

Policy Statement

We aim to work closely with the children and their families along with relevant health care professionals to support and manage any of the medical conditions children may have who attend our services. We aim to ensure that appropriate management of any persons identified with of a medical condition that has potential to escalate to a medical emergency.

Considerations

- ✓ The Education and Care Services National Law 2010
- ✓ The Education and Care Services National Regulation 2011
- ✓ The Education and Care Services National Quality Standards 2011
- ✓ NSW Government Health
- ✓ ACI Policies
- ✓ My Time Our Place.
- ✓ Disability Discrimination Act 1975
- ✓ NSW Anti-Discrimination Act 1977
- ✓ Work Health and Safety Act 2011
- ✓ Individual Children's Medical Management Plans.
- ✓ Asthma Foundation Recommendations
- ✓ Anaphylaxis Australia Recommendations
- ✓ Diabetes Australia Recommendations

Procedures

- The organisations enrolment form must include an area for families to disclose if a child has a medical condition.
- On employment staff will be asked to let management know if they have any medical conditions or allergies that ACI should be aware of. While employees do not have to disclose if they have any conditions it is strongly recommended that they do, so that in the event of an emergency we can ensure that they receive appropriate treatment.
- Volunteers and visitors to the service are also encouraged to let coordinators know if they have any medical conditions that could require treatment while at the service.
- It is the Families responsibility to ensure that services are informed of any medical conditions that their child may have.
- Families are required to provide the service with a medical management plan for the child's condition.
- Families are required to provide any medication that their child will require. All medication is to be in it's original containers, as per Regulation (95).
- On induction of a new child the family is given sufficient opportunity to discuss any medical condition with the coordinator, to communicate the best plan of action for the wellbeing of the child.
- Through this induction meeting the family is to discuss with the coordinator any strategies we can employ to minimise risk, such as known allergens, which may trigger an allergic reaction or response for an individual identified as at risk of asthma, anaphylaxis.
- It is the Coordinators responsibility to ensure that families, of a child who has a known health care need, allergy or other medical condition, must be provided with a copy of ACI Medical Conditions Policy, Prior to the child's first day of care.
- A risk minimisation plan is to then be developed before the individual who has a known medical conditions first day at the service i.e: child's first day of care, employees first day of employment etc.
- The risk minimisation plan is also to include a communications plan on how the service is to ensure that all staff and volunteers have been made aware of the medical conditions policy, medical management plan and risk minimisation plan for the individual.
- The communication plan will ensure that changes can be made to the medical management plan and risk minimisation plan for the individual at any time.
- The Coordinator will inform all relevant staff, volunteers and placement students, of any medical conditions of individuals at the service to ensure their safety and wellbeing. The Medical Management Plan and agreed risk minimisation plan is to be shared with all staff, volunteers and placement students to ensure they are aware of the condition, can identify the individual the plan relates to, know where the plan and medication are kept and are aware of the steps to follow as outlined by the medical management plan.
- An individual with a specific health care need, allergy or relevant medical condition is not permitted to attend the service without their prescribed medication.
- It is up to the families to ensure they inform the service of any changes to the child's medical management plan, and medication the child may be taking.

