



Title	<p>Medical Conditions Policy Covering the Management of Children with:</p> <ul style="list-style-type: none"> • Medication • Anaphylaxis • Asthma • Diabetes • Epilepsy • HIV/AIDS & Hepatitis • Other Medical Needs
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Owner	General Manager
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VERSION CONTROL

Version No.	Date	Comment	Author
1	Sep 2003	Developed to ensure clear guidelines are in place for effectively dealing with all types of child medical needs	
2	Nov 2014	Reviewed and reformatted by ACS CoM for consistency	ACS CoM
3	Dec 2016	Changed the period of exclusion of 48-hours when a child has commenced medication to <i>exclusion of 24-hours when a child has commenced antibiotics</i>	General Manager
4	Feb 2017	Included the requirement for the service to develop a communication plan for any medical conditions requiring a medical management plan	General Manager
5	Mar 2017	Included the note that medical management plans are legally required for children with a medical condition diagnosed by a medical practitioner as per the Education & Care Services National Regulations.	General Manager

Policy

Scope

The Policy and Procedure applies to all Alpine Children's Services (ACS) staff, Family Day Care Educators, parents/guardians, children, volunteers, students and contractors involved with the service.

Policy Statement

This policy sets out the specific practices in relation to managing children with medication, anaphylaxis, asthma diabetes, epilepsy and other medical needs. ACS shall protect children from incorrect medication administration, through compliance with details provided by parents or guardians, as entered into the 'Medication Book'. Furthermore, ACS will work with families to ensure management plans are followed and also to establish Risk Minimisation Plans for children with conditions such as asthma, anaphylaxis, diabetes and epilepsy. The service will also develop a communications plan to ensure:

1. Relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and Risk Minimisation Plan for the child; and
2. 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.

Objectives/Principles

This policy is divided into seven sections:

1. Managing children with medication,
2. Managing children with asthma,
3. Managing children at risk of anaphylaxis,
4. Managing children with diabetes,
5. Managing children with epilepsy,
6. Managing children with HIV/AIDS and Hepatitis, and
7. Managing children with other medical needs.

Procedure

1. Managing Children with Medication

Families must not have any medication/non-prescribed topical cream at the service unless this is approved by the service as per the short-term medication procedure, long-term procedure or non-prescribed topical cream procedure. For example, families cannot have paracetamol or nappy cream in a nappy bag at the service.

Use of Paracetamol, Ibuprofen or Similar Medication. Staff are not expected to diagnose childhood illnesses or to make judgments in relation to the administration of medication. This is the responsibility of the health professional in conjunction with the child's parents. It is now clear that the administration of this medication should only be in accordance with a doctor's prescription. This will be in cases where the child has a clear history of high temperatures and the drug has been prescribed by a doctor, under clear future circumstances, and supplied accordingly, with a plan.

Administering Medication

1. Non-Prescribed Topical Cream

- Families may supply non-prescribed topical cream such as a nappy cream and sunscreen (other than that supplied by the service) to be applied by the service.
- The family must supply a current material and safety data sheet for the non-prescribed topical cream, and complete and sign the non prescribed topical cream authority

2. Short-term medication must only be administered to a child if:

- The medication is in the original packaging,
- The medication is within the use by date,
- The medication is prescribed for that child,
- The parent/guardian has properly detailed the medication in the Medication Book (including consenting to staff administering the medication),
- The medication has been prescribed by either the child's doctor or an Emergency Service at a hospital and includes written instructions including: the name of the drug, form of the drug, strength of the drug, route of administration of the drug, frequency of administration of the drug and duration of administration of the drug.

3. Ongoing medication must only be administered to a child if:

- The medication is in the original packaging,
- The medication is within the use by date,
- The medication is prescribed for that child,
- The child's doctor has provided written instructions which include: parental consent, provision for review at a period set by the doctor, the name of the drug, form of the drug, strength of the drug, route of administration of the drug, frequency of administration of the drug and duration of administration of the drug.

4. If a child develops an extremely high temperature in a short period of time and is therefore at risk of having a febrile convulsion, the Febrile Convulsion Procedure is to be followed.

Parent/Guardian Responsibilities

- The parent or guardian has the responsibility to record all medication details in the Medication Book.
- The parent/guardian must ensure their child does not attend any early childhood services for at least 24-hours of commencing antibiotics to ensure the child is recovering and is not having side effects from the medication.

Staff Responsibilities

Staff members will:

1. Monitor the care environment to ensure that:
 - Medications are kept in their original containers in an area which is inaccessible to children,
 - Records relating to administration of medication are current and complete, and
 - Records relating to emergency procedures for each child are current and complete.
2. Ensure children with allergic reactions, asthma, diabetes or epilepsy have a current written emergency plan that is accessible to all relevant staff.
3. Ensure only medication approved under this policy is administered.
4. Ensure the Medication Book has been fully completed by the Parent/Guardian prior to administration.
5. Another person is required to check the dosage and administration and the name and signature of that person must be recorded. Family day care educators are not required to have another person.
6. Keep accurate and up-to-date records of any medication administered to a child in care by completing the Medication Book.

