

## Medical Conditions Policy

### Policy introduction

To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical condition Weldon will work following the Education and Care Services National Regulations to ensure health-related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency should they arise.

This policy underpins the following Medical Conditions Policies:

- [Medical conditions – asthma management](#)
- [Medical conditions – anaphylaxis management](#)
- [Medical conditions – diabetes management](#)

### Our policy in action

Weldon is committed to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical requirements conditions. Several concerns must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled.

### The Approved Provider / Nominated Supervisor responsibilities:

- To ensure families provide required information on their child's health care need, allergy, or relevant medical condition, including:
  - medication requirements
  - allergies
  - medical practitioner contact details
  - medical management plan
- To ensure a child with a life-threatening condition such as asthma, anaphylaxis and diabetes are not enrolled at, nor will attend a Weldon program without a medical management plan and prescribed medication by their medical practitioner, and a risk minimisation plan has been developed in consultation with parents.
- To record any prescribed health information and copies of the medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- To ensure the risk management plans are reviewed every six months or by the required review date, whichever date comes first .
- To ensure educators, staff and volunteers have knowledge and access to this policy (asthma management policy/ anaphylaxis management policy/diabetes management policy) and relevant management and risk minimisation plans.
- To ensure support or agency staff are informed of children and staff members who have specific medical conditions, food allergies, the type of condition or allergies they have,

and Weldon's procedures for dealing with emergencies involving allergies and anaphylaxis

- To ensure a copy of the child's medical management plan is visibly displayed (in an area not generally available to families and visitors)
- To ensure that all aspects of the operation of the program are considered to ensure the inclusion of each child into the program
- To ensure communication between families and educators is on-going and effective
- To ensure educators receive appropriate professional development and training in managing specific medical conditions and meeting children's individual needs
- To ensure there is an Educator in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate

#### Families responsibilities:

- If a child has asthma, anaphylaxis, diabetes, or any other potentially life-threatening medical condition, the family will provide Weldon with a medical management plan before enrolment of their child
- To provide management with accurate information about their child's health needs, allergies, medical conditions and medication requirements on the enrolment form
- To communicate with Weldon and notify any updates or amendments to the information provided on enrolment
- To communicate with Weldon management to develop a risk minimisation plan and review every 6 months or sooner, if required
- To ensure enrolment form is completed providing specific details about the child's medical condition
- To provide adequate supplies of the required medication and medical authorisation on the long-term medication record
- To review the medical management plan as a minimum annually or more often if required, and update any changes, or provide evidence from a medical practitioner to confirm the plan remains unchanged.

### (1) MEDICAL MANAGEMENT PLAN

Any medical management plan provided by a child's parents and/or registered medical practitioner should include the following:

- specific details of the diagnosed health care need, allergy or relevant medication condition
- supporting documentation (if required)
- a recent photo of the child
- current medication and dosage prescribed for the child
- if relevant, state what triggers the allergy or medical condition
- first aid/emergency response that may be required
- any medication that may be required to be administered in case of an

- emergency
- further treatment or response if the child does not respond to the initial treatment
- when to contact an ambulance for assistance
- contact details of the medical practitioner doctor who signed the plan
- the date of when the plan should be reviewed
- a copy of the medical management plan will be displayed for Educators and staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of the program.
- The Coordinator/Director must ensure the medical management plan remains current at all times.

## (2) RISK MINIMISATION PLAN

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. This plan is to be developed in consultation with families and Weldon , and will include:

- Documentation of any known allergens that pose a risk to a child and strategies for minimising the risk while in the program
- How the risks relating to the child's specific health care need, allergy, or medical condition can be minimised while at the program
- How practices and procedures such as the safe handling, preparation, serving and consumption of food should be implemented
- The practices implemented to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication
- The practices implemented to ensure that the child does not attend the program without medication prescribed by the child's medical practitioner concerning the child's specific health need, allergy or medical condition
- The plan(s) are reviewed at least annually and more frequently if required and/or revised with each change in the medical management plan in conjunction with parents/guardians
- How all relevant information about the child's health and medical condition is communicated to parents at the end of each day by educators
- How families will be notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed.

## (3) COMMUNICATION PLAN

## Medical Conditions



A communication plan will be created with the family to ensure:

- All relevant staff members and volunteers are informed about the Medical Conditions Policy, the medical management plan and risk minimisation plan for the child
- The families who have a child attending a Weldon program who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child's health management and communication plans.
- Where a child with a severe allergy attends a program, we will send regular information about the allergies and risk minimisation strategies to all families so the risks aren't increased for those children with severe allergies. For example reminders can be sent that we are nut-free and remind families about not eating nuts before attending the program.

