



Mountain Community Children's Centre Inc.

Medical Conditions Policy

Rationale: Children who are enrolled at our centre may have particular medical conditions relating to but not limited to Asthma, Diabetes or the risk of Anaphylaxis.

In many cases these can be life threatening. We will provide a healthy and safe environment for children, staff, families and visitors to our Centre, whilst meeting the health and care needs of each individual.

Aim:

- We will collaborate with families of children with diagnosed medical conditions to develop a risk minimisation plan for their child.
- We will inform all staff, including casual staff, educators and volunteers, of all children diagnosed with a medical condition and the risk minimisation procedures for these.
- We will ensure all children with diagnosed medical conditions have a current risk minimisation plan that is accessible to all staff.
- We will ensure all at least one staff member who is trained in the administration of first aid is on the premises at all times.

Procedure:

The Approved Provider will ensure the Nominated Supervisor fulfils responsibilities in the management of medical conditions.

Upon Enrolment of children into the centre

The Nominated Supervisor will ensure that any parent with a child enrolled at the service that has a specific health care need, allergy or other relevant medical condition is provided with a copy of this Medical Conditions policy. The nominated supervisor will inform parents of the requirement to provide the service with a medical management plan of their child's condition.

The nominated supervisor will collaborate with families of children with medical conditions to develop a risk minimisation plan to ensure the child's safety and wellbeing and to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.

If relevant, the nominated supervisor will ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented. The nominated supervisor will ensure if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented. The nominated supervisor will also ensure that practices and procedures are developed and implemented so that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.

If relevant, the nominated supervisor will ensure that practices and procedures are implemented to ensure 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.

The nominated supervisor will ensure that all staff and educators are aware of the medical management plan and risk minimisation plan and are adequately trained in procedures contained in the medical management plan.

The nominated supervisor will 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 management and minimisation plans are accessible to all staff, and are current and kept up to date.

The nominated supervisor will ensure a communication plan is signed (see Medical Conditions Communication Plan attached) 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. The nominated supervisor will ensure a communication plan is available to enable parents to communicate any changes to the medical management plan and risk minimisation plan. The plan will be updated as needed.

Educators and staff will ensure they are aware of enrolled children with medical conditions and be familiar with the medical management and risk minimisation plans of each child diagnosed with a medical condition and will 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 least one staff member on the premises at all times is adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies. The nominated supervisor will ensure that at least one staff member is on the premises at all times is adequately trained in the administration of emergency medication such as the Epi-Pen or asthma medication.

Educators and staff will be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma and administer emergency medication in accordance with their training, as required.

Documentation and record keeping

The Approved Provider will ensure records are confidentially stored for the specified period of time as required by the Regulation.

The Nominated Supervisor will provide a copy of the Medication Record to medical staff in the event further medical intervention is required.

Educators and staff will complete a Medication Record when a child receives emergency medication and will provide parents with a copy of the Medication Record.

Policy Availability

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

Evaluation

Educators respond in an effective manner to any medical conditions incident, and documentation is completed, shared, and stored as appropriate. Plans to effectively manage medical are developed in consultation with families, and implemented and regular reviews of procedures and policy are implemented.

Asthma Management

Upon enrolment at the Centre, parents / guardians will be asked to complete the Asthma Action Plan for their child. This form is to be updated at least annually. Children with asthma will be identified on the Allergy / Special Needs Sheet kept in each room.

Each individual with asthma should be monitored by a doctor, who can contribute to the Asthma Action Plan that outlines the necessary treatment. This form should also be updated at least annually.

Each day that the child requires asthma medication, the parent / guardian is to complete the Medication Record kept in the Medication/Incident Folder. Due to the ongoing nature of asthma treatment, the one Medication Record shall be used until full, then a new Form shall be commenced. Completed Forms shall be placed into the child's file.

A member of staff is to check the information and initial the column *Dose required today / time to be given*.

As per our Medication Policy, Asthma medication **MUST NOT BE LEFT** in the child's bag or locker. **All asthma medication** must be handed to staff upon arrival at the Centre.

Staff will then place the medication in the appropriate locked cupboard. In the event of an emergency, a supply of ventolin is kept in the Emergency Evacuation – First Aid Bag.

It is the responsibility of the staff member who checked the Medication Record to relay the information to the child's room leader at the start of the day.

The medication must be in the original packaging that states the recommended daily dose. Therefore, if a child requires more than the recommended dose on the packaging, staff will administer medication in accordance with the completed Asthma Plan that has been approved by the child's doctor. Alternatively, a medical certificate stating the required dose will be necessary, otherwise staff will not administer amounts different to that stated on the packaging.

In the event that a child has experienced a severe asthmatic episode prior to attendance, families must inform staff. It is recommended that families keep their child home or under the direct supervision of their doctor until the child is fully recovered and ready to return to the Centre.

