



Medical Conditions Policy

NQS

QA2	2.1.1	Health - Each child's health and physical activity is supported and promoted.
	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	6.2.2	Access and participation - Effective partnerships support children's access, inclusion and participation in the program
	7.1.3	Role and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

National Law

Section	167	Offence relating to protection of children from harm and hazards
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National Regulations

Regs	90	Medical Conditions Policy
	91	Medical conditions policy to be provided to parents
	168(2)(d)	Education and Care Services must have policies and procedures dealing with medical conditions in children, including the matters set out in regulation 90
	173(2)(f)	Prescribed information to be displayed child diagnosed at risk of anaphylaxis

MTOP

LO3	Children are happy, healthy, safe and connected to others.
	Educators engage children in experiences, conversations and routines that promote safety, healthy lifestyles and nutrition

Aim

The service and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, staff and visitors.



Related Policies

Administration of Medication Policy
Death of a Child Policy
Emergency Management and Evacuation Policy
Enrolment Policy
Food, Nutrition and Beverage Policy
Health, Hygiene and Safe Food Policy
Incident, Injury, Trauma and Illness Policy
Infectious Diseases Policy
Staffing Arrangements Policy

Implementation

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

A copy of the Medical Conditions Policy will be provided to all educators and volunteers at the service. The Policy will also be provided to parents of children enrolled at the service including those whose child has been identified as having a specific health care need or allergy. Educators are also responsible for raising any concerns with a child's parents about any medical condition/suspected medical condition, or known allergens that pose a risk to the child.

No child enrolled at the service will be able to attend the service without medication prescribed by their medical practitioner. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the service or its programs without the device.

Families are required to provide information about their child's health care needs, allergies, medical conditions and medication on the Enrolment Form and are responsible for updating the service about of these things, including any new medication, ceasing of medication, or changes to their child's prescription. Where children have specific health care needs or medical conditions, medical, risk minimisation and communication plans are required as discussed below.

The Nominated Supervisor and educators will provide support and information to families about resources and support for managing specific health care needs and medical conditions, including allergies, anaphylaxis asthma and diabetes.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating the anaphylaxis risk and the nature of the allergen will be displayed so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the notice will not name the child.



The Nominated Supervisor will ensure all educators and relevant staff have up to date training in the administration of adrenaline auto-injection devices and cardio- pulmonary resuscitation every 12 months, even if there are no children diagnosed at risk of anaphylaxis at the service at the time.

If there are children with diabetes at the service, the Nominated Supervisor will ensure first aid trained educators receive regular training in the use of relevant devices eg insulin injection device (syringes, pens, pumps) used by children

Medical Information that must be provided in Enrolment Record

Medical Management Plan

The Enrolment Form provides an opportunity for parents to help the service effectively meet their child's health and medical needs. All educators and volunteers at the service follow a child's medical management plan, including in the event of an incident related to the child's specific health care needs or medical condition.

Families must:

- advise details of specific health care needs or medical conditions including asthma, diabetes and allergies, and whether the child has been diagnosed at risk of anaphylaxis
- provide a Medical Management Plan prepared by the child's doctor in respect of any specific health care needs or medical conditions. The Plan should:
 - include a photo of the child
 - state what triggers the allergy or medical condition if relevant
 - state first aid needed
 - contact details of the doctor who signed the plan
 - state when the Plan should be reviewed
 - have supporting documentation if appropriate

Medical Conditions Risk Minimisation Plan

The Nominated Supervisor will prepare and implement a medical conditions risk minimisation plan in consultation with families which is informed by the child's Medical Management Plan. The Plan will include measures to ensure:

- any risks are assessed and minimised
- practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented if relevant (we will follow all health, hygiene and safe food policies and procedures)
- all parents are notified of any known allergens that pose a risk to a child and how these risks will be minimised
- a child does not attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition.

This plan will be signed by parents, the Nominated Supervisor and relevant educators.



The Medical Management and Risk Minimisation plans will be kept in the child's file and a copy of the plans stored securely with the child's medication and emergency evacuation kit. A copy of the plans will also be stored in a prominent position near a telephone (OSHC office) to ensure all procedures are followed.

The medical plans will also be taken on any excursions.

Medical Conditions Communication Plan

The Nominated Supervisor will implement a medical conditions communication plan to ensure that relevant educators, staff and volunteers:

- understand the Medical Conditions Policy
- can easily identify a child with health care needs or medical conditions
- understand the child's health care needs and medical conditions and their medical management and risk minimisation plans
- know where each child's medication is stored
- are updated about the child's needs and conditions

The Nominated Supervisor will also ensure the medical conditions communication plan sets out how parents may advise changes to their child's medical management and risk minimisation plans. The Nominated Supervisor will regularly remind families to update their child health and medical information as outlined in the Plan.

