

Intereach Children's Services

Dealing with Medical Conditions Procedure

– such as anaphylaxis and asthma



Applies to	Intereach Family Day Care (FDC) and Intereach Out Of School Hours (OOSH)				
Policy	NQS Two: Children's Services Health and Safety Policy				
Version	2.0	Date approved	29/09/2022	Next review date	29/09/2025

1. Objective

Intereach, as the Approved Provider supports all children to be safely involved in programs regardless of their medical needs. This procedure outlines how Intereach will manage children with diagnosed and undiagnosed medical conditions.

Staff and educators will ensure that any medical conditions which they are notified of, are managed appropriately. Staff and educators will work with families to minimise the risk of exposure of children to foods, and other substances, which may trigger severe allergy or anaphylaxis. Families enrolling a child with a medical condition will be provided with a copy of this procedure to help them understand how Intereach manages medical conditions.

2. Responsibilities

It is the responsibility of the Nominated Supervisors to:

- implement the Dealing with Medical Conditions procedure and ensure actions are carried out in line with the procedure;
- Ensure families of children that have a specific medical condition have been given a copy of the Dealing with Medical conditions procedure and any other relevant policies and procedures
- ensure any changes to legislations, policy and procedure relating to individual child's medical condition or specific health care and medical management are communicated to all educators and staff;
- ensure qualified people are at all times in attendance at any place children are being educated and cared for by the service and immediately available in an emergency;
- ensure all educators and staff are aware of and follow the risk minimisation procedures for the children including emergency procedures for using EpiPens.
- In addition the Nominated Supervisor for Family Day Care (FDC) ensure that each FDC educator registered with the service:
 - holds a current approved first aid qualification, including CPR;
 - has undertaken current approved anaphylaxis management training; and
 - has undertaken current approved emergency asthma management training.
- If a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service.

It is the responsibility of Staff and Educators to:

- display, with consideration for the children's privacy and confidentiality, their medical management plan (from the Dr) and ensure awareness of and follow the risk minimisation plan
- ensure a new risk minimisation is completed and implemented when circumstances change for the child's specific medical condition;
- facilitate effective care for a child with any diagnosed medical condition;
- maintain ongoing communication with families regarding regular updates as to the management of the child's medical condition or specific health care need;

Intereach Children's Services Dealing with Medical Conditions Procedure

- maintain current approved first aid, CPR, asthma and anaphylaxis training;
- ensure all children's health and medical needs are taken into consideration on excursions; and,
- undertake specific training (and keep it updated if required) to ensure appropriate management of a child's specific medical condition

It is the responsibility of families to:

- advise the service and educators of the child's medical condition and their specific health care needs on enrolment along with all required documentation. Including a medical management plan from the Doctor;
- provide regular updates to the staff or educator on the child's medical condition including any changes, and ensure all required information is up to date; and,
- Collaborate with the staff and educators to develop a risk minimisation plan.

3. Procedure

3.1. All Medical Conditions

- Qualified staff or educator will be in attendance at all times at any place children are being educated and cared for by the service and immediately available in an emergency:
 - at least one staff member or one Nominated Supervisor of the service who holds a current approved first aid qualification;
 - at least one staff member or one Nominated Supervisor of the service who has undertaken current approved anaphylaxis management training;
 - at least one staff member or one Nominated Supervisor of the service who has undertaken current approved emergency asthma management training; and
 - one staff member may hold one or more of the qualifications.
- During the enrolment process or upon diagnosis, information sought about any specific health care need, allergy or relevant medical condition, diagnosed or undiagnosed, that a child may have will be communicated verbally and in writing (current Medical Management Plan specific to the child will be required) to all educators and staff caring for the child.
- Ongoing communication with families in regards to the medical status of children is sought and encouraged.
- Families whose child has a medical condition is followed up annually to discuss medical management plans. Any changes that have occurred will be documented.
- A risk assessment of the service is conducted to reduce the likelihood of exposure to relevant allergens or risks.
- A Risk Minimisation Plan is developed in consultation with families, educators and staff.
- A Communication Plan for medical conditions is developed to enable staff members, educators and parents to be clear about the management of the medical condition.
- Where a child has a medical management plan a copy of their plan is displayed at the service. Medical management plans will be followed at all times.
- Children with specific health care needs, allergies or relevant medical conditions are not left at the service without necessary medication.
- An Asthma Emergency Kit (including one blue or blue/grey reliever medication such as Airomir, Asmol, or Ventolin and a small volume plastic spacer) is available at the service and on excursions at all times, where a child in care has a diagnosis for asthma.

