

Medical Conditions Policy

This Policy will be reviewed November 2023, or as required. This Policy is based on the following sources:

Education and care services National regulations 2011

Occupational Health and Safety Act 2004

Education and care services national Law

Duty of Care provisions in common law

Aims:

- To facilitate the effective care and health management of children with asthma, allergies, anaphylaxis, diabetes, epilepsy and other medical conditions.
- To provide, as far as practical, an environment where a child with asthma, allergies, anaphylaxis, diabetes or other medical conditions is able to participate equally in all aspects of the program.
- To minimize the risk of exposure of children identified with asthma, allergies & anaphylaxis to “known” allergens.
- To ensure that nominated supervisor, educators, student training educators, volunteers are aware of medical management plans and treatments for children who may require emergency medication

Background Information

Serious medical conditions including asthma, anaphylaxis, epilepsy and diabetes need to be effectively managed to ensure that staff are able to adequately care for the needs of children. The management of such medical conditions needs to include the child, the parents, educators and medical professionals. With effective management of medical conditions children will be able to participate in all aspects of quality care and education.

Identifying children with medical conditions:

- At time of enrolment parents will be asked to identify if their child has a medical condition, including the diagnosis of asthma, anaphylaxis or diabetes or other.
- A child identified as having a medical condition, a Medical Conditions policy will be provided to the parent.
- Where the parent indicates a medical condition, the parents will be required to work with the service to develop a risk minimization and communication plan.
- An emergency treatment plan (to be developed by a medical professional) This will be provided to the service.
- Parents are required to complete a check list on enrolment of foods and food substances that children are able to eat, along with details of foods or food substances they are to avoid.
- Where the details of known allergens change or there is a change in the medical condition, parents will be required to notify these changes to the Nominated Supervisor as soon as practical.
- Where a child already enrolled in a service subsequently falls into this category then the parents will also be required to follow these procedures as detailed above.

Service expectations:

- Parents need to be aware that whilst all care is taken to reduce a child's exposure to any Asthma triggers, allergens or potential allergens the service cannot guarantee that exposure will not occur.
- Whilst the service will implement a range of specific procedures and risk minimization strategies to reduce the likelihood of common allergens within the service educators and parents need to be aware that it is not possible for an education and care service to remain totally allergen free considering the nature of such a service and the involvement with a large number of children, parents, educators and community members.
- Where children are enrolled in long day care services parents are asked not to bring food into the services. This is to reduce the risk of exposure to peanut products. The service does not provide products made of peanuts. However the service does purchase and will offer to non-allergic children, or those children who's risk minimisation plan allows "food that may contain traces of nuts"

Staff at Mentone Park Child Care and Preschool will:

1. Display child's Emergency Action Plan in their room/kitchen designated eating area of the service
2. Ensure that all educators /volunteers are aware of any child enrolled in the service who has been identified as having an allergy or is at risk of anaphylaxis, a diagnosis of Asthma, diabetes or any other medical condition. This will occur during induction.
3. Ensure that educators are trained in Food Handling and Hygiene practices.
4. Ensure that educators have received training in Anaphylaxis, including the administration of an Epi-Pen and emergency Asthma treatment. Staff will undertake Epilepsy Training if a child with this condition is attending the service.
5. Ensure that educators are trained in identifying signs of hypoglycaemia and hyperglycaemia should a child with this condition be enrolled.
6. Where a child is enrolled with other medical conditions the service will endeavour to have educators trained in any emergency response first aid that may be relevant and appropriate.
7. Ensure that educators are aware of where any medication for the treatment of allergies, such as antihistamine or an Epi-Pen is stored, asthma medication or other emergency medication
8. Ensure that a child's medication or Epi-Pen is taken with the child should the child leave the service for an excursion
9. Ensure that there is signage to indicate where each child's medication is stored
10. Implement the Emergency Action Plan relating to the child's specific health care needs in the event of an incident
11. Check the expiry date on medication and will document expiry date of Epi-Pen/and emergency medications in the daily diary, and notify parents two weeks' prior to expiry.
12. If a child enrolled has an Epi-Pen or lifesaving medication parents will be informed their child will not be able to attend the centre if their medication is not with them.

