Medical Conditions Policy

National Quality Standards

Element	2.1.1	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.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	4.1.1	Organisation of educators - The organisation of educators across the service supports children's learning and development
	6.2.2	Access and participation - Effective partnerships support children's access, inclusion and participation in the program
	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
	7.1.3	Role and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.
	7.2.3	Development of professionals - Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.

National Law

Section	167	Offence relating to protection of children from harm and hazards

National Regulations

Regs	77	Health, hygiene and safe food practices
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	88	Infectious diseases
	89	First aid kits
	90	Medical Conditions Policy
	91	Medical conditions policy to be provided to parents
	92	Medication Record
	93	Administration of medication
	94	Exception to authorisation requirement – anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication
	136	First aid qualifications
	161	Authorisations to be kept in enrolment record
	162(c) and (d)	Health information to be kept in enrolment record (c) details of any: (i) Specific healthcare needs of the child, including any medical conditions; and (ii) Allergies, including whether the child has been diagnosed as at risk of anaphylaxis (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed
	168(2)(d)	Education and Care Services must have policies and procedures dealing with medical conditions in children, including the matters set out in regulation 90
	170	Policies and procedures to be followed

	171	Policies and procedures to be kept available
	172	Notification of change to policies and procedures
	173(2(f)	Prescribed information to be displayed child diagnosed at risk of anaphylaxis

Aim

The service and all educators can effectively respond to and manage medical conditions - including asthma, diabetes and anaphylaxis - to ensure the safety and wellbeing of children, staff, volunteers, students and families.

Intersection with other policies

Additional Needs Policy

Acceptance and Refusal of Authorisations Policy
Administration of Medication Policy
Child Safe Policy
Death of a Child Policy
Emergency Service Contact Policy
Emergency Management and Evacuation Policy
Enrolment Policy
Food Nutrition and Beverage Policy
Health, Hygiene and Safe Food Policy
HIV AIDS Policy
Immunisation and Disease Prevention Policy
Incident, Injury, Trauma and Illness Policy
Infectious Diseases Policy
Privacy and Confidentiality Policy
Record Keeping and Retention Policy
Staffing Arrangements Policy

Definitions

"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. Source: National Regulations (Regulation 136)

"Approved emergency asthma management training" - emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Source: National Regulations (Regulation 136)

"Approved first aid qualification" - 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. Source: National Regulations (Regulation 136)

"Authorised nominee" - a person who has been given permission by a parent or family member to collect the child from the service. Source: National Law (Section 170)

"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 and emergency procedures to be

followed when a child diagnosed as at risk of any medical conditions such as anaphylaxis is enrolled at the service. Source: *ACECQA Policy Guidelines – Dealing with Medical Conditions in Children*

"Emergency" - an incident, situation or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service (e.g., a flood, fire or a situation that requires the service premises to be locked down or other type of emergency response). Source: ACECQA Guide to the NQF

"Emergency Services" - includes ambulance, fire brigade, police and state emergency services. Source: ACECQA Policy Guidelines: Emergency and Evacuation

"First aid" - the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website. Source: SafeWork Australia + National Regulations (Regulation 136)

"Injury" - any physical damage to the body caused by violence or an incident. Source: ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

"Medication" - medicine within the meaning of the *Therapeutic Goods Act 1989* 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. Source: National Regulations (Definitions)

"Medical attention" - includes a visit to a registered medical practitioner or attendance at a hospital. Source: ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

"Medical condition" - this may be described as a condition that has been diagnosed by a registered medical practitioner. Source: ACECQA Guide to the NQF

"Medical emergency" - An injury or illness that is acute and poses an immediate risk to a person's life or long-term health. ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

"Medical management plan (MMP)" - a document that has been written and signed by a doctor. MMP includes the child's name and photograph. It also describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition. Source: National Regulations (Regulation 90)

"Minor incident "- an incident that results in an injury that is small and does not require medical attention. Source: ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

"Notifiable incident" - under education and care services laws: any incidents that seriously compromise the safety, health or wellbeing of children. Source: National Law (section 174) + National Regulations (Regulation 86)

"Parent" - in relation to the child, includes: a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. For regulation 99, 'parent' does not include a parent who is prohibited from having contact with the child. Source: National Law (Definitions)

"Risk" - Exposure to the chance of injury or loss; a hazard or dangerous chance. Source: ACECQA Policy Guidelines: Emergency and Evacuation

"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 the child's specific health care need, allergy or other relevant medical condition. Source: ACECQA Guide to the NQF

Implementation

We are committed to providing a healthy, safe and caring environment for the children at our service. We will meet each child's individual health care needs by having effective training, communication, practices and systems in place. Our policies and procedures are understood and followed by staff, volunteers, students and families. This means that we have systems in place for clear communication, and strict rules for managing medical conditions and emergencies.