Intereach Children's Services Dealing with Medical Conditions Procedure

- It is ensured that children diagnosed as at risk of anaphylaxis have brought their prescribed auto-immune adrenalin device each time they attend. Children are not permitted to be left at the service without their own auto-immune adrenalin device.
- Emergency contact phone numbers are readily available either displayed on the service noticeboard or in the service's mobile phone.
- When a child experience an anaphylactic reaction or asthma attack, this is treated as a serious incident. (Refer to the *Incident, Injury, Trauma and Illness Procedure*);
 - Complete an Incident, Injury, Trauma and Illness Form is completed.
 - Notify the Nominated Supervisor immediately, who in turn will:
 - advise the Executive team; and
 - report the incident to the Regulatory Authority via the NQA IT System.
- OOSH will have a general use auto-immune adrenalin device which will be used, when an anaphylactic reaction occurs or when a second dose is required where possible with medical advice. This is not a substitute for an individual child's prescribed auto-immune adrenalin device. Children diagnosed as at risk of anaphylaxis must bring their prescribed auto-immune adrenalin device each time they attend. Children are not permitted to be left at the service without their own auto-immune adrenalin devices.

Note: If a child has a food preference or dietary restriction, i.e. not drinking cows milk due to parents' wishes, this is not considered a medical condition. Staff and educators will still follow the parents' preferences but additional steps are not required as for a child with a medical condition.

3.2. Diagnosed Medical Conditions

To facilitate effective care for a child with any diagnosed medical condition, families are required to provide information to Intereach staff and educators about:

- the child's health, medications, medical conditions and allergies;
- their doctor's name, address, phone number;
- emergency contact names and phone numbers; and,
- First Aid Plan or Emergency Medical Plan approved by their doctor (a doctors' approval is not required for all dietary requirements).

Upon enrolment and prior to the child commencing care when the child is diagnosed, or when changes to their condition/treatment occur it is ensured by the staff and educators that:

- there is a current Medical Management Plan for the medical condition available which could include:
 - signs and symptoms;
 - any specific monitoring required;
 - any specific medication/treatment required;
 - what first aid to give or what action to take, including emergency contacts for the child's doctor and family;
- regulations and other guidelines are adhered to when administering medication and treatment in emergencies, and that the parent/guardian has provided written consent.

In an emergency involving a child with a known medical condition:

- administer first aid or emergency medical aid according to the child's Medical Management Plan, or instructions from the Triple Zero operator; and,
- administer first aid or emergency medical aid according to the child's First Aid or Medical Management Plan, or instructions from the Triple Zero operator; and,
- in the case of an emergency in Family Day Care (FDC), when possible the FDC Educator will contact the Nominated Supervisor, who will notify the parent/guardian so that the educator's focus can and remain on the child.

3.3. Undiagnosed Medical Conditions

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, educators will:

- call Triple Zero (000) for an ambulance;
- commence first aid measures and/or follow recommendations from or instructions from the Triple Zero operator;
- contact the Nominated Supervisor who will contact the parents/guardians; and
- if the staff or educators cannot contact the parents/guardians, they will contact emergency contacts.
- remain in communication with the family in regard to changes to the child's health or actual diagnosis of the condition; and,
- document any medical changes that may occur using the communication plan.

4. National Quality Framework

Element	Concept	Description
2.1.	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.
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.
2.2.2.	Safety – incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service