The plan will be signed by parents, the Nominated Supervisor and relevant educators.

The Nominated Supervisor will ensure:

- any new information is attached to the child's Enrolment Form and medical plans where relevant and shared with relevant educators, staff and volunteers
- displays about a child's health care needs or medical conditions are updated.

Anaphylaxis/Allergy Management

While not common, anaphylaxis is life threatening. It is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to an individual and it is possible to have an allergy to any foreign substance.

Symptoms of anaphylaxis include difficulty breathing, swelling or tightness in the throat, swelling tongue, wheeze or persistent cough, difficulty talking, persistent dizziness or collapse and in young children paleness and floppiness.

Anaphylaxis is often caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.

To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, educators and staff will:

- ensure children do not trade food, utensils or food containers



- prepare food in line with a child's medical management plan and family recommendations
- use non-food rewards with children, for example, stickers for appropriate behaviour
- request families to label all bottles, drinks and lunchboxes etc with their child's name
- consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate
- sensitively seat a child with allergies at a different table if food is being served that he/she is allergic to, so the child does not feel excluded.
- closely supervise all children at meal and snack times, ensure food is eaten in specified areas and children are not permitted to 'wander around' the service with food

The Nominated Supervisor will also:

- instruct educators and staff on the need to prevent cross contamination
- consider requesting parents to not send food that contains highly allergenic elements, even if their child does not have an allergy. In the case of a nut allergy this may prevent, for example, parents or other individuals visiting the service from bringing any foods or products containing nuts or nut material such as:
 - peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
 - any other type of tree or ground nuts, peanut oil or other nut based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
 - any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
 - foods with spices and seeds such as mustard, poppy, wheat and sesame seeds
 - cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil that contain nut material

In relation to nuts and nut products, commercial food processing practices mean it is not possible to eliminate nuts and nut products entirely from our service eg there will be traces of nuts in many products. **For this reason we are a nut aware service rather than a nut free service.**

- consider the food allergies of all children. It may not be practical to prohibit all foods triggering food allergies. Nut allergy is the most likely to cause severe reaction and will take precedence
- consider requesting parents of children with (severe) food allergies to prepare food for the child at home where possible
- instruct food preparation staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food and organise training as required eg careful cleaning of food preparation areas and utensils, use of different tools and equipment for allergic children
- ensure meals prepared at the service do not contain ingredients like nuts, and other allergens including eggs and milk if appropriate
- ensure food preparation staff consult risk minimisation plans when making food purchases and planning menus
- provide information about anaphylaxis and organise training for all educators on how to administer adrenaline auto injector devices eg Epipens
- encourage all educators to undertake anaphylaxis management training
- ensure all educators administer medication in accordance with our "Administration of Medication Policy"



- ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an anaphylactic reaction, and implement improvements if possible

Allergic reactions and anaphylaxis are also commonly caused by:

- animals, insects, spiders and reptiles
- drugs and medications, especially antibiotics and vaccines
- many homeopathic, naturopathic and vitamin preparations
- many species of plants, especially those with thorns and stings
- latex and rubber products
- Band-Aids, Elastoplast and products containing rubber based adhesives.

Educators will ensure body lotions, shampoos and creams used on allergic children are approved by their parent.

The service will display an Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan poster for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet (see www.allergy.org.au)

Educators will react rapidly if a child displays symptoms of anaphylaxis and will:

- lay child flat or seat them if breathing is difficult (child will not be allowed to walk or stand)
- ensure a first aid trained educator with approved anaphylaxis training administers first aid in line with the child's medical management plan. This may include use of an adrenaline autoinjector device eg EpiPen® and CPR if the child stops breathing in line with the steps outlined by ASICA in the Action Plan for Anaphylaxis (see www.allergy.org.au)
- call an ambulance immediately by dialling 000

In line with best practice, the Nominated Supervisor will ensure that an emergency 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.

