

MANAGEMENT OF CHILDREN WITH MEDICAL CONDITIONS POLICY

Introduction

Ausscot Family Day Care is committed to working with families and Educators in managing the care environment for children who have been diagnosed or suffer ongoing medical conditions.

In particular to, but not exclusive to: **Asthma, Anaphylaxis, Allergies, Diabetes and Epilepsy** and how to help manage these conditions effectively.

Goals - What are we going to do?

Our care and education service will ensure:

- Awareness about medical conditions within the service and minimise the risk of medical episodes where possible;
- Educators will facilitate the safe and effective care management of children who have a medical condition that require the administration of medication or 'invasive clinical procedures' on a regular basis or in an emergency;
- Educators are provided with on-line training links within this policy to ensure they have access to recent training opportunities; and
- A safe and healthy environment in which children identified at risk of medical conditions can participate equally in all aspects of the children's program and experiences. Ensuring that the child experiences a sense of *'belonging, being and becoming'*.

DEFINITION: *'invasive clinical procedures' means, requiring the entry of a needle or other instrument into a part of the body.*

Strategies - How will it be done?

Approved Provider will ensure:

- Staff and Educators hold a current approved CPR, First Aid qualification and current approved Asthma and Anaphylaxis emergency management training (Reg 136);
- Staff and Educators have adequate training and knowledge of other medical conditions and emergency procedures; and
- This policy is available on our Ausscot Family Day Care web page, for parents/guardians to view (Reg 91).

Nominated Supervisor will endeavour to:

- Ensure that Staff and Educators familiarise themselves with medical conditions. See attachments for further information;
- In cases where Educators or Staff are treating the child requiring invasive clinical procedures, ensure they have received adequate training as determined by the child's medical provider and/or parent/guardian; and
- Provide Educators with resources when a child is identified at risk of a medical condition. Example: Ausscot Family Day Care has a practice EpiPen for Educators and Families to borrow if required.

Educators and Staff will:

- As per, Education and Care Services National Regulations 173A:
 - **(4d) If applicable –**
 - (i) a notice stating that a child who has been **diagnosed as at risk of anaphylaxis–**
 - (A) is enrolled at the family day care residence of family day care venue; and
 - (B) attends the family day care residence or family day care venue; and
 - **(5) must be positioned** so that it is **clearly visible to anyone from the main entrance** to the family day care residence or approved family day care venue to which the information relates.
 - The following **generic Action Plans** must be displayed at the Educators premises, in the designated child care area, easy to locate, in case of an emergency:
 - Cardio Pulmonary Resuscitation (CPR Chart) (Attachments 17b);
 - First Aid Plan for Anaphylaxis (Attachments 17c);
 - Asthma First Aid (Attachments 17e);
 - First Aid for Seizures (Attachments 17g);
 - An individual's Action Plan must be signed by the child's medical provider, prior to the child starting in care and a copy supplied to Ausscot Family Day Care;
 - Before starting a child in care with a specific health care need, allergy or relevant medical condition, a **Risk Minimisation Plan and Communication Plan** (Reg 90) must be completed/documented in writing, in consultation with the parent/guardian;
 - For example, if a parent/guardian starts to tell you that their child cannot eat, or do something that might affect their health, this is when you document the information by completing a **Risk Minimisation Plan and Communication Plan** in consultation with the child's parent/guardian.
 - The individual's **Risk Minimisation Plan and Communication Plan** must be updated annually, or if the child's medical status changes;
 - The individual's **Action Plan** must be updated as per the expiry date on each Action Plan, or if changes have been made by a medical practitioner;
 - In cases where children with specific health care needs, allergy or relevant medical condition are already attending the service, an individual **Risk Minimisation Plan and Communication Plan** must be developed as soon as possible after diagnosis, and supplied to Ausscot Family Day Care;
 - It is the responsibility of the **Parent**, to provide Ausscot Family Day Care with a copy of the child's individual Action Plan for the child's file at the office.
 - However, Educators must be vigilant and if they know that a child has a diagnosis, and they do not have a copy of the child's individual Action Plan, the child cannot be in care until our service and the Educator have a copy;

- Educators must keep a copy of the child's individual **Action Plan**. If the parent/guardian agrees, display the Action Plan, however, the child's confidentiality must be respected;
- Educators must keep a copy of the child's **Risk Minimisation Plan and Communication Plan**, that is easily locatable, in an emergency situation;
- When possible, invasive clinical procedures should be performed by a visiting authorised health care worker, contact person, or parent/guardian; and
- This policy is available on our Ausscot Family Day Care web page, for parents/guardians to view (Reg 91).

