

Medical Conditions

Including Anaphylaxis and Allergy Awareness, Asthma, Diabetes, Epilepsy

Health Related Policy – Regulation 90, 91, 92, 93, 94, 95, 136, 168

Policy Statement

This policy sets out specific practices in relation to children who have been diagnosed with a specific health care need, allergy or relevant medical condition. Lipscombe Early Years Education and Care will ensure policies, procedures, the program and practices are developed, maintained and implemented to support the provision of a safe and healthy environment for all stakeholders.

Lipscombe Early Years Education and Care will ensure staff hold the required training and qualifications to administer medication (See Medication Policy for further detail) and understand the symptoms and triggers associated to the medical conditions outlined within this document.

This policy includes anaphylaxis, allergy awareness, asthma, diabetes and epilepsy.

Target Audience

Educators, children, families, volunteers, students on practicum placement

Definitions

- Lipscombe Early Years Education and Care is referred to in this document as the Service.
- **Anaphylaxis** is the most severe form of allergic reaction and is potentially life threatening. It should be treated as a medical emergency, requiring immediate treatment.
- **An allergy** is when the immune system reacts to substances (allergens) in the environment which are usually harmless (e.g. food proteins, pollen, dust mites).
- **Asthma** is a long-term lung condition. People with asthma have sensitive airways in their lungs which react to triggers, causing a 'flare-up'. In a flare-up, the muscles around the airway squeeze tight, the airways swell and become narrow and there is more mucus. These things make it harder to breathe.
- **Diabetes** is a serious complex condition which may affect the entire body. The three main types of diabetes. All types are complex and serious: type 1, type 2 and gestational diabetes.
- **Epilepsy** - Seizures and epilepsy are not the same. Epilepsy simply means that a person has shown a tendency to have recurring seizures.
- **Hypoglycaemia**, sometimes called a hypo or low, is a condition that occurs when a person's blood glucose level (BGL) has dropped too low.
- **Hyperglycaemia** means high blood sugar level. This can develop over many hours or days. It is possible for a person's blood sugar level to be high without them realising.

Aim

- To clearly identify children with a diagnosed specific health care need, including anaphylaxis, allergies, epilepsy, diabetes and asthma.
- To minimise the identified risks of an allergic/anaphylactic reaction and other diagnosed medical conditions of children enrolled and attending the Service.

- For the Service to facilitate effective care and management of children who have been diagnosed with a specific health care need (e.g. anaphylaxis, allergies, epilepsy, diabetes, asthma).
- Ensure that authorised staff members are able to respond appropriately by initiating appropriate treatment or first aid (e.g. competently administering an EpiPen).

Guidelines / Procedures

Enrolment of Children and Communicating Health Related Information

In line with the enrolment processes of Lipscombe Early Years Education and Care, the following procedures must be enacted in relation to each child who has been identified within the enrolment record as being diagnosed with a specific health care need, allergy or relevant medical condition:

- During the orientation process, where a child has been identified within the enrolment record as being diagnosed with a specific health care need, allergy or relevant medical condition, the Service must ensure that the parent/guardian of the child is provided with a copy of the Medical Conditions Policy and that the individual health needs of the child are identified and discussed; including specific , relevant risk minimisation strategies, required documentation and information and individual needs or requirements.
- Enrolment forms must be completed and returned to the Service prior to the child's commencement at the Service including the child's current Medical Management Plan. The Medical Management Plan must be completed and signed by the child's Doctor (registered medical practitioner), including details of relevant triggers and emergency treatment .
- A copy of the child's Medical Management Plan (e.g. ASCIA Action Plan), along with appropriate medication and a completed Risk Minimisation Plan and Communication Plan **must be provided to the Service BEFORE the child commences education and care at the Service.**
- Information regarding a child's specific health care need, allergy or relevant medical condition must be respectfully shared (in line with the Confidentiality Policy) with relevant staff members to support each child's health, safety and well-being (e.g. confidential staff notes/diary notes; staff/planning meetings).

The Medical Management Plan must clearly document:

- Clear identification of the child (i.e. full name, date of birth photo).
 - Actions to be taken, including first aid response and prescribed medication.
 - As applicable, allergens to be avoided (including known triggers).
 - Names and contact details of parents/guardians.
 - Name, signature and contact details of the doctor who has completed the Medical Management Plan.
 - The date the current Medical Management Plan was completed and the renewal date.
 - Refer below to 'Diabetes' for additional, specific requirements.
- A copy of the Medical Management Plan, Risk Minimisation Plan and Communication Plan must be maintained with the child's enrolment record, with the prescribed medication (including during excursions) and be readily available to staff as required, including within an emergency situation, while having regard to each child's privacy and the Australian Privacy Principles (APP).
 - Medical Management Plans, Risk Minimisation Plans and Communication Plans must be maintained as current (i.e. updated at least annually). All medication must be prescribed and in date (see Medication Policy for further details).