5. Context	
5.1. Standards or other external requirements	<p>Australian Children's Education and Care Quality Authority (2017). <i>National Quality Standards</i>.</p> <p>Australian Children's Education and Care Quality Authority (2017). <i>Guide to the National Quality Framework</i>.</p> <p>Department of Education, Employment and Workplace Relations. <i>Childcare Service Handbook, 2017 - 2018</i>.</p> <p>NSW Department of Health. Allergies and Anaphylaxis. Accessed from www.health.nsw.gov.au November 2019.</p> <p>Australasian Society of Clinical Immunology and Allergy. Anaphylaxis Resources. Accessed from www.allergy.org.au November 2019.</p> <p>Anaphylaxis Australia. Schools and Childcare. Accessed from www.allergyfacts.org.au/ November 2019.</p> <p>Asthma resources Accessed from www.asthmaaustralia.org.au November 2019.</p> <p>NSW Department of Education & Communities. Aiming for Asthma Improvement in Children Program. November 2019 from https://www.schn.health.nsw.gov.au/parents-and-carers/our-services/asthma-improvement</p> <p>National Health and Medical Research Council 2013 (5th Ed). <i>Staying Healthy: Preventing infectious diseases in early childhood education and care services</i>.</p> <p>Community Early Learning Australia (accessed November 2019). Sample policy 'Dealing with medical conditions' and 'Medical and Health Statement'.</p>
5.2. Legislation or other requirements	<p>Education and Care Services National Regulations consolidated 2017</p> <p>Education and Care Services National Law Act 2010</p>
5.3. Internal Documentation	<p>Administration of Medication Procedure</p> <p>Communication Plan</p> <p>Enrolment form</p> <p>Guidelines for children at risk of anaphylaxis (Appendix 1)</p> <p>Guidelines for managing children with asthma (Appendix 2)</p> <p>Guidelines for managing children with diabetes (Appendix 3)</p> <p>Risk Minimisation Plan</p> <p>Workplace Safety Assessment</p> <p>Incident, injury, trauma and illness procedure and form</p>

Document control			
Version	Date approved	Approved by	Next review date
1.0	2/12/2019	R. Phillips Acting Senior Manager – Children and Family Services	2/12/2022
2.0	29/09/2022	M. Tai, General Manager Operations	29/09/2025

Guidelines for Children at Risk of Anaphylaxis (Appendix 1)

All children who have been diagnosed as at risk of anaphylaxis must have an up to date ASCIA Anaphylaxis Action Plan in place prior to commencing or resuming care at an Intereach Children's Service.

the Anaphylaxis Action Plan will include:

- identification of the child;
- parent/guardian contact details;
- details of medical practitioner completing the plan;
- documentation of confirmed allergens, first aid response and prescribed medication;
- instructions of the auto-immune adrenalin device, e.g. Epipen (or other Adrenaline Autoinjector) prescribed;

the Anaphylaxis Action Plan will be displayed at the service;

parents are responsible for ensuring that educators at the service are made aware of any changes to the Anaphylaxis Action Plan – this will require an updated form to be provided and signed by the prescribing doctor;

parents are responsible for ensuring the service is aware of any other medical conditions and medications that the child may require;

parents of a child diagnosed as being at risk of anaphylaxis will be provided with a copy of Dealing with Medical Conditions Procedure;

an appropriate Risk Minimisation Plan will be developed regarding the child's allergy in consultation with the family. The Risk Minimisation Plan will be signed by the Nominated Supervisor and the parent/guardian;

each time a child who is diagnosed as being at risk of anaphylaxis attends, their auto-immune adrenalin device must be provided. If a child arrives without an auto-immune adrenalin device, they will not be permitted to stay at the service;

auto-immune adrenalin devices will be stored in an easily identifiable place (inaccessible to children) and in line with manufacturers storage conditions:

- Keep stored in the carrier tube provided;
- Store below 25°C – temperature excursions between 15°C and 25°C are permitted;
- Protect from light;
- Do not refrigerate; and,

any other medication used to counteract anaphylaxis or allergy signs and symptoms will be stored as per manufacturer's instructions in a locked container or cupboard inaccessible to children.

In relation to the child at risk from food-related allergies:

children with severe allergies or at risk of anaphylaxis must only eat food that has been specially prepared for him/her. Where the service is preparing food for the child, they will ensure that it has been prepared according to the parent/guardians instructions. Some parents/guardians may choose to provide food for their child;

all food for this child should be checked and approved by the child's parent/guardian. It is the parent/guardians responsibility to ensure that bottles, other drinks and lunch boxes, including any treats, provided by parents/guardians are clearly labelled with the child's name;

unsupervised trading or sharing of food and food utensils between children will be discouraged;

in some circumstances, it may be appropriate that a child who is highly allergic 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; and,

when a young child is allergic to milk, ensure non-allergic babies are held when they drink formula/milk.