Procedure to administer medication to children with a medical condition:

- In the event of an emergency, implement the **Child's Action Plan** procedures and follow the recommended practices in relation to the administration of medication;
- Call an ambulance **000 or 112** for some mobiles, if the child is not responding;
- Notify the child's parent/guardian or authorised nominee and Ausscot Family Day Care as soon as practicably possible;
- Ensure that Educators and Staff follow first aid guidelines in handling of or disposal of sharp objects, medications and all resources needed for the administration of the medication;
- Ensure the safety of yourself and others by storing equipment and transporting equipment safely;
- The Educator must complete and keep a medication record that includes details as per the Education and Care Services National Regulation (Reg 92). Refer to the AFDC **Management of Ill Children and Medication Policy**, for complete details; and
- The Educator must complete and keep an Incident, Injury, Trauma and Illness (IITI) Record that includes details as per the Education and Care Services National Regulation (Reg 86 & 87). Refer to the AFDC **Incident, Injury, Trauma and Illness Record Policy** for complete details.
- In the event of an Anaphylactic Reaction, in consultation with a Coordinator or the Nominated Supervisor the Educator will complete an Anaphylaxis Incident Report.

Self – administration of Medication (Reg 96)

- A child over preschool age may self-administer medication if the parent/guardian or authorised nominee provides the last administered date, time, dosage and a signature on the Medication Record and Authorisation form, prior to the child self-administering; and
- A child over preschool age that self-administers medication must provide a signature, date, time and dosage on the Medication Record and Authorisation form. If the child is too young or unable to complete the documentation the Educator will complete the documentation.

Anaphylaxis and Allergic Reaction (Attachment)

Anaphylaxis can occur at any age, but it is most common in children and young adults.

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a susceptible person is exposed to a specific allergen (such as food or an insect sting). The signs and symptoms of anaphylaxis may occur almost immediately after exposure or within the first twenty minutes after exposure. Rapid onset and development of potentially life-threatening symptoms are characteristic markers of anaphylaxis.

It is compulsory for Educators to complete HLTAID012 - Provide First Aid in a Childcare or Education Setting – including CPR, First Aid, Asthma and Anaphylaxis training every three years. In addition, Ausscot Family Day Care strongly recommends Educators complete on-line training to regularly refresh their knowledge, such as:

- Reference: <https://allergyaware.org.au/childrens-education-and-care>
- Reference: <https://etraining.allergy.org.au/login/index.php>

For thorough indicators of the following refer to the generic Anaphylaxis Action Plan:

- Symptoms for severe allergic reactions – Anaphylaxis;
- Common substances which can trigger allergic reaction or anaphylaxis in susceptible children;
- Other common groups of substances which can trigger allergic reaction or anaphylaxis in susceptible children; and
- Common symptoms for mild to moderate allergic reactions.

Asthma (Attachment)

An asthma attack may develop very rapidly over a few minutes, or it may take a few hours or even days to happen. An asthma attack may be mild, moderate or severe. You are having an asthma attack if your asthma symptoms get worse but do not go away when you use your blue reliever.

It is compulsory for Educators to complete HLTAID012 - Provide First Aid in a Childcare or Education Setting – including CPR, First Aid, Asthma and Anaphylaxis training every three years. In addition, Ausscot Family Day Care strongly recommends Educators complete on-line training to regularly refresh their knowledge.

For thorough indicators of the following refer to the generic Asthma Action Plan:

- Symptoms of a severe asthma attack;
- Symptoms of a moderate asthma attack;
- Symptoms of a mild asthma attack;

General Procedure to ensure a safe environment for children

- It is the responsibility of the **Parent**, to provide Ausscot Family Day Care with a copy of the child's Action Plan for the child's file at the office;
 - However, Educators must be vigilant and if they know that a child has a diagnosis, and they do not have a copy of the Action Plan, a child cannot be in care, until our service and the Educator has a copy;
- Ensure children identified as allergic to specific triggers and substances do not have access to or contact with those substances;
- When preparing food the Educator must prevent cross contamination between foods, surfaces and utensils, particularly when preparing foods containing allergens such as; nuts, milk and milk products, eggs and egg products, food colouring and soy;
- Eliminate the use of foods likely to cause allergies in craft and cooking activities;

- Ensure body lotions, shampoos and creams used on children have been approved by their parent/guardian; and
- Where a child is known to have or is susceptible to severe allergy or anaphylaxis to a particular food, the Educator will consider having a **Nut Free Policy**, which would exclude anyone (in care or visiting) the service from bringing any foods containing nuts or nut products into the service.