Asthma Management

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma symptoms include wheezing, cough, chest tightness or shortness of breath. Educators and staff will implement measures to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- dust and pollution
- inhaled allergens, for example mould, pollen, pet hair
- changes in temperature and weather, heating and air conditioning
- emotional changes including laughing and stress
- activity and exercise

To minimise exposure of susceptible children to triggers which may cause asthma, educators and staff will ensure children's exposure to asthma triggers are minimised. This may for example,

- implement wet dusting to ensure dust is not stirred up



- plan different activities so children are not exposed to extremes of temperature eg cold outdoors and warm insides
- restrict certain natural elements from inside environments
- supervise children's activity and exercise at all times
- keep children indoors during periods of heavy pollution, smoke haze or after severe storms which may stir up pollen levels etc

The Nominated Supervisor will also:

- consider banning certain plants and vegetation from the outdoor and indoor environments
- consider children's asthma triggers before purchasing service animals or allowing children's pets to visit
- ensure indoor temperatures are appropriate and heating and cooling systems are being used appropriately
- assist educators to monitor pollution levels and adverse weather events
- ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an asthma attack, and implement improvements if possible

The service will display a National Asthma Council Australia Action Plan Poster in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet (see www.nationalasthma.org.au)

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, educators will:

- ensure a first aid trained educator with approved asthma training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined in the National Asthma Council Australia Action Plan:
 1. Sit the child upright - Stay with the child and be calm and reassuring
 2. Give 4 separate puffs of a reliever inhaler (blue/grey)
 - Use a spacer if there is one
 - Shake puffer
 - Give 1 puff at a time with 4-6 breaths after each puff
 - Repeat until 4 puffs have been taken
 3. Wait 4 minutes - If there is no improvement, give 4 more puffs as above
 4. If there is still no improvement call an ambulance on 000
 - Keep giving 4 puffs every 4 minutes until the ambulance arrives

The service will ensure that an Emergency Asthma First Aid 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 at room temperature in dry areas. An Emergency Asthma First Aid kit should contain:

- Blue or grey reliever puffer
- At least 2 spacer devices that are compatible with the puffer



Spacers and masks can only be used by one person. That person can re-use the spacer or mask but it cannot be used by anyone else. Educators will ensure the child's name is written on the spacer and mask when it is used.

Diabetes Management

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin. The most common form of diabetes in children is Type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

Type 2 diabetes is often described as a 'lifestyle disease' because it is more common in people who are overweight and don't exercise enough. Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

Symptoms of diabetes include frequent urination, excessive thirst, tiredness, weight loss, vision problems and mood changes. People who take medication for diabetes are also at risk of hypoglycaemia (they may have a "hypo") if their blood sugar levels are too low. Things that can cause a "hypo" include:

- a delayed or missed meal, or a meal with too little carbohydrate
- extra strenuous or unplanned physical activity
- too much insulin or medication for diabetes
- vomiting

Symptoms of hypoglycaemia include headache, light-headedness and nausea, mood change, paleness and sweating, and weakness and trembling. If left untreated people may become disorientated, unable to drink, swallow or stand, suffer a lack of coordination, loss of consciousness and seizures.

Educators and staff will implement measures to reduce the risk of children suffering adverse effects from their condition. These may include, for example:

- ensuring medication is administered as outlined in the medical management plan
- ensuring children eat at regular intervals and have appropriate levels of carbohydrate

The Nominated Supervisor will also ensure information about the child's diet including the types and amounts of appropriate foods as outlined in the child's Medical Management Plan is considered when preparing service menus.

If a child is displaying symptoms of a "hypo" a first aid trained educator will:

- immediately administer first aid in accordance with the child's medical management plan. This may include giving the child some quick acting and easily consumed carbohydrate eg several jellybeans, 2-3 teaspoons of honey or some fruit juice. Once blood glucose is at regular levels the child may be given some slow acting carbohydrate to stabilise blood sugar eg slice of bread, glass of milk, piece of fruit

If a child is displaying severe hypoglycaemia (eg they're unconscious, drowsy or unable to swallow) a first aid trained educator will:



- immediately administer first aid in accordance with the child's medical management plan
- call an ambulance by dialling 000
- administer CPR if the child stops breathing before the ambulance arrives.

We will refer to [as1diabetes \(as1diabetes.com.au\)](http://as1diabetes.com.au) for more information and resources, including child friendly resources, on diabetes.

Sources

Education and Care Services National Law and Regulations

National Quality Standard

Asthma Australia

National Asthma Organisation

Australasian Society of Clinical Immunology and Allergy www.allergy.org.au

Allergy and Anaphylaxis Australia www.allergyfacts.org.au

Australian Diabetes Council

Better Health Vic

Best Practice Guidelines for anaphylaxis prevention and management in children's education and care services

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: May 2024

Date for next review: May 2025