



MEDICAL CONDITIONS POLICY

POLICY STATEMENT

Clovelly out of School Care will work closely with children, families and where relevant schools and other health professionals to manage medical conditions of children attending the service. We will support children with medical conditions to participate fully in the day to day program in order to promote their sense of wellbeing, connectedness and belonging to the service ("My Time, Our Place" 1.2, 3.1).

Our educators will be fully aware of the nature and management of any child's medical condition and will respect the child and the family's confidentiality ("My Time, Our Place" 1.4). Medications will only be administered to children in accordance with the National Law and Regulations.

PROCEDURE

Dealing with medical conditions:

- Families will be asked to inform the service of any medical conditions the child may have at the time of enrolment. This information will be recorded on the child's enrolment form.
- Upon notification of a child's medical condition, the service will provide the family with a copy of this policy in accordance with the national regulations.
- Specific or long-term medical conditions will require the completion of a medical management plan developed in conjunction with the child's doctor and family.
- It is a requirement of the service that a risk minimisation plan and communication plan is developed in consultation with the child's family. The Director will meet with the family as soon as possible prior to the child's attendance to discuss the content of the plan to assist in a smooth and safe transition of the child into the service.
- Content of the management plan will include:
 - Identification of any risks to the child or others by their attendance at the service.
 - Identification of any practices or procedures that need adjustment at the service to minimise risk e.g. food preparation procedures.
 - Process and time line for orientation or training requirements of educators.
 - Methods for communicating between the family and educators if there are any changes to the child's medical management plan.
- The medical management plan will be followed in the event of any incident relating to the child's specific health care need, allergy or relevant medical condition. All educators including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated regarding the necessary management. In some cases, specific training will be provided to educators to ensure that they are able to effectively implement the medical management plan.
- Where a child has an allergy, the family will be asked to supply information from their doctor explaining the effects if the child is exposed to whatever they are allergic to and to explain ways the educators can help the child if they do become exposed.
- Where possible the service will endeavour to not have that allergen accessible in the service.
- All medical conditions including food allergies will be placed on a noticeboard near the kitchen area out of the sight of general visitors and children. It is deemed the responsibility of every educator at the service to regularly read and refer to the list.



- All educators will be informed of the list on initial employment and provided orientation on what action to take in the event of a medical emergency involving that child.
- Where a child has a life-threatening food allergy and the service provides food, the service will endeavour not to serve the particular food allergen in the service when the child is in attendance and families will be advised not to supply that allergen for their own children. Families of children with an allergy may be asked to supply a particular diet if required (e.g. soy milk, gluten free bread).
- Where medication for treatment of long-term conditions such as asthma, diabetes, epilepsy, anaphylaxis or ADHD is required, the service will require an individual medical management plan from the child's medical practitioner or specialist detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition is to be managed in the service environment.
- In the event of a child having permission to self-medicate this must be detailed in an individual medical management plan including recommended procedures for recording that the medication has been administered. The doctor must provide this plan. In a one-off circumstance the service will make an exception to this rule and will require the families to complete the procedure for the educators to administer the medication.

Administration of Medication:

- Prescription medication will only be administered to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication will not be administered at the service unless authorised by a doctor.
- Educators will only administer medication during services operating hours.
- Permission for a child to self-medicate will be administered with the families written permission only, or with the verbal approval of a medical practitioner or parent in the case of an emergency.
- In the event that a case of emergency requires verbal consent to approve the administration of medication, the service will provide written notice to the family as soon as practical after administration of the medication.
- An authorisation is not required in the event of an asthma or anaphylaxis emergency however the authorisation must be sought as soon as possible after the time the parent and emergency services are notified.
- Families who wish for medication to be administered to their child or have their child self-administer the medication at the service must complete a medication form providing the following information;
 - Name of child.
 - Name of medication.
 - Details of the date, time and dosage to be administered. (General time, e.g. lunchtime will not be accepted.)
 - Where required, indicate if the child is allowed to administer the medication themselves or have an educator do it.
 - Signature of family member. •
- Medication must be given directly to an educator and not left in the child's bag. Educators will store the medication in a designated secure place, clearly labelled and ensure that medication is kept out of reach of children at all times.
- If anyone other than the parent is bringing the child to the service, a written permission note from the parent, including the above information, must accompany the medication.
- An exception to the procedure is applied for asthma medication for severe asthmatics in which case the child may carry their own medication on their person with parental permission. Where a child carries their own asthma medication, they should be encouraged to report to an educator their use of the puffer as soon as possible after administering and the service maintain a record of this medication administration including time, educator advised and if the symptoms were relieved.



