

Medical Conditions:

- Medical conditions – asthma management
- Medical conditions – anaphylaxis management
- Medical conditions – diabetes management

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. Weldon Children's Services is committed to a planned approach to the management of medical conditions to ensure the safety and wellbeing of all children at this service. We are 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.

Our policy in action

Our school age and early childhood programs will minimise the risks around medical conditions 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 the 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
- Ensuring all staff are adequately trained in the administration of emergency medication

Statutory legislation and considerations

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011

Strategies for policy implementation

As the approved provider we will:

- Ensure the nominated supervisor fulfills their responsibilities in the management of medical conditions

Enrolment of children into our programs

The nominated supervisor will:

- Ensure that any parent with a child enrolled at the service that has a specific health care

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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 of their child's condition that is signed by a medical doctor
- Collaborate with families of children with medical conditions to develop a risk minimisation plan to ensure the child's safety and wellbeing to and that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimized to:
 - ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented
 - ensure that practices and procedures are in place that ensure parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
 - 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 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
- 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
- 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 all medical management and risk minimisation plans are accessible to all staff;
- Ensure that all anaphylaxis plans are reviewed annually and plans are current and kept up to date
- Ensure that all asthma plans are reviewed every two years and plans are current and kept up to date
- Ensure that all other medical plans are reviewed at least annually, 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
- Update the communication plan as needed

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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
- Consult the communication plan to ensure they are aware of their communication responsibilities

Management of asthma and anaphylaxis

The nominated supervisor will:

- Ensure that at a minimum one staff member who holds an approved emergency asthma and anaphylaxis qualification is present at the program at all times that children are attending
- Ensure that educators/staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies
- Ensure that all educators/ staff are adequately trained in the administration of emergency medication such as the Epi-Pen or asthma medication

Our educators and staff will:

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

Documentation and Record Keeping

As the approved provider we will:

- Ensure records are confidentially stored for the specified period as required by the Regulation

Our nominated supervisor will:

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

Our educators and staff will:

- Complete a Medication Record when a child receives emergency medication
- Provide parents with a copy of the Medication Record

Families will:

- Provide a professional medical action plan signed by a medical doctor
- Provide updated plans and communicate changes, when they occur, to the Nominated Supervisor
- Provide a reviewed and updated anaphylaxis plan at least annually
- Provide a reviewed and updated asthma plan at least once every two years
- Provide permission for your child to self-administer for asthma
- Sign the enrolment agreement and continuation of enrolment agreements to acknowledge you have read and agreed to this policy

Policy Availability

- This policy will be readily accessible to all educators, staff, families and visitors, and ongoing feedback on this policy will be invited

Review

- Management and staff will monitor and review the effectiveness of this policy regularly. Updated information will be incorporated as required

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
- Regular reviews of procedures and policy are implemented

Procedures

The following list of procedures supports the implementation of this policy:

- Medication Authorisation
- Enrolment form
- Emergency Action Plan
- Risk Minimisation Plan – from medical practitioner for Asthma and Anaphylaxis
- Health Management Plan

Links to other policies

The following policies may be linked to this policy:

- Accidents, Emergencies and First Aid
- Enrolment and Orientation
- Health Hygiene and Infection Control
- Partnerships and Communication with Families

The National Quality Framework

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011: 90, 91, 92, 93, 94, 136, 162, 168, 246,

National Quality Standard for Early Childhood Education and Care and School Age Care Standard 2.1: Element 2.1.1

Sources

- Community Child Care Cooperative NSW – NQF Policies in a Box
- PSC National Alliance – IPSP Online Library - policies

Policy Details

Policy Number:

Date reviewed February 2018

Date for next review: February 2019

Medical Conditions – Asthma Management

Asthma Management

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

Policy 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.

Our policy in action

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
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma

Statutory legislation and considerations

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011

Strategies for policy implementation

As the approved provider we will:

- Provide *Emergency Asthma Management Training* to all staff

Our nominated supervisor will:

- Provide staff with a copy of this policy and brief them on asthma procedures upon their appointment
- Ensure at least one educator/staff member who has completed approved asthma emergency training is present whenever children are in attendance at the program
- 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 an *asthma action plan* upon enrolment or diagnosis
- Store the Asthma Action Plans in the child's enrolment record

- 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
- 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

Our educators and 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
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's asthma
- Identify and, where practical, minimise asthma triggers
- 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
- 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*, signed by a medical doctor, which is to be provided to the centre within seven (7) days of enrolment
- Notify the nominated supervisor, in writing, of any changes to the *asthma action plan* during the year
- Provide an updated written *asthma action plan*, signed by a medical doctor at least every two years
- 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*

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record

- Provide written permission for your child to self-administer medication for asthma
- Communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous evening)
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma

Our children will:

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

Medical Conditions – Anaphylaxis Management

Policy introduction

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 medication.

