

Medical Conditions Policy and Procedure

Introduction

Our children's services are committed to:

- A planned approach to the management of medical conditions to ensure the safety and wellbeing of all children at our services.
- Ensuring our staff are equipped with knowledge and skills to manage medical situations and to provide all children with the highest level of care.
- Providing families with ongoing information about medical conditions and how they are managed at our service.

This policy provides staff with information on the management of medical conditions including, but not limited to:

- asthma,
 - diabetes, and
 - a child who has been diagnosed as being at risk of anaphylaxis.
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Policy

The children's service will:

- Collaborate with families of children with diagnosed medical conditions to develop a Risk Minimisation Plan for their child;
 - Ensure all children with a diagnosed medical condition have a current Risk Minimisation Plan that can be accessed by all staff; and
 - Advise staff of the children diagnosed with a medical condition and provide them with children's Risk Minimisation Plans.
 - Provide families (where appropriate) with current general information about the identified medical conditions and the Risk Minimisation Plans for children enrolled at our service.
 - Ensure all relevant staff are adequately trained in the administration of first aid and emergency medication and maintain current authorisation/s.
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Definitions

Term	Definition
Medical Management Plan	<p>A plan developed by the parents in consultation with their child's nominated treating doctor.</p> <p>The Medical Management Plan must detail the following:</p> <ul style="list-style-type: none"> • the specific health care need, allergy, or relevant medical condition including the severity of the condition • any current prescribed medication • the response required from our service in relation to the emergence of symptoms • medication required to be administered in an emergency • the response required if the child does not respond to initial treatment • when to call an ambulance for assistance.

Risk Minimisation and Communication Plan	<p>The Risk Minimisation and Communication Plan is developed in collaboration with families of children with medical conditions. It ensures that the risks relating to the child's specific health care needs are identified, assessed and control measures implemented.</p> <p>It also sets out how:</p> <ul style="list-style-type: none"> • relevant staff members and volunteers are informed of this policy, the medical management plan, and the Risk Minimisation and Communication Plan for each child; • parents can communicate any required changes to the medical management plan and the Risk Minimisation and Communication Plan.
Anaphylaxis	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.
Asthma	Asthma is lung condition which causes sufferers to have sensitive airways that react to triggers, causing a 'flare-up'. In a flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow, and there is more mucus making it hard to breathe.
Diabetes	Diabetes is a serious complex medical condition which can affect the entire body. Diabetes requires daily self-care and management to minimise the risk of complications developing that can have a significant impact on quality of life and future health outcomes.

Eligibility

This policy applies to all Children's Services staff. The term staff includes casuals and volunteers.

Responsible

Responsibilities for the policy are:

Person	Responsible for
Parents	<ul style="list-style-type: none"> • Prior to your child commencing at our service or upon diagnosis, to provide the service with a medical management plan signed by your child's treating doctor for your child's medical condition. • Providing the service with an adequate supply of medication (within the manufacturer's expiry date) and/or medical device referred to in the Medical Management Plan prior to your child commencing at our service or upon diagnosis and at all times your child is enrolled to the program. • In the case of asthma, providing a spacer and face mask for your child. • In the case of diabetes, ensuring your child's testing kit and hypo pack are updated/stocked as required. • Working with our Service Staff to develop a Risk Minimisation and Communication Plan for your child's medical condition. • Notifying the program manager of any changes to your child's Medical Management Plan. • Obtaining the Service Manager's (or their delegate) approval prior to bringing food from your home to share with other children at the service in consideration of children with allergies and other health issues. • Communicating all relevant information and concerns to primary care staff including if symptoms of your child's medical condition or health need were present the

