from direct sources of heat.

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

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

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 for example,

- implement wet dusting to ensure dust is not stirred up
- plan different activities so children are not exposed to extremes of temperature eg cold outdoors and warm indoors
- 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 Director will also:

- consider banning certain plants and vegetation from the outdoor and indoor environments
- consider children's asthma triggers before purchasing service 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 service will display a National Asthma Council Australia Action Plan Poster in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet (see [www.nationalasthma.org.au](http://www.nationalasthma.org.au))

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, educators 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 National Asthma Council Australia Action Plan:

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
  - Give 1 puff at a time with 4-6 breaths after each puff
  - Repeat until 4 puffs have been taken
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

The service will ensure that an Emergency Asthma First Aid Kit is stored in the **first aid cupboard in Pirlta**, a location that is known to all staff, including relief staff, easily accessible to adults (not locked away) and is 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.

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

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.

Type 2 diabetes is often described as a 'lifestyle disease' because it is more common in people who are overweight and don't exercise enough. 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 (they may have a "hypo") if their 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



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

The Director will also ensure information about the child's diet including the types and amounts of appropriate foods as outlined in the child's Medical Management Plan is considered when preparing service menus.

If a child is displaying symptoms of a "hypo" a first aid trained educator 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 eg 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 eg slice of bread, glass of milk, piece of fruit

If a child is displaying severe hypoglycaemia (eg they're 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.

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

## 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](http://www.allergy.org.au)**

**Australian Diabetes Council**

## Long Day Care

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

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"/> Is the child is allowed to eat healthy snacks that are provided at the program?	Educator/ Parent/ Child	Yes  No
<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/  Educator to check	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.	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 each of the <b>5 Red Children's Health Care Plans First Aid Folders</b>	Parents/ Educators	The children's safety overrides privacy laws, Action plan with photo will be displayed at parents request.
<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.	Director Educator Parents	Director to inform families of identified risk  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 Medical Conditions 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: .....