

## Medical Conditions

### Including Asthma, Anaphylaxis and Diabetes

#### Rationale

Educators require clear guidelines to facilitate the safe and effective management of children who have been diagnosed with a known health care need, allergy or medical condition.

#### NQF Links

<b>Law</b>	Section 3(2)(a); 167
<b>Regulations</b>	77- 80; 90-92; 93; 94;95; 160; 168
<b>Standards</b>	2.1.2; 3.1.1; 3.1.2

#### Policy

Adventure Patch Family Day Care recognises the need to ensure that children with a specific, diagnosed health care need, allergy or relevant medical condition have their medical needs met while attending the service.

Where a child with a known specific health care need, allergy or medical need is enrolled, the parents will be supplied with a copy of the Medical Conditions policy and advised that a *Medical Management Plan*, authorised by a registered medical practitioner is to be supplied to the educator before the child can commence care. Co-ordination unit staff and educators will ensure that any medical conditions that they are notified of are managed appropriately.

A written Medical Management Plan for the known Medical Condition must include:

- Signs & symptoms to be aware of,
- Any specific monitoring required,
- Any specific medication/treatment required,
- What meals and snacks are required including food content, amount and timing,
- What activities and exercise the child can or cannot do, and
- Whether the child is able to go on excursions and what provisions are required.
- What action to take, including emergency contacts for the child’s doctor and family, and what first aid to give.

A *communication plan* will be developed to ensure the educator, parents, co-ordination unit staff and educators’ family members are informed of the medical conditions, including the expectations and relevant strategies regarding *medical management plans* and risk minimisation plan.

Educators and co-ordination unit staff will work with families to minimise the risk of exposure of children to foods, and other substances, which may trigger severe allergy or anaphylaxis in children.

The nominated supervisor authorises each suitably qualified educator to administer medication as required.

## Procedure

*Co-ordination Unit staff and educators will:*

- During the enrolment process seek information about any specific health care need, allergy or relevant medical condition that a child may have. In line with the communication plan, the information will be communicated verbally and in writing (Current Medical Management Plan) to the educator and Co-ordination Unit;
- Encourage ongoing communication with families in regards to medical status of children (both verbally and written);
- Ensure the current and relevant *medical management plan* is implemented in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition (Where a child enrolled at Adventure Patch Family Day Care has a specific health care need, allergy or relevant medical condition, parents are required to provide the educator with a *medical management plan* for the child);
- Ensure families will review the *medical management (action) plan annually or when circumstances change* in consultation with a registered medical practitioner.
- Conduct a risk assessment of the care environment to reduce the likelihood of exposure to relevant allergens;
- Develop a risk minimisation plan for times that the child is in the care environment, in consultation with families and co-ordination unit staff. This will ensure:
  - any risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
  - if relevant, practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
  - if relevant, parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
  - all staff members and volunteers can identify the child, their medical management plan and the where the medication is to be kept and outline strategies for minimising the identified risks;
- Ensure medication is only administered to a child enrolled in the service with the written permission of the child's family or legal guardian using the Medication Authority Form.
- Ensure that at all times educators and co-ordination unit staff working with children have current recognised training in first aid, asthma and anaphylaxis management;
- Children with life threatening illnesses, i.e. allergies or relevant medical conditions cannot be left with the educator without their appropriate in date medication;
- Display emergency contact phone numbers by the telephone;
- In the situation where a child who has not been diagnosed as having a medical condition but appears to be suffering from a medical condition staff and educators will:

**Call an ambulance 000 (or 112)**

**As instructed, commence First Aid measures**

**Contact parents**

**If parents cannot be contacted then contact emergency contacts**

**Contact the Co-ordination Unit**

### **Self Administration of Medication**

A school aged child may self-administer medication in line with the following circumstances:

- Written authorisation is provided by the person with the authority to consent to the administration of medication on the child enrolment form.
- Method by means the medication will be administered, e.g oral, inhale
- Medication is to be provided to the educator for safe, correct storage and they will provide it to the child when required.
- Following practices outlined in this Policy.
- Self-administration of medication for school aged children will be supervised and documented by the educator.
- The medication record is completed in relation to the self-administration of the medication detailing the time medicated and the dosage.
- Ongoing monitoring will occur when a person has self medicated
- A communication plan for scheme staff, educators and parents is developed to ensure the child's medical management plan and location of the child's medication is clearly communicated to Co-ordination Unit staff, educators, volunteers and students visiting the care environment.