Specifically:

- We keep accurate records and information about each child who is enrolled at our service, including the details of any specific healthcare needs or medical conditions they have
- Our service collaborates with families and staff when we are making decisions about how to keep children safe while they are in our care. If a child has a diagnosed medical condition, we work with their families to manage the condition by implementing a Medical Management Plan, a Risk Minimisation Plan, and a Medical Conditions Communication Plan. Families and staff communicate any changes to these plans and/or to the child's medical condition
- Our staff (and, where relevant, volunteers and students) are trained in the administration of first aid, including for anaphylaxis and asthma management. Our training is relevant and current, and in line with the *National Regulations* requirements
- We communicate the healthcare needs of children to the staff who are caring for them, and all staff know where medication is stored and which (if any) children have dietary restrictions
- We follow strict procedures in the event of incidents, injuries, traumas or illnesses at the service
- We have defined the responsibilities of everyone who has a role in ensuring the welfare of children.

Managing medical conditions in children

Authorisations and enrolment records

We are required by law to obtain from the parent, or another person named in the child's enrolment form, authorisations:

- To administer medication (including self-administration is applicable)
- For the approved provider, nominated supervisor or educator to seek:
    - Medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
    - Transportation of the child by any ambulance service.

The enrolment record also includes details of any specific healthcare needs of the child - such as any medical conditions or allergies, including whether the child has been diagnosed as at risk of anaphylaxis - and any medical management plans in place. For more information, consult our *Record Keeping and Retention Policy.*

We also must maintain a medication record which includes information about any medications that a child might need to have administered (see *Administration of Authorised Medication Policy).*

Medical Management Plan

If a child has a Medical Management Plan, all staff, students and volunteers at the service are required to follow it, including in the event of an incident related to the child's specific health care needs or medical condition.

Families must provide:

- A Medical Management Plan prepared by the child's doctor for Asthma, Anaphylaxis or Allergy. The Plan should:
    - include a photo of the child
    - state the allergy or medical condition if relevant
    - state first aid needed if relevant
    - contact details of the doctor or name and signature of doctor
    - Date plan was implemented
    - Review date (only if specified by the doctor)

A medical condition, diagnosed disability, sensitivities and any specific dietary restrictions including Autism Spectrum Disorder, ADD, ADHD, gluten intolerance, vegan, vegetarian, eczema, lactose intolerance do not require a plan from the doctor. However, a risk minimisation plan and communication plan are required by the service and family.

- Medication (if required) prescribed by their medical practitioner. If the required medication is not supplied to us, the child cannot attend the service. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the service or its programs without the device.

Medical Conditions Risk Minimisation Plan

The nominated supervisor and educators will consult with families to prepare and implement a medical conditions Risk Minimisation Plan, which is informed by the child's Medical Management Plan. The Plan will include measures to ensure:

- Any risks are assessed and minimised
- Practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented if relevant (we will also follow all health, hygiene and safe food policies and procedures as outlined in our *Health Hygiene and Safe Food Policy*)
- All parents are notified of any known allergens at our service that pose a risk to a child and how these risks will be minimised
- A child does not attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition (if required).

This plan will be signed by parents, the nominated supervisor and relevant educators and staff We have a template available titled *'Medical Conditions Risk Minimisation Plan'.*

The Medical Management and Risk Minimisation plans will be kept in the child's enrolment record and a copy of the plans stored securely with the child's medication, emergency evacuation kit and first aid kit.

A copy of the plans will be in sealed containers with medication and/or enrolment. A display folder is also available in the first aid cupboard with plans available.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating the anaphylaxis risk and the nature of the allergen will be displayed so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the notice will not name the child.

The medical plans will also be taken on any excursions, when we are travelling with and transporting children.