Parents of a child with known allergies or children with anaphylaxis, asthma, diabetes or other medical conditions will provide the following information.

This is a legal requirement under the Education and Care Services National Regulations 2011 and parents are required to complete and update this as requested.

1. Inform the service Nominated Supervisor on enrolment of the child's "known" medical condition.
2. Obtain an Emergency Action Plan for the child in consultation with the child's Doctor and provide this to the Nominated supervisor.

3. The parent will assist in the completion of a risk minimization and communication plan that will be conducted in consultation with the Nominated Supervisor to identify any perceived risk and determined strategies to reduce this risk.
4. Develop a communication plan with the Nominated Supervisor to determine the most appropriate means of communicating about the child's medical condition.
5. Give permission for the centre, or educator to display the Emergency Action plan, containing a picture of the child, and parental contact phone numbers, within the centre. Parents are to acknowledge that this will be visible to educators, other parents and community visitors within the centre.
6. Provide any medication including an Epi-Pen (if required), asthma relieving medication and spacer to the service.
7. Parents as soon as practical must notify the Nominated supervisor of any changes to the status of the child's medical condition

General risk minimisation strategies for children with allergies or at risk of anaphylaxis

1. Children will be taught not to share food.
2. Children will wash their hands at designated times throughout the day and prior to and after meal times.
3. Children with like allergies may sit together, however, not isolated to reduce the risk of contact allergy or airborne reactions if so determines in consultation with the parents.
4. Staff will supervise meal times to reduce the risk of ingestion or cross-contamination of foods. Children with dietary restrictions will be given a labelled name plate at meal times.
5. Mentone Park Child Care and Pre School will continue to remind parents that food is not to be brought into the centre unless it is given directly to educators eg. a birthday cake (this must be accompanied by a list of ingredients)
6. The nominated supervisor in consultation with educators will discuss and inform parents of any observable change to any individual child's reaction or perceived allergic response to a possible or known allergen in order for them to review or develop a specific health management strategy or Emergency Action Plan.
7. The service will endeavour to ensure all children have access to the daily experiences and activities within the centre, bearing in mind the potential risk that such an activity may present to children with identified allergies and anaphylaxis. In the event a particular activity may present the risk of an allergic reaction to any identified child consideration will be given as to its overall developmental merit. If still determined to be beneficial and deemed as able to be contained that child may be provided with an alternative experience whereupon all would be closely monitored.
8. Mentone Park Child Care and Pre School does not allow self-administration of medication of children whilst in our care.

General Information

Anaphylaxis:

- Is a severe allergic reaction that can be potentially life threatening. Some children have allergies to food that are not life threatening, however the foods need to be avoided and medication, such as antihistamine may be required to control the reaction.
- An allergy is when someone has a reaction to something (an allergen) that is either ingested, inhaled, injected or has come in contact with the skin. The symptoms of an allergic reaction can range from mild and uncomfortable through to dangerous and life threatening.
- An allergic reaction can affect many organs in the body, including the skin, nose, throat and mouth (respiratory system), gastrointestinal system, and the cardiovascular system.

- Where an allergic reaction involves the respiratory and/or cardiovascular system it is then called Anaphylaxis. Anaphylaxis is a severe, life threatening reaction to an allergen. A reaction can occur within minutes of a person coming into contact with an allergen.

Asthma

- Asthma affects more than 1 in 9 children in Australia, and many of these children attend care services. People with asthma have sensitive airways in their lungs. When they are exposed to certain triggers their airways narrow, making it harder for them to breathe.
- Many children experience intermittent asthma. This is where a child may have symptoms of asthma occasionally after exposure to a trigger. Intermittent asthma can usually be controlled with a reliever medication. Around 70% of children have infrequent intermittent asthma, which means they have short, isolated episodes of asthma, usually in response to a respiratory infection or environmental allergen.
(http://www.asthmafoundation.org.au/What_is_asthma.aspx)
- Persistent asthma is where a person experiences frequent asthma attacks, which are classed as either mild, moderate or severe. In these situations the child is usually on preventer medication to control the number of and severity of any asthma attack.
- Children or adults that only experience intermittent asthma can still have a severe asthma attack.
- More information on asthma can be found at: **www.asthmafoundation.org.au**