



Medical Conditions Policy

Aim:

- To minimize the risk of an anaphylactic reaction/ asthma attack occurring while the child is in care at our service

Legislative requirements / Sources:

Education and Care Services National Regulations 2011
National Quality Standard
Community Childcare Co-operative.
Australian Society of Clinical Immunology and Allergy (ASCIA)

Implementation:

The Approved Provider will:

- Ensure that all staff members responsible for the children's health and safety have completed first aid, Asthma and anaphylaxis management training that has been approved by ACECQA by January 2013 and then at least every 3 years
- Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service

The Nominated Supervisor/ Responsible Person will:

- Refer each family upon enrolment to read the information booklet located on our website for the Medical Conditions policy and Medication Policy and provide a copy of these policies when requested
- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service whether the child has allergies/ Anaphylaxis and document this on the child's enrolment record. If the child has severe allergies/ anaphylaxis/ asthma ensure a risk minimization medical management plan is provided that:
 - is signed by the GP
 - updated annually/ 6 months for asthma
 - placed in the Medication folder in the room

- communicated to educators
 - included the action plan for the medical condition
- The development of a communication plan may be required to ensure that relevant staff members are informed about the medical conditions policy, medical management plan and risk management plan. The parents of the child can communicate any changes to the medical and risk minimisation plan and how that communication will occur.
 - Ensure at least one staff member on duty has completed emergency anaphylaxis and asthma management training and First Aid
 - Ensure the centre auto injection device kit is up to date
 - Ensure at least one staff member who has completed accredited Senior First Aid is on duty whenever children are present at the service

Anaphylaxis/ Asthma/Diabetes

- Ensure that a complete auto-injection device kit/ Asthma medication /Diabetes testing kit and hypo pack and spacer (which must contain a copy of the child's anaphylaxis/ Asthma/ Diabetes medical management action plan provided by ASCIA) is provided by the parent/guardian for the child while at the service and all educators are aware of the location of the kit/ medication and plans are kept in the medication folder.
- Ensure that no child who has been prescribed an adrenaline auto-injection device/ diabetes kit is permitted to attend the service without the device
- Ensure that the staff member accompanying children outside the service carries the anaphylaxis/ asthma/ diabetes medication and a copy of the anaphylaxis/ asthma/ diabetes medical management plan with the auto-injection device kit / asthma/ diabetes medication.
- Promptly communicate any concerns to families should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities
- Ensure Staff are familiar with the signs and symptoms and the emergency treatment of a low blood glucose level

Staff will:

- Ensure that no nuts or products containing nuts are consumed at the service
- Ensure a copy of the child's medical management action plan is known to all staff in a service
- Follow the child's medical management action plan
- In the situation where a child has not been diagnosed as allergic but who appears to be having an anaphylactic reaction
 - Call an ambulance immediately by dialing 000
 - Commence first aid measures
 - Contact the parent/guardian
 - Contact an emergency contact if the parent/guardian cannot be reached
- Ensure that the auto-injection device kit is stored in a location that is known to all staff (including relief staff), is easily accessible to adults, 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 a staff member on all excursions
- Regularly check the adrenaline auto-injection device expiry date

- When serving food **all** staff, including regular relief staff, need to be careful to use separate clean utensils to avoid the allergen when food is prepared for the child with a severe allergy.
- The centre menu will be reviewed to consider a range of recipes that may be adapted to exclude the allergen, or parents may provide meal alternatives. Whenever food is being prepared, which includes the allergen; it should be **prepared and served completely separately** to food for the child who may experience an anaphylactic reaction.
- Details of children’s food allergies will be displayed in the kitchen to assist with menu planning and meal preparation. These will be updated regularly
- Care should be taken with home corner items, craft materials used for construction, painting, collage and cooking, where recycled empty food containers are being used. Egg cartons or peanut butter jars, muesli bar boxes etc. can have traces of the food left on them and for some children this will be sufficient to trigger a reaction.
- Photos of children with food allergies are signed and dated by the parents and attached to the food trolley along with a list of the child’s allergies and food allowed.

Families will:

- Ensure that no nuts or products containing nuts are consumed at the service
- Inform staff at the service either on enrolment or on diagnosis of their child’s allergies
- Assist in the creation of a risk management plan for the service
- Provide the service an anaphylaxis/ Asthma /Diabetes medical management action plan
- Provide a complete auto-injection device kit and check expiry date
- Ensure contact details for parents/guardians and other contacts are kept up to date
- Assist staff by offering information and answering any questions regarding their child’s allergies
- Notify staff of any changes to their child’s allergy status and provide a new anaphylaxis/Asthma /Diabetes action plan in accordance with these changes every 6 months
- Comply with this policy in that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without the device
- Notify the Nominated Supervisor in writing of any changes to the Anaphylaxis/ Asthma/ Diabetes Action Plan during the year

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| <p>Review:</p> |
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This policy is the intellectual property of Maryland Care & Early Education Centre and is created with consultation of staff and families attending the service. This policy will be reviewed annually. This policy is available in other languages upon request.

Last Review: September 2018

Next Review: September 2020