



Medical Conditions Policy

Introduction

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 wellbeing of all children at this service. Our service is also committed to ensuring our 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 at all times. Providing families with ongoing information about medical conditions and the management of such is of high importance.

To support children's wellbeing and manage precise health requirements, our Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are developed and implemented.

Our education and care service will minimise the risks around medical conditions in children by:

- Collaborating with families of children with diagnosed medical conditions to develop a risk minimising plan for their child;
- Informing all staff, educators and volunteers of all children diagnosed with a medical condition and the risk minimising 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 minimising plan;
- Ensuring all children with diagnosed medical conditions have a current risk minimisation plan that is accessible to all staff; and
- Ensuring that 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.

ENROLMENT OF CHILDREN INTO 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 for 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 minimised; and
 - 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.
- Ensure that all staff and educators are aware of the medical management plan and risk minimisation plan
- Ensure that all staff are adequately trained in procedures contained in the medical management plan; and
- 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 that 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

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.

Management of asthma and anaphylaxis

The Nominated Supervisor will:

- Ensure that staff are adequately trained in the management of asthma and anaphylaxis.
- Ensure that staff are trained in the administration of emergency medication such as the Epi-pen or asthma medication.

Educators and Staff will:

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

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 Medical 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; and
- Provide parents with a copy of the Medication Record.

Evaluation

Educators respond in an effective manner to all medical conditions.

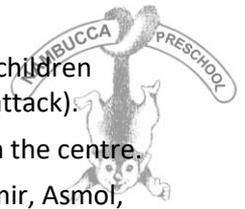
Documentation is completed and filed

Regular reviews of procedures and policy are implemented.

Management of Asthma:

Management will:

- Identify children with asthma during the enrolment process.
- Provide families with a copy of the Asthma Policy upon enrolment.
- Provide all staff with a copy of the Asthma Policy and brief them on asthma procedures upon their appointment to the Children's Service.
- Provide opportunity and encouragement for staff to attend regular asthma training and ensure that at least one staff member responsible for first aid who has completed certified asthma training (Emergency Asthma Management) is on duty whenever children are being cared for or educated, including off site excursions.
- Provide an Asthma Record to all families of children with asthma upon enrolment. The completed Asthma Record is to be returned promptly, reviewed annually and kept in a central location.



- Ensure that all staff are informed of the children with asthma in their care.
- Formalise and document the internal procedures for Asthma First Aid, for both children with a diagnosis of asthma, and those with no known diagnosis of asthma (first attack).
- Ensure that at least one Asthma First Aid poster is displayed in each playroom in the centre.
- Ensure that the Asthma Emergency Kit contains a blue reliever puffer (e.g. Airomir, Asmol, Epaq or Ventolin), a spacer device and child mask if necessary and concise written instructions on Asthma First Aid procedures.
- Provide a mobile Asthma Emergency Kit for use on activities outside the Children's Service.
- Identify and, where possible, minimise asthma triggers.
- Encourage open communication between families/ guardians 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 Asthma First Aid training.
- Ensure that they are aware of the children in their care with asthma.
- In consultation with the family, optimise the health and safety of each child through supervised management of the child's asthma.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the Child's Asthma Record.
- Administer emergency asthma medication if required according to the child's Asthma Record. If no Asthma Record is available, the Standard Asthma First Aid Plan should be followed immediately.
- Document the use of medication according to service policy and notify parents/carers
- Promptly communicate, to management and families, any concerns about the child's asthma limiting his/her ability to participate fully in all activities.
- Provide families with the contact details of the Asthma Foundation if further asthma advice is needed.
- Regularly maintain all asthma components of the first aid kit to ensure all medications are current and any asthma devices are cleaned after each use and ready to use.
- Identify and, where possible, minimise asthma triggers.

Families will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Asthma Record as provided by the child's doctor.
- Notify the staff, in writing, of any changes to the Asthma Record during the year.
- Ensure that their child has an adequate supply of appropriate medication (reliever) and spacer device clearly labelled with the child's name including expiry dates.
- Communicate all relevant information and concerns with staff as the need arises e.g. if asthma symptoms were present during the night.

Asthma First Aid

A children's service should have an Asthma Emergency Kit available for use in case of:

- An emergency where a child has difficulty breathing
- A child's first attack of asthma
- A child's own asthma reliever puffer is unavailable, expired or empty.



AND

All staff should be aware of how to deliver the Asthma First Aid Plan.

Each kit should contain a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin), a spacer device, instructions for use, and 70% alcohol swabs for cleaning.

If a child has difficulty breathing or their asthma deteriorates, administer Asthma First Aid according to either:

- The Child's Asthma Record First Aid Plan as signed by the family and/or doctor's written instructions

OR

- The Asthma First Aid Plan.

If a child has difficulty in breathing and there is no notification on any written communication from the parents/guardian about them having asthma; call an ambulance immediately, follow the Asthma First Aid Plan and contact the parents immediately.

No harm is likely to result from giving a reliever puffer to someone without asthma.

Asthma First Aid Plan

Step 1: Sit the child upright and remain calm and provide reassurance. Do not leave the child alone.