Medical Conditions Communication Plan

The nominated supervisor will implement a Medical Conditions Communication Plan to ensure that relevant educators, staff and volunteers:

- Understand the Medical Conditions Policy
- Can easily identify a child with health care needs or medical conditions
- Understand the child's health care needs and medical conditions and their medical management and risk minimisation plans
- Know where each child's medication is stored
- Are kept updated about the child's needs and conditions.
- Acknowledgement from parent that the current plan and not needing review for an additional 12 months from the Risk minimisation Plan
- Acknowledgement of medications on plan that are not required for OSHC service
- DOB of child if not present on the plan
- Symptoms and triggers of condition

The nominated supervisor will regularly remind families to update their child's health and medical information. The Medical Conditions Communication Plan will set out how parents can communicate changes to their child's Medical Management and Risk Minimisation Plans. Authorisation for child's medication is also specified within this document.

The nominated supervisor will ensure:

- Any new information is attached to the child's Enrolment Record and, where relevant, Medical Management and Risk Minimisation Plans and shared with the relevant educators, staff, students and volunteers

Management of Anaphylaxis/Allergy, Asthma and Diabetes

- Guidelines for Anaphylaxis/Allergy Management are at **Appendix A**
- Guidelines for Asthma Management are at **Appendix B**
- Guidelines for Diabetes Management are at **Appendix C**

First aid qualifications and training

Each of the following persons are in attendance at any place where we are caring for children and immediately available in an emergency at all times we are caring for children in our service:

- at least one educator, one staff member or one nominated supervisor who holds a current approved **first aid qualification**
- at least one educator, one staff member or one nominated supervisor who has undertaken current approved **anaphylaxis training**
- at least one educator, one staff member or one nominated supervisor who has undertaken current approved **emergency asthma management training.**

The qualifications are considered current only if they are completed within the previous three years - except for the first aid qualification that relates to emergency life support and cardio-pulmonary resuscitation (CPR), which must have been completed within the previous year ('refresher' training).

Certificates proving qualifications state the date when the person completed the course and the expiry date or validity date of the qualification and are kept on the staff member's record.
The approved provider will use ACECQA's 'qualification checker' to make sure that the qualification is an approved one.

Our service requires all educators and relevant staff receive refresher training in the administration of adrenaline auto-injection devices and cardio- pulmonary resuscitation every 12 months, even if there are no children diagnosed at risk of anaphylaxis at the service at the time.

If there are children with diabetes at the service, the Nominated Supervisor will ensure first aid trained educators receive regular training in the use of relevant devices, e.g., insulin injection device (syringes, pens, pumps) used by children

Sharing information about first aid

We will display photos of all educators and staff, together with their qualifications, in a prominent position where they can be easily viewed by families and team members. We will also display appropriate first aid signage (e.g., CPR posters) in prominent locations.

During our induction process for new staff, volunteers and students, the nominated supervisor will:

- Advise which (other) educators and staff have first aid qualifications
- The location of the first aid kit(s)
- Obtain information about any medical needs the new employee may have that could require specialist first aid during an incident or medical emergency. This information will only be shared with the employee's consent or in order to meet our duty of care to the employee.

The nominated supervisor will review the following matters in consultation with employees (e.g., at staff meetings) where appropriate, at least annually and/or when there are staff changes:

- Our first aid procedure
- The location of our first aid kit(s)
- The nature of incidents occurring at the service
- The results of risk assessments we have conducted

Incident, Injury, Trauma and Illness Policy and Procedures

In the event of an incident, injury, trauma or illness – including those that relate to a child's medical condition – staff must follow, alongside this *Medical Conditions Policy*, our *Incident, Injury, Trauma and Illness Policy and Procedures,* which describes our processes for administering first aid, record keeping and reporting processes.

Information sharing, training and monitoring

All educators, families and children will engage in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. We will provide support and resources to families about managing specific health care needs and medical conditions, including allergies, anaphylaxis asthma and diabetes. If educators have a concern about a child's medical condition,

suspected medical condition, or known allergens that pose a risk, they will raise it with the child's parents.

At orientation, parents will be provided with the *Medical Conditions Policy.* Families are required to supply information about their child's health care needs, allergies, medical conditions and medication on their child's Enrolment Form. Families are also responsible for updating the service about changes to their child's health needs/medical condition, including - for example - any new medication, ceasing of medication, or changes to their child's prescription. Where children have specific health care needs or medical conditions, medical, risk minimisation and communication plans will be implemented (as discussed above). The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

The nominated supervisor will include the *Medical Conditions Policy* in staff inductions and ensure staff, volunteers and students receive practical training in relation to the requirements, including how to identify and manage related risks. The nominated supervisor also implements an ongoing training program tailored to each staff member's needs and goals, which are identified through regular performance reviews. As described in the first aid section above, staff are qualified and trained in administering first aid and emergency medications.