- Before medication is given to a child, the educator (with current First Aid Certificate) who is administering the medication will verify the correct dosage for the correct child with another educator who will also witness the administration of the medication.
- After the medication is given, the educator will record the following details on the medication form: Name of medication, date, time, dosage, name and signature of person who administered and name and signature of person who verified and witnessed.
- Where a medical practitioner's approval is given, educators will complete the medication form and write the name of the medical practitioner for the authorisation.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that is potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen to which they are allergic which is usually a food, insect sting or medication. The aim of this policy is to not only minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service, but also to ensure that educators respond appropriately to any anaphylactic reaction. Educators must be able to initiate appropriate treatment, including competently administering an Epi-Pen. The service also aims to raise the community awareness of anaphylaxis and its management through education and policy implementation.

The Nominated Supervisor will ensure:

- That all permanent educators, whether they have a child diagnosed at risk of anaphylaxis undertakes current training in the administration of the adrenaline auto-injection device and cardiopulmonary resuscitation.
- Ensure that all educators are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and Epi Pen kit.
- That a copy of this policy is provided and reviewed during each new educators' induction process.
- A copy of this policy will be provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service.
- Ensure updated information, resources and support is regularly given to families for managing allergies and anaphylaxis.

Where a child diagnosed at risk of anaphylaxis is enrolled the Nominated Supervisor will also:

- Assess the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with educators and the families of the child/children.
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without the device.
- Display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCI) generic poster called Action Plan for Anaphylaxis for each child with a diagnosed risk of anaphylaxis, in key locations at the service.
- 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. This plan should also be kept with the medication for educator's ease of access.
- Ensure that all educators responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels.



- Ensure that a notice is displayed prominently in the main entrance of the children's service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service.
- Implement the communication strategy and encourage ongoing communication between parents/guardians and educators regarding the current status of the child's allergies, this policy and its implementation.

Educators responsible for the child at risk of anaphylaxis will:

- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to educators in 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 event where a child who has not been diagnose, 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 emergency contact if the parents or guardian can't be contacted
- Ensure the child at risk of anaphylaxis will only eat food that has been prepared according to the parents or guardians' instructions.
- Ensure tables and bench tops are washed down effectively after eating.
- Ensure hand washing for all children upon arrival at the service and before and after eating.
- Increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, community events.
- 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.
- Ensure that the auto-injection device kit is stored in a location that is known to all educators, including relief educators; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by an educator accompanying the child when the child is removed from the service e.g. on excursions that this child attends.
- Regularly check and record 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).
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.

Parents/guardians of children will:

- Inform educators at the children's service, either on enrolment or on diagnosis, of their child's allergies.
- Develop an anaphylaxis risk minimisation plan with service educators.
- Provide educators 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 the service with a complete auto-injection device kit.
- Regularly check the adrenaline auto-injection device expiry date.



- Assist educators by offering information and answering any questions regarding their child's allergies.
- Notify the service 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 educators, for example, any matter relating to the health of the child.
- 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.
- Read and be familiar with the policy.
- Identify and liaise with the nominated supervisor on duty.
- Bring relevant issues to the attention of the nominated supervisor and approved provider.

In the event that a child suffers from an anaphylactic reaction the Service and educators will:

- Follow the child's anaphylaxis action plan.
- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Contact the parent/guardian.
- Contact the emergency contact if the parents or guardian can't be contacted.