	previous evening.
Child's nominated treating doctor	<ul style="list-style-type: none"> Working with parents to document medical treatment advice on the Medical Management Plan.
Children's services staff	<ul style="list-style-type: none"> Maintaining currency of your first aid (including CPR), anaphylaxis management and emergency asthma management training approved by ACECQA (primary care staff only). Ensuring you are aware of all children with a medical condition, their Medical Management and Risk Minimisation and Communication Plan. Being alert to the immediate needs of children who present with medical symptoms including anaphylaxis, asthma and diabetes. Administering emergency medication in accordance with your skills, training, and Learning Links' policies and procedures. Completing an Accident, Illness, Injury Trauma Form and Medication Record Form when a child receives emergency medication and providing a copy of both forms to the child's parent/s. Informing the Service Manager on the day of occurrence of any occasion on which emergency medication is administered to a child. Carrying medical management plans and the relevant medication for each child with an identified medical condition on all excursions. Communicating your concerns to the Service Manager and the child's parent/s if you consider that a child's medical condition or health need is limiting his/her ability to participate fully in all activities. Filing all health-related plans and documents in the child's individual file. A copy of the Medical Management Plan is also to be stored with the child's medication.
The Approved Provider (Learning Links Board)	<ul style="list-style-type: none"> Ensuring the policies and procedure, accountabilities and responsibilities are defined for managing medical conditions in children's services.
The Nominated Supervisor (or the Delegated Responsible Person on Site)	<ul style="list-style-type: none"> Providing all parents/guardians with the opportunity to identify their child's health and/or medical condition and document this in their child's enrolment record. Prior to the child's enrolment and commencement at our service or as the condition is diagnosed, obtain medical management plans, and any relevant medication or medical device referred to in the plan, signed by the child's treating doctor. Ensuring parents with a child with a specific health care need, allergy, or other medical condition are provided with a copy of this policy upon enrolment or diagnosis. Ensuring current and up to date Medical Management and Risk Minimisation and Communication plans are developed in consultation with the child's parents and staff and are made accessible to all primary care staff. Ensuring at least one primary care staff member is on duty and adequately trained in: <ul style="list-style-type: none"> the management of asthma and anaphylaxis identifying medical emergencies; and the administration of emergency medication. Providing a copy of the Incident, Illness, Injury or Trauma Form and Medication Record Form to the relevant medical service as required. Ensuring children's medication is stored in a location that is known to all staff, inaccessible to children and away from direct sources of heat. Ensuring staff carry the Medical Management Plan for

	<p>each child with an identified health/medical condition on all excursions.</p> <ul style="list-style-type: none"> • Ensuring procedures are in place to regularly check the expiry date of all medications. • Ensuring records are kept confidentially and stored for the specified period as required by Learning Links' Policies and relevant regulation. • Ensuring a notice stating that a child diagnosed as at risk of anaphylaxis is being cared for at our service is prominently displayed. • Ensuring a procedure is in place so that staff know that all children with Medical Management Plans. • Displaying the Australasian Society of Clinical Immunology and Allergy's (ASCIA) Action Plan for Anaphylaxis and Asthma First Aid posters. • Ensuring 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 alcohol swabs (70%).
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Enrolment of children into the Children's Service

Prior to enrolment and commencing at our service, or at the time of a diagnosis, parents must provide the service with a Medical Management Plan for their child's medical condition.

Risk Control Measures

Risk Control Measures will include implementation of practices and procedures including:

- Notifications to parents of any known allergens that pose a risk to a child and the need to prohibit any items which may present a hazard to children with diagnosed medical conditions.
- Ensuring that all primary care staff and volunteers can identify the child, the child's Medical Management Plan, Risk Minimisation and Communication Plan, and the location of the child's medication for all children enrolled in the service.
- Practices and procedures that ensures any individual child does not attend our service without their prescribed medication.
- Adequate training for staff in all aspects of medical conditions management.
- Safe handling, preparation, service and consumption of food.

Management of Asthma

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. It is also accepted that professionals cannot accept that all school-age children can assume responsibility for management of asthma.

Our children's services recognise the need to educate our staff and families to recognise signs of an asthma flare-up or attack (mild/moderate, severe, and life threatening) and the appropriate first aid/management for each level.