Supporting Families

- The individual's **Action Plan** must be updated as per the expiry date on each Action Plan, or if the child's medical status changes, as deemed by a medical practitioner;
- Families must effectively communicate with the Educator about all new foods introduced to a child who has severe food allergies and update the list of allergens regularly;
- Families and Educators must effectively communicate, by updating or documenting in the child's **Risk Minimisation and Communication Plan**, medical information about children who may be at risk of allergies and actively support each other in assessing the risks and developing risk management strategies for the child;
- Parents/guardians or a medical provider are required to explain to the Educator the potential risks or side effects of any invasive clinical procedure being administered in care;
- It is in the best interest for a child to be seen by a doctor after a severe allergic reaction or anaphylaxis reaction. The Educator has the right to ask the parent/guardian for a medical clearance before the child returns into care; and
- This policy is available on our Ausscot Family Day Care web page, for parents/guardians to view (Reg 91).

Documentation

- Medication Record and Authorisation documentation is completed and stored to ensure confidentiality of all persons involved:
 - Retain for 3 years after the child's last attendance (Reg 177c, 178c, 183). For further information refer to the AFDC Management of Ill Children and Medication Policy.
- Incident, Injury, Trauma and Illness Record (IITI) is completed (if the medical condition occurred during the childcare period):
 - Retain until the child turns 25 years (Reg 177b, 183). For further information refer to the AFDC Management of Incident, Injury, Trauma and Illness Policy.
- If the child received THIRD PARTY MEDICAL ATTENTION, a FDCA Public Liability Incident Report Form must also be completed and provided to Ausscot Family Day care with a copy of the IITI, within 24 hours [ACECQA Notification of Serious Incident]:
 - Retain until the child turns 25 years (Reg 177b, 183). For further information refer to the AFDC Management of Incident, Injury, Trauma and Illness Policy.
- In the event of an Anaphylactic Reaction, in consultation with a Coordinator or the Nominated Supervisor the Educator will complete an **Anaphylaxis Incident Report**.
- If an Educator leaves the service during the above timeframes ALL documentation must be given to Ausscot Family Day Care for storage.

Policy availability and review

This policy will be readily accessible to all Staff, Educators, families and visitors, and ongoing feedback on this policy will be invited. Management, Staff and Educators will monitor and review the effectiveness of this policy regularly. Updated information will be incorporated as needed.

References – Regulations and Law

Education and Care Services National Regulations:

<https://www.legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653>

Education and Care Services National Law Act 2010:

<https://www.legislation.vic.gov.au/in-force/acts/education-and-care-services-national-law-act-2010/017>

Guide to the National Quality Framework - (NQS)

<https://www.acecqa.gov.au/national-quality-framework/guide-nqf>

Staying Healthy in Childcare – 5th addition

<https://www.nhmrc.gov.au/sites/default/files/documents/attachments/ch55-staying-healthy.pdf>

References – Anaphylaxis

Anaphylaxis Incident Report

<https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-incident-reporting-template>

Best Practice Guidelines - Resources

<https://allergyaware.org.au/childrens-education-and-care>

Department of Education – Anaphylaxis and Allergy Prevention and Management

<https://education.nsw.gov.au/early-childhood-education/leadership/resource-library/anaphylaxis-and-allergy>

Best Practice Guidelines – Children’s Education and Care Services (CEC)

<https://allergyaware.org.au/childrens-education-and-care/best-practice-guidelines-cec>

References – Other Medical Conditions

Asthma Foundation: <https://asthma.org.au/>

Asthma Action Plans: <https://www.nationalasthma.org.au/health-professionals/asthma-action-plans>

Epilepsy Australia: <http://www.epilepsy.org.au/about-epilepsy/first-aid>

ATTACHMENTS

- a. AFDC - Risk Minimisation Plan & Communication Plan
- b. CPR Chart (Cardio Pulmonary Resuscitation)
- c. First Aid Plan for Anaphylaxis - Generic
www.allergy.org.au/images/stories/anaphylaxis/2023/ASCIA_First_Aid_Plan_Anaphylaxis_General_2023.pdf
- d. Action Plan for Anaphylaxis - Individual
www.allergy.org.au/images/stories/anaphylaxis/2023/ASCIA_Action_Plan_Anaphylaxis_Red_General_2023.pdf
- e. Asthma First Aid – Generic
<https://asthma.org.au/wp-content/uploads/2020/06/AAFAA4-First-Aid-2020-A4.pdf>
- f. Asthma Care Plan – Individual
<https://d8z57tiamduo7.cloudfront.net/resources/NAC-Asthma-Action-Plan-2023-Update-HD.pdf>
- g. First Aid for Seizures Poster - Generic
<https://www.epilepsy.org.au/wp-content/uploads/2017/10/EAA-FIRST-AID-POSTER-2017-New-LOGO-updated-with-contacts.pdf>