Asthma

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. Community education and correct asthma management will assist to minimise the impact of asthma. It is generally accepted that children under the age of six do not have the skills or ability to recognise and manage their own asthma effectively. With this in mind, our service recognises the need to educate its educators and families about asthma and to promote responsible asthma management strategies.

The Nominated Supervisor will ensure:

- That all permanent educators have completed first aid and emergency asthma management training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each educators certificate held on the Service's premises.
- Ensure that all educators are aware of the symptoms of an asthma attack, the children with this diagnosed medical condition in the service and the Asthma Action Plan to be followed in the event of an emergency.
- That a copy of this policy is provided and reviewed during each new educator induction process.
- A copy of this policy will be provided to a parent or guardian of each child diagnosed with asthma at the service.
- Ensure updated information, resources and support is regularly given to families for managing asthma.
- Ensure that at least one educator on the premises always has completed accredited asthma training (Emergency Asthma Management) as per the requirements of the Regulations.
- Provide an Asthma Action Plan to families with a child diagnosed with asthma, prior to enrolment to be completed and signed by the child's registered medical practitioner and returned before enrolment commences at the service.
- Ensure children diagnosed with asthma have a current action plan as well as prescribed medication on site always. Without these, the child must not attend.
- Ensure that Asthma first aid posters are displayed in key locations (These can be obtained from; Asthma Australia Resources).

Educators responsible for the child diagnosed with asthma will:



- Ensure a copy of the child's emergency management plan is visible and known to educators in the service.
- Follow the child's Asthma Action Plan in the event of an asthma attack.
- Increase supervision of a child at risk of having an asthma attack on special occasions such as excursions, incursions, sports or community events.
- Ensure that an asthma action plan signed by the child's Registered Medical Practitioner and prescribed medications such as a reliever are provided by the parent/guardian for the child while at the service each day that they attend.
- Ensure that the medication is stored in a location that is known to all educators, including relief educators; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Regularly check and record the medication expiry date. Request new medication from families when needed.
- Provide information to the service community about resources and support for managing asthma in children.

If a child suffers from an asthma attack the service and educators will: -

- Follow the child's asthma action plan.
- Suitably experienced and trained educators will commence first aid measures according to Asthma Action Plan.
- Contact the parent/guardian.
- Contact the emergency contact if the parents or guardian can't be contacted.
- Call 000 for an ambulance if needed.
- In the event of a severe asthma attack, the Ambulance service will be contacted on 000 immediately and the 4 step Asthma Action Plan will be implemented until Ambulance officers arrive.

Parents/guardians of children will:

- Inform educators at the children's service, either on enrolment or on diagnosis, of their child's asthma/medical condition.
- Provide educators with an asthma action plan signed by the Registered Medical Practitioner giving written consent to use the prescribed medication in line with this action plan.
- Provide educators with all prescribed medications relating to this medical condition.
- Assist educators by offering information and answering any questions regarding their child's medical condition.
- Notify the educators of any changes to their child's medical condition and provide a new management plan in accordance with these changes.
- Communicate all relevant information and concerns to educators, for example, any matter relating to the health of the child.
- Comply with the service's policy that no child who has been prescribed medication for a diagnosed medical condition is permitted to attend the service or its programs without that medication.
- Bring relevant issues to the attention of the nominated supervisor on duty and the approved provider.

Diabetes

Diabetes in children can have a significant impact on children and families. Most children will require additional support from education and care service educators to manage their diabetes while in attendance. It is important that communication is open between families and educators so that management of diabetes is effective. Children diagnosed with Diabetes will not be enrolled into the service until the child's medical

plan is completed and signed by their health team or Medical Practitioner and the relevant educators have been trained on how to manage the individual child's diabetes. •



Type 1 Diabetes is an autoimmune condition, which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment type -1 diabetes is life threatening.

Type -2 Diabetes occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce enough insulin (or a combination of both). Type -2 diabetes affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type -2 diabetes is unlikely to be seen in children under the age of 4 years old.