If there is an extreme smoke haze, or other trigger hazards children with asthma will be monitored for breathing difficulties.

Staff Procedure for Administering Asthma Medication

- 1 The information that the parent / guardian recorded on the Medication Record is to be checked by the room staff for the appropriate details.
- 2 Collect medication from the locked cupboard.
- 3 Check the medication details with a witness (another member of staff) before administering.
- 4 The witness must observe the administration / dose of the asthma medication.
- 5 The staff member who administered the medication must record the time and sign the Asthma Medication Form.
- 6 The witness must sign the Medication Record.
- 7 The medication must be returned to the appropriate location.
- 8 When the child is collected, the parent / guardian is to check and sign the Asthma Medication Form to record the medication is collected also. Alternatively, families may choose to leave the Asthma medication at the centre and staff will regularly check expiry date.

Anaphylaxis Management

Rationale: 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;

Aim: Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service;

Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device;

Raise the service community's awareness of anaphylaxis and its management through education and policy implementation;

Young children may not be able to express the symptoms of anaphylaxis;

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device;

The approved provider (management committee) recognises the importance of all staff/educators responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device; and

Staff/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.

The Approved Provider/Nominated Supervisor will:

Ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by ACECQA then at least every 3 years; and Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service. In services where a child diagnosed at risk of anaphylaxis is enrolled the Approved Provider shall also:

Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with staff and the families of the child/ren; and

Ensure that a notice is displayed prominently in the main entrance of the service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service.

Due to our isolation the centre will purchase an adrenaline auto-injector (Epipen) for use in an emergency situation. The expiry date will be recorded in the communication diary and a new one will be purchased before the expiry date. Having an adrenaline auto-injector (Epipen) for emergency use will be considered as being additional to the prescribed adrenaline auto-injectors (Epipen) for individuals. They should NOT be a substitute for individuals at high risk of anaphylaxis having their own prescribed adrenaline auto-injector/s. The expiry date will be recorded in the communication diary and a new one will be purchased before the expiry date.

Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner;

Ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service;

All responsible persons (educators/staff) on duty whenever children are present at the service have completed emergency anaphylaxis management training;

Ensure all staff know the child/children at risk of anaphylaxis, their allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit;

Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without the device;

Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation;

We will ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.

Staff in a service will be notified of the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection (Epipen) device kit; and

Ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

Staff responsible for the child at risk of anaphylaxis shall:

Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff at the service;

Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis;

In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:

Call an ambulance immediately by **dialling 000**

Commence **first aid** measures

Contact the parent/guardian

Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted

The auto-injection (Epipen) device kit is stored in the Lizard First Aid Cupboard marked EPIPEN IN THIS CUPBOARD. Ensure all staff know this location, including relief staff; It is easily accessible to adults (not locked away); but inaccessible to children.

The auto-injection (Epipen) 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);

We will provide information to the service community about resources and support for managing allergies and anaphylaxis.

Parents/guardians of children shall:

Inform staff at the children's service, either on enrolment or on diagnosis, of their child's allergies;

Develop an anaphylaxis risk minimisation plan with service staff;

Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan;

Provide staff with a complete auto-injection (Epipen) device kit;

Regularly check the adrenaline auto-injection (Epipen) device expiry date;

Assist staff by offering information and answering any questions regarding their child's allergies.

Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.

Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child; and

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

Diabetes Management

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

Aim: This Diabetes Management Policy aims to:

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

Procedure:

The Approved provider will ensure all permanent staff have completed senior first aid training.

The Nominated Supervisor will provide staff with a copy of this policy and brief them on diabetes procedures upon their appointment.

The nominated supervisor will ensure at least one staff member who has completed accredited senior first aid training is on duty whenever children are being cared for or educated. The nominated supervisor will identify children with diabetes during the enrolment process and inform staff. The nominated supervisor will provide families thus identified with a copy of this policy and Diabetes Care Plan upon enrolment or diagnosis. The nominated supervisor will ensure that all Diabetes Care Plans are received for each child with a diagnosis of diabetes that contain information for the child's Diabetic Management and outline what do in relation to any Diabetic Emergency the child might face.

The nominated supervisor will 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.

Staff will ensure

- That they maintain current accreditation in first aid and inform nominated supervisor prior to the expiry of this training so that they can be booked into recertification.

- That they are aware of the children in their care with diabetes.
- 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.
- 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.

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, which should be provided to the centre within seven (7) days of enrolment.
- Keep the child's testing kit and hypo pack updated as required.
- Notify the Nominated Supervisor, in writing, of any changes to the Diabetes Care Plan during the year.
- Ensure that they comply with all requirements and procedures in relation to the Medications Record.
- Communicate all relevant information and concerns to educators as the need arises.
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's diabetes.