2. Managing Children at Risk of Anaphylaxis

The aim of this section is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen
- raise the service community's awareness of anaphylaxis and its management through education and policy implementation

ACS believes that the safety and well being of children who are at risk of anaphylaxis is a whole-of-community responsibility. The service is committed to:

- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children' program and experiences
- raising awareness about allergies and anaphylaxis amongst the service, community and children in attendance
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child
- allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis

Background and legislation

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow's milk, bee or insect stings and some medications.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector called an EpiPen.

The General Manager recognises the importance of all staff responsible for the child/ren at risk of anaphylaxis: undertaking training including preventative measures to minimise the risk of an anaphylactic reaction and recognition of signs and symptoms of anaphylaxis and emergency treatment, including administration of an EpiPen.

Staff and parents need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of an allergen in the service.

Responsibilities of the General Manager

In all children's services:

- Provide action plan as required
- ensure there is a policy in place for the management of children at risk of anaphylaxis
- ensure that the policy is available at the service
- ensure all staff have undertaken training in the administration of the EpiPen®

In services where a child diagnosed at risk of anaphylaxis is enrolled the General Manager shall also ensure:

- An assessment is conducted of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a Risk Minimisation Plan And Communication Plan for the service in consultation with staff and the families of the child/ren.
- Ensure all staff members on duty have completed accredited anaphylaxis management training and that practice of EpiPen® administration is undertaken at least annually.
- Ensure, where possible, that all relievers undertake relevant anaphylaxis training and are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the EpiPen® kit.
- If the relieving staff member is not trained in anaphylaxis management, ensure that all other staff members on duty at the service are trained in anaphylaxis management and that the staff member responsible for the administration of an EpiPen® in an emergency is aware of that responsibility.
- Ensure parents/guardians are informed if the reliever in the service is not trained in anaphylaxis management before a child at risk of anaphylaxis is left at the service.
- Ensure that no child who has been prescribed an EpiPen® is permitted to attend the service or its programs without that EpiPen®.
- Make parents/guardians aware of this policy, and provide access to it on request.
- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- Display an Australasian Society of Clinical Immunology and Allergy (ASCI), generic poster called *Action plan for Anaphylaxis* in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet.
- Display an ambulance contact card by telephones.
- Comply with the procedures outlined in the Risk Minimisation Plan.
- Ensure that a child's individual anaphylaxis medical management action plan signed by a registered medical practitioner is inserted in to the enrolment records for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which it should be used.

Staff responsible for the child at risk of anaphylaxis shall:

- Ensure a copy of the child's anaphylaxis action plan is visible to all staff.
- Follow the child's anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis.

- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by dialling 000.
 - Commence first aid measures.
 - Contact the parent/guardian.
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Practise EpiPen® administration procedures using an EpiPen® trainer and “anaphylaxis scenarios” on a regular basis.
- Ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the service, whether the child has allergies and document this information on the child’s enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner.
- Ensure that where there is a child diagnosed at risk of anaphylaxis, parents/guardians provide an anaphylaxis medical management action plan signed by the child’s Doctor and a complete EpiPen® kit while the child is present at the service.
- Ensure that the EpiPen® 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.
- Ensure that the EpiPen® kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends.
- Regularly check the EpiPen® expiry date (the manufacturer will only guarantee the effectiveness of the EpiPen® to the end of the nominated expiry month).
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.
- Comply with the procedures outlined in the Risk Minimisation Plan and Communication Plan.

Parents/guardians of children shall:

- Comply with any relevant procedures outlined in the Risk Minimisation Plan.

Parents/guardians of a child at risk of anaphylaxis shall:

- Inform staff, either on enrolment or on diagnosis, of their child’s allergies.
- Develop an anaphylaxis Risk Minimisation Plan and Communication Plan with service staff.
- Provide staff with an anaphylaxis medical management action plan signed by the registered medical practitioner giving written consent to use the EpiPen® in line with this action plan.
- Provide staff with a complete EpiPen® kit.
- Regularly check the EpiPen® expiry date.
- Assist staff by offering information and answering any questions regarding their child’s allergies.
- Notify the staff of any changes to their child’s condition and / or action plan. If relevant, provide the service with an updated action plan signed by the registered medical practitioner.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- Comply with the service’s policy that no child who has been prescribed an EpiPen® is permitted to attend the service or its programs without that EpiPen®.

- Comply with the procedures outlined in the Risk Minimisation Plan.