Step 2: Give 4 puffs of a blue reliever (Airomir, Asmol, Epaq or Ventolin), one puff at a time, preferably through a spacer device. Ask the child to take 4 breaths from the spacer after each puff.

Step 3: Wait 4 minutes.

Step 4: If there is little or no improvement, repeat steps 2 and 3.

- If there is still little or no improvement, call an ambulance immediately (Dial 000).
- Continue to repeat steps 2 and 3 while waiting for the ambulance.
- If the child's condition suddenly deteriorates, or you are very concerned, call an ambulance immediately.

In an emergency the blue reliever puffer can be accessed from the Asthma Emergency Kit or borrowed from another child.

- ✓ Record any asthma incident and file the completed form with all incident reports.
- ✓ Notify the family and advise them of actions taken.

Management of Anaphylaxis:

Conduct an assessment of the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service.

Ensure a notice is displayed stating that a child with anaphylaxis attends the centre

The Nominated Supervisor will:

- Ensure there is a section on the enrolment form for parents/carers to fill in any allergies their child may have. If the child has severe anaphylactic reactions, ask the parent/carer to provide a medical management action plan signed by a Registered Medical Practitioner.
- Ensure that a complete auto injection device kit (epi-pen) is provided by the parents/carers for the child while at the service.
- Ensure that staff members on duty whenever children are present at the service have completed emergency anaphylaxis management training
- Ensure that 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.
- 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 regarding the current status of the child's allergies.
- Display the action plan in a key location at the service.
- Ensure that a child's individual anaphylaxis medical management action plan is inserted into the child's enrolment folder.
- Ensure that all staff know the location of the anaphylaxis medical management plan and that a copy is kept with the epi-pen.
- Ensure that the staff member accompanying children outside the service carries the epi-pen and a copy of the anaphylaxis management plan.

Staff responsible for the child at risk of anaphylaxis shall:

- Ensure a copy of the child's anaphylaxis medical management action plan (AMMAP) is visible and known to all staff.
- Follow the child's AMMAP in the event of an allergic reaction, which may progress into anaphylaxis.
- In the situation where a child who has not been diagnosed as allergic, but appears to be having an anaphylactic reaction:
 - ❖ Call an ambulance immediately by dialling 000.
 - ❖ Commence first aid measures
 - ❖ Contact the parent /carer
 - ❖ Contact the emergency contact if parents/carers cannot be contacted.
- Ensure that the epi-pen is stored in a location that is known to all staff, including relief staff, easily accessible to adult (not locked away) and inaccessible to children.
- Ensure that epi-pen and a copy of the AMMAP is carried by a staff member on all excursions.
- Regularly check the epi-pen's expiry date.
- Provide information to parents and the community about resources to support the management of anaphylaxis.

Families will:

- 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 plan signed by the registered medical practitioner giving written consent to use the auto-injection device in line with the action plan.
- Provide staff with an auto injection device kit and regularly check the 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 relating to the health of the child.
- Comply with the service's policy that no child who has been prescribed an auto injection device is permitted to attend the service or its programs without that device.

Management of Diabetes:

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.



This Diabetes Management Policy aims to:

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

The Approved Provider will:

- Encourage all staff to complete senior first aid training and any other relevant training required to provide appropriate care to the child.

The Nominated Supervisor will:

- Provide staff with a copy of this policy.
- Ensure at least one staff member who has completed accredited senior first aid training is on duty at all times.
- Ensure all enrolment forms have an area for serious illnesses.
- Identify children with diabetes during the enrolment process and inform staff.
- Provide families thus identified with a copy of this policy and Diabetes Care Plan upon enrolment and diagnosis.
- Ensure the Diabetic Care Plans have information for the child's Diabetic Management and outline what to do in relation to any Diabetic Emergency the child might face.
- Ensure families provide the service with the child's testing kit and hypo pack if required.
- Store diabetic care plans in the child's enrolment folder.
- Encourage open communications between families and staff regarding the status and impact of a child's diabetes; and
- 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 they maintain current first aid training
- Ensure they are aware of children in their care with diabetes.
- Ensure they are aware of symptoms and signs and the emergency treatment of low blood glucose levels:
- Call an ambulance if they feel emergency treatment is required:
- Ensure, thorough 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 the child's *Diabetes Care Plan* is followed at all times.
- 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
- Ensure that children with diabetes are treated the same as all other children.

Families will:

- Inform staff, either upon enrolment or on the initial diagnosis, that their child has diabetes;

- Provide all relevant information regarding their child’s diabetes via a written Diabetes Care Plan, which should be provided to the centre within 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 Diabetic Care 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; and
- Ensure, in consultation with staff, the health and safety of their child through supervised management of the child’s diabetes.



NATIONAL QUALITY STANDARD (NQS) QUALITY AREA 2: CHILDREN’S HEALTH AND SAFETY		
2.1	Health	Each child’s health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW NSW - EDUCATION AND CARE SERVICES NATIONAL REGULATIONS:	
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

Source

- Education and Care Services National Regulation
- National Quality Standards
- Occupational Health and Safety Act
- Revised National Quality Standards

Reviewed Date	By Whom
20/05/2019	Debbie Rix