

DEALING WITH MEDICAL CONDITIONS POLICY

Aim:

To ensure the correct procedure in relation to administering medication occurs whilst caring for children with specific medical conditions (including asthma, diabetes, allergy and anaphylaxis).

Explanation:

It is imperative that children are administered medication in the safest way possible and that the nominated supervisor, staff and volunteers are able to follow procedure in handling medication

Implementation:

Enrolment:

- On application for enrolment, families will be required to complete full details about their child's medical needs. We will assess whether educators are appropriately trained to manage the child's health considerations at that time.
- Where children require medication or have specific health care needs for medical conditions (for example diabetes, asthma, allergy or anaphylaxis), the child's doctor or allied health professional and parent/guardian must complete a Medical Management Plan. Such a plan will detail the child's health support needs including administration of medication and other actions required to manage the child's condition.

Medical Management		
Medical Management Plan	Risk Minimisation	Communication plan
See key terms	See key terms	See key terms

- The Nominated Supervisor will also consult with the child's family to develop a Risk Minimisation and Communication Plan (see explanation below).
- Medical details are to be recorded on the Medical Authority Form (long or short term) by parents and witnessed by staff.
- A medication form is to be filled out for each medicine.
- Medication must have original container clearly marked showing child's name, name of medication, dosage amount, administration method, the times medication is to be given and expiry date.
- All medication must be handed directly to a staff member who must then ensure medication is placed in a location not available to children yet easily accessible to staff and stored at a temperature in accordance with instructions. In the case of prescribed adrenaline injectors and asthma medication, they will not be locked away and will be stored where they are not available to children
- Details must be checked on form as well as container before administering medication.
- Administration of medications form must include: child's name, authorisation to administer medications, name of the medicine, time & date last administered, time & date given, dosage, method, signature of staff giving the medication and staff to witness it.
- Staff must make sure there is someone to witness the administering of medication.
- Both staff (the one administering and the one witnessing) must then print full name and sign to say the medication was administered and witnessed.
- All medication must be returned to the locked container or refrigerator and kept out of reach of children before returning to parents on collection of child.

- Children on long-term medication must provide a letter from their Doctor stating reasons for medication (except sudocrem). This letter must be updated annually or when medication is changed by a doctor.
- In the event of an incident relating to any child with specific health needs, allergies or other relevant conditions - staff will follow their medical management plan.
- In the case of anaphylaxis or asthma emergency, nominated supervisor or approved provider may administer appropriate medication then notify their child's parents and emergency services.
- Medication, including emergency medication, and Medical Management Plans will be taken whenever the child goes to off-site activities.
- Medication will be checked at least quarterly to ensure it has not expired and does not need replacing. Staff will inform the parents/ guardians if medication needs to be replaced (if used or about to expire).

Risk Minimisation and Communication Plans

Risk Minimisation and Communication Plans are required to be developed in consultation with the parents of a child:

- 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, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented.
- 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.
- to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's risk minimisation plan and the location of the child's medication are developed and implemented.
- if relevant, to ensure that practices and procedures ensuring 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.
- If a child's medical, physical, emotional or cognitive state changes the family will need to complete a new Medical Management Plan and our service will re-assess its ability to care for the child, including whether educators are appropriately trained to manage the child's ongoing specific needs. This assessment will include parent meetings, key stakeholder input, and approval by Area Director.

Changes to Medical and/or Care Needs				
Can include	Medical	Physical	Emotional	Cognitive
Complete if relevant	Medical Management Plan	Risk Minimisation	Communication plan	Behaviour Management Plan
See key terms	See key terms	See key terms	See key terms	

Narnia will ensure that:

- relevant staff members and volunteers are informed about the medical conditions policy, medical management plan and risk minimisation plan for children
- a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.
- families and educators communicate regarding the child's/children's changing requirements and any interventions undertaken by the educators.
- personal information given by parents/guardians is collected, used, shared as needed, stored and destroyed (when no longer needed) according to the relevant Privacy Act in that state.
- the service receives written permission from the parents before the child's Action Plan is displayed in public areas.

Key terms

Term	Meaning	Source
ACECQA – Australian Children’s Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.	acecqa.gov.au
Approved anaphylaxis management training	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations
Approved first aid qualifications	A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Matters are likely to include: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device.	National Regulations
Communication plan	A plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.	
Medication	Medicine within the meaning of the <i>Therapeutic Goods Act 1989</i> of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au).	National Regulations
Medical condition	This may be described as a condition that has been diagnosed by a registered medical practitioner.	Guide to the NQF
Medical management plan	A document that has been prepared and signed by a registered medical practitioner that describes symptoms, causes, clear instructions on action and treatment for the child’s specific medical condition, and includes the child’s name and a photograph of the child.	
Risk minimisation plan	A document prepared by service staff for a child, in consultation with the child’s parents, setting out means of managing and minimising risks relating to the child’s specific health care need, allergy or other relevant medical condition.	Guide to the NQF

This policy links to the following:

National Quality Standards: 2.1.1, 2.1.3, 2.1.4, 2.2.1, 4.2.1, 5.1.1, 5.1.2, 5.1.3, 5.2.3, 6.1.1

Education and Care Service National Regulations 2011: 90, 91, 92, 93, 94, 95

Asthma Australia

Australasian Society of Clinical Immunology and Allergy www.allergy.org.au

Allergy and Anaphylaxis Australia www.allergyfacts.org.au

Australian Diabetes Council

Cela

ASTHMA

- Every child that is known to have Asthma must have a Medical Management Plan.
- The Asthma First Aid Plan Poster is displayed adjacent to the Emergency Asthma Kit.
All children identified with asthma will have their photo displayed with written permission from parents to alert educators.
- Any equipment used from the Asthma First Aid Kit is to be cleaned in accordance with NSW Health recommendations.
- It is the responsibility of the parents to notify the staff of any changes to their child's Asthma medication.
- Parents must provide a puffer and spacer in a clearly labelled container. A medical management plan will be placed in with puffer and with the child's enrolment records.
The child's records are to be kept up to date with any changes to medication or preventives.
All parents and staff are to be made aware of the Asthma Policy and procedures, along with information/training made available.
- During transition visits an asthma first aid kit will be taken.