## Guidelines for Children at Risk of Anaphylaxis

- Unless it is an emergency, medication is only administered to a child enrolled in the service with the written permission of the child's parent, legal guardian or person named in the child's enrolment record as authorised to consent to medical treatment or the administration of medication.  
Where medication is administered, the administration must be recorded in the Medication Authority Form  
**Note:** Regulation 94 outlines the circumstances in which medication may be administered in the case of an anaphylaxis or asthma emergency.
- Ensure that no child that requires an adrenaline autoinjector is left in care without one.
- The adrenaline autoinjector must be clearly identified with the child's name, kept in an easy identifiable place and that it is within the storage and use by date as required by manufacturer.
- The adrenaline autoinjector is stored in a location easily accessible to adults, inaccessible to children and away from direct sources of heat. Other medication that is used to counteract anaphylaxis signs and symptoms needs to be stored as per manufacturer's instructions.
- Ensure an anaphylaxis action plan is filled out with the family in conjunction with a medical practitioner. Once completed this should be kept on file and with the adrenaline autoinjector.
- Parents are required to notify the educator if there are changes to the current action plan and provide the educator with an updated and signed action plan.
- Parent/guardian's current contact details are available.

### *In relation to children at risk from food related allergies*

- It is preferable that the child should only eat food that been specifically prepared for him/her usually by the parent. Where the educator is preparing food for the child, ensure that it has been prepared according to the parent's or registered medical practitioner's instructions.
- Where the educator is providing food or beverages other than water, this is in consultation with the parent.
- Bottles, drinks other than water and lunch boxes, including any treats, provided by parents/guardians should be clearly labelled with the child's name.
- There should be no trading or sharing of food, food utensils and containers between children
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Where a child in care has an allergy to milk, ensure non-allergic babies are held when they drink formula/milk.

### *In relation to the child at risk from bite and sting allergies*

- Co-ordination Unit staff and educators carry out risk assessment of play spaces to minimise exposure to known triggers.
- Children are to be directly supervised at all times.

## Guidelines for Managing Children with Asthma

### *Staff and Educators will*

- Be aware of aspects of the indoor environment that may be triggers for Asthma in children. These may include dust mites, gardens/pollen, mould, chemicals, animals, air pollution, bush fires, colds and flu, diet/food, emotions, exercise, heating/air conditioning, medications, stress, weather/thunderstorms.
- Reduce exposure of children to allergens by:
  - regularly vacuuming and shampooing carpets, rugs and upholstered furniture and washing fluffy toys;
  - regularly cleaning bedclothes;
  - treating and preventing growth of mould (when using chemical sprays such as pesticides and cleaning agents, spray when children are not present );
  - controlling pest infestations;
  - minimising having pets indoors and ensure they are in a clean and healthy condition; and
  - using dust resistant mattress and pillow covers.

In any case where a child is having an acute asthma attack the following steps are to be followed:

- Administer first aid or medical treatment according to either:
  - Emergency Asthma First Aid Plan,
  - The child's Asthma First Aid or Medical Management Plan, or,
  - A medical practitioners instructions.
- Dial 000 or 112 for an Ambulance and notify the families in accordance with the Regulation and guidelines on emergency procedures.
- Educators must inform the Co-ordination Unit if they administer first aid.

## Guidelines for Managing Children with Diabetes

In any case where a child is having a suspected diabetic episode the following steps should be followed:

- Administer first aid or medical treatment according to either:
  - First Aid Training,
  - The child's Diabetic First Aid or Medical Management Plan, or,
  - A doctor's instructions.
- Dial 000 or 112 for an Ambulance and notify the families in accordance with the Regulation and guidelines on emergency procedures.
- Educators must inform the Co-ordination Unit if they administer first aid.

*Families are required to:*

- Complete medication forms to allow the educator to administer medication accordingly.
- Provide the educator with a current copy of the child's medical Management Plan Including the doctor's name, address and phone number in case of emergency. Current and completed with the registered medical practitioner
- Work with the educator to ensure a risk minimisation plan is developed.
- Develop a *communication plan* with the educator.
- In line with the *communication plan*, communicate any changes to the medical management plan and risk minimisation plan in writing (where applicable, in line with a registered medical practitioner).
- Hand all medication to educator on arrival in care, to ensure medication meets policy requirements and is stored appropriately.

### Sources

Australasian Society of Clinical Immunology and Allergy (ASCI) [www.allergy.org.au](http://www.allergy.org.au)

Anaphylaxis Australia [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

[www.education.tas.gov.au/school/health/students\\_health\\_care\\_requirements](http://www.education.tas.gov.au/school/health/students_health_care_requirements)

Asthma Australia – Information about asthma management and links to state/territory

Asthma Foundations – [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)

National Asthma Council of Australia – First Aid for Asthma –

[www.nationalasthma.org.au/first-aid](http://www.nationalasthma.org.au/first-aid)

Diabetes Australia – Student and Teacher Resources –

[www.diabetesaustralia.com.au/Resources/Students--Teachers/](http://www.diabetesaustralia.com.au/Resources/Students--Teachers/)

Tasmanian Poisons Regulations 2008 [www.thelaw.tas.gov.au](http://www.thelaw.tas.gov.au)

Education and Care Unit (Information Sheet – Guidelines for the administration of medication in Education and Care Services) [www.education.tas.gov.au](http://www.education.tas.gov.au)