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.

Weldon Children's Services recognises the importance of all educators/staff responsible for the child/children 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.

Staff/educators 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/educators should not have a false sense of security that an allergen has been eliminated from the environment. Instead the approved provider 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.

Our policy in action

We will:

- Minimise the risk of an anaphylactic reaction occurring while the child is in our care
- Ensure that educators/staff respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device
- Raise the our community's awareness of anaphylaxis and its management through education and policy implementation

Statutory legislation and considerations

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011

Strategies for policy implementation

As the approved provider we will:

- Work towards all educators/staff members holding an approved first aid and anaphylaxis management qualification which will be renewed at least every three years



- Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis attending a Weldon program
- In programs where a child is at risk of anaphylaxis is enrolled:
 - conduct an assessment of the potential for accidental exposure to allergens while the child/children at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with staff and the families of the child/children
 - 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

Our nominated supervisor 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 Doctor 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
- Ensure that at least one educator/staff member who has completed an approved emergency anaphylaxis management qualification is present whenever children are in attendance at the program
- Ensure that practice of the adrenaline auto-injection device is undertaken on a quarterly basis and recorded
- 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 program 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
- Display an Australasian Society of Clinical Immunology and Allergy Inc (ASCI) generic poster called *action plan for anaphylaxis* in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet

- Ensure that a child's individual *anaphylaxis medical management action plan* is signed by a Registered Medical Doctor 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 the a child's individual *anaphylaxis medical management action plan* signed by a Registered Medical Doctor is updated at least annually
- Ensure that all staff in a service know the location of the *anaphylaxis medical management plan* and that a copy is kept with the *auto-injection device kit*
- 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.

Our educators and staff responsible for a child at risk of anaphylaxis will:

- Ensure a copy of the child's *anaphylaxis medical management action plan* is visible and known to all staff at the program
- Follow the child's *anaphylaxis medical management action plan* in the event of an allergic reaction, which may progress to anaphylaxis
- In the situation that a child who has not been diagnosed as allergic but who appears to be having an anaphylactic reaction:
 - call an ambulance immediately by dialing **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)
- Provide information to the service community about resources and support for managing allergies and anaphylaxis

Our families will:

- Inform the coordinator/responsible person at the Weldon program, either on enrolment or on diagnosis, of their child's allergies
- Develop an *anaphylaxis risk minimisation plan* with Weldon staff

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- Provide educators/staff with an anaphylaxis medical management action plan signed by the Registered Medical Doctor giving written consent to use the auto-injection device in line with this action plan
- Provide educators/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;
- Provide educators/staff with an updated anaphylaxis medical management action plan signed by the Registered Medical Doctor at least annually
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child; 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.

Medical Conditions – Diabetes Management

Policy introduction

The management of a child's diabetic condition is dependent upon coordination between our program, the child's family and the child's doctor. Our program 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.

Our policy in action

The Diabetes Management Plan aims to:

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

Strategies for policy implementation

As the approved provider we will:

- Encourage all staff to complete senior first aid training

Our nominated supervisor 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 attending one of our programs
- 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 a **diabetes care plan** upon enrolment or diagnosis
- Ensure that each **diabetes care plan** signed by the child's Medical Doctor is received for a child with a diagnosis of diabetes and contains information for the child's diabetic management and outlines 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 **diabetes care 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

- 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

Our educators and 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 blood glucose level
- Call an ambulance if they feel emergency treatment is required
- 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 care plan* is followed at all times
- 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
- Ensure that children with diabetes are treated the same as all other children

Our 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 care plan*, signed by the child's Medical Doctor, which is to be provided to the centre within seven (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 *diabetes care plan* during the year
- Provide an updated written *diabetes care plan*, signed by the child's Medical Doctor at least annually
- 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
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's diabetes

The National Quality Framework

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011: 90,168 (2) (d),

National Quality Standard for Early Childhood Education and Care and School Age Care:

QA 2 Standard 2.1: Element 2.1.2 and 2.1.3 Standard 2.2: Element 2.1.1, 2.2.2 and 2.2.3

Early Years Learning Framework

Framework for School Age Care: My Time Our Place

Policy Details

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