Related documents at the service

- Enrolment checklist for children at risk of anaphylaxis
- ACS Risk Minimisation & Communication Plans
- Brochure titled “Anaphylaxis - a life threatening reaction”, available through the Royal Children’s Hospital, Department of Allergy.
- Service policies such as:
 - Enrolment Policy
 - Emergency Management Policy and Procedure
 - Nutrition, Food Safety and Oral Health Policy and Procedure
 - Excursion Policy
 - Interactions with Children Policy and Procedure

Contact details for resources and support

- Australasian Society of Clinical Immunology and Allergy (ASCI), at www.allergy.org.au, provide information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided. Telephone 0425 216 402.
- Anaphylaxis Australia Inc, at www.allergyfacts.org.au, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, EpiPen® trainers and so on are available for sale from the Product Catalogue on this site.
Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children’s Hospital, Department of Allergy, at www.rch.org.au, provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child’s allergies and if necessary, provide an EpiPen® prescription, as well as to purchase EpiPen® trainers. Telephone (03) 9345 5701.
- Department of Education and Training website at www.office-for-children.vic.gov.au/earlychildhood provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Training

- There are a range of providers offering anaphylaxis training, including Royal Children’s Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that the anaphylaxis management training undertaken is accredited where there is a child diagnosed at risk of anaphylaxis enrolled in the service.
- Review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

Evaluation

The Team Leader shall:

- Discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.
- Selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.
- Discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
- Respond to complaints.

The service's Occupational Health and Safety Coordinator will:

- Conduct 'anaphylaxis scenarios' and supervise practise sessions in EpiPen[®] administration procedures to determine the levels of staff competence and confidence in locating and using the EpiPen[®] kit (An anaphylaxis resource kit has been provided to all children's services. This kit contains an EpiPen[®] trainer and trainer CD rom to enable staff to practice the administration of the EpiPen[®] regularly. This trainer EpiPen[®] should be stored separately from all other EpiPens[®], for example in a file with anaphylaxis resources, so that the EpiPen[®] trainer is not confused with an actual EpiPen[®]).
- Routinely (e.g. monthly) review each EpiPen[®] kit to ensure that it is complete and the EpiPen[®] is not expired.
- Liaise with the Approved Provider and parents of children at risk of anaphylaxis.

Parents/guardians shall:

- Read and be familiar with the policy.
- Identify and liaise with the nominated staff member.
- Bring relevant issues to the attention of both staff and licensee.

Issues to consider when developing a Risk Minimisation Plan

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her.
 - Where the service is preparing food for the child, ensure that it has been prepared according to the parent's instructions.
 - Some parents will choose to provide all food for their child.
- All food for this child should be checked and approved by the child's parent/guardian and be in accordance with the Risk Minimisation Plan.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child's name.
- There should be no trading or sharing of food, food utensils and containers with this child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents/guardians should provide a safe treat box for this child.

- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination.
- When the child diagnosed at risk of anaphylaxis is allergic to milk, ensure non-allergic babies are held when they drink formula/milk.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.

In relation to other practices at the service:

- Ensure tables, high chairs and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the service, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the Risk Minimisation Plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the service with food.
- Staff should use non-food rewards, for example stickers, for all children.
- The Risk Minimisation Plan will inform the children's service's food purchases and menu planning.
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food - such as careful cleaning of food preparation areas and utensils.
- Where food is brought from home to the service, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the Risk Minimisation Plan.

The following suggestions may be considered when developing or reviewing a children's service Risk Minimisation Plan. Please use the ACS Risk Minimisation & Communication Plan form.

Planning for meeting the needs of children with allergies who are at risk of anaphylaxis

1. Who are the children?

- List names and room locations of each of the at risk children

2. What are they allergic to?

- List all of the known allergens for each of the at risk children
- List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service

3. Does everyone recognise the at risk children?

- List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at risk children
- Confirm where each child's Action Plan (including the child's photograph) will be displayed

Communicating to families and staff the risk of anaphylaxis

- Record when each family of an at risk child is provided a copy of the ACS Medical Conditions Policy
- Record when each family member provides a complete EpiPen® kit

- Test that all staff, including relief staff, know where the EpiPen® kit is kept for each at risk child
- Regular checks of the expiry date of each EpiPen® are undertaken by a nominated staff member and the families of each at risk child
- Service writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the service:
 - Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate
 - Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on
- A new written request is sent to families if the food allergens change
- Ensure all families are aware of the policy that no child who has been prescribed an EpiPen® is permitted to attend the service without that EpiPen®
- The service displays the ASCIA generic poster, *Action plan for anaphylaxis*, in a key location and locates a completed ambulance card by the telephone/s
- The EpiPen® kit is taken on all excursions attended by the at risk child

Communicating to staff how the children’s service aims to minimise the risk of a child being exposed to an allergen

- Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them (See following section for possible exposure scenarios and strategies)
- Menus are planned in conjunction with parents/guardians of at risk children
- Food for the at risk child is prepared according to their parents’/guardians’ instructions to avoid the inclusion of food allergens
- As far as practical the food on the menu for all children should not contain ingredients such as milk, egg and peanut/nut products to which the child is at risk
- The at risk child should not be given food if the label for the food states that the food may contain traces of a known allergen
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens
- Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child
- Service develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her
- NO FOOD is introduced to a baby if the parent/guardian has not previously given this food to the baby
- Ensure each child enrolled at the service washes his/her hands upon arrival at the service, before and after eating
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk child/ren and the reasons for this
- Bottles, other drinks and lunch boxes provided by the family of the at risk child should be clearly labelled with the child’s name

- A safe 'treat box' is provided by the family of each at risk child and used by the service to provide 'treats' to the at risk child, as appropriate

Communicating to people about what action to take if a child has an anaphylactic reaction?

