

DEALING WITH MEDICAL CONDITIONS

OBJECTIVE:

To ensure the proper care and attention is provided to all children with asthma, allergies, anaphylaxis, diabetes and other medical conditions.

To provide an environment as far as practical, where a child with asthma, allergies, anaphylaxis, diabetes or other medical conditions is able to participate equally in all aspects of the program.

To minimise the risk of exposure to known allergens and to ensure all staff are aware of the medical management plans and treatments.

PROCEDURE:

Identification of children with medical conditions

- ◆ The service requests the child's individual medical condition/s at time of enrolment, including diagnosis of asthma (including seasonal asthma), anaphylaxis or diabetes.
- ◆ On enrolment, if any medical conditions are identified, parents will be asked to complete the service Risk Minimisation Plan, Communication Plan and provide an 'Action Plan' completed by a health professional.
- ◆ The service will provide the parent with a copy of the services Medical Conditions policy.
- ◆ Parents are required to complete a checklist, on enrolment, of foods that their child/ren are to avoid at the centre.
- ◆ Where details of known allergens change or there is a change in the medical conditions, parents will be required to notify these changes to the service as soon as practical, using methods identified in the communication plan.
- ◆ Where a child already attending the service subsequently falls into this category, the parents will also be required to follow these procedures.

Service Expectations

- ◆ Parents need to be aware that whilst all care is taken to reduce a child's exposure to any asthma triggers, allergens or potential allergens, the service cannot guarantee that exposure will not occur.
- ◆ Whilst the service will implement a range of specific procedures and risk minimisation strategies to reduce the likelihood of common allergens within the service, educators and parents need to be aware that it is not possible for an Education and Care Service to remain totally allergen free considering the nature of such a service and the involvement with a large number of children, parents, staff and community members.
- ◆ The service does not provide products containing peanuts. The service does however purchase and will offer to non-allergic children, or those children whose risk minimisation plan allows "food that may contain traces of nuts", foods such as Sao biscuits.
- ◆ The service will assess the child's individual needs at enrolment and will make the decision if additional support from Inclusion Support will be required before the child can attend.

- ◆ Medication must be given directly to an authorised educator and not left in the child's bag. Medication form will be filled out as well with the proper information provided on the form for educators.

Practices

The service will:

1. Display each affected child's emergency action plan within the staff room.
2. Ensure that all educators are aware of any child enrolled who has been identified as having an allergy or has anaphylaxis, a diagnosis of asthma, diabetes or any other medical condition. This will occur at induction.
3. Ensure all educators follow safe food handling and hygiene practices.
4. Ensure that an educator, trained in emergency response to asthma and anaphylaxis including the administration of an Epi-Pen, is always on duty.
5. Ensure that all educators are trained in identifying signs of hypoglycemia and hyperglycemia.
6. Where a child is enrolled with other medical conditions such as epilepsy, the service will endeavor to have staff trained in any emergency response first aid required.
7. Ensure all educators are aware of where any medication is stored.
8. Ensure medication, such as an Epi-pen, is taken with the child should the child leave the service for an excursion.
9. Ensure there is signage to indicate where each child's medication is stored.
10. Implement the Emergency Action Plan in the event of a medical emergency.
11. Only administer medication from its original packaging with the child's name, dosage and prescribing doctor.
12. Before medication is given to a child, the certified supervisor will verify the correct dosage with another member of staff.

Parents of a child with known medical conditions will provide the following:

This is a legal requirement under the Education and Care Services National Regulations and parents are required to complete and update this as requested.

1. Inform the service co-ordinator on enrolment of the child's 'known' medical condition.
2. Obtain an Action Plan for the child in consultation with the child's doctor and provide this to the service.
3. The parent will assist in completing the Risk Minimisation Plan to identify any perceived risk and determine strategies to reduce this risk.
4. Develop a communication plan to determine the most appropriate means of communicating about the child's medical condition.
5. Give permission to display the Emergency Action Plan within the centre, containing a picture of the child and parental contact numbers.

6. Provide any medication including an Epi-Pen (if required), asthma relieving medication and spacer to the service.
7. Regularly check the expiration date on any medication.
8. Inform educators of any changes to the status of the child's medical condition.
9. Complete an 'Authorisation to Administer Medication' form if/when the child requires medication while attending the service.
10. Inform the service if medication has been administered prior to attending care.

General risk minimisation strategies for children with allergies or at risk of anaphylaxis

1. Children are taught not to share food.
2. Children wash their hands at designated times throughout the day and prior to eating.
3. Educators will supervise meal times to reduce the risk of ingestion and cross contamination of foods.
4. Educators will discuss and inform parents of any observable change to any individual child's reaction or perceived allergic response to a possible or known allergen in order for them to review or develop a specific health management strategy or Emergency Action Plan.

Common allergens and triggers for asthma and anaphylaxis

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| <input type="radio"/> Peanuts | <input type="radio"/> Eggs | <input type="radio"/> Cows milk | <input type="radio"/> Fish and shellfish |
| <input type="radio"/> Wheat | <input type="radio"/> Soy | <input type="radio"/> Sesame | <input type="radio"/> Tree nuts |
| <input type="radio"/> Emotions | <input type="radio"/> Exercise | <input type="radio"/> Dust mites | <input type="radio"/> Chemicals |
| <input type="radio"/> Perfumes | <input type="radio"/> Air pollution | <input type="radio"/> Insect bites | <input type="radio"/> Some fruits |

Self Administration of Medication

- ◆ A parent of a school aged child is able to give permission for children to self administer medication.
- ◆ This approval will be sought on the medication form. Parents should only give approval if they know that their child is able to successfully administer medication eg. Ventolin.

Guidelines of Self Administration of Medication

- ◆ Educators are required to check that the medication form has been completed and that the medication is as stated on the form.
- ◆ Educators are to check the dose prior to the child administering the medication.
- ◆ Two (2) educators are to, **at all times**, witness the self administration of medication and to sign the form.
- ◆ Should educators feel that the child is not able to successfully administer the medication, they reserve the right to administer it on the behalf of the child.

General information

Anaphylaxis is a severe allergic reaction that can be potentially life threatening. Some children have allergies to food that are not life threatening, however foods need to be avoided and medication, such as antihistamine may be required to control the reaction.

Where an allergic reaction involves the respiratory and/or cardiovascular system, it is then called Anaphylaxis. Anaphylaxis is a severe, life threatening reaction to an allergen. A reaction can occur within minutes of a person coming into contact with an allergen.

Asthma affects more than one (1) in nine (9) children in Australia. People with asthma have sensitive airways in their lungs. When they are exposed to certain triggers their airways narrow, making it harder for them to breathe.

Many children may experience intermittent asthma. This is where a child may have symptoms of asthma occasionally after exposure to a trigger. Intermittent asthma can usually be controlled with a reliever medication. Around 70% of children have infrequent intermittent asthma, which means they have short isolated episodes of asthma, usually in response to a respiratory infection or environmental allergen.

Persistent asthma is where a person experiences frequent asthma attacks, which are classed as either mild, moderate or severe. In these situations, the child is usually on preventer medication to control the number of and severity of asthma attacks. Children or adults that only experience intermittent asthma can still have a severe asthma attack.

CONSIDERATIONS

- ◆ Regulation 90-96 in Education and Care Services National Regulations
- ◆ National Quality Standard 2.1
- ◆ Anaphylaxis and Asthma management
- ◆ Resources – www.allergy.org.au and www.asthmafoundation.org.au