Medical Conditions Policy

Including Anaphylaxis, Asthma and Diabetes Management

Purpose

Peak Sport and Learning will work closely with children, families and where relevant schools and other health professionals to manage medical conditions of children attending the service. At Peak, we believe in providing an inclusive environment for all children and will support children with medical conditions to participate fully in the day to day program. The service and all educators will effectively respond to and manage medical conditions including anaphylaxis, asthma and diabetes and at the service to ensure the safety and wellbeing of children, educators and visitors. Medications will only be administered to children in accordance with the National Law and Regulations.

Considerations

Education and Care Services National Regulations	National Quality Standard/s	Other Service policies/documentation	Other
Regulations: 90-91 Law: s 173	Standard 2.1.2, 2.2.1, 2.2.2, 6.2.1	- Parent Handbook - Staff Handbook - Providing a Child Safe Environment Policy - Excursion Policy - **Management of Incident, Injury and trauma Policy** - Infectious Disease Policy - **Administration of First Aid policy**	- Work Health and Safety Act 2011 - Individual Medical Management Plans and corresponding resources. - My Time, Our Place: 1.2, 1.4, 3.1 - Child Safe Standards **1, 3, 7, 10**

Procedures

Enrolment procedures for children with medical conditions:

- Families will be asked to inform the service of any medical conditions the child may have at the time of enrolment. This information will be recorded on the child's enrolment form.
- Upon enrolment, the service will provide the family with a copy of this policy in accordance with regulation 91.
- A Medical Management Plan, completed by a Medical Practioner, is to be provided to the service upon enrolment for any specific or long-term medical conditions such as Anaphylaxis, Asthma and Diabetes.
- This plan should include the correct dosage of any medication as prescribed.
- Parents/Guardians are required to provide the medication identified in the Medical Management Plan.
- It is a requirement of the service that a Risk Minimisation & Communication Plan is developed in consultation with the child's family. Peak Administration staff will communicate with the family and, if necessary, any relevant health professionals as soon as possible and preferably

prior to the child's attendance to discuss the content of the plan to assist in a smooth and safe transition of the child into the service.

- Administration staff will send the Medical Management Plan and Risk Minimisation & Communication Plan to the Centre for review and parent/guardian's approval and signature and inclusion in the **Management of Medical Conditions Folder.** Digital versions of these documents will be stored in FullyBooked with noted review dates.
- Content of the **Risk Minimisation & Communication Plan** will include:
  - Identification of any risks to the child's specific health care need, allergy or relevant medical condition.
  - Strategies identified to minimise risks such as exposure to allergens or anything that may impact the health of the child.
  - Identification of any practices or procedures that need adjustment at the service to minimise risk e.g. menu items provided, food preparation procedures.
  - Parents/Guardians are provided with a copy of the risk minimisation and communication form that documents any known allergens that pose a risk and '. Parents/Guardians acknowledge this by signing the Risk Minimisation & Communication Plan.
  - Parents/Guardians are responsible for communicating any changes to the child's medical management. This can be provided in person at the centre to the Responsible Person or to Administration and noted in the communication section in the Risk Minimisation & Communication Plan.
  - Medication storage information / location.
  - Acknowledgement that the documents are stored and the review dates are noted in the Medical Management Diary.

Centre procedures for children with medical conditions:

- Peak centres will maintain a Management of Medical Conditions Folder containing children's medical management plans and risk minimisation and communication plans. This will be clearly labelled and accessible to all staff members.
- The child's individual medical management plan will be followed in the event of an incident relating to their specific health care need, allergy or medical condition.
- The Responsible Person/s are responsible for raising any concerns with a child's parents about any medical condition known to the service, or any suspected medical condition that arises.
- The Nominated Supervisor is responsible for ensuring that a minimum of one educator who is currently qualified in senior first aid, asthma management and anaphylaxis management is present at the service at all times.
- The service will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

Communication Plan for children with Medical Conditions

Communication relating to the medical conditions for children will include the following steps:

1. Communication throughout enrolment includes Parents/Guardians providing information and medical management plans for the child's specific health condition. The service provides the Medical Conditions policy as per Regulation 91 as well as a copy of the Risk Minimisation & Communication Plan.
2. The documents collected upon enrolment, including the Medical Management Plan and Risk Minimisation & Communication plan, are emailed from Administration to the centre to print, review and include in the Management of Medical Conditions folder.