Medical Conditions Policy

- The service coordinator will ensure a regular review of the risk management plans to ensure that they remain up to date.
- The agreed risk minimisation strategies are implemented to ensure minimum risk.
- All staff will follow medical management plans in the event of an incident relating to an individual's specific health care need or relevant medical condition.
- All staff will follow the procedures outlined in the ACI Medication administration policy.
- Children may self-administer medication, as long as all steps are followed as outlined in the ACI Medications Administrations Policy.
- All Staff will keep the information about children's medical conditions confidential.
- The Manager will ensure that staff attend training, if needed or have access to information of children's medical conditions.
- New staff members are informed of the Medical Management Plan, Risk Minimisation Plans and Communication Plans that are current at the service.
- The manager and the management committee will ensure that at any given time, a staff member who has received training and holds a current qualification in First Aid, Asthma & anaphylaxis is on site at all times.
- The manager and the management committee will ensure that the service maintains a record of staff's qualifications, their expiry date and provide training when required.
- The manager or coordinator must inform the family if any known allergen that may pose a risk to their child are currently present.
- It is the coordinators responsibility to ensure that on notification from the family that medication is to be administered, that the family complete, in full, the relevant forms as per the medications administration policy.
- Each service will be provided with asthma kits. It is the Coordinators responsibility to maintain asthma kits.
- Asthma kits must be made accessible at all times.
- Adrenaline Autoinjectors (EpiPen or Anapen) must be accessible at all times. Labelled with the children's name together with their Risk Minimisation Plan and Medical Management Plan.
- Service Epi-Pen is to be in a centralised, accessible location. The coordinator is to ensure that all staff are aware where this is.
- It is the Manager and Management committee's responsibility to provide support to staff or other children, as in the case of a serious incident occurring and it is felt that counselling for the trauma is required.
- Each service will display posters and information on the management of asthma & anaphylaxis medication.
- Where ever possible activities and equipment will be modified to ensure that children with medical conditions can participate in programmed and free play experiences.
- All staff will show respect to the child and their family.
- All staff will encourage other children, tolerance and respect to children who may need additional support because of their medical condition.

ASTHMA Procedures:

- Staff are to follow the individual's Asthma management Plan.
- If an individual does not have an Asthma Management plan but shows signs of having difficulty breathing, it is the Asthma Foundations Recommendations to follow this Emergency Asthma management plan.
 - 1) Sit the person upright and provide reassurance. Stay calm and do not leave the person alone.
 - 2) Without delay give 4 separate puffs of the reliever medication (shake the puffer first). This should be given one puff at a time via a spacer device if one is available. Ask the person to take 4 breaths from the spacer after each puff of medications.
 - 3) Wait 4 minutes
 - 4) If there is little or no improvement repeat steps 2 & 3. If there is still no improvement, or you are very concerned, call an ambulance immediately (dial 000) and state that a person is having an asthma attack. Continue to repeat steps 2&3 while waiting for the ambulance to arrive. Contact the individual's emergency contact to inform of the medical emergency and that an ambulance has been called. If ambulance has been contacted then the coordinator will need to inform the

Nominated Supervisor. The Regulatory Authority will need to be contacted within 24 hours of the incident, as per ACI Reporting to the Regulatory Authority Policy.

- 5) If there is improvement allow the individual to continue with activities but closely monitor them and inform them if they feel unwell to seek assistance. If child, ensure that family are informed of the incident as soon as practical.
- 6) Write in the services diary the time and amount of asthma medication given and, if child, inform family.

Maintenance of the Asthma Emergency Kit:

Non-Disposable spacer must be washed in clean warm detergent water and allowed to drip dry before the first use and after every use. DON'T rinse or wipe with cloth or paper towel this will cause static on inside, which means the medication will stick to the inside of the spacer instead of traveling through. If away from running water wipe the mouthpiece must be wiped with alcohol wipes. Dispose of a spacer immediately if it is broken or comes in contact with blood.

ANAPHYLAXIS Procedure

- Staff are to follow the individual's anaphylaxis action plan.
- If an individual does not have anaphylaxis action plan but shows signs of having an anaphylaxis reaction it is recommended to follow the emergency action plan:
 - 1) Lay the person flat, don't stand or walk. If breathing is difficult allow to sit.
 - 2) Give Adrenaline Autoinjectors (EpiPen or Anapen, Jr)
 - 3) Phone Ambulance (dial 000) inform them a person is having a suspected allergic reaction and that we are currently treating with Adrenaline. Describe individual symptoms and stay on phone line following instructions until ambulance arrives.
 - 4) Contact individuals emergency contacts and inform them that individual is having a suspected allergic reaction and that an ambulance has been called.
 - 5) Wait 5 minutes. If there is little or not improvement give a further dose of adrenaline if there is one available.
 - 6) Write on the individuals arm the time of when the Adrenaline Autoinjectors (EpiPen or Anapen, Jr) was given, this is so hospital staff are aware of time dose was administered. Provide Paramedics with used Adrenaline Autoinjectors, so dosage administered is known when they get to hospital.
 - 7) The coordinator will need to inform the Nominated Supervisor of the incident. The Regulatory Authority will need to be contacted within 24 hours of the incident, as per ACI Reporting to the Regulatory Authority Policy.