- Know what each child's anaphylaxis medical management Action Plan says and implement it
- Know who will administer the EpiPen® and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child
- All staff with responsibilities for at risk children have undertaken anaphylaxis management training

How effective is the service's Risk Minimisation Plan?

Review the Risk Minimisation Plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure.

Enrolment Checklist for Children at Risk of Anaphylaxis

- A Risk Minimisation Plan is completed in consultation with parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented
- Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the service's Anaphylaxis management policy
- All parents/guardians are made aware of the ACS Medical Conditions Policy
- Anaphylaxis medical management action plan for the child is signed by the child's Doctor and is visible to all staff
- EpiPen® (within expiry date) is available for use at any time the child is in the care of the service
- EpiPen® is stored in an insulated container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All staff, including relief staff, are aware of each EpiPen® kit location
- Staff responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an EpiPen® trainer, and is reinforced at yearly intervals
- The service's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis
- Parent/guardian's current contact details are available
- Information regarding any other medications or medical conditions (for example asthma) is available to staff
- If food is prepared at the service, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

Anaphylaxis Procedure

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Abdominal pain, vomiting

ACTION

- Stay with child and call for help
- Locate child's action plan
- Give medications (if prescribed, refer to child's action plan)
- Locate EpiPen Jr
- Contact parent/carer
- Watch for signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

1. Give EpiPen Jr
2. Call ambulance. Telephone 000
3. Contact parent/carer

REMEMBER IF IN DOUBT, GIVE EPIPEN JR

3. Managing Children with Asthma

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, Alpine Children's Services (ACS) recognises the need to educate its staff and parents/educators about asthma and to promote responsible asthma management strategies.

Rationale

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. While an average of two people die in Victoria each week from asthma, many of these deaths are thought to be preventable. Community education and correct asthma management will assist to minimise the impact of asthma.

Aims

The asthma component of this policy aims to:

- Raise the awareness of asthma amongst those involved with ACS
- Provide the necessary strategies to ensure the health and safety of all persons with asthma involved with ACS
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma

Procedure

Asthma management should be viewed as a shared responsibility. To this end each of the key groups within Alpine Children's Services is given the following undertakings:

The General Manager will

- Provide Asthma Action plan as required.
- Ensure that at least one staff member who has completed accredited asthma training (Emergency Asthma Management) is on duty whenever children are being cared for or educated.
- Store Asthma Action Plans in the child's enrolment record.
- Ensure that all staff are informed of the children with asthma in their care.
- Formalise and document the internal procedures for emergency Asthma First Aid.
- Ensure that an emergency Asthma First Aid poster is displayed in key locations.
- Ensure that the First Aid Kit contains a blue reliever puffer (e.g. *Airomir*, *Asmol*, *Epaq* or *Ventolin*), a spacer device, concise written instructions on Asthma First Aid procedures and 70% alcohol swabs.
- Ensure that an accredited staff member correctly maintains the asthma component of the First Aid Kit.
- Provide a mobile Asthma First Aid Kit for use at activities outside the Children's Service.
- Where appropriate, organise information sessions on asthma for parents/guardians.
- Encourage open communication between parents/guardians and staff regarding the status and impact of a child's asthma.

- Promptly communicate any concerns to parents should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.
- Ensure that at least one staff member holds a current Bronchodilator Accreditation Number (BAN).
- Ensure that a Risk Minimisation Plan has been developed by the staff in consultation with the parents/guardians of the child with asthma.
- Ensure that all parents are annually reminded to update their child's Asthma Action plan.

Staff will:

- Ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years).
- Ensure that they are aware of the children in their care with asthma.
- Ensure, in consultation with the parent/guardian, the health and safety of each child through supervised management of the child's asthma.
- Identify and, where practicable, minimise asthma triggers.
- Where necessary, modify activities in accordance with a child's needs and abilities.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written Asthma Action Plan.
- Administer emergency asthma medication if required according to the child's written Asthma Action Plan. If no written Asthma Action Plan is available the standard asthma emergency procedures should be followed immediately.
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities
- Ensure that children with asthma are treated the same as all other children.
- Develop a Risk Minimisation Plan in consultation with the parents/guardians of the child with asthma.
- Ensure that current Asthma plans are displayed where easily viewed by educators.