3. All details of new enrolments are provided in the weekly staff Newsletter emailed. Serious allergies or health conditions will be displayed each week in the weekly newsletter to staff.
4. All long-term medical conditions including allergies or anaphylaxis, asthma, diabetes of children present will be printed with the daily roll. It is deemed the responsibility of every educator at the service to read and refer to the list at the commencement of their shift. Children with health conditions are discussed in the daily brief.
5. The Management of Medical Conditions Folder for children's medical management will be clearly labelled and accessible to all staff members.
6. All staff and volunteers will be informed of the medical policies, Management of Medical Conditions Folder and the attendance roll medical conditions list on induction as well as the action to take in the event of a medical emergency involving that child.
7. If changes occur to the child's condition or the medical plans, the family will inform the Nominated Supervisor and/or Responsible Person immediately in person or via email and provide updated medical plans. The Risk Minimisation & Communication Plan will be reviewed and updated where applicable.
8. Any small amendments to the risk minimisation plan will be written on the existing plan and acknowledged by initial by the Parent/Guardian and Responsible Person.
9. The centre will maintain a Medical Management Diary, which is held within the Management of Medical Conditions Folder. This diary notes on a monthly basis which children have upcoming reviews to their Medical Management Plans, Risk Minimisation & Communication Plan review dates and Medication/ Medical Device Expiry Dates. The Responsible Person will contact families 1-2 months earlier to request the relevant updated information or medication or medical device.
10. Review dates of Medical Management Plans will be noted and requested as per the review dates noted by the Medical Practioner, where applicable.
11. Parents/Guardians are responsible for updating their child's Medical Management Plan/providing a new Plan as necessary and will be regularly reminded at least annually by the service to do this.
12. A review of the Risk Minimisation and Communication Form held by the service in relation to a child's specific medical condition will be completed at minimum, annually, in conjunction with the Parent/Guardian.
13. The child's Medical Management Plan will be held digitally in the child's enrolment with a review date noted.
14. Any conversations between the Nominated Supervisor, Responsible Persons, Educators and families that relate to the child's medical condition, will be noted in the **Communication Plan** section of the Risk Minimisation and Communication Plan.
15. In addition to these conversations the centre will formally request updates to medical conditions information through Medical Plan expiry emails generated from FullyBooked Child Care Management Software and through other communication platforms, such as Newsletters and emails.

Medical Condition: Anaphylaxis / Allergy

Anaphylaxis is the most severe form of allergic reaction. The symptoms of anaphylactic shock may include hives, itching, swelling, watery eyes, runny nose, vomiting, diarrhoea, stomach cramps, coughing, wheezing, throat tightness/closing, difficulty swallowing, difficulty breathing, dizziness, fainting, loss of consciousness or a change of skin colour. The most dangerous symptoms are breathing difficulties or a drop in blood pressure, which can be potentially fatal. Products that contain nuts are known to cause anaphylaxis in some people.

Peak Sports and Learning recognises the increasing prevalence of children attending services who have been diagnosed with severe allergy and anaphylactic reactions. Such reactions may be the result of allergies to eggs, peanuts, tree nuts, cow's milk, shell fish, fruit, bee or other insect stings, latex, particular medications or other allergens as identified through professional diagnosis. It is known that reactions to allergens may occur through ingestions, skin or eye contact or inhalation of food particles.

Procedures and Risk Minimisation Strategies for Children with Anaphylaxis and Severe Allergies

- An Epipen will be kept available to staff at all times in a labelled first aid kit (Red Hart First Aid Kit). This first aid kit will also be taken on all excursions and emergency evacuations. Signs will be displayed clearly throughout the centre to indicate the location of the Epipen.
- Children who are diagnosed with severe allergies or anaphylaxis who require an Epipen will provide one to be kept for them at the service. This will be collected and stored securely at the centre in a location that is easily accessible to staff.
- A Medical Management Plan will be provided by parents/cares and a Risk Minimisation & Communication Plan will be developed for each child with Anaphylaxis. In addition, practices will be carried out to ensure that the service is, to the best of our ability, providing an environment that will not trigger an allergic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.
- Where a child has a life-threatening food allergy the service will endeavour to be free of the particular food allergen in the service. Families will be advised not to supply that allergen for their own children. This is the case for nuts in all Peak centres. Individual centres may also endeavor to be free of other specific allergens where necessary, e.g. berries.
- Where possible Peak will provide alternatives to children with food allergies such as soy milk and gluten free bread.
- Signs will be displayed clearly throughout the service to ensure all families, educators, other staff and visitors are aware the service is a nut aware centre.
- Where it is necessary for other children to consume a particular food allergen (e.g. milk or other dairy foods) the child with a food allergy will be seated separately during meal times and all children will wash their hands before and after eating.
- Educators will not allow children to share food, utensils or food containers.
- Educators will prepare food in line with a child's medical management plan and family recommendations.
- Peak will consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate.
- Educators will be instructed on 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.
- Educators will closely supervise all children at meal and snack times and ensure food is eaten in specified areas.

