

## **Medical Conditions Policy**

Parents/Guardians must tell the centre if their child has been diagnosed with an ongoing medical condition so that the centre can make sure that the child is safe and coping well. This information is recorded on the initial enrolment form, and then in the ongoing medication form. Should a child be diagnosed after enrolment, families are required to update the child's health information record. All families with children diagnosed with a medical condition will be given a copy of this policy. Medical action plans must be filled in prior to a child commencing care. If it is found that an existing enrolment develops an ongoing medical condition, care may be suspended until all required documentation/Medication is supplied to the Director/person in charge.

### **The Management of Medical Conditions:**

Any child enrolled in a Stepping Stones Service with a medical condition will be required to have an written **Medical Action Plan** ( with a current photo), signed by their medical practitioner, outlining the management of the medical condition. The Action plan will provide instructions on when, what and how medication is to be taken, and when to increase doses if the condition worsens and if medical help needs to be sought. In date Medication must be supplied prior to the child attending care or care will be refused.

A Medical Action plan will be displayed in the centre's kitchen next to the first aid kit, and if applicable discreetly in the room the child attends for any of the following conditions:

**Asthma:**

**Anaphylaxis:**

**Epilepsy:**

**Diabetes:**

An updated photo of the child must be provided by families to be attached to the Medical Action Plan that will enable staff to identify the child quickly if needed. Medications required to manage the condition must be supplied prior to the child attending care.

In the event of an incident relating to the child's specific health care needs/allergy, the child's Medical Action plan will be followed by the Centre's Educators.

### **Risk Minimisation Plan:**

A meeting will be arranged with the parents/guardian as soon as the centre has been advised of the medical condition. During this meeting a risk minimisation plan will be developed in consultation with the family to ensure:

- That the risks relating to the child's specific health care needs/allergy are assessed and minimised.
- That practices and procedures in relation to the safe handling, preparation and consumption of food are developed and implemented.
- To ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- That practices ensuring that all staff members, students and volunteers can identify the child, the child's medical action plan and the location of the child's medication prescribed by the child's Doctor in relation to the child's specific health need, allergy or relevant medical condition.
- Ensuring parents are informed that the child does not attend the service unless the child has at the service their relevant medications. (regulation 90(1)(iii)).

## **Communication Plan**

A communication plan will be created after the meeting with the Family to ensure:

- All relevant staff members and volunteers are informed about the medical condition policy the Medical Action plan and Risk Minimisation plan for the child
- Creating an individual communication book so that a parent can communicate any changes to the Child's Medical Action Plan and Risk Minimisation Plan.

## **Self-Administration of Medication**

Self-administration of medication for a child is only applicable to children over the age of 7. No child under 7 will be allowed to self-medicate whilst in care. Self-medication will only be permitted with signed written instructions from a medical practitioner and must include the expected level of supervision.

The Parent/Guardian signs acknowledgement that the child care service is to incur no liability as a result of injury arising from the self-administration of medication by the child.

All medication must be surrendered to staff members at the service on arrival; no medication can remain in a child's bag under any circumstances.

The child demonstrates evidence of being instructed in the procedure of self-administration and can assume responsibility for carrying properly labelled medication on their person by:

- Taking the right medicine, at the right time, in the right amount;
- Reporting any unexpected side effects or reactions to Educators;
- 

NB All privileges for self-administration will be withdrawn if the child exhibits behaviour indicating lack of responsibility toward self or others with regard to medication

## **Training**

Staff will be trained in the management of a medical condition that has been diagnosed of a child in the centre. The training will be from a recognised authority of the condition i.e Anaphylaxis Australia, Asthma Australia etc.

Resources;

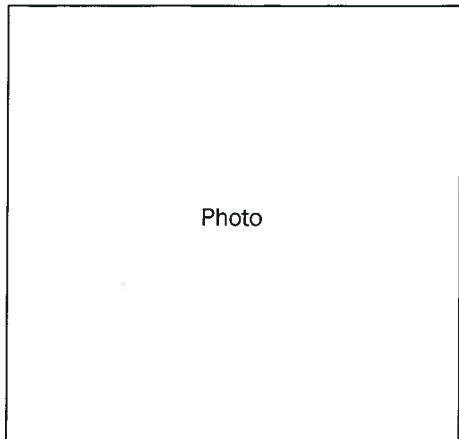
Education and care services national regulations 2012, Asthma Foundation, Anaphylaxis Australia