Parents/guardians must:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Asthma Action Plan.
- Ensure that their child's Asthma plan is updated every 12 months and signed by a registered medical practitioner.
- Notify the staff during the year of any changes to their child's action plan and provide the service with an updated action plan signed by the registered medical practitioner.
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times. The asthma medication must be prescribed for the child. For further information please refer to Section One Medications of this policy.
- Ensure that their child has their own spacer device.
- Ensure that they comply with all requirements and procedures in relation to the Medications Book.
- Communicate all relevant information and concerns to staff as the need arises e.g. if asthma symptoms were present last night.

- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma.
- Work with the staff to develop a Risk Minimisation Plan.

Children will:

- Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

1. Medical Information - the Asthma Action Plan

Any parent of a child with asthma is required to provide written information regarding the child's asthma either on enrolment or on diagnosis. Enrolment forms may ask the question 'Has your child ever had asthma'?

The Asthma Action Plan should include information such as:

- Signs and symptoms specific to the child's asthma
- A list of known triggers
- Medications taken on a regular basis when the child is 'well'
- The preferred method for treating deteriorating asthma, that is, an asthma attack
- What to do in an asthma emergency
- Name, address and telephone number of a 'person who is to be notified of any accident, injury, trauma or illness involving the child'
- Name, address and telephone number of the child's doctor

A sample Asthma Action Plan for children's services can be found on The Asthma Foundation of Victoria's website at www.asthma.org.au

2. First Aid Kit

Each service is required to have 'a suitably equipped First Aid.

An Asthma First Aid Kit should contain:

- Blue reliever puffer (inhaler) e.g. *Airomir, Asmol, Epaq or Ventolin*
- A spacer device that is compatible with the puffer. This may be a large volume spacer (e.g. Volumatic) or a small volume spacer with a removable mask (e.g. Breath-a-tech, Aero chamber or Able Spacer).
- Clear written instructions on the steps to be taken in treating an asthma attack.
- 70% alcohol swabs.

Services with staff who have completed a Course in Emergency Asthma Management *and* have been issued a Bronchodilator Accreditation Number (BAN) are able to purchase and hold a blue reliever puffer in the First Aid Kit.

Only staff who have completed a Course in Emergency Asthma Management may access the blue reliever puffer for first aid purposes from the First Aid Kit.

Services can purchase a blue reliever puffer for first aid purposes from a pharmacist by completing the Authorisation to Purchase form provided with the BAN.

3. Cleaning of spacers

Devices (puffers and spacers) from the First Aid Kit must be thoroughly cleaned after each use to prevent cross infection. In most cases a child will use his/her own puffer and spacer. Devices can be easily cleaned by following these steps (NHMRC Infection Control Guidelines 2003):

1. Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts.
2. Wash devices thoroughly in hot water and kitchen detergent.
3. Do **not** rinse.
4. Allow devices to 'air dry'. Do not rub dry.
5. When dry, wipe with a 70% alcohol swab (e.g. Medi-Swab available from pharmacies), paying particular attention to the inside and outside of the mouthpiece of the devices.
6. When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by firing one or two 'puffs' into the air. A mist should be visible upon firing.

If any device is contaminated by blood, dispose of it safely and replace the device.

4. Emergency Response

If a child or staff member develops signs of what appears to be an asthma attack, appropriate care must be given immediately. 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.

- If the child has written instructions on their Asthma Action Plan follow these instructions immediately.
- If no instructions are available then immediately commence the standard asthma emergency protocol detailed below.

Standard Asthma Emergency Protocol

Step 1

Sit the child upright and remain calm to reassure them.

Step 2

Without delay shake a blue reliever puffer (inhaler) and give 4 separate puffs through a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.

Step 3

Wait 4 minutes. If there is no improvement, repeat step 2.

Step 4

If still no improvement after a further 4 minutes - call an ambulance immediately (dial 000) and state clearly that the child is "having an asthma attack."

Continuously repeat steps 2 and 3 whilst waiting for the ambulance.

In an emergency the blue reliever puffer used may be the child's own, from the First Aid Kit or borrowed from another child. Only staff who have completed a Course in Emergency Asthma Management may access the blue reliever puffer for first aid purposes from the First Aid Kit.

- The parents/guardians of any child who becomes ill at the children's service should be notified, even if the child has a complete recovery from the asthma attack.
- The treatment given should be recorded in the Injury, Illness, Trauma and Accident Form and/or the Medication Book.
- It does not matter if a different brand of reliever medication to the child's usual medication is used.
- An overdose cannot be given following the steps outlined. However it is important to note that some children may experience an increased heart rate or tremors but these will pass quickly.

What if it is the first attack of asthma?

A problem that may be encountered is when a child suddenly collapses, or appears to have difficulty breathing, and is not known to have pre-existing asthma or other health problems. In this situation staff should:

Step 1

Call an ambulance immediately (dial 000) and state that the child is having breathing difficulty.