The approved provider and nominated supervisor will monitor staff to ensure they are following our policy and guidelines for medical conditions. The nominated supervisor will act quickly to fix any issues and will give staff any extra support or training they need to comply. Volunteers and students are also required to comply with all service policies and guidelines.

We will keep a record of all training and risk assessments, which can be accessed by staff, students, volunteers and families.

Roles and responsibilities

All staff, volunteers, students and families must understand our *Medical Conditions Policy* and their role and responsibilities in keeping children safe and well.

Responsibilities	**Roles**
Ensure our Service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times they are in our care.	Approved Provider Nominated Supervisor
Ensure an enrolment record for each child is kept in accordance with the *Regulations* and with all the prescribed information (see our *Record Keeping and Retention Policy*), including: • All the required information relating to a child's health needs/medical conditions (including Medical Management Plans) • Authorisations from a parent or person named in the record for our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure the appropriate Medical Management Plans, Risk Management Plans and Medical Communication Plans are in place and being followed by educators and other relevant staff	Approved Provider (ultimate responsibility) Nominated Supervisor

If a child at the service is diagnosed as at risk of anaphylaxis, ensure a notice is displayed in a prominent position	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure that our service has policies and procedures in place for managing medical conditions that address specific areas set out in *the National Regulations - I.e.,* this *Medical Conditions Policy* needs to be in place.	Approved Provider
Take reasonable steps to ensure that nominated supervisors, staff and volunteers follow, and can easily access, the *Medical Conditions Policy,* including by: • Providing information, training and other resources and support • Providing this *Policy* at induction • Clearly defining and communicating roles and responsibilities for implementing this *Policy* • Communicating changes to routines and policies • Monitoring and auditing of staff practices and addressing non-compliance quickly • Regularly reviewing this *Policy* This *Policy* must also be available for inspection.	Approved Provider
Notify families at least 14 days before changing *Medical Conditions Policy* if the changes will: • Affect the fees the charged or the way they are collected; or • Significantly impact the service's education and care of children; or • Significantly impact the family's ability to utilise the service.	Approved Provider
Implement the *Medical Conditions Policy*	Nominated Supervisor
Be aware of and follow the *Medical Conditions Policy*	Educators and Other Staff Families
Ensure that the policy and guidelines are appropriate in practice to our service, identify risks and hazards, and any potential improvements to make to the *Medical Conditions Policy.* Report any issues to the appropriate staff member (either approved provider, nominated supervisor, or educators).	Approved Provider Nominated Supervisor Educators and Other Staff Families
Ensure that each of the following persons are in attendance at any place where we are caring for children and immediately available in an emergency at all times we are caring for children in our service: at least one educator, one staff member or one nominated supervisor who holds a current approved **first aid qualification** • at least one educator, one staff member or one nominated supervisor who has undertaken current approved **anaphylaxis training** • at least one educator, one staff member or one nominated supervisor who has undertaken current approved **emergency asthma management training.** Ensure that these qualifications were completed within the previous three years, except for the first aid qualification that relates to emergency life support and cardio-pulmonary resuscitation (CPR), which must have been completed within the previous year).	Approved Provider (ultimate responsibility) Nominated Supervisor