- Consult risk minimisation plans when making food purchases and planning menus.

Responding to incidents involving severe allergies or anaphylaxis:

- Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur.
- In conjunction with the **Administration of First Aid Policy**, the medical management plan will be followed in the event of any allergy or anaphylaxis incident.
- If a child is displaying symptoms of an anaphylactic reaction our service will:
  - Call an ambulance immediately by dialing 000.
  - Ensure the first aid trained educators/educators with approved anaphylaxis management training provides appropriate first aid which may include the injection of an auto immune device EpiPen in line with the steps outlined by the Australian Society of Clinical Immunology and Allergy and CPR if the child stops breathing.
  - Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Medical Condition: Asthma

Asthma is a chronic lung disease that inflames and narrows the airways. While developing the Medical Conditions Risk Minimisation Plan Peak Sports and Learning will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack.

Procedures and Risk Minimisation Strategies for Children with Asthma

- A Medical Management Plan will be provided by parents/cares and a Risk Minimisation & Communication Plan will be developed for each child with asthma. In addition, practices will be carried out to ensure that the service is, to the best of our ability, providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.
- The service will display an Asthma chart called First Aid for Asthma Chart for under 12 years or Asthma First Aid in a key location at the service.
- Children who are diagnosed with asthma are encouraged to provide a Ventolin inhaler which can be either stored at the centre or, if parents/guardians indicate in writing as outlined in our **Administration of Medication Policy,** can be kept in the child's bag for self-administration.
- Where a child is required to use a spacer and or mask, parents/guardians are to provide to the service.
- In conjunction with the **Administration of First Aid Policy** and **Administration of Medication Policy**, all educators and volunteers at the service must follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.
- The service will note review dates in the Medical Management Diary. This date will be 12 months from the date the Medical Practioner has signed the Medical Action plan, unless specified as a longer period. The Responsible Person will contact parent/guardians prior to this date to request that the family provides a recently reviewed Asthma Action Plan from a Medical Practioner.
- In extenuating circumstances or where the parent/guardian denies such a request, the service will complete an annual review to ensure the service has up to date advice in relation to the management of the child's medical condition
- A Ventolin inhaler will be kept available to staff at all times in a labelled first aid kit (Red Hart First Aid Kit). This first aid kit will also be taken on all excursions and emergency evacuations. Signs will be displayed clearly throughout the centre to indicate the location of the Ventolin inhaler.

  An Asthma First Aid kit should contain:
  - Blue or grey reliever puffer.
  - A spacer device that is compatible with the puffer.
  - A face mask compatible with the spacer for use by children under 5.
  - 70% alcohol swabs for cleaning devices. Note puffers, spacers and face masks from the Kit must be thoroughly cleaned after each use, if they are reusable, to prevent cross contamination. To clean: Remove canister from puffer and wash device (but not canister) in warm water with kitchen detergent, do not rinse or rub dry, allow devices to air dry, when dry, wipe the mouth piece inside and outside with a 70% alcohol swab, when completely dry, replace the canister and ensure puffer is working correctly.

Responding to incidents involving Asthma:

- An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, our service will ensure first aid trained educators/educators with approved asthma management training immediately attends to the child.
- If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:
    - Sit the child upright and stay with the child and be calm and reassuring
    - Give 4 puffs of blue reliever puffer medication
    - Use a spacer if there is one
    - Shake puffer
    - Put 1 puff into spacer
    - Take 4 breaths from spacer
    - Repeat until 4 puffs have been taken
    - Shake, 1 puff, 4 breaths
    - Wait 4 minutes, if there is no improvement, give 4 more puffs as above
    - If there is still no improvement call emergency assistance 000
    - Keep giving 4 puffs every 4 minutes until emergency assistance arrives
    - Contact the child's parent or authorised contact where the parent cannot be reached.

Medical Condition: Diabetes

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin.

