

# Medical Conditions



Date last reviewed: October 2015

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

## **Goals - What are we going to do?**

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

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

## **Strategies - How will it be done?**

### **Enrolment of children into the centre**

**The Nominated Supervisor (Centre Director) 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 policy;
- Inform parents of the requirement to provide the service with a medical management plan of their child's condition;
- Collaborate with families of children with medical conditions to develop a risk minimisation plan to ensure the child's safety and wellbeing:
  - to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
  - if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
  - if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; 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; and
  - if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and

- Ensure that all staff and educators are aware of the medical management plan and risk minimisation plan;
- Ensure that staff are adequately trained in procedures contained in the medical management plan; 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 (Centre Director) and Administration Officer will:**

- Ensure all medical management and risk minimisation plans are accessible to all staff;
- Ensure that all plans are current and kept up to date;
- 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;
- Ensure that parents can communicate and update any changes to the medical management plan and risk minimisation plan as needed.

### **Educators and staff will:**

- Ensure they are aware of enrolled children with medical conditions and be familiar with the medical management and risk minimisation plans of each child diagnosed with a medical condition;
- Complete with the parent/guardian the Medical Condition Risk Minimisation Communication to ensure that information relevant to the child's condition is communicated clearly and acknowledged by all educators working directly with the child;

## **Management of asthma and anaphylaxis**

### **The Nominated Supervisor (Centre Director) will:**

- Ensure that all staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies; and
- Ensure that all staff are adequately 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 Nominated Supervisor (Centre Director) or Responsible person will:**

- Provide a copy of the Medication Record to medical staff in the event further medical intervention is required.

### **Educators and staff will:**

- Complete a Medication Form when a child receives emergency medication; and
- Will provide parents with a copy of the Medication Form to sign

## **Policy Availability**

- The medical conditions policy will be readily accessible to all educators, staff, families and visitors, and ongoing feedback on this policy will be invited.

## **Evaluation**

- Educators respond in an effective manner to any medical conditions incident, and documentation is completed, shared, and stored as appropriate;
- Plans to effectively manage medical are developed in consultation with families, and implemented; and

- Regular reviews of procedures and policy are implemented.

## **Asthma Management**

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

### **Introduction**

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

### **Goals - What are we going to do**

This *Asthma Policy* aims to:

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

### **Strategies - How will this be done?**

**The Approved Provider will:**

- Provide *Emergency Asthma Management Training* to all staff

**The Nominated Supervisor (Centre Director) will:**

- Provide staff with a copy of this policy and brief them on asthma procedures upon their appointment;
- Ensure at least one staff member who has completed accredited asthma training is on duty whenever children are present at the service;
- Ensure all enrolment forms contain the question: "Has your child ever had asthma?";
- Identify children with asthma during the enrolment process and inform staff;
- Provide families thus identified with a copy of this policy and Asthma Action Plan upon enrolment or diagnosis;
- Complete a Medical Condition Risk Minimisation Plan with the parent/guardian and have both parties sign the form. Educators in the child's room are also required to sign this plan.
- Store *Asthma Action Plans and Medical Condition Risk Minimisation Plan* in the following areas: copy in centre fact file, copy with child's medication form in room, original to be placed in the child's enrolment folder and child's name listed on the centre Asthmatic list inside every cupboard;
- Formalise and document the internal procedures for emergency *Asthma First Aid*;
- Ensure that an emergency *Asthma First Aid* poster is displayed in key locations;
- Ensure that the *First Aid Kit* contains a blue reliever medication (e.g. Airomir, Asmol, or Ventolin), a spacer device, face mask, concise written instructions on *Asthma First Aid* procedures and 70% alcohol swabs;
- Ensure that an accredited staff member correctly maintains the asthma component of the *First Aid Kit* (eg. regular checks of expiry dates on medication);

- Provide a mobile *Asthma First Aid Kit* for use on excursions;
- Encourage open communication between families and staff regarding the status and impact of a child's asthma; and
- Promptly communicate any concerns to families should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

**Staff will:**

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

**Families will:**

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

**Children will:**

- Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

## **Anaphylaxis Management**

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### **Goals - What are we going to do?**

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

### **Strategies – How will this be done?**

#### **The Approved Provider will:**

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

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

- Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and complete a Medical Condition Risk Minimisation Plan in consultation with staff and the families of the child/ren; and
- Ensure that a notice is displayed prominently in the main entrance of the service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service.