Ensure certificates proving qualifications state the date when the person completed the course and the expiry date or validity date of the qualification.	
Maintain current approved first aid training (including CPR), asthma and anaphylaxis training. Complete other specific training where it is needed to manage a child's medical condition	Nominated Supervisor Educators and Other Relevant Staff
Only administer medication to children when there are at least two people present and in accordance with our policies, including but not limited to: • This *Policy* • *Administration of Authorised Medication Policy* • *Incident, Injury, Trauma and Illness Policy and Procedures*	Nominated Supervisor Educators and Other Staff
In the event of an incident, injury, trauma or illness – including those that relate to a child's medical condition – follow our *Incident, Injury, Trauma and Illness Policy and Procedure,* which describes our processes for administering first aid, record keeping and reporting processes.	Nominated Supervisor Educators and Other Staff
• Ensure risk assessments are conducted to identify and assess any risks to the safety, health or well-being of children, in accordance with regulations and our other policies and procedures. The risk assessment must specify how the risks will be managed and minimised. • Ensure additional risk assessments are conducted as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children, including when any changes occur to a child's medical condition/plans • Keep a record of all risk assessments conducted. • Ensure staff are aware of and can access/use the risk assessment to manage risks.	Approved Provider (ultimate responsibility) Nominated Supervisor
Be aware of and use the risk assessment to eliminate/minimise risks and ensure the to the safety, health or well-being of children.	Educators
Consider children's health needs and medical conditions/plans for travel/excursions/transportation (e.g., first aid kit, medications, management plans, risk management)	Nominated Supervisor Educators
Practice safe food handling according to our *Health Hygiene and Safe Food Policy* and follow any instructions about menu preparation if required in a child's medical management plan	Kitchen staff Educators
Keep abreast of our service's practices for managing medical conditions	Families
Provide authorisations in the child's enrolment form for the service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service	Families
Provide our service with the following written advice in the enrolment form: • Any specific health care needs of the child, including any medical conditions and allergies and any medical management plans that need to be followed • Up-to-date emergency contact list	Families
Notify our service: • Of any infectious disease or illness that has been identified while the child has been absent from the service that may impact the health and well-being of other children or adults at the service	Families

• Of there has been a change in the condition of the child's health or of recent accidents or incidents that may impact the child's care • Of any changes to medical management plans • Of Changes to emergency contact list • When the child is ill and will be absent from the service	
Communicate to educators and other staff: • If there is a change to a child's health care needs • Changes to any plans for managing their medical condition • Changes to any policies or procedures that could affect the management of a child's medical condition	Approved Provider Nominated Supervisor
Communicate regularly about children's health needs and medical conditions/plans (if any)	Nominated Supervisor Educators Families
Monitor children's health closely and be aware of any signs or symptoms of ill-health. Communicate any changes to the nominated supervisor and families	Educators

Sources

Education and Care Services National Law and Regulations
National Quality Standard

My Time, Our Place (MTOP)
Asthma Australia
National Asthma Organisation
Australasian Society of Clinical Immunology and Allergy www.allergy.org.au
Allergy and Anaphylaxis Australia www.allergyfacts.org.au
Australian Diabetes Council
Better Health Vic
Best Practice Guidelines for anaphylaxis prevention and management in children's education and care services

Review

The *Medical Conditions Policy* will be reviewed annually and when there are changes that may affect this policy. The review will include checks to ensure the *Policy* reflects current legislation, continues to be effective, or whether any changes and additional training are required. The review will be conducted by approved provider, nominated supervisor/s, employees, families and committee members.

Last reviewed: 20/2/26 Date for next review: 20/2/27

Appendix A

Anaphylaxis/Allergy Management

While not common, anaphylaxis is life threatening. It is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to an individual and it is possible to have an allergy to any foreign substance.

Symptoms of anaphylaxis include difficulty breathing, swelling or tightness in the throat, swelling tongue, wheeze or persistent cough, difficulty talking, persistent dizziness or collapse and in young children paleness and floppiness.

The service will display an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan poster for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet (see www.allergy.org.au)

In line with best practice, the nominated supervisor will ensure that an emergency auto-injection device kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and away from direct sources of heat.

Responding to anaphylaxis

Educators will react rapidly if a child displays symptoms of anaphylaxis and will:

- lay child flat or seat them if breathing is difficult (child will not be allowed to walk or stand)
- ensure a first aid trained educator with approved anaphylaxis training administers first aid in line with the child's medical management plan. This may include use of an adrenaline autoinjector device eg EpiPen® and CPR if the child stops breathing in line with the steps outlined by ASICA in the Action Plan for Anaphylaxis (see www.allergy.org.au)
- call an ambulance immediately by dialling 000

Food allergies risk minimisation strategies

Anaphylaxis is often caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts; and, in children, eggs and cow's milk.