# ACTION PLAN FOR Anaphylaxis

Name: \_\_\_\_\_

For use with EpiPen® adrenaline autoinjectors

Date of birth: \_\_\_\_\_



Photo

Confirmed allergens:

Family/emergency contact name(s):

\_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by:

Dr: \_\_\_\_\_

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Date of next review: \_\_\_\_\_

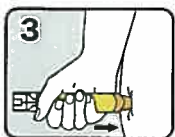
## How to give EpiPen®



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



2 PLACE ORANGE END against outer mid-thigh (with or without clothing).



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at: [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

## MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

## ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed).....
- Phone family/emergency contact.

**Mild to moderate allergic reactions may not always occur before anaphylaxis**

**Watch for ANY ONE of the following signs of anaphylaxis**

## ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

## ACTION FOR ANAPHYLAXIS

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector.**
- 3 Phone ambulance\*: 000 (AU) or 111 (NZ).**
- 4 Phone family/emergency contact.**
- 5 Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.**

### If in doubt, give adrenaline autoinjector

**Commence CPR at any time if person is unresponsive and not breathing normally.**

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

## IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y  N  Medication: \_\_\_\_\_

## Risk Minimisation Plan and Communication Plan for children Diagnosed With Anaphylaxis

Childs Name: ..... DOB .....

In Relation to the child diagnosed with Anaphylaxis:	Who is Responsible	Risk Management Strategies	Y E S	N O
Current medical management plan, identifying known allergens has been provided.	Parent/Guardian	Action plan to be provided before care can commence.		
Parents/guardians are aware that the child is unable to attend the program without their prescribed medication.	Parent/Guardian/Educator	Ensure medication is at the service; otherwise the child will be unable to attend.		
The prescribed medication expiry date is checked at enrolment	Parents/Guardians/Educator	Expiry date: .....		
Educators check prescribed medication expiry date regularly ( 3 monthly)	Educators	Expiry Date: .....		
Parents/guardians are provided with a Medical Conditions policy upon enrolment	Admin/Educators	Parents/guardians to read and abide by its content, and complete any necessary paperwork prior to attending		
All families of a child with Anaphylaxis must have a current Action Plan signed by their GP with a identifying photo which will be displayed in the service	Parents/Guardians/Educator	The child's safety overrides privacy laws, and Action plan with photo will be displayed.		
If in extreme circumstances where a child has severe food allergies, it may be deemed appropriate to have the child sit separately from others at mealtimes to minimise risk.	Educators/Families/child	Good hygiene practises must be adhered to at all times, ie hand washing before and after meals, table/chair sanitizing and thorough cleaning of utensils.		
All food provided for the child is to be clearly labelled by Parents/Guardians	Parents/Guardians	Educators to check correct labelling in the case of highly allergic children upon arrival.		
Educators will make themselves familiar with the child's Action plan and make sure all staff including relief, students volunteers are made aware of any child with a Medical condition.	Educators	To be done prior to the child attending and on induction for new staff.		
Minimise the risk in the care environment by removing known triggers and allergens where possible.	Educators with assistance from families	Prior to the child attending		
Only food activities with "safe ingredients" will be used for programmed cooking activities	Educators/Child with assistance from families	Educator's awareness will ensure a supervised food program.		
Foods will only be consumed in designated food areas to minimise the risk of cross contamination	Educators	Educators will increase supervision during meal times		
Notices will be put up in the service notifying the general public that there is a child diagnosed with Anaphylaxis attending this service	Educators	To make all stakeholders aware of Anaphylaxis in the care environment to help minimise risk as per company policy.		

## Communication Plan:

This must be completed in conjunction with parents/guardians and Educators:

Administration staff will follow up with educators any enrolments that identify a child with Anaphylaxis, to ensure all required documentation is provided prior to the child commencing care. This includes a current Action plan (with a recent photo of the child ) signed by a Medical Practitioner. To streamline the process Enrolment packs contain a copy of the Medical Conditions Policy with Action plans for Asthma and/or Anaphylaxis attached.

Management will be responsible for managing and maintaining regular updates in relation to anaphylaxis. This includes reviewing policy documentation annually or sooner if the need arises. All educators are required to hold current First Aid/CPR, Asthma/Anaphylaxis training.

