



Links

Education and Care Services National Regulations: 90, 91, 92, 93, 94, 95, 96, 168
National Quality Standard: 2.1.2; 2.2.1; 2.2.2

Policy statement

Tropics Early Learning aims to support all children to be safely involved in all areas of our programs, and we are committed to a planned approach which will support their medical needs and enable them to do so. Our educators will work together with families to minimise the risk of exposure to foods, and other substances that may trigger asthma, severe allergy, anaphylaxis, or diabetes in children. We will support our educators to gain the knowledge and skills required to effectively manage medical conditions in our service.

Medical conditions include, but are not limited to, asthma, anaphylaxis, and diabetes, of which, many cases can be life threatening.

Implementation

- During the enrolment process, information will be sought about any specific health care needs, allergies, or relevant medical condition that a child may have.
- Parents of a child with a medical condition will be provided with a copy of our Medical Conditions policy upon enrolment.
- Information on the health care needs, allergies and medical conditions of children will be communicated to all staff members and volunteers, via medical management plans, allergy lists, staff room notice boards, and verbally.
- Upon enrolment, or upon notification by the parent to the service, parents/guardians of children with medical conditions will be asked to complete a Management of Medical Conditions, Action and Minimisation Plan, in consultation with staff and medical professionals. This plan will include:
 - Child's details
 - Parents details and emergency contact information
 - Details of the child's medical condition, signs and symptoms and triggers
 - Risk minimisation information, and steps taken to minimise risks
 - Where the medication will be stored.
 - Communication plan – how staff and parents will communicate information about the child's condition, on a continual basis.
 - An action plan obtained from a medical practitioner.
- The Management of Medical Conditions, Action and Minimisation Plan will be reviewed on an annual basis, along with the child's action plan.
- An assessment of the service environment, and current practices will be carried out to reduce risks and the likelihood of exposure to possible allergens.
- At least one staff member with current Asthma and Anaphylaxis management training will be on the premises at all times that the service is operating.
- Children with specific health care needs, or relevant medical conditions, cannot be left at the service if they do not have the necessary medication.

- Emergency contact numbers will be displayed near the telephone in the office.
- All educators will follow the child's Management of Medical Conditions, Action and Minimisation Plan which is located in the Medical conditions folder in each room, and in the child's file.
- Each child's medication will be routinely checked to ensure that it hasn't expired.
- Copies of the plan, and any required medications, will accompany the child on any excursions.

Families are required to:

- Provide accurate information about their child's health needs, allergies, medical conditions and medication requirements upon enrolment.
- Provide a current Action Plan, signed by the child's medical practitioner.
- Complete a Management of Medical Conditions, Action and Minimisation Plan.
- Notify the service of any changes to be made to the child's Medical Management Plan as required.
- Provide an update of the child's action plan at least annually, or evidence from the child's medical practitioner that the plan remains the same.

Guidelines for children at risk of anaphylaxis

- We will ensure that no child that requires an adrenaline auto injection device (EpiPen) is left at the service without the appropriate device, and that the device is stored in an easy identifiable place, for easy access to adults if required.
- Parents/Guardians will be required to complete an Administration of Medication form, which will be signed by staff when medication has been administered to the child.
- If the child is at risk from food related allergies, we will:
 - ensure that the child only eats food that is specifically prepared for them.
 - make sure that there is no trading or sharing of food or food utensils.
 - ensure that tables, bench tops and highchairs are washed down after eating.
 - ensure thorough hand washing of all children before and after eating.
 - restrict the use of food and food containers in crafts, cooking and science experiences, depending on the allergies of the children.
 - discuss the use of foods in such activities with parents/guardians.
 - ensure that all food safety and hygiene procedures are followed, to avoid cross contamination of foods.
- If the child is at risk from bite and sting allergies, we will:
 - carry out risk assessments of play spaces to minimise known triggers – eg, bees.
 - supervise children at all times.
- **If a child is displaying symptoms of an anaphylactic reaction, we will:**
 - Call an ambulance immediately by dialling 000.
 - Ensure that an educator with approved Anaphylaxis management training provides appropriate first aid, which may include the injection of an auto immune device (EpiPen), and CPR.
 - Contact the parent/guardian, or other approved nominee as named in the child's enrolment information.