In relation to other practices at Intereach Children's Services:

Intereach Children's Services Dealing with Medical Conditions Procedure

ensure tables, bench tops and high chairs are washed down after eating;
encourage hand washing for all children upon arrival at the service, before and after eating;
restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children;
educators will discuss the use of foods in such activities (such as cooking) with parents/guardians;
educators are trained about measures necessary to prevent cross-contamination between foods during the handling, preparation, and serving of food – such as careful cleaning of food preparation areas and utensils; and,
where food is brought from home to the educator's premises, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined by the service.

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

staff and educators carry out risk assessments of play spaces to minimise exposure to known triggers; and,
children will be supervised at all times;

Where a child is having a suspected allergic reaction, the following steps should be followed:
administer first aid or medical treatment according to either the:

 Allergy Action Plan;

 A doctor's instructions; or

 The Triple Zero (000) operator;

 dial Triple Zero (000) for an Ambulance and call the Nominated Supervisor for them to notify the families in accordance with the Regulation and guidelines on emergency procedures; and,
educators must inform the Nominated Supervisor if they administer any medication. The Nominated Supervisor must follow the Serious Incident Procedure.

In relation to a situation when an auto-immune adrenalin device is used:

the time of administering should be noted and given to the Ambulance Officers. It is suggested that a pen be kept in the location of the auto-immune adrenalin device;
any auto-immune adrenalin device that has been used should be given to the Ambulance Officers for disposal; and,
a recently expired auto-immune adrenalin device should be used in preference to not using one (when directed by a medical professional).

Guidelines for Managing Children with Asthma (Appendix 2)

To facilitate effective care for a child with asthma, staff and educators will:

ensure families provide the following information upon enrolment:

- the child's health, medications, allergies;
- their doctor's name, address and phone number;
- emergency contact names and phone numbers;
- an asthma action plan or management plan approved by their doctor;
- on enrolment and prior to the child starting in the service, or when the child is diagnosed, parents are required to update educators when changes to their asthma/treatment occur;

ensure the appropriate Medication Form is signed when asthma medication is administered;

be aware of aspects of the indoor environment that may be triggers for asthma in children;

reduce exposure of children to indoor allergens by:

- regularly vacuuming and shampooing carpets, rugs and upholstered furniture and washing fluffy toys;
- regularly cleaning bedclothes;
- treating and preventing the growth of mould (when using chemical sprays such as pesticides and cleaning agents, spray when children are not present in the immediate vicinity);
- controlling pest infestations;
- minimising keeping pets indoors and ensuring they are in a clean and healthy condition;
- using dust resistant mattresses and pillow covers; and,

an Asthma Emergency Kit will be kept on premises at all times and will include an appropriate asthma reliever, spacer and or face mask. An Asthma Emergency Kit will be taken on all excursions.

When a child has a mild asthma attack, the following steps should be followed:

administer first aid or medical treatment according to either the:

- Emergency Asthma Action Plan, or
- the child's Asthma Management Plan.

if asthma worsens, follow the steps below for an acute asthma attack.

When a child is having an acute asthma attack, the following steps should be followed:

administer first aid or medical treatment according to either the:

- Emergency Asthma Action Plan;
- the child's Asthma Management Plan;
- a doctor's instructions; or
- the Triple Zero (000) operator;

dial Triple Zero (000) for an Ambulance and call the Nominated Supervisor for them to notify the families in accordance with the Regulation and guidelines on emergency procedures; and, educators must inform the Nominated Supervisor if they administer asthma medication. The Nominated Supervisor must follow the Serious Incident Procedure.

Guidelines for Managing Children with Diabetes (Appendix 3)

The Nominated Supervisor will:

ensure the following plans are developed in consultation with the child's parents/guardians and available at the service for each child with diabetes, including:

- a Medical Management Action Plan signed by a medical practitioner;
- a medical conditions Risk Management Plan;
- a medical conditions Communications Plan;

compile a list of children with diabetes and placing it in a secure but readily accessible location known to all staff. This should include the diabetes management plan for each child;

follow the strategies developed for the management of diabetes at the service (refer to below Strategies for the Management of Diabetes in Children at the Service);

ensure that all staff, including casual and relief staff, are aware of children diagnosed with diabetes, symptoms of low blood sugar levels, and the location of medication and diabetes management plans;

ensure that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with diabetes;

communicate with parents/guardians regarding the management of their child's diabetes; and,

ensure that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service.