**Educators are responsible for:**

- Knowing the identity of students who are at risk of anaphylaxis
- Following information contained in the child's Action Plan, Risk Minimisation Plan and enrolment form.
- Knowing exactly where the adrenaline auto injector is located ie whether it is carried by the child or stored in an agreed location.
- All staff/students/volunteers must be advised of the relevant details of an individual child's severe allergy.
- Educators will inform families within the service community that a child with Anaphylaxis is in care and will endeavour to ensure that the items identified in the Action plan and Risk Minimisation Plan are not present in the care environment.

**Parents of children at risk of anaphylaxis are responsible for:**

- Notifying the service if their child's medication changes or is upgraded to an auto-injector
- Notifying educators/admin of any changes in allergies or other health care needs that may affect the child's anaphylaxis management.
- Working with the service to complete a Risk Minimisation Plan/Communication Plan and providing an up to date Action plan with the child's photo which must be approved/signed by a medical practitioner, before the child attends care.
- If necessary providing the service with an in date adrenaline auto-injector.
- Educating their child about their condition and if possible discuss strategies to avoid know allergens and reinforcing the child's Risk Minimisation Plan.
- Providing the service when requested updated Action Plans.

**Note:**

If the service does not have an current Action Plan or the child does not bring their medication, care will be refused until all requirements are met as per Company Policies.

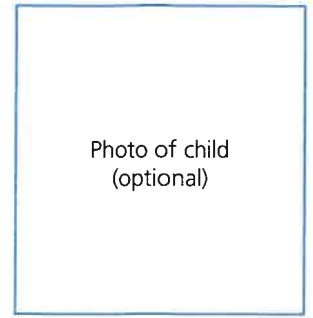
**Parents additional comments:**

This plan was reviewed in consultation with the Parent/guardian ..... and the PIC of the service ..... on the ...../...../.....

I have received a copy of the Medical conditions/Anaphylaxis policy and agree to the conditions of the Risk Minimisation Plan, Parent Name:.....Signature:.....Date:.....

Validated by PIC/Director Name:..... Signature: ..... Date: .....

# Asthma care plan for education and care services



**CONFIDENTIAL:** Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

Date of approval: July 2014  
Approved by: CEO Asthma Australia  
Date of review: July 2016

AA Care Plan for Ed-Care-Serv 0714  
July 16, 2014 9:14 PM

**PLEASE PRINT CLEARLY**

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_

## Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Daily asthma management

*This child's usual asthma signs*

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe)

*Frequency and severity*

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe)

*Known triggers for this child's asthma (eg exercise\*, colds/flu, smoke) — please detail:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Does this child usually tell an adult if s/he is having trouble breathing?     **Yes**                       **No**
- Does this child need help to take asthma medication?                       **Yes**                       **No**
- Does this child use a mask with a spacer?                                       **Yes**                       **No**
- \*Does this child need a blue reliever puffer medication before exercise?     **Yes**                       **No**

## Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

### Doctor

Name of doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

### Emergency contact information

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

# Asthma First Aid

## 1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



## 2 Give 4 separate puffs of blue/grey reliever puffer

- **Shake** puffer
  - Put **1 puff** into spacer
  - Take **4 breaths** from spacer
- Repeat** until **4 puffs** have been taken

**Remember: Shake, 1 puff, 4 breaths**

OR Give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12).



## 3 Wait 4 minutes

- If there is no improvement, give **4 more separate puffs of blue/grey reliever** as above

(OR give 1 more dose of Bricanyl or Symbicort inhaler.)



## 4 If there is still no improvement call emergency assistance (DIAL 000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving **4 separate puffs** every **4 minutes** until emergency assistance arrives

(OR 1 dose of Bricanyl or Symbicort every 4 minutes — up to 3 more doses of Symbicort).



### Call emergency assistance immediately (DIAL 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid.

**Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma**



## Asthma Australia

Contact your local Asthma Foundation

**1800 ASTHMA** (1800 278 462) [asthmaaustralia.org.au](http://asthmaaustralia.org.au)

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Translating and  
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131 450

## Risk minimisation plan and communication plan for children at risk of Asthma

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of Asthma.