### EMERGENCY PROCEDURE:

If a child suffers from a reaction, incident, situation, or event related to a medical condition staff will:

- Follow the child's emergency medical management plan
- Call an ambulance immediately by dialling 000
- Commence first aid measures/monitoring
- Contact the parent/guardian when practicable, and as soon as possible
- Contact the emergency contact if the parents or guardian can't be contacted when practicable, and as soon as possible
- Notify Area Manager/Executive Team Member
- Ensure the regulatory authority is notified (within 24 hours)

### Related Forms: ( Appendices)

- Risk Minimisation Plans:
  - Anaphylaxis
  - Asthma
  - Diabetes
  - Allergies
  - Medical Conditions
- Medication Conditions Action Plan
- Medication Records

### Source

- Australian Children's Education & Care Quality Authority. (2014).
- Australian society of clinical immunology and allergy. ascia. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
- Guide to the National Quality Standard. (2017). (2020)
- National Health and Medical Research Council. (2012). Staying healthy: Preventing infectious diseases in early childhood education and care services.
- Revised National Quality Standard. (2018).

## Medical Conditions – Asthma Management

### Policy introduction

Asthma is a chronic health condition, which is one of the most common reasons for childhood admission to hospital. Correct asthma management will assist to minimise the impact of asthma. With this in mind, Weldon recognises the need to educate its staff and families about asthma and to implement responsible asthma management strategies.

### Our policy in action

Weldon aims to create and maintain a safe and healthy environment for all children where all children with asthma can fully participate.

We will involve all educators, families, and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Weldon will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of our *Medical Conditions Policy* will be provided to all educators, volunteers and families and reviewed on an annual basis. Communication must be open between families and educators to ensure appropriate asthma management.

All educators and volunteers at the program must follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

### Approved Provider and Nominated Supervisor will ensure:

- All staff will read and be aware of all medical condition policies and procedures, and maintain awareness of asthma management strategies
- All educator's approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management training are current, meet the requirements of the National Law and National Regulations, and are approved by ACECQA.
- The details of approved Emergency Asthma Management training are included on the staff record.
- At least one staff member with current approved Emergency Asthma Management training is on duty at all times that children are in attendance, as per Regulations
- Families are provided with a copy of the Asthma Policy upon enrolment of their child
- Families are provided with an Asthma Action Plan or requested to provide one, completed in consultation with, and signed by, a medical practitioner before the child starting
- The Asthma Action Plan is updated regularly or whenever a change to a child's management of asthma changes
- A Risk Minimisation Plan is developed for every child with asthma, in consultation with parents/guardians
- Written consent is requested from families on the enrolment form to administer emergency asthma medication or treatment if required
- When the medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable.
- Families of all children with asthma provide reliever medication and a spacer (including a child's face mask if required) whilst their child is attending.
- The expiry date of reliever medication is checked regularly and replaced when required, and that spacers and facemasks are replaced after every use.
- The asthma first aid procedure is consistent with current national recommendations
- Communication between management, educators, staff and parents/guardians regarding the Asthma Policy and strategies are reviewed and discussed regularly to ensure compliance and best practice.
- All staff members can identify and minimise asthma triggers for children attending the program where possible
- Children with asthma are not discriminated against in any way and can participate in all activities safely and to their full potential
- Asthma Australia's Asthma First Aid posters are displayed in key locations at the program.
- That medication is administered following the Administration of Medication Policy
- 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

- Provide a mobile asthma first aid kit for use on excursions
- 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
- 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 following a child's needs and abilities
- Ensure that all regular prescribed asthma medication is administered following 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.

#### 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 or more often if required
- 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 concerning the *medications record*
- Provide written permission for your child to self-administer medication for asthma if age appropriate
- 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

#### If a child suffers from an asthma emergency staff will:

- Follow the child's Asthma Action Plan
- If the child does not respond to steps within the Asthma Action Plan call an ambulance immediately by dialling 000

## Medical Conditions



- Continue first aid measures
  - Contact the parent/guardian when practicable
  - Contact the emergency contact if the parents or guardian can't be contacted when practicable
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- Notify the Manager who will notify regulatory authority within 24 hours

## Medical Conditions – Anaphylaxis Management

### Policy introduction

Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life-threatening.

It can occur when a person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over up to two hours or more.

**Anaphylaxis should always be treated as a medical emergency, requiring immediate treatment.**

Any anaphylactic reaction always requires an emergency response.