To facilitate effective care for a child with diabetes, staff and educators will:

ensure families provide the following information upon enrolment:

- the child's health and medications;
- their doctor's name, address and phone number;
- emergency contact names and phone numbers;
- a Medical Management Action Plan signed by a medical practitioner;
- on enrolment and prior to the child starting in the service, or when the child is diagnosed, parents/guardians are required to update educators when changes to their asthma/treatment occur; and,

ensure the Medication Form is signed when diabetes medication is administered.

Parents/guardians are responsible for:

providing the service with a current diabetes management plan explicitly prepared for their child and signed by their diabetes medical specialist team;

assisting the staff in developing a:

- a Medical Management Action Plan signed by a medical practitioner;
- a medical conditions Risk Management Plan;
- a medical conditions Communications Plan; and,

ensuring that they provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes management plan.

Strategies for the management of diabetes in children at the service

Strategy	Action
Monitoring of blood glucose (BG) levels	<p>Checking of blood glucose (BG) levels is performed using a blood glucose meter (refer to Definitions) and a finger pricking device. The child's diabetes management plan should state the times that BG levels should be checked, the method of relaying information to parents/guardians about BG levels and any intervention required if the BG level is found to be below or above certain thresholds. A communication book can be used to provide information about the child's BG levels between parents/guardians and the service at the end of each session.</p> <p>Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done while a child is at the service – at least once, but often twice. Routine times for testing include before meals, before bed and regularly overnight.</p> <p>Additional checking times will be specified in the child's diabetes management plan. These could include such times as when a 'hypo' is suspected.</p> <p>Children are likely to need assistance with performing BG checks. Parents/guardians should be asked to teach the service staff about BG testing.</p> <p>Parents/guardians are responsible for supplying a blood glucose meter, in-date test strips and a finger pricking device for use by their child while at the service.</p>
Managing hypoglycaemia (hypos)	<p>Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes management plan. A checklist of what signs to look for should be displayed in a prominent position in the service.</p> <p>Parents/guardians are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container.</p> <p>This hypo container must be securely stored and readily accessible to all staff.</p>
Administering insulin	<p>Administration of insulin during service hours is unlikely to be required; this will be specified in the child's diabetes management plan.</p> <p>As a guide, insulin for service-aged children is commonly administered: – twice a day: before breakfast and dinner at home – by a small insulin pump worn by the child.</p>
Managing ketones	<p>Children on an insulin pump will require ketone testing when their BG level is >15.0 mmol/L.</p> <p>Staff must notify parents if the ketone level is >0.6 mmol/L (refer to the child's diabetes management plan).</p>

Intereach Children's Services Dealing with Medical Conditions Procedure

Strategy	Action
Off-site excursions and activities	<p>With proper planning, children should be able to participate fully in all service activities, including attending excursions.</p> <p>The child's diabetes management plan should be reviewed prior to an excursion, with additional advice provided by the child's diabetes medical specialist team and/or parents/guardians, as required.</p>
Infection control	<p>Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-infection when checking BG levels, handwashing, having one device per child and not sharing devices between individuals, using disposable lancets and safely disposing of all medical waste.</p>
Timing meals	<p>Most meal requirements will fit into regular service routines.</p> <p>Children with diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime, children with diabetes cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</p>
Physical activity	<p>Exercise should be preceded by a serve of carbohydrates.</p> <p>Exercise is not recommended for children whose BG levels are high, as it may cause BG levels to become more elevated.</p> <p>Refer to the child's diabetes management plan for specific requirements in relation to physical activity.</p>
Participation in special events	<p>Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents/guardians.</p> <p>Services should provide food and drink alternatives when catering for special events, such as low sugar or sugar-free drinks and/or sweets. This should be planned in consultation with parents/guardians.</p>
Communicating with parents	<p>Services should communicate directly and regularly with parents/guardians to ensure that their child's individual diabetes management plan is current.</p> <p>Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns.</p> <p>Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.</p>