The most common form of diabetes in children is type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

Procedures and Risk Minimisation Strategies for Children with Diabetes

- Where it is deemed necessary, training will be organised for Educators by Diabetes Australia.
- Parents or carers may be requested to attend the service to participate in an orientation with educators to provide training, guidance and support. This assists educators to understand the child's individual needs, management requirements and communication protocols, and ensures educators are familiar with the child's diabetes management procedures.
- A Medical Management Plan will be provided by parents/cares and a Risk Minimisation Plan will be developed for each child with diabetes. In addition, practices will be carried out to ensure that the service is, to the best of our ability, providing an environment that prevents the child suffering hypoglycaemia (hypo). These practices will be documented and reflected upon, and potential risks reduced if possible.
- While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service.
- These include ensuring they do not suffer from hypoglycaemia (have a "hypo") which occurs when blood sugar levels are too low. Things that can cause a "hypo" include:
    - A delayed or missed meal, or a meal with too little carbohydrate
    - Extra strenuous or unplanned physical activity
    - Too much insulin or medication for diabetes
    - Vomiting
- The Risk minimisation plan will be developed taking into account whether the child is enrolling in Before or After School Care, or Vacation Care and general planned activities such as meal times, exercise.
- Children with Type 1 diabetes may also need to limit their intake of sweet foods. Our service will ensure information about the child's diet including the types and amounts of appropriate foods is part of the child's Medical Management Plan and that this is used to develop the Risk Minimisation Plan.

Responding to incidents involving Diabetes (hypoglycaemia "hypo"):

If a child is displaying symptoms of a "hypo" our service will:

- Ensure the first aid trained educator provides immediate first aid which will be outlined in the child's medical management plan and may include giving the child some quick acting and easily consumed carbohydrate.
- Call an ambulance by dialling 000 if the child does not respond to the first aid and CPR if the child stops breathing.

- Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Medical Condition: Epilepsy

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.

Procedures and Risk Minimisation Strategies for Children with Epilepsy

- A Medical Management Plan will be provided by parents/cares where available and a Risk Minimisation Plan will be developed for each child with epilepsy.
- While developing the Risk Minimisation Plan our service will implement procedures, where possible, to ensure children with epilepsy do not suffer any adverse effects from their condition while at the service. These include ensuring within the environment that there are no flickering lights at the centre or minimising any flickering light during transport.
- Educators will be aware of sign and symptoms of an epileptic seizure including:
    - 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

Responding to incidents involving Seizures

For all seizure events:

- remain calm
- ensure other children in the vicinity of the seizure event are being supported
- note the time the seizure started and time the event until it ends
- talk to the child to make sure they regain full consciousness
- stay with and reassure the child until they have fully recovered
- provide appropriate post seizure support or adjustments

The service will contact the parent/guardian or emergency contacts in any seizure event.

A **tonic-clonic seizure** (convulsive seizure with loss of consciousness) presents as muscle stiffening and falling, followed by jerking movements.

During this type of seizure:

- protect the head e.g. place a pillow or cushion under the head
- remove any hard objects that could cause injury
- do not attempt to restrain the child or stop the jerking
- do not put anything in the child's mouth
- as soon as possible roll the child onto their side – you may need to wait until the seizure movements have ceased.
- For a seizure with impaired awareness (non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour) avoid restraining the child. You may need to guide the student safely around objects to minimise risk of injury.

Call an ambulance immediately if:

- there is no Epilepsy Management Plan
- a serious injury has occurred
- Or if ever in doubt.

Other Medical Conditions:

Where it is deemed necessary upon enrolment of any children with medical conditions not sufficiently covered in this policy, this policy will be updated to reflect procedures and practices put in place to manage their condition, health and safety.

Version Control Table

Version Control	Date Released	Next Review	Approved by	Amendment
1	Jan 2017	March 2018	Directors	Nil – small amendments to procedures
2	April 2018	April 2019	Directors	Rewritten and edited to reflect 2018 updated Quality Standards. Addition of requirement for parents to provide an Epipen and asthma medications for their child. Diabetes included as requiring a risk minimisation plan.
3	February 2019	February 2020	Directors	Combined Anaphylaxis/Allergy policy with medical conditions. Clarification and updates to risk minimization and communication strategies.
4	May 2019	May 2020	Directors	Added Epilepsy Management to policy.
5	February 2020	March 2022	Directors	Small amendment to Epilepsy Management. Moved to new document review timeline.
6	March 2022	March 2024	Directors	Amendment as Risk Minimisation Folder now called Management of Medical Conditions. Amendment in line with ASCIA to review dates.
7	May 2023	March 2024	Directors	Amendment to communication plan to clarify point 4 & 14.
8	March 2024	March 2025	Directors	Amendment to wording in *Procedures and Risk Minimisation Strategies for Children with Anaphylaxis and Severe Allergies*.
9	March 2025	March 2026	Directors	Reviewed, no significant changes.
10	March 2026	March 2027	Directors	Added diabetes input from parents and carers.