Risk Minimisation and Communication Plans

- In line with the *Education and Care Services National Regulations*, the Service, in conjunction with the parents/guardians must develop a Risk Minimisation and Communication Plan to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.
- Details contained in the Medical Management Plan may be used to inform the Risk Minimisation and Communications Plan.

- Once developed, the Service must ensure that the information contained in the Risk Minimisation and Communication Plan is effectively shared with educators/ staff/volunteers at the program the child will attend (including content, updates, location etc.). This must be done in a respectful and confidential manner, with regard being given to the child's privacy.
- The development of the Risk Minimisation and Communications Plans will be actively used as an opportunity to engage with families and discuss relevant medical details in regard to the child. This may be in person, or by other means if this is not practical for families.

Parents/guardian and a nominated supervisor must sign off on the Risk Minimisation and Communication Plan. To support the maintenance of current Medical Management Plans, Risk Minimisation Plans and Communication Plans, all required documentation will be reviewed with the child's parents/guardians during the re-enrolment process each calendar year (or as health information is up-dated in between), or in line with the review date contained on the Medical Management Plan.

Risk Minimisation Strategies

To support the provision of a child safe environment and minimise known and identified risks, the Service will:

- Display a notice at the entrance of each program stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled and the program is an 'Allergy Aware Environment'.
- All staff (including nominated supervisors) must be made aware of child who has been identified as diagnosed with a specific health care need, allergy or other relevant medical condition.
- Where a child (who has been identified as diagnosed with a specific health care need, allergy or other relevant medical condition) is enrolled and attending the Service, the current Medical Management Plan, Risk Minimisation and Communication Plan and the required, prescribed medication must be available at the Service. **A child cannot attend the Service without the required plans and medication.**
- In building a supportive community, information about medical conditions and allergies may be shared with children, families, volunteers and students on practicum placement in a respectful, age and developmentally appropriate manner. This may include policies, procedures, information posters. The confidentiality of individuals and individual circumstances must be maintained at all times. As applicable, information will be made accessible in the home language of families.
- Staff will communicate any concerns to families/guardians in regard to the child's medical condition and overall well-being (e.g. if a child's asthma is limiting their ability to participate fully in the program).
- Staff will optimise each child's engagement in the program through the implementation of the relevant Risk Minimisation Plan, policies and procedure, active supervision and the maintenance of a supportive environment.
- In line with the Medication Policy, each child's medication will be readily available ([including first aid kits, documentation and support devices](#)), stored correctly, be authorised, recorded and be administered by an authorised person in accordance with the written instructions (or in the case of an emergency, in line with instructions from emergency services). [All required medication must be readily available and accessible at the Service, including during regular outings and excursions.](#)
- Ensure arrangements for the movement of medication is clearly set out. For example, ensure epiPens stored at school for the school day are collected and returned systematically.
- Maintain and promote appropriate health and hygiene practices such as effective handwashing practices.

Training

- Rosters must ensure that at least one staff member or nominated supervisor is an attendance at each program (including in an emergency) who holds current approved first aid qualifications and has undertaken current approved anaphylaxis management training and emergency asthma management training.
- As applicable (e.g. diabetes; epilepsy), specific training may be offered to staff or nominated supervisors to support the health, safety and well-being of children.

- Required qualifications and training will be maintained as current; in line with the recommendations of the approved Registered Training Organisation and as published on the ACECQA website.

Practices and Procedures in Relation to Safe Food Handling, Preparation and Consumption

- Parents will be informed of the known allergies at the Service.
- The Service requests that parents/guardians refrain from sending nut based products or other relevant foods that carry potential risk, in lunch boxes or bags to the Service.
- Lunchboxes will be checked for known allergens before children commence meal times. High risk items will be removed from lunch boxes and returned to parents/guardians with an explanation of why the item could not be consumed at the Service.
The Service may provide alternate food for the child.
- Children will be encouraged and supervised to support them to not sharing food or drinks, including during excursions, celebrations, vacation care and other programs where a wide variety of foods may be present.
- Hygiene practices must support a safe environment (e.g. cleaning all tables appropriately prior to and after serving food).
- Where food is offered by the Service, the menu will be discussed parents/guardians.
- All lunch boxes and drink bottles must be clearly marked with the child's names.
- Seating arrangements must be considered where a child has been diagnosed at risk of anaphylaxis. Educators must ensure that all children are included in the social aspect of the meal times and not excluded, while being mindful of the potential presence of triggers.
- Where a younger child, who has been diagnosed at risk of anaphylaxis and the known allergen is milk, is attending the Service, risk minimisation strategies may include:
 - a specific high chair being used to minimise the risk of cross-contamination;
 - ensure non-allergic babies are held when they drink milk formula/milk to limit the potential of droplets or spills within the environment.
- The use of food, food containers, boxes and packaging may be restricted in crafts, cooking and science experiments.