These strategies include:

- Raising awareness of asthma;
- Providing an environment in which children with asthma can participate in all activities to the full extent of their capabilities; and
- Providing a clear set of guidelines and expectations to be followed regarding the management of asthma.

*NB. Medication may be administered to a child without authorisation in the case of an asthma emergency (Regulation 94).

Procedure for the Management of Asthma

Follow the steps below when a child is exhibiting symptoms of asthma.

Step	Action												
1	If a child is experiencing a severe or life-threatening asthma attack, call an ambulance. Dial Triple Zero (000) and then start asthma first aid.												
2	If the child is experiencing a mild to moderate asthma attack, start asthma first aid according to the child's individualised Asthma Action Plan.												
3	If no documented Asthma Action Plan is available and the child is demonstrating mild to moderate symptoms relating to asthma the Asthma First Aid should be administered immediately as follows: <table border="1" data-bbox="576 555 1444 1312"> <tbody> <tr> <td></td> <td>Sit the person upright. Be calm and reassuring. Do not leave them alone.</td> </tr> <tr> <td></td> <td>Give 4 separate puffs of the reliever puffer: <ul style="list-style-type: none"> Shake puffer Put 1 puff into spacer Take 4 breaths from spacer Repeat until 4 puffs have been taken Remember: Shake, 1 puff, 4 breaths </td> </tr> <tr> <td></td> <td>Wait 4 minutes - If there is no improvement, give 4 more separate puffs of blue/grey reliever as above.</td> </tr> <tr> <td></td> <td>If there is still no improvement call emergency assistance. Dial Triple Zero (000) Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives.</td> </tr> <tr> <td>Note</td> <td>Call emergency assistance immediately by dialling (000): <ul style="list-style-type: none"> If the person is not breathing If the person's asthma suddenly becomes worse, or is not improving If the person is having an asthma attack and a reliever is not available If you are not sure if the condition is asthma </td> </tr> <tr> <td>Note</td> <td>If the person is known to have Anaphylaxis follow their Anaphylaxis Action Plan, then give Asthma First Aid.</td> </tr> </tbody> </table>		Sit the person upright. Be calm and reassuring. Do not leave them alone.		Give 4 separate puffs of the reliever puffer: <ul style="list-style-type: none"> Shake puffer Put 1 puff into spacer Take 4 breaths from spacer Repeat until 4 puffs have been taken Remember: Shake, 1 puff, 4 breaths 		Wait 4 minutes - If there is no improvement, give 4 more separate puffs of blue/grey reliever as above.		If there is still no improvement call emergency assistance. Dial Triple Zero (000) Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives.	Note	Call emergency assistance immediately by dialling (000): <ul style="list-style-type: none"> If the person is not breathing If the person's asthma suddenly becomes worse, or is not improving If the person is having an asthma attack and a reliever is not available If you are not sure if the condition is asthma 	Note	If the person is known to have Anaphylaxis follow their Anaphylaxis Action Plan, then give Asthma First Aid.
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Management of Anaphylaxis

- 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 using an adrenaline auto-injection device.
- 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.
- Medication may be administered to a child without authorisation in the case of an anaphylaxis emergency (Regulation 94).

Procedure for managing a situation where a child appears to be developing symptoms of anaphylaxis

Follow the steps below if a child is exhibiting signs of anaphylaxis:

Signs of mild to moderate allergic reaction include:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain
- Vomiting

Note: These are signs of anaphylaxis for insect allergy.

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis.