Step 2

Administer 4 separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff

Step 3

Keep giving 4 separate puffs of a blue reliever puffer every 4 minutes until the ambulance arrives.

The parents/guardians of any child who becomes ill at the children's service should be notified as soon as possible.

This treatment could be life saving for a child whose asthma has not been previously recognised and it will not be harmful if the collapse or breathing difficulty was not due to asthma. Reliever puffers are extremely safe, even if the child does not have asthma.

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4. Managing Children with Diabetes

Aims

The service will facilitate effective care and health management of children who have diabetes, and the prevention and management of acute episodes of illness and medical emergencies.

Rationale:

Diabetes is one of the most common chronic diseases of childhood and affects 1-2 per 1000 children and adolescents under 20 years. Appropriate diabetes care in the child care setting is important for the immediate and long term welfare of the child and to optimise their behavioural and academic development.

Practices:

To facilitate effective care for a child with diabetes it is necessary to form a partnership between the service and the child's family. To this end each of the key groups within Alpine Children's Services is given the following undertakings:

Responsibilities

The **parent/guardian** is responsible for providing the service with:

- details of the child's health problem, treatment, medications and allergies
- their doctor's name, address and phone number, and a phone number for contact in case of an emergency
- a diabetes care plan following enrolment and prior to the child starting at the service which should include:
 - when, how and how often the child is to have blood glucose monitoring e.g. finger-prick or or urinalysis glucose or ketone monitoring
 - what meals and snack are required including food content, amount and timing
 - what activities and exercise the child can or cannot do
 - whether the child is able to go on excursions and what provisions are required
- a diabetes first aid or emergency medical plan following enrolment and prior to the child starting at the service which should include:
 - what symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
 - what action to take including emergency contacts for the child's doctor and family or what first aid to give
- an updated diabetes first aid or emergency medical plan signed by the registered medical practitioner upon any changes to plan

The responsibilities of **General Manager/Team Leader** are to:

- Ensure at least one staff member who has completed accredited training in emergency diabetes first aid is present in the service at all times whenever children with diabetes are being cared for in the service.
- Ensure the family supplies all necessary glucose monitoring and management equipment, medication and instructions on use.
- Ensure the family and service staff know it is not the responsibility of the service staff to administer a child's insulin, or to administer parenteral injections of glucose or glucagon in an emergency. Ensure the family understands that a child's insulin should be administered before or after care in the service.
- Ensure there is a staff member who is appropriately trained to perform fingerprick blood glucose or urinalysis monitoring and knows what action to take if these are abnormal.
- Ensure there are glucose foods or sweetened drinks readily available to treat hypoglycaemia (low blood glucose), eg. glucose tablets, glucose jelly beans, sandwich and Lucozade.
- If a child has had an episode of hypoglycaemia and needed glucose food or drink, also provide the child with a slow-acting carbohydrate food to help maintain blood glucose levels, eg. milk, raisin toast, yoghurt, fruit.
- Ensure a location in the service for privacy for the child to do their own glucose monitoring or insulin administration if the child is able.
- Ensure availability of meals, snacks and drinks that are appropriate for the child and are in accordance with the child's Diabetes Care Plan.
- Ensure opportunity for the child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Diabetes Care Plan.
- Ensure a Risk Minimisation Plan is completed in consultation with the family.
- In any medical emergency involving a child with diabetes, the service staff should immediately dial 000 for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures, and administer first aid or emergency medical aid according to the child's Diabetes First Aid

OR

- Emergency Medical Plan, or a doctor's instructions, or if these are not available, use the First Aid Plan for Diabetic Emergency from Australian First Aid.

Diabetic Emergency

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency - very low blood sugar (hypoglycaemia, usually due to excessive insulin); or very high blood sugar (hyperglycaemia, due to insufficient insulin). The more common emergency is hypoglycaemia. This can result from too much insulin or other medication, not having eaten enough of the correct food, unaccustomed exercise or a missed meal.

Signs and symptoms:

If caused by low blood sugar, the person may:

- be shaky
- feel dizzy, weak, trembly and hungry
- look pale and have a rapid pulse

- be sweating profusely
- be numb around lips and fingers
- appear confused or aggressive
- be unconscious
- Have changes in behaviour

If 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 the breath
- be unconscious

TIP - If unsure whether attack is caused by low or high blood sugar, give a sweet (sugar-containing) drink. Do not use 'diet' soft drinks. This could save the person's life, if blood sugar is low, and will not cause undue harm if blood sugar is high.

Management of Diabetic Emergency

Caused by Low Blood Sugar

If casualty unconscious:

1. Follow DRSABCD
2. Give nothing by mouth
3. Call 000 for an ambulance

If casualty conscious:

1. Give sugar, glucose or a sweet drink (e.g. soft drink, juice or cordial - do not use 'diet' soft drinks or diabetic-type cordials).
2. Continue giving sugar every 15 minutes until medical aid arrives or casualty recovers.
3. Loosen tight clothing.
4. Seek medical aid if required.