Management of a Medical Event, Including Emergency

- Refer to the child's Medical Management Plan.
- Administer medication as per their action plan.
- As applicable, call an ambulance and follow the instructions of emergency services.
- Administer First Aid (in line with emergency services instructions, as applicable).
- Contact parent/guardian/authorised nominee.
- Notify the Director/Assistant Director.
- In any instance that a child is transported to hospital or the incident otherwise meets the requirements of a serious incident, in line with the Incident, Injury, Trauma and Illness Policy all relevant documentation must be completed and the Education and Care Unit must be notified.

Signs and Symptoms of Anaphylaxis or Allergic Reaction

Anaphylaxis occurs after exposure to an allergen (including but not limited to nuts, egg, milk, insects, stings, wheat, soybean, sesame, kiwi fruit and some medications). Occasionally the person, child or a child's parent/guardian are unaware that the child is at risk of anaphylaxis. Anaphylaxis is a preventable and treatable event. Knowing the triggers is the first step in prevention. However, because accidental exposure is a reality, it is important to be able to recognise the symptoms and signs of anaphylaxis. Rapid onset and development of potentially life threatening symptoms are characteristic markers of anaphylaxis. The most severe allergic reactions involve the respiratory system (breathing) and/or cardiovascular system (heart and blood pressure). This may present as:

- Difficulty/noisy breathing.
- Swelling of tongue.

- Swelling/tightness in throat.
- Difficulty talking and/or hoarse voice.
- Wheeze or persistent cough.
- Loss of consciousness and/or collapse.
- Pale and floppy (in young children).

In some cases, anaphylaxis is preceded by less dangerous reaction. Symptoms may include:

- Swelling of face, lips and eyes, including tingling of the mouth.
- Hives or welts on the skin.
- Stomach pains, vomiting.

Several factors can influence the severity of anaphylaxis, including asthma, heat and alcohol.

Guidelines for storage of Adrenaline Autoinjectors (EpiPens)

EpiPens must be clearly labeled with the child's name.

- EpiPens must be stored as described on the packaging, in a nominated place and able to be accessed quickly. They should **not** be stored in the refrigerator or freezer.
- All staff should know where the EpiPen is located, through information provided at staff induction session.
- Depending on information provided, such as the speed of past reactions, risk minimisation strategies may include carrying the EpiPen in a bumbag in the outdoor play areas.
- **It is important that training EpiPens (which do not contain adrenaline) are kept in a separate location from children's EpiPens.**

Diabetes

In addition to the requirements outlined within this document, where a child attending the Service has been diagnosed with diabetes, each time the child attends the Service the parent/guardian must ensure the child does not attend the Service without their prescribed medication, as well as the necessary glucose monitoring and diabetes management equipment. In addition to this:

- When developing the Risk Minimisation Plan, in conjunction with the child's parents/guardian, the Service must consider:
 - Risk minimisation strategies;
 - Identify what symptoms and/or signs may indicate hypoglycemia or hyperglycemia;
 - Recommended first aid, including emergency contacts (e.g. parent/Doctor);
 - What meals and snacks are required including food content, amount and timing.
 - What activities and exercise the child can engage in, including any provisions for the child to safely participate in the program, including, as applicable, excursions;
 - The process (including frequency, timing and process) relating to urinalysis glucose or ketone monitoring.
- Educator and staff training **should** be provided for finger prick glucose testing and the resulting actions to be taken if an abnormal reading occurs.
- Ensure availability of meals, snacks and drinks that are appropriate for the child and are in accordance with the child's diabetes management plan (including glucose foods or sweetened drinks readily available to treat hypoglycaemia (low blood glucose)).
- Ensure an appropriate space within the Service that affords the child privacy, including for the child to conduct their own glucose monitoring or insulin administration, where the relevant permissions for self-administration are in place. At all times, the child must be supported and supervised by an educator.
- The family and the Service will work together to ensure a child's routine insulin administration is managed from home where possible, but supported at the service as necessary, to avoid emergency management being required.

Diabetic Emergency Signs and Symptoms

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 (hypoglycemia), usually due to excessive insulin, or very high blood sugar (hyperglycemia), usually due to insufficient insulin. If a diabetic emergency is caused by low blood sugar, the person may:

- Feel dizzy, weak, trembly and hungry;
- Look pale and have a rapid pulse;
- Be sweating profusely;
- Be numb around the lips and fingers;
- Appear confused or aggressive;
- Be unconscious.