The Nominated Supervisor will ensure:

- Parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes Management Policy and the Medical Conditions Policy.
 - All educators including volunteers are provided with a copy of the Diabetes Management policy along with the Medical Conditions Policy annually.
 - A copy of this policy is provided and reviewed during each educators' induction process.
 - At least one educator on the premises have completed first aid training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each educator's certificate held on the Service's premises.
 - When a child diagnosed with diabetes is enrolled, all educators attend regular training on the management of diabetes and, where appropriate, emergency management of diabetes.
 - Ensure at least one educator who has completed accredited training in emergency diabetes first aid is present in the service always whenever children with diabetes are being cared for in the service.
 - Ensure there is an educator who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and knows what action to take if these are abnormal.
 - Ensure the family supplies all necessary glucose monitoring and management equipment.
 - A Medical Conditions Risk Minimisation plan is completed for each child diagnosed outlining procedures to minimise the risks involved. The plan will cover the child's known triggers and where relevant other common triggers which may lead to a Diabetic emergency.
 - All educators are trained to identify children displaying the symptoms of a diabetic emergency and location of the Diabetic Management Plan as well as the Emergency Management Plan.
 - All educators, including casual are aware of children diagnosed with diabetes attending the service, symptoms of low blood sugar levels, and the location of diabetes management plans and emergency management plans.
 - Each child with type-1 diabetes must hold a current individual Diabetes Management Plan prepared by the individual child's diabetes medical specialist team and supply it to the service prior to enrolment and commencing.
 - Ensure that a child's Diabetes Management Plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will describe any prescribed medication for that child as well as the emergency management of the child's medical condition.
 - Before the child's enrolment commences, the family will meet with the service and its educators to begin the communication process for managing the child's medical condition in consultation with the registered medical practitioners' instructions.
 - A communication plan is developed for educators and parents/guardians encouraging ongoing communication between parents/guardians and educators regarding the management of the child's
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- medical condition, the status of the child's medical condition, this policy and its implementation within the service operations.



- An educator accompanying children outside the service carries the appropriate monitoring equipment, any prescribed medication, a copy of the Diabetes Management and Emergency Medical Management Plan for children diagnosed with diabetes, attending excursions and other events.
- The programs delivered at the service are inclusive of children diagnosed with diabetes and children with diabetes can participate in all activities safely and to their full potential.
- All educators and volunteers at the service are aware of the strategies to be implemented for the management of diabetes at the service in conjunction with each child's diabetes management plan.
- Updated information, resources and support is regularly given to families for managing childhood diabetes.
- Ensure that no child diagnosed with diabetes attends the service without the appropriate monitoring equipment and any prescribed medications.
- Ensure availability of meals, snacks and drinks that are appropriate for the child and are in accordance with the child's Diabetes Management plan always.

Educator responsible for a child diagnosed with diabetes will:

- Read and comply with this Medical Conditions Policy.
- Know which children are diagnosed with diabetes, and the location of their monitoring equipment, Diabetes Management and Emergency Plans and any prescribed medications.
- An appropriately trained educator will perform finger-prick blood glucose or urinalysis monitoring and will act by following the child's diabetes management plan if these are abnormal.
- Communicate with parents/guardians regarding the management of their child's medical condition.
- 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.
- Follow the strategies developed for the management of diabetes at the service
- Follow the Risk Minimisation Plan for each enrolled child diagnosed with diabetes
- Ensure a copy of the child's Diabetes Management Plan is visible and known to educators in the service.
- Take all personal Diabetes Management Plans, monitoring equipment, medication records, Emergency Management Plans and any prescribed medication on excursions and other events outside the service.
- Recognise the symptoms of a diabetic emergency and treat appropriately by following the Diabetes Management Plan and the Emergency Management Plan.
- A suitably trained and qualified educator will administer prescribed medication if needed according to the Emergency Medication Management Plan in accordance with the service's Administration of Medication Policy.
- Identify and where possible minimise possible triggers as outlined in the child's Diabetes Management Plan and Risk Minimisation Plan.
- Ensure that children with diabetes can participate in all activities safely and to their full potential.
- Regularly check and record the expiry date of the prescribed medication relating to the medical condition.
- Provide information to the service about resources and support for managing childhood diabetes.
- Ensure there are glucose foods or sweetened drinks readily available to treat hypoglycaemia always (low blood glucose), e.g. glucose tablets, glucose jelly beans, etc