Caused by High Blood Sugar

If casualty unconscious:

1. Follow DRSABCD
2. Give nothing by mouth
3. Call 000 for an ambulance

If casualty conscious:

1. Allow casualty to self-administer insulin (do not administer it yourself, but help if needed). A casualty who has diabetes may carry a NovoPen™ to inject insulin.
2. Seek medical aid if required. If help delayed, encourage casualty to drink sugar-free fluids.

5. Management of Children with Epilepsy

Rationale

The service will facilitate effective care and health management of children who have epilepsy, and the prevention and management of acute episodes of illness and medical emergencies.

Background:

The prevalence of epilepsy in children under 14 years is 4-8 per 1000 children. It is important to provide appropriate care for children with epilepsy in the child care setting to minimise risks to their health and safety and optimise their behavioural and academic development.

Practices:

Epilepsy management should be viewed as a shared responsibility. To this end each of the key groups within Alpine Children's Services is given the following undertakings:

Responsibilities

Responsibilities of the **parent/Guardian** are to:

- Provide information on the child's health, medications, allergies, their doctor's name, address, phone number, emergency contact names and phone numbers, and an Epilepsy First Aid Plan or Emergency Medical Plan approved by their doctor, following enrolment and prior to the child starting at the service.
- Notify the service of any changes to their child's Epilepsy First Aid Plan or Emergency Medical Plan and provide the service with an updated action plan signed by the registered medical practitioner.

Responsibilities of the **ACS** are to:

- Ensure Regulation and other Guidelines are adhered to when administering medication and treatment in emergencies, and a Medication Authority Form has been completed and signed.
- In any circumstances when a child has had a convulsion and even if it stops, the children's service staff or service manager should immediately dial 000 for an ambulance and notify the family in accordance with the Regulation and Guidelines on emergency procedures.
- If emergency treatment is required for a child having a convulsion or an epileptic fit, administer first aid or medical aid according to the child's Epilepsy First Aid or Emergency Medical Plan, or a doctor's instructions, or if these are not available, use the First Aid Plan for Epileptic Seizure.
- If applicable and practicable, provide training for staff members in the administration of medication.

Epileptic Seizure

Epilepsy is a disorder of the nervous system characterised by seizures (convulsions, sometimes called 'fits'). A seizure is not necessarily the result of epilepsy but can be caused by a head injury, high fever, brain tumour, poisoning, drug overdose, stroke, infection, or anything which severely impairs supply of oxygen or blood to the brain. The management of seizures is the same irrespective of the cause.

People with epilepsy may be aware that they are about to have a seizure because of a brief sensation - a perceived sound, a smell, or a feeling of movement. This is termed an 'aura'. Seizures range from a mild blackout called a simple partial seizure to sudden uncontrolled muscular spasms. If a seizure involves the whole body it is referred to as a tonic clonic seizure. A major seizure can come on very suddenly but seldom lasts longer than 2-3 minutes. After the seizure the person may not remember what happened and may appear dazed and confused as well as sleepy or exhausted.

Signs and symptoms:

A person having an epileptic seizure may:

- Suddenly cry out
- Fall to the ground (sometimes resulting in injury) and lie rigid for a few seconds
- Have a 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 of an Epileptic Seizure

During the convulsion:

1. Do not try to restrain the person.
2. Do not put anything in the mouth.
3. Protect person from obvious injury - remove any furniture/ objects.
4. Place something soft under head and shoulders.

After the convulsion:

1. Follow DRSABCD
2. Place on side in recovery position as soon as possible to keep airway clear.
3. Manage injuries resulting from seizure.
4. Do not disturb if person falls asleep but continue to check ABC.

Seek medical aid if:

- the seizure continues for more than 5 minutes
- another seizure quickly follows
- the person has been injured

6. Managing Children with HIV/AIDS or Hepatitis

Viruses such as HIV/AIDS and hepatitis are health issues which concern everyone. HIV/AIDS has aroused community anxiety, often because of misinformation and ignorance. By providing this policy ACS is:

- Endorsing a caring and supportive approach to this issue.
- Helping to inform parents and staff about the facts of HIV/AIDS and hepatitis.
- Assuring users of the service that the service is aware of its responsibilities of providing a safe environment for staff, children and parents.
- Assuring the community that the service is carrying out its responsibilities in relation to government legislation concerning HIV/AIDS, the Occupational Health and Safety Act and the Health Act. This includes protecting against discrimination and ensuring confidentiality for staff and users in relation to the HIV/AIDS and hepatitis status of persons concerned.
- Fulfilling obligations under all relevant State and Commonwealth legislation.