Asthma Emergencies

- In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible. The National Asthma Council Australia (NAC), recommends that should a child not known to have asthma appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately.

The following steps are recommended:

- If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma;
- Give 4 puffs of a reliever medication and repeat if no improvement;
- Keep giving 4 puffs every 4 minutes until the ambulance arrives;



DIABETES

- Testing should be completed in accordance with medication procedure.
- Child's medical equipment will be written up in accordance with service medication form.
- If child becomes unconscious call ambulance immediately.
- Children are not to share food in any form during preschool hours. Staff or nominated person to sit with children during meals to monitor.
- Children with diabetes are required to eat all food given by parents at preschool.
- Whenever a child with diabetes is enrolled at our service, or is newly diagnosed as having diabetes, a communications plan will be developed to inform all relevant educators, including students and volunteers, of:
 - the child's name and room they are educated and cared for in;
 - the child's Risk Minimisation Plan;
 - where the child's Medical Management Plan will be located;
 - where the child's insulin/snack box etc. will be stored;
 - which educators will be responsible for administering treatment.
- Educators will be aware of the signs and symptoms of low blood sugar including the child presenting pale, hungry, sweating, weak, confused and/or aggressive. Signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath.
- Management of diabetes in children at our service will be supported by the child having in place an Emergency Action Plan which includes:
 - Administration of insulin, if needed – information on how to give insulin to the child, how much insulin to give, and how to store the insulin. Insulin may be delivered as a shot, an insulin pen, or via an insulin pump.
 - Oral medicine – children may be prescribed with oral medication.
 - Meals and snacks – Including permission to eat a snack anytime the child needs it.
 - Blood sugar testing – information on how often and when a child's blood sugar may need to be tested by educators.
 - Symptoms of low or high blood sugar – one child's symptoms of low or high blood sugar may be different from another. The child's Medical Management Plan should detail the child's symptoms of low or high blood sugar and how to treat it. For high blood sugar, low blood sugar, and/or hypoglycemia, educators will follow the child's Medical Management procedures.

ALLERGY and ANAPHYLAXIS

- Staff will monitor the intake of food by children due to the increased percentage of children suffering from food induced allergies.
- Parents are to fill out the appropriate section in the enrolment form in regards to ALL allergies. If a child with anaphylaxis or allergies is enrolled at the service a Risk Minimisation Plan will be completed. Parents are to provide an action plan prepared by a medical practitioner.
- Every child that is known to have anaphylaxis must have an anaphylaxis action plan completed with child photos and doctor's signature. Parents will supply an epi pen every day the child attends.
- All children identified with an allergy or anaphylaxis will have their photo displayed with written permission from parents to alert educators. A notice will be placed in the foyer notifying families that a child with anaphylaxis is enrolled.
- If by accident, a child does eat a food type that they are allergic to then the parents are to be notified, the incident is to be documented and the Nominated Supervisor notified. Seek medical aid if necessary (per accident policy).
- Staff will be provided with **acecqa** approved training and will be educated about food allergies in general.

Anaphylaxis Emergencies

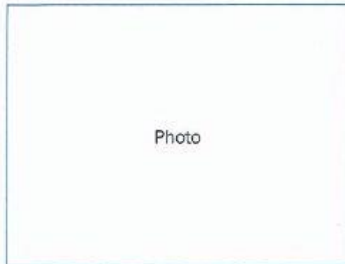
If a child/staff member or visitor requires medication to counteract an allergic/anaphylactic reaction- Adrenaline (epinephrine) given through an adrenaline injector (EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the first line emergency treatment for anaphylaxis.

- In the case of an anaphylaxis emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.
- For anaphylaxis emergencies, educators will follow the child's Medical Management Plan. The general use adrenaline injector can be used if the child does not have their prescribed adrenaline injector, if their device is not administered correctly, if the child requires a second dose or if a child does not have a prescribed device.
- Educators/staff administering the adrenaline will follow the instructions stored with the device. An ambulance will always be called. The used auto-injector will be given to ambulance officers on their arrival.
- Staff member is to stay with child until ambulance officers arrive.

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____



Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr _____

Signed _____

Date: _____

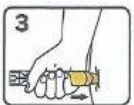
How to give EpiPen® or EpiPen® Jr



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



2 PLACE ORANGE END against outer mid-thigh (with or without clothing).



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.



4 REMOVE EpiPen®. Massage injection site for 10 seconds.

© ASCIA 2011. This plan was developed by ASCIA.

for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors
(with blue safety release and orange needle end)

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks
- Stay with person and call for help
- Give medications (if prescribed)
Dose:
- Locate EpiPen® or EpiPen® Jr
- Contact family/emergency contact



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)

ACTION

- 1 Lay person flat, do not stand or walk. If breathing is difficult allow to sit
- 2 Give EpiPen® or EpiPen® Jr
- 3 Phone ambulance*- 000 (AU), 111 (NZ), 112 (mobile)
- 4 Contact family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give EpiPen® or EpiPen® Jr

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information