Parents/guardians of children diagnosed with diabetes will:



- Inform educators at the service, either on enrolment or on diagnosis, of their child's medical condition diabetes. Prior to the child commencing care, the following must be communicated with the service and educators;
 - Details of the child's health problem, treatment, medications and allergies.
 - Their doctor's name, address and phone number, and a phone number for contact in case of an emergency.
 - A Diabetes Care Plan following enrolment and prior to the child starting at the service which should include: - when, and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring - what meals and snack are required including food content, amount and timing - what activities and exercise the child can or cannot do - whether the child is able to go on excursions and what provisions are required.
 - A Diabetes Emergency Medical Plan following enrolment and prior to the child starting at the service which should include: - what symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose) - what action to take including emergency contacts for the child's doctor and family or what first aid to give according to the child's Emergency Management Plan.
- Develop an individual Medical Conditions Risk Minimisation Plan in conjunction with service educators.
- Provide educators with a copy of the child's Diabetes Management Plan and an Emergency Medication Management Plan developed and signed by a Registered Medical Practitioner for implementation within the service.
- Assist educators by offering information and answering any questions regarding their child's medical condition.
- Notify all educators of any changes to their child's medical condition and provide a new Diabetes Management Plan in accordance with these changes.
- Communicate all relevant information and concerns to educators, for example, any matter relating to the health of the child
- Comply with the service's policy that no child who has been diagnosed with diabetes is permitted to attend the service or its programs without the appropriate monitoring and emergency management equipment.
- Read and be familiar with the policy.
- Bring relevant issues to the attention of both educators and the approved provider.

Diabetic Emergency A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency – very low blood sugar (hypoglycaemia, usually due to excessive insulin); or very high blood sugar (hyperglycaemia, due to insufficient insulin).

The more common emergency is hypoglycaemia. This can result from too much insulin or other medication, not having eaten enough of the correct food, unaccustomed exercise or a missed meal.

Signs and symptoms:

If caused by low blood sugar, the person may:

- *Feel dizzy, weak, tremble and hungry.*
- *Look pale and have a rapid pulse.*
- *Sweating profusely.*
- *Numb around lips and fingers.*
- *Appear confused or aggressive.*
- *Unconsciousness.*

If caused by high blood sugar, the person may:



- *Feel excessively thirsty.*
- *Have a frequent need to urinate.*
- *Have hot dry skin, a rapid pulse, drowsiness.*
- *Have the smell of acetone (like nail polish remover) on the breath.*
- *Unconsciousness.*

In any medical emergency involving a child with diabetes, the service educators will immediately dial 000 for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures, and administer first aid or emergency medical aid according to the child's Diabetes Management or Emergency Plan.

RELEVANT DOCUMENTS FOR CONSIDERATION

Parent Handbook

Staff Handbook

Enrolment and Orientation Policy

Providing a Child Safe Environment Policy

Management of incident, Injury, Trauma and illness policy

Disability Discrimination Act 1975

NSW Antidiscrimination Act 1977

Work Health and Safety Act 2011

Individual Medical Management Plans and corresponding resources. - My Time, Our Place

| Version number | Date effective | Description of amendment |
|----------------|----------------|--|
| 1 | March 2016 | Changes to wording |
| 2 | April 2017 | Change to procedure |
| 3 | May 2018 | Changes to wording |
| 4 | March 2020 | Changes to wording and additional procedures |

Considered and accepted by the Management Committee (representative) –

Considered and accepted by the staff (representative) – Katrina Thomas