Guidelines for children at risk of Asthma

- Parents/Guardians will be asked to provide updated information on the child's health, medications and allergies as required.
- Parents/Guardians will be required to ensure that their child has their required medication when attending the service.
- Parents/Guardians will be required to complete an Administration of Medication form, which will be signed by staff when medication has been administered to the child.

- We will keep an Asthma First Aid kit on the premises and on excursions at all times, and ensure that it is administered only by an educator who has had appropriate training. This will only be used in the case of:
 - An emergency where a child has difficulty breathing
 - A child's first asthma attack
 - A child's own asthma reliever is unavailable, expired, or empty
- Our educators and volunteers will be aware of aspects in the environment that may be triggers for asthma, which could include:
 - dust mites, gardens/pollen, mould, chemicals, animals, air pollution, bush fires, colds and flu, emotions, exercise, heating/air conditioning, medications, pest infestations (such as cockroaches, mice and rats).
- To reduce the exposure of children to allergens we will:
 - regularly have carpets, rugs, and upholstered furniture professionally cleaned
 - regularly wash fluffy toys
 - treat and prevent the growth of any mould
 - regularly wash bed linen
 - control pest infestations
 - Ensuring that chemical sprays are not used when children are in the immediate vicinity.
- **Where a child is displaying signs of an acute asthma attack, we will:**
 - Ensure that an educator with approved Asthma management training administers first aid or medical treatment according to the child's medical management plan/asthma first aid plan.
 - In the absence of the child having a medical management plan/asthma first aid plan, ensure an educator with approved Asthma Management Training administers appropriate first aid that includes the steps outlined by Asthma Australia, as follows:
 - 1) Sit the child upright, stay with them and be calm and reassuring
 - 2) Give 4 puffs of the blue reliever medication
 - Use a spacer (if available)
 - Shake puffer and put 1 puff into spacer
 - Encourage the child to take 4 breaths through the spacer
 - Repeat until 4 puffs have been taken
 - 3) Wait 4 minutes, if no improvement, repeat above steps
 - 4) If there is still no improvement, call an ambulance by dialling 000, continuing to repeat steps 2 and 3 while waiting for the ambulance.
 - Contact the parent/guardian, or other approved nominee as named in the child's enrolment information.

Guidelines for children with Diabetes

- We will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service.
- Parents/Guardians will be required to ensure that their child has their required medication and medical apparatus when attending the service; i.e glucose monitoring and management equipment, insulin injection equipment.
- Parents/Guardians will be required to complete an Administration of Medication form, which will be signed by staff when medication has been administered to the child.
- We will ensure that information about the child's diet, including the types and amounts of appropriate foods is part of the child's Management of Medical Conditions Action and Minimisation Plan, and that is used for risk minimisation.
- We will ensure that there are appropriate glucose foods or sweetened drinks available to treat hypoglycaemia, e.g. glucose tablets, jelly beans, fruit juice.

- If we have a child enrolled at the Service with diabetes we will ensure that an educator is on the premises, or excursion at all times when that child is in attendance who is trained in the use of an insulin injection device.
- An appropriate space will be provided for any child who requires glucose monitoring, to protect their privacy and dignity.
- If a child is displaying symptoms of hypoglycaemia (“hypo”), such as headache, light-headedness and nausea, mood change, paleness and sweating, and weakness and trembling, we will:
 - Ensure that a trained educator provides immediate first aid, outlined in the child’s Management of Medical Conditions Plan.
 - Call an ambulance by dialling 000 if the child does not respond to the first aid, and provide CPR if the child stops breathing.
 - Contact the parent/guardian, or authorised nominee.

Sources: *Education and Care Services National Regulations 2011*; *Australasian Society of Clinical Immunology and Allergy 2011*; *Anaphylaxis Australia, Schools and Childcare* – www.allergyfacts.org.au; *Asthma Australia* – www.asthmafoundation.org.au; *National Asthma Organisation*; *Australian Diabetes Council*

Date of Review	Changes made - Brief summary	Approved
January 2023	Policy redeveloped	February 2023