**The Nominated Supervisor (Centre Director) will:**

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

**Staff responsible for the child at risk of anaphylaxis shall:**

- Ensure a copy of the child’s anaphylaxis medical management action plan is visible and known to staff in a service;
- Ensure all educators working directly with the child have read and signed the Medical Condition Risk Minimisation Plan;
- Educators to utilise the Medical Condition Risk Minimisation Communication form for communication between the service and the family regarding any change in condition;
- Follow the child’s anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis;
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  - Call an ambulance immediately by **dialling 000**
  - Commence **first aid** measures
  - Contact the parent/guardian
  - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and “anaphylaxis scenarios” on a quarterly basis;
- Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat;
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member on all excursions;
- Regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month); and
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.

**Parents/guardians of children shall:**

- inform staff at the children’s service, either on enrolment or on diagnosis, of their child’s allergies;
- Develop an anaphylaxis risk minimisation plan with service staff;
- Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan;
- Provide staff with a complete auto-injection device kit;
- Regularly check the adrenaline auto-injection device expiry date;
- Assist staff by offering information and answering any questions regarding their child’s allergies;
- Notify the staff of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes;
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child and utilise the Medical Condition Risk Minimisation Communication form; and

- Comply with the service’s policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device.

## **Diabetes Management**

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### **Introduction**

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

### **Goals – What are we going to do**

This Diabetes Management Policy aims to:

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

### **Strategies – How will this be done?**

**The Nominated Supervisor (Centre Director) will:**

- Provide staff with a copy of this policy and brief them on diabetes procedures upon their appointment;
- Ensure at least one staff member who has completed accredited senior first aid training is on duty whenever children are being cared for or educated;
- Ensure all enrolment forms contain the question: “*Has your child been diagnosed with diabetes?*”;
- Identify children with diabetes during the enrolment process and inform staff;

- Provide families thus identified with a copy of this policy and Diabetes Action plan upon enrolment or diagnosis; (a *Diabetes Action Plan* template can be downloaded from [www.chess.sa.edu.au/Pathways/diabcareplanjune2009.doc](http://www.chess.sa.edu.au/Pathways/diabcareplanjune2009.doc))
- Ensure that each *Diabetes Action Plans* are received for each child with a diagnosis of diabetes that contain information for the child's *Diabetic Management* and outline what do in relation to any *Diabetic Emergency* the child might face;
- Complete a Medical Condition Risk Minimisation Plan and have both the Director or educator and the child's parent/guardian sign it;
- Ensure families provide the service with the child's testing kit and hypo pack if required;
- Store *Diabetes Action Plans* in the child's enrolment record;
- Formalise and document the internal procedures for emergency Diabetes treatment;
- Encourage open communication between families and staff regarding the status and impact of a child's diabetes; 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 that they maintain current accreditation in first aid;
- Ensure that they are aware of the children in their care with diabetes;
- Ensure that they are familiar with the symptoms of signs and symptoms and the emergency treatment of a low and high blood glucose level;
- Call an ambulance if they feel emergency treatment is required;
- All educators that work directly with the child need to read and sign the Medical Condition Risk Minimisation Plan;
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's diabetes;
- Where necessary, modify activities in accordance with a child's needs and abilities;
- Ensure that a child's *Diabetes Action Plan* is followed at all times;
- Support ongoing communication with the family both verbally and through the Medical Condition Risk Minimisation Communication form;
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities. ; and
- Ensure that children with diabetes are treated the same as all other children.

**Families will:**

- Inform staff, either upon enrolment or on initial diagnosis, that their child has diabetes;
- Provide all relevant information regarding their child's diabetes via a written Diabetes Action Plan, which should be provided to the centre within seven (7) days of enrolment;
- Keep the child's testing kit and hypo pack updated as required;
- Complete Medical Condition Risk Minimisation Plan with Director or educator and sign;
- Notify the Nominated Supervisor, in writing, of any changes to the *Diabetes Action Plan* during the year;

- Ensure that they comply with all requirements and procedures in relation to the Medications Record;
- Communicate all relevant information and concerns to educators as the need arises both verbally and through the Medical Condition Risk Minimisation Communication form ; and
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's diabetes.