Childs Name ..... DOB \_\_\_ / \_\_\_ / \_\_\_

In relation to the child at risk: (Complete with <u>Parent/s</u> )	Yes	No	N/A	Person Responsible	Risk Management strategies
<ul style="list-style-type: none"> <li>What allergens in the SAC program need to be minimised? E.g. dust, pollen, mould, chemicals, aerosols, etc</li> </ul>					
<ul style="list-style-type: none"> <li>Has your child's management plan been reviewed and signed off by a medical practitioner in the last 12 months or when there have been changes?</li> </ul>					
<ul style="list-style-type: none"> <li>Has your child's enrolment form including emergency contacts been updated in the last 12 months?</li> </ul>					
<ul style="list-style-type: none"> <li>Does your child need to be monitored during times of exercise? eg. running, ball games etc</li> </ul>					
<ul style="list-style-type: none"> <li>Does your child require increased supervision on special occasions such as excursions or workshops, specifically in high pollen season or outings of high activity?</li> </ul>					
<ul style="list-style-type: none"> <li>Should contact with animals be restricted and closely supervised?</li> </ul>					
<ul style="list-style-type: none"> <li>Does your child stay indoors on high pollen, high air pollution days?</li> </ul>					
<ul style="list-style-type: none"> <li>Is your child's asthma heightened during times of colds or flu?</li> </ul>					
<ul style="list-style-type: none"> <li>Can certain plants/gardens trigger an attack?</li> </ul>					
<b>Is your child's Asthma triggered by food or food additives?</b> If the answer is YES,					
<ul style="list-style-type: none"> <li>Should bottles, other drinks and lunch boxes, including any treats provided by you be clearly labelled with the child's name?</li> </ul>					
<ul style="list-style-type: none"> <li>Is there a risk to your child should children in care share food, food utensils and containers?</li> </ul>					
<ul style="list-style-type: none"> <li>Will you provide a safe treat box for your child?</li> </ul>					

In relation to other program Educator(s) practices, when asthma is triggered by food or food additives, the program Educator(s) will: (Complete with <u>Educator</u> )	Yes	No	N/A	Person Responsible	Risk Management strategies
<ul style="list-style-type: none"> <li>Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children</li> </ul>					



the parent/guardian of a child at risk of asthma and these foods should be consistent with the risk minimisation plan E.g. play, celebrations etc.					
<ul style="list-style-type: none"> <li>Use the risk minimisation plan to inform food purchases when planning cooking experiences</li> </ul>					
<ul style="list-style-type: none"> <li>Ask families not to send food containing specified allergens or ingredients as determined in the risk minimisation plan</li> </ul>					
<ul style="list-style-type: none"> <li>Inform all families and the service community that a child at risk of asthma (if triggered by food or food additives) is in care and ask that the items identified in the asthma management plan and the risk minimisation plan are not provided</li> </ul>					
<ul style="list-style-type: none"> <li>Notify families of any cooking experiences included in the program and obtain written authorisation from the parent of the child with asthma.</li> </ul>					
<ul style="list-style-type: none"> <li>Determine if the child can only eat food that has been specifically prepared for him/her</li> </ul>					
<ul style="list-style-type: none"> <li>Ensure that no child who has been prescribed asthma medication is permitted to attend the program without their medication and device</li> </ul>					
<p><b>COMMUNICATION PLAN:</b> (Central administration staff to complete with <u>BOTH</u> Parent and Program Educator(s))</p> <ul style="list-style-type: none"> <li>Central administration staff are responsible for managing and maintaining regular updates about the asthma, sourcing information for program Educator(s) who have a child at risk of asthma in care. This includes reviewing all policy documents annually.</li> <li>The parent/guardian is responsible for informing the Central Administration staff and program Educator(s) of any changes to the child's risk minimisation plan and asthma medical management plan. These changes must be signed off by the treating doctor and a copy provided to the service.</li> <li>The program Educator will inform all families and the service community that a child at risk of asthma is in care and will endeavour to minimise the items identified in the asthma management plan and the risk minimisation plan, wherever possible.</li> </ul>					
Additional Comments from Parents					

I have read the Dealing with Medical Conditions policy and agree to the terms of the risk management plan.

This plan was developed/reviewed in consultation with the parent/guardian on \_\_\_/\_\_\_/\_\_\_, \_\_\_/\_\_\_/\_\_\_, \_\_\_/\_\_\_/\_\_\_ and \_\_\_/\_\_\_/\_\_\_.

Signature of Parent/Guardian.....

Printed name.....

Signature of Central Administration staff member.....

Printed name.....

\*Method of communication with Family: Meeting/Phone/Email/Fax

Office/File Copy

Program Copy

Reference: [www.asthmafoundation.org.au](http://www.asthmafoundation.org.au)