Maintenance of Adrenaline Autoinjectors (EpiPen or Anapen, Jr)

Auto injectors must be checked on a regular basis to ensure that they are in date and have not expired. Inform the family immediately if their child's auto injector needs replacing. Service Coordinator to ensure that service epi-pen is in date, and replace if needed.

DIABETES Procedure

- ✓ Staff are to follow the individuals diabetes action plan, or have the centres Diabetes form completed by the family.
- ✓ If an individual does not have Diabetes action plan but shows signs of having a low blood sugar or a hypo it is recommended to follow the emergency action plan:

Step 1 Have some quick acting/easily consumed carbohydrate. For example: (These are equal to 15 grams carbohydrate).

- ✓ ½ can regular (not diet) soft drink or
- ✓ a small bottle of juice or
- ✓ a junior popper or
- ✓ 3 teaspoons of sugar or honey or
- ✓ 5-7 jelly beans

Step 2 Depending on the severity of the hypo, ensure the individual eats their next meal in the next 20 minutes, as they will need some longer acting carbohydrates to keep your BGL from falling again. Otherwise suggested choices are:

- ✓ a piece of fruit or
- ✓ 1 glass of milk or soy milk or
- ✓ a sandwich or
- ✓ 2-3 pieces of dried fruit (apricots or figs) or
- ✓ 1 small tub of low fat yoghurt

If they are not feeling better 10 mins after their first hypo treatment, recheck your BGL (if possible). If it is not rising, repeat the first step.

- ✓ If there is little or no improvement repeat steps 2 & 3. If there is still no improvement, or you are very concerned, call an ambulance immediately (dial 000) and state that the person is diabetic and having a suspected hypo, and not responding to treatment. Call the individuals emergency contact to inform them their child is having a suspected hypo and that an ambulance has been called. If ambulance has been contacted then the coordinator will need to inform the Nominated Supervisor. The Regulatory Authority will need to be contacted within 24 hours of the incident, as per ACI Reporting to the Regulatory Authority Policy.
- ✓ If there is improvement allow the individual to continue with activities but monitor them and inform them if they feel unwell to seek assistance. If child, ensure that family are informed of the incident as soon as practical.

Checklist for Staff

- ☑ All Staff should be aware of any individual with known medical conditions.
- ☑ Coordinators to ensure that we have a medical management plan, Risk Minimisation Plan and a Communication Plan for any individual at the service with a known medical condition.
- ☑ Coordinators to ensure that all new staff are aware of any individuals at the service who have a known medical condition, health care need or allergy.
- ☑ Coordinators to ensure that all families of a child with a known medical condition, health care need or allergy, receive a copy of this 'Medical Conditions Policy' on enrolment.
- ☑ No child or individual, who has a known medical condition is to be at the service without their medication.
- ☑ All staff are to follow risk minimisation plans.
- ☑ In the event of an emergency all staff are to follow individual Medical Management Plans.
- ☑ If an ambulance is called then, as soon as possible, the Nominated Supervisor needs to be informed. Regulatory Authority to be informed within 24hours of the incident taking place.
- ☑ All Staff must have immediate access to preventive medication that will be stored in a central location that is known by all staff.

_____ end of policy _____

Policy is only endorsed if initialled by 2 members of the management committee

Endorsed by the Management Committee on the 11th October 2016

Homework Policy is to be reviewed by 11th October 2018