### Our policy in action

Weldon aims to minimise the risk of an anaphylactic reaction occurring in our programs by implementing risk minimisation strategies and ensuring all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction. We also aim to ensure that the risk of children with known allergies coming into contact with allergens is eliminated or minimised.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

### The Approved Provider/ Nominated Supervisor 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 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 this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis attending a Weldon program
- Before the child starts in a program, and as part of the enrolment process, ask all parents/guardians whether the child has allergies and document this information on the child's enrolment record.
- 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 in attendance
- In programs where a child is at risk of anaphylaxis is enrolled:
  - conduct an assessment of the potential for accidental exposure to allergens and develop a risk minimisation plan for the program in consultation with staff and the families of the child/children
  - ensure that a notice is displayed prominently in the main entrance of the program stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the program
- Ensure that practice of the adrenaline auto-injection device is undertaken every quarter 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 (ASCIA) generic poster called *action plan for anaphylaxis* in a key location at the program, for example, in the children's room, the staff room or near the medication cabinet
- Ensure that the staff member accompanying children outside the program carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

#### Our educators will:

- Follow the child's *anaphylaxis medical management action plan* in the event of an allergic reaction, which may progress to anaphylaxis
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "*anaphylaxis scenarios*" every quarter
- 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)

#### Our families will:

- Inform the management on enrolment or diagnosis, of their child's allergies
- Develop an *anaphylaxis risk minimisation plan* with Weldon staff
- 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 and provide replacement devices if required
- 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 per these changes
- Provide educators/staff with an updated anaphylaxis medical management action plan signed by the Registered Medical Doctor at least **annually or more often if required**

## Quality Area Two: Children's Health and Safety

### Medical Conditions



- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child; and
- Comply with the policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the programs without that device.

#### If a child suffers from or appears to be having an anaphylactic reaction:

- Call an ambulance immediately by dialling 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Once the child is in care, contact Area Manager who will notify the Regulatory Authority within 24 hrs

## Medical Conditions – Diabetes Management

### Policy introduction

The management of a child's diabetic condition is dependent upon coordination between our programs, the child's family and the child's doctor. Educators and staff at Weldon must understand the responsibilities of diabetes management to reduce the risk of emergencies and long-term complications. Most children will require additional support from the Educators and staff to manage their diabetes whilst in attendance.

### Description

- Type-1 Diabetes is an autoimmune condition, which occurs when the immune system damages the insulin-producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type-1 diabetes is life-threatening.
- Type-2 Diabetes occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type-2 diabetes accounts for between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years but is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old.

### Our policy in action

#### The Approved Provider/ 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 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 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 concerning any Diabetic Emergency the child might face
- Ensure families provide the program with the child's testing kit and hypo pack if required
- Store *diabetes care plans* in the child's enrolment record
- 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 will:

- Ensure that they are aware of the children in their care with diabetes
- Ensure that they are familiar with the symptoms and the emergency treatment of a low blood glucose level
- Call an ambulance if they feel an 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 following 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

#### 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 Registered Medical Doctor
- 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 Registered Medical Doctor at least annually or more often if required
- Ensure that they comply with all requirements and procedures concerning the *Medical Conditions Policy*
- Communicate all relevant information and concerns to educators as the need arises

### DIABETIC EMERGENCY

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency

- a) very **low** blood sugar- HYPO- (hypoglycaemia, usually due to excessive insulin), and
- b) very **high** blood sugar- HYPER- (hyperglycaemia, due to insufficient insulin).

#### HYPOGLYCAEMIA- (HYPO)

If a child is wearing a CGM device, it will sound an alert when they are below their target range.

Symptoms can vary between each young person.

If caused by low blood sugar, the child may:

- feel dizzy, weak, tremble and feel hungry
- look pale and have a rapid pulse (palpitations)
- sweat profusely

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- feel numb around lips and fingers
- change in behaviour- angry, quiet, confused, crying
- become unconsciousness or have a seizure

#### HYPERGLYCAEMIA –(HYPER)

If caused by high blood sugar, the child may:

- feel excessively thirsty
- have a frequent need to urinate
- feeling tired or lethargic
- feel sick
- be irritable
- complain of blurred vision
- lack concentration

#### If a child suffers from a diabetic emergency the program and staff will:

- Provide adult supervision at all times
- Follow the child's diabetic Emergency Action Plan
- If the child does not respond to steps within the diabetic Emergency Action Plan, immediately dial 000 for an ambulance
- Continue first aid measures and follow instructions provided by emergency services
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the Area Manager/Executive Team member who will notify the regulatory authority within 24 hours

#### Sources

Source

As 1 Diabetes (2017) - <http://as1diabetes.com.au/>

Australian Children's Education & Care Quality Authority. (2014).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2020)

## Quality Area Two: Children's Health and Safety Medical Conditions



National Diabetes Services Scheme (NDSS). *Mastering diabetes in preschools and schools*. (2020).

National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

Revised National Quality Standard. (2018).