Signs of severe allergic reaction include:

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

Step	Action
1	Call an ambulance immediately by dialing 000.
2	If the child is already diagnosed with anaphylaxis, follow their individualised Anaphylaxis Action Plan.
3	If no documented Anaphylaxis Action Plan is available and the child is demonstrating symptoms relating to anaphylaxis the Anaphylaxis Action Plan below should be followed immediately:
4	<p>Mild to moderate allergic reaction:</p> <ul style="list-style-type: none"> • For insect allergy - flick out sting if visible. • For tick allergy - freeze dry tick and allow to drop off. • Stay with person and call for help. • Locate EpiPen® or EpiPen® Jr adrenaline auto-injector. • Phone family/emergency contact. • Observe for ANY ONE of the signs of anaphylaxis.
5	<p>Action for anaphylaxis:</p> <ul style="list-style-type: none"> • Lay person flat - do NOT allow them to stand or walk. <ul style="list-style-type: none"> ○ If unconscious, place in recovery position. ○ If breathing is difficult allow them to sit. • Give EpiPen® or EpiPen® Jr adrenaline auto-injector and take note of the time of administration. • Phone ambulance – 000. • Phone family/emergency contact. • Further adrenaline doses may be given if there is no response after 5 minutes. • Ambulance to transfer the child to hospital. If the parent/guardian has not arrived, a staff member will travel to hospital with the child. • If in doubt give adrenaline auto-injector. • Commence CPR at any time if person is unresponsive and not breathing normally. • ALWAYS give adrenaline auto-injector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Management of a Child with a Diabetic Condition

Learning Links recognises it is essential that diabetes is managed well.

One child's symptoms of low or high blood sugar may be different from another and each child's Medical Management/ Diabetes Action Plan will detail the child's symptoms of low or high blood sugar and how to treat it.

Whenever a child with diabetes is enrolled, or is newly diagnosed as having diabetes, the Medical Conditions protocols defined in this policy will be followed as well as the following:

- The child's Medical Management/ Diabetes Action Plan will contain information on:
 - How and when to provide Insulin.
 - How and when to provide oral medicine.
 - How and when to provide meals and snacks.
 - How and when to test blood sugar levels.
 - Where the child's insulin and/or snack box is stored.
 - Which educator/s is/are responsible for administering the diabetes treatment.
- Staff being aware of the signs and symptoms and treatment of low/high blood sugar.
- Staff consulting regularly with families, other children's services staff, and the child's diabetes team.
- Staff providing an environment in which children with diabetes can participate in all activities to the full extent of their capabilities.

Procedure for Management of a child's diabetic condition

Follow the steps below to support the health and wellbeing of a child diagnosed with diabetes.

1	Follow the Medical/Diabetes Management Plan.
2	Call an ambulance (000) if you feel emergency treatment is required.

Documentation and record keeping

The Medical Management Plan for all health conditions must be signed by all relevant people. The plan will be reviewed and updated at least once a year.

Staff will ensure that an Incident, Illness, Trauma or Injury Form and Medication Record Form is completed when a child receives emergency medication; and that parents are provided with a copy of these forms.

Related documents and resources

Related documents and resources include:

- Medical Management Plans
- Risk Minimisation and Communication Plans
- Incident, Illness, Trauma or Injury Form and Medication Record Form
- The Australian Children's Education and Care Quality Authority (ACECQA) National Quality Standards: <http://www.acecqa.gov.au/national-quality-framework>
 - Nutrition, Food, Beverage and Dietary Requirements
 - Incident, Illness, Trauma and Injury Policy
 - Medication Administration
 - Hygiene and Infection Control
 - Enrolment Policy
 - Excursion Policy
- Relevant Legislation:
 - Education and Care Service National Regulation: 90, 91, & 94.- <http://www.acecqa.gov.au/national-regulations>
- On line resources
 - Diabetes Australia - <https://www.diabetesaustralia.com.au/>
 - ASCIA (Australasian Society of Clinical Immunology and Allergy Limited) - <https://www.allergy.org.au/>
 - Asthma Australia - <https://www.asthmaaustralia.org.au/>

Document control

This table outlines the control details for this document.

Element	Details
Document Name	Medical Conditions Policy and Procedure
Document Owner	Sarah Herbert
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