If a diabetic emergency is caused by caused by high blood sugar, the person may:

- Be 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 their breath;
- Be unconscious.

Asthma

In addition to the requirements outlined within this document, to support the provision of a child safe environment, families will be encouraged to clean their child's spacer and mask in line with the Asthma Australia recommendations.

If a child develops signs or symptoms of an asthma attack, appropriate care must be given immediately; this may include implementing the relevant Medical Management Plan, implement relevant first aid and/or calling an emergency. Regardless of whether the attack is mild, moderate or severe, treatment should commence immediately as delay may increase the severity of the attack and ultimately risk the child's life.

Epilepsy

- Identify/understand the different types of seizures that can occur.
- Identify/understand relevant triggers such as:
 - Diet;
 - Infection and illness;
 - Lack of sleep;
 - Missed medication;
 - Photosensitivity;
 - Severe changes in temperature;
 - Stress.
- Identify/understand the relevant signs and symptoms such as:
 - Suddenly crying out;
 - Fall to the ground (sometimes resulting in injury) and lie rigid for a few seconds;
 - Have congested and blue face and neck;
 - Have jerky, spasmodic muscular movements;
 - Froth at the mouth;
 - Bite the tongue;
 - Lose control of bladder and bowel.
- Management and support – refer to the attached 'Seizure First Aid' from Epilepsy Australia.
- Where a child is having/has had an epileptic episode or seizure and even if it stops, an ambulance **MUST** be called. The Director / Assistant Director must be informed and notify the family.

Program Variations

Sandy Bay Infant and Waimea

The Service will liaise with relevant schools to share information and gain a clear understanding of the other parties relevant policies, procedures, practices or legislative requirements within the different settings.

Staff Health Information

At the time of employment (or at any time that circumstances alter), each staff member, volunteer or student on practicum placement will be requested to provide relevant health information. Where the staff member/volunteer/student has a current Medical Management Plan (e.g. ASCIA Action Plan), a copy may be provided to the Director. This information will be stored on the staff/volunteer/student record. With consent, other staff members may be made aware of the relevant medical condition, including the storage of medication and the implementation and location of the Medical Management Plan.

All medication must be clearly identified and stored correctly. This supports the implementation of a safe environment.

Links to Other Policies

Nutrition Policy

Health and Hygiene Policy

Enrolment Process

Staff Induction

Staff Training / Professional Development

First Aid

Critical Incident

Individual Needs

Duty of Care

Attachments

'Starting kinder or pre-school with food allergies'

ASCIA Anaphylaxis Action plans (red), Allergic reactions plan (green)

Seizure First Aid

Links to NQS

Standard: 2.1 Each child's health and physical activity is supported and promoted.

Standard: 2.2.2 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Standard: 7.1.1 A statement of philosophy guides all aspects of the services' operations.

References

<http://www.education.tas.gov.au/school/educators/health/students> health care requirements

Anaphylaxis Australia <http://www.allergyfacts.org.au/index.html>

National Quality Framework

Asthma Australia

Diabetes Australia

Epilepsy Australia

Policy Review

The policies and procedures of Lipscombe Early Years Education and Care will be reviewed every two years (This timeframe may be altered and shortened where new information becomes available and/or legislative requirements alter).

Families, volunteers and other relevant stakeholders are encouraged to collaborate with the Service to review and update the Service's policies and procedures.

It is essential for all staff to be involved in the policy review process and to familiarise themselves with the Service's policies and procedures, the requirements and expectations and to acknowledge all updates and changes in writing.

Changes Made at Review:

Reviewed 2010 – additional links to policies: First Aid, Critical Incident and Individual Needs.

Review July 2011 – added allergy definition. Additional attachments – re Action Plans Anaphylaxis, fact sheet Anaphylaxis and Child Care Services.

May 2012 - Removed links to QIAS and added in links to National Quality Standards. Web sites are checked for up to date information. Additional minimised risk related notes, separate high chair, placement of child with others, sit aside, but not to excluded, clearly named containers, increase supervision when on excursions, being aware of milk allergy in relation to other babies / children.

February 2013 Added Health related policy – Regulation 90, 94, 168.

May 2014 addition of Parent/guardian contact details on ASCIA plan, reference to guidelines re – exclusion of foods.

March 2015 – Changed policy statement, reformatted, removed reference to Services Epi-pen, added Paragraph attendance without in date Epi-pen, added reference to Regulations 91and 95.

March 2016 – Added more information about communication between Parents, Educators and Administration

May 2018 – Updated National Quality Standards

August 2018 – Updated to include new Risk Minimisation and Communications Plan KA