To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, educators and staff will:

- ensure children do not trade food, utensils or food containers
- prepare food in line with a child's medical management plan and family recommendations
- use non-food rewards with children, for example, stickers for appropriate behaviour
- request families to label all bottles, drinks and lunchboxes etc with their child's name
- consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate
- sensitively seat a child with allergies at a different table if food is being served that he/she is allergic to, so the child does not feel excluded. If a child is very young, the family may be asked to provide their own high chair to further minimise the risk of cross infection
- hold non-allergic babies when they drink formula/milk if there is a child diagnosed at risk of anaphylaxis from a milk allergy
- closely supervise all children at meal and snack times, ensure food is eaten in specified areas and children are not permitted to 'wander around' the service with food

The nominated supervisor will also:

- instruct educators and staff on the need to prevent cross contamination
- consider requesting parents to not send food that contains highly allergenic elements, even if their child does not have an allergy, e.g., by placing a sign near the front door reminding families about this. In the case of a nut allergy this may prevent, for example, parents or other individuals visiting the service from bringing any foods or products containing nuts or nut material such as:
    - peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
    - any other type of tree or ground nuts, peanut oil or other nut based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
    - any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
    - foods with spices and seeds such as mustard, poppy, wheat and sesame seeds
    - cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil that contain nut material
- communicate that **we are a <u>nut aware</u> service rather than a nut free service.** Commercial food processing practices mean it is not possible to eliminate nuts and nut products entirely from our service - there will be traces of nuts in many products.
- consider the food allergies of all children. It may not be practical to prohibit all foods triggering food allergies. Nut allergy is the most likely to cause severe reaction and will take precedence
- consider requesting parents of children with (severe) food allergies to prepare food for the child at home where possible
- instruct food preparation staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food and organise training as required, e.g., careful cleaning of food preparation areas and utensils, use of different tools and equipment for allergic children
- ensure meals prepared at the service do not contain ingredients like nuts, and other allergens including eggs and milk if appropriate
- ensure food preparation staff consult risk minimisation plans when making food purchases and planning menus
- provide information about anaphylaxis and organise training for all educators on how to administer adrenaline auto injector devices, e.g., EpiPens
- encourage all educators to undertake anaphylaxis management training
- ensure all educators administer medication in accordance with our *Administration of Medication Policy*
- ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an anaphylactic reaction, and implement improvements if possible

Other allergies

Allergic reactions and anaphylaxis are also commonly caused by:

- animals, insects, spiders and reptiles
- drugs and medications, especially antibiotics and vaccines
- many homeopathic, naturopathic and vitamin preparations
- many species of plants, especially those with thorns and stings
- latex and rubber products
- Band-Aids, Elastoplast and products containing rubber-based adhesives.

Educators will ensure body lotions, shampoos and creams used on allergic children are approved by their parent.

Appendix B

Asthma Management

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma symptoms include wheezing, cough, chest tightness or shortness of breath. The nominated supervisor, educators, other staff, volunteers and students will implement measures to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- dust and pollution
- inhaled allergens, for example mould, pollen, pet hair
- changes in temperature and weather, heating and air conditioning
- emotional changes including laughing and stress
- activity and exercise

The service will display a National Asthma Council Australia Action Plan Poster in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet (see www.nationalasthma.org.au

Responding to an asthma attack

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, staff will ensure a first aid trained staff member with approved asthma training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined in the National Asthma Council Australia Action Plan:

1. Sit the child upright - Stay with the child and be calm and reassuring
2. Give 4 separate puffs of a reliever inhaler (blue/grey)
    - Use a spacer if there is one
    - Shake puffer
    - Give 1 puff at a time with 4-6 breaths after each puff
    - Repeat until 4 puffs have been taken
3. Wait 4 minutes - If there is no improvement, give 4 more puffs as above
4. If there is still no improvement call an ambulance on 000
5. Keep giving 4 puffs every 4 minutes until the ambulance arrives

Emergency Asthma First Aid Kit

The service will ensure that an Emergency Asthma First Aid Kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas. An Emergency Asthma First Aid kit should contain:

- Blue or grey reliever puffer
- At least 2 spacer devices that are compatible with the puffer
- At least 2 face masks compatible with the spacer for use by children under 5

Spacers and masks can only be used by one person. That person can re-use the spacer or mask but it cannot be used by anyone else. Educators will ensure the child's name is written on the spacer and mask when it is used.