Anti Discrimination

- No or child will be discriminated against or harassed on the grounds of having, or being assumed to have, a HIV or hepatitis infection.
- Being infected with HIV is not grounds for exclusion of a child.
- ACS will ensure that all employees understand the concepts of discrimination and harassment, and will implement comprehensive grievance procedures that provide effective processes for resolving grievances, at all levels of the organisation (as per Feedback & Complaints Policy).

Confidentiality

- Information regarding HIV/AIDS and the hepatitis status of any child will remain confidential and all reasonable steps will be taken to develop and implement systems to protect the privacy of that person.

Infection control and the provision of a safe work place

- ACS will provide all staff with information on their responsibilities towards service users and people in their care in relation to this policy.
- The service shall at all times follow proper infection control procedures to minimise the risk of the transmission of blood borne viruses such as HIV and hepatitis.
- No child will be denied First Aid at any time.
- The service will ensure that First Aid equipment for protection against the risk of infection from blood borne viruses will be available and used at all times.
- ACS will provide, as far as practicable, a healthy and safe environment.
- Staff are required to take reasonable care to protect their own health and safety and that of others in the workplace at all times.

Information and education

ACS will provide access to information for all staff members and users of the service about:

- The basic facts on preventative measures for HIV/AIDS and hepatitis.
- Where they may access further information.
- Support services as required.

Infection Control

Refer to the ACS Infection Control Policy.

Responding to Exposure

Full details of any exposure to a body fluid spill and abrasion must be recorded in the Accident, Injury and Illness Book for children and the Incident/Injury Register for staff, students and volunteers

Following any incident which a staff member believes may have resulted in exposure to HIV/AIDS or hepatitis, the staff member should seek the advice of a qualified medical practitioner immediately, to assess the need for testing and report this to the ACS General Manager who will treat this information as confidential.

Exclusion of Children with Hepatitis

As the School Exclusion Table requires the exclusion of children and staff with acute hepatitis A or B, parents/guardians must inform ACS if their child attending the service.

Confidentiality

There is no obligation, legal or otherwise for anyone to inform an employer, service provider, or service of their own or their child's HIV/AIDS, hepatitis C or other blood borne virus status, consequently:

- such information must not be disclosed without informed consent of the individual [or guardian for a person under the age of 18 years]
- the only reason a parent would inform the service of the child's blood-borne disease status would be for the benefit of the child
- any acs employee in receipt of verbal or written information relating to the hiv/aids or blood borne disease status and condition of any child or staff member, must take all reasonable precautions to protect the child or staff member's privacy
- all such information must be kept securely [under lock and key] within the service; access to this information must only be by the person who has been informed. information relating to the blood borne status will be destroyed once the child ceases to attend, the service
- no routine or mandatory blood borne disease testing may be carried out on service users or staff
- no testing may be carried out without the informed consent of the individual and provision of pre and post-test counselling, by an accredited counsellor or qualified medical practitioner

Complaints

Any grievances or complaints relating to this policy will be addressed through the ACS Feedback & Complaints Policy.

Responsibilities

The **General Manager** is responsible for:

- the implementation of this policy
- keeping confidential any information which is received in relation to the HIV/AIDS or hepatitis status of a child

Employees are responsible for:

- implementing infection control procedures at all times
- recording any exposure to a body fluid spill or abrasion in the appropriate book or register
- notifying the ACS General Manager if they believe they have been exposed to HIV/AIDS or hepatitis at the service

7. Managing Children with other Medical Needs

Aims

The service will facilitate effective care and health management of children who have other medical needs not listed in the previous sections.

Rationale:

There are many children with other medical needs; an example includes special feeding needs such as bolus feeding and non anaphylactic allergies.

Practices:

Medical management plans are legally required for children with a medical condition diagnosed by a medical practitioner as per the Education & Care Services National Regulations.

To facilitate effective care for a child with medical needs it is necessary to form a partnership between the service and the child's family. To this end each of the key groups within Alpine Children's Services is given the following undertakings:

Responsibilities

The **parent/Guardian** is responsible for:

- Provide information on the child's health, medications, allergies, their doctor's name, address, phone number, emergency contact names and phone numbers, following enrolment and prior to the child starting at the service.
- Assist the service in the development of the Risk Minimisation Plan, emergency management plan and documented procedures and sign off on these documents as appropriate.
- Notify the service of any changes to their child's medical needs and assist in the revision of any documents e.g. emergency management plan.

The **service** is responsible for:

- Provide Allergy Action plan as required
- Ensure staff are provided with appropriate training in the child's medical needs.
- Develop the following in consultation with the family and any other relevant specialists (e.g. dietician or occupational therapist)
 - Risk Minimisation & Communication Plans,
 - Emergency Management Plan, and
 - Documented Procedure for any necessary processes, consider whether it is necessary to have a witness for this procedure.
- Ensure Regulation and other Guidelines are adhered to when administering medication and treatment in emergencies, and a Medication Authority Form has been completed and signed.