Asthma risk minimisation strategies including for thunderstorm asthma

To minimise exposure of susceptible children to triggers which may cause asthma, educators and staff will ensure children's exposure to asthma triggers are minimised. This may include, for example:

- wet dusting to ensure dust is not stirred up
- planning different activities so children are not exposed to extremes of temperature eg cold outsides and warm insides
- restricting certain natural elements from inside environments
- supervising children's activity and exercise at all times
- being prepared for unexpected weather changes that might trigger an asthma attack (wind, temperature and humidity)
- keeping children indoors during periods of heavy pollution, smoke haze or after severe storms, which may stir up pollen (see thunderstorm asthma below)
- on days when air quality is poor (e.g. from smoke from bushfires and prescribed burns, high pollen count), it is recommended not to use air-conditioners, such as evaporative systems, that draw air from the outside indoors.

The nominated supervisor will also:

- consider banning certain plants and vegetation from the outdoor and indoor environments
- consider children's asthma triggers before purchasing service animals or allowing children's pets to visit
- ensure indoor temperatures are appropriate and heating and cooling systems are being used appropriately
- consider running a portable air-cleaner to reduce indoor particle levels during bushfires and prescribed burns
- assist educators to monitor pollution levels and adverse weather events (e.g. see AusPollen for localised information on pollen levels in the air and check the weather forecast)
- ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an asthma attack, and implement improvements if possible

Thunderstorm asthma

The peak season for pollen in South Australia is around August to March. Thunderstorm asthma is thought to be triggered by the combination of high grass pollen levels and a particular type of storm. South Australia is less likely to experience thunderstorm asthma than areas in South East Australia; however, thunderstorm asthma is possible and we need to manage the risk.

Risk factors include current asthma (especially poorly controlled asthma), not using asthma preventers and a history of asthma. To manage the risk, the nominated supervisor and educators will:

- ensure any existing Medical Management and Risk Minimisation Plans are up-to-date
- maintain routine audits of our Emergency Asthma First Aid Kit
- monitor the weather forecasts and pollen count to check for the possibility of thunderstorm asthma. If there is a heightened risk on a particular day, keep the children inside with the windows and doors shut and set any air conditioners to 'recirculate' until the risk reduces
- follow our procedure for responding to an asthma attack if a child or children have symptoms
- discuss the risk of thunderstorm asthma and how to manage it at staff meetings, and with parents and the community

Appendix C

Diabetes Management

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin.

The most common form of diabetes in children is Type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

Type 2 diabetes is often described as a 'lifestyle disease' because it is more common in people who are overweight and don't exercise enough. Type 2 diabetes is managed by regular physical activity and healthy eating. Over time, type 2 diabetics may also require insulin.

Symptoms of diabetes include frequent urination, excessive thirst, tiredness, weight loss, vision problems and mood changes. People who take medication for diabetes are also at risk of hypoglycaemia (they may have a "hypo") if their blood sugar levels are too low. Things that can cause a "hypo" include:

- a delayed or missed meal, or a meal with too little carbohydrate
- extra strenuous or unplanned physical activity
- too much insulin or medication for diabetes
- vomiting

Symptoms of hypoglycaemia include headache, light-headedness and nausea, mood change, paleness and sweating, and weakness and trembling. If left untreated people may become disorientated, unable to drink, swallow or stand, suffer a lack of coordination, loss of consciousness and seizures.

We will refer to as1diabetes (as1diabetes.com.au) for more information and resources, including child friendly resources, on diabetes.

Responding to hypoglycaemia ("hypos")

If a child is displaying symptoms of a "hypo" a first aid trained staff member will:

- immediately administer first aid in accordance with the child's Medical Management Plan. This may include:
    - giving the child some quick acting and easily consumed carbohydrate (e.g., several jellybeans, 2-3 teaspoons of honey, or some fruit juice)
    - Giving child some slow acting carbohydrate to stabilise blood sugar (e.g., slice of bread, glass of milk, piece of fruit) once blood glucose is at regular levels

If a child is displaying severe hypoglycaemia (e.g., they're unconscious, drowsy or unable to swallow) a first aid trained staff member will:

- immediately administer first aid in accordance with the child's Medical Management Plan
- call an ambulance by dialling 000
- administer CPR if the child stops breathing before the ambulance arrives.

Diabetes risk minimisation strategies

The nominated supervisor, educators, other staff, students and volunteers will implement measures to reduce the risk of children suffering adverse effects from their condition. These may include, for example:

- ensuring medication is administered according to the child's Medical Management Plan
- ensuring children eat at regular intervals and have appropriate levels of carbohydrate

The nominated supervisor will also ensure information about the child's diet including the types and amounts of appropriate foods as outlined in the child's Medical Management Plan is considered when preparing service menus.