

Medical Conditions

Education and Care Services National Regulations:

- 90 – Medical conditions policy
- 91 – Medical conditions policy to be provided to parents
- 92 – Medication record
- 93 – Administration of medication
- 94 – Exception to authorisation requirement – anaphylaxis or asthma emergency
- 95 – Procedure for administration of medication
- 96 – Self-administration of medication
- 168 – Education and care services must have policies and procedures

National Quality Framework:

- 2.1.2 – Health practices and procedures
- 2.2.2 – Incident and emergency management
- 7.1.2 – Management systems

Policy Link:

- Acceptance and Refusal of Authorisations
- Administration of Medication
- Child Safe Environments
- Emergency and Evacuation
- Excursions
- First Aid
- Food and Nutrition
- Governance and Leadership
- Incident, Illness, Trauma and Injury
- Orientation and Enrolment
- Records and Record Keeping
- Regular Transportation
- Child Protection and Safety
- Privacy and Confidentiality

Parent Handbook

Policy Statement

The service is committed to ensuring children are supported to feel physically and emotionally well and feel safe in the knowledge that their individual health care needs will be met when they are unwell.

Families can expect that Educators will act in the best interest of the children in their care at all times; meet the children's individual needs and follow a child's Medical Management plan if required.

Educators will maintain up to date professional development knowledge of administering techniques and understand their liabilities and duty of care requirements.

Goals / What are we going to do?

- Families who have a child with a Medical condition will be given a full copy of this Medical Condition Policy.
- Educators will given a full copy of the medication policy upon enrolment and will be trained in the procedure for administering medication.

- Educators will be receive yearly training on the administration of medication and complete the service questionnaire to check their understanding of the policy.
- Collaborate with families with diagnosed medical conditions to develop a Risk Minimisation Plan for their child.
- Inform all staff including relief staff about children with a diagnosed medical condition and the risk minimisation strategies for the child.
- Educators are trained in the administration of emergency medication.
- Relief educators will be given information about children with Medical Management Plans at the beginning of each shift.

Procedures / How will we do this?

Where children have specific medical needs for long term conditions, the child doctor and parent/guardian must complete a Medical Management Plan. Such a plan will detail the child's specific health needs including the administration of medication and

other actions required to manage the child's medical condition.

Children who have specific life threatening health care needs will require a *Medical Management Plan* which includes communication strategies to be completed with our responsible persons in charge. Families **must legally** supply details about their child's medical history upon enrolment at the service.

The service may contact a health care professional if educators are unsure about administering medication to a child, even if the parent or legal guardian has requested the medication to be administered.

A Medical Management plan will include;

A **risk minimisation plan** where parents and staff can identify the potential risks for their child and outline any precautions or procedures that may minimise these risks. The plan will consider:

- What practices and procedures will be in place in relation to the safe handling of food both in the foods preparation and distribution.
- Where medication will be stored with consideration given to its ease of collection in an emergency while keeping it safely out of reach from children.
- How educators student and volunteers will identify children with medical management plans.

A **communication plan** where parents can identify how and when communication will occur.

- How the service communicates with educators about the medical conditions policy?
- How medical management plans are communicated to all educators students and volunteers.
- Where medication will be stored and how this will be communicated to educators?

Children with medical conditions must NOT attend the centre if they do not have their medication with them. Reg. 90 (1) (c) (iii) (E) At times medications for medical conditions will be difficult to purchase due to manufacturing shortages or recalls. In this case the service will make alternative medication arrangements in consultation with the Department of Education the child's GP and family.

Asthma – Families must be given a full copy of this policy upon enrolment.

Children with asthma will need to have an [Asthma Medical Management Plan](#). Parents/guardians will need to make sure it is updated at least six monthly. Indicators that a child is having difficulty breathing include:

- Dry, irritating, persistent cough that worsens with play.
- Complaining of a sore stomach.
- Tightness of the chest.
- Shortness of breath, which often shows as tummy breathing (abdomen looks more swollen than usual)
- A wheeze/whistling sound that can be heard when the child is breathing out.
- For all children, especially the younger ones, look at the gap at the bottom of their neck, where it meets the breast bone. When that area appears to be sucking in an out during breathing, this is a sign of difficulty breathing. Same for the spaces between the ribs, when they are appearing such in and out, this is a sign of breathing difficulty



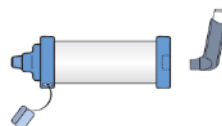
A child without an Asthma diagnosis:



Step 1 Sit the child upright.
Be calm and reassuring



Step 2 If there is no improvement call 000

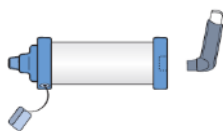


Step 3 If the child's condition is deteriorating then it may be determined that the service Ventolin is to be administered. If this decision occurs, then the senior staff member is to administer

A child with Asthma diagnosis the service will follow the child's Asthma Plan.



Step 1 Sit the child upright.
Be calm and reassuring



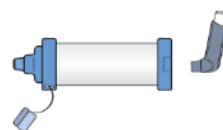
Step 2 Shake the puffer
Give one puff into spacer
Take 4 deep breathes from spacer
Repeat until 4 puffs have been taken



Step 3 Wait 4 minutes. If there is no improvement give 4 more puffs of the Blue/Grey reliever puffer



Step 4 If there is still no improvement then call for an ambulance: Say the person is having an asthma attack



Keep giving 4 puffs every 4 minutes of Blue/Grey reliever until the ambulance arrives.

Diabetes - Families must be given a full copy of this policy upon enrolment.

Children in the service with Diabetes will need to have a [Diabetes Medical Management Plan](#). Parents/Guardians will need to ensure that they are updated at least six monthly.

Children with diabetes in the service will require educators to monitor their food intake. Generally, children will not be able to delay their meals and educators will need to account for this in their activity planning.

There are two main types of diabetes.

Type 1

In Type 1 diabetes, the pancreas cannot produce enough insulin because the cells that actually make the insulin have been destroyed by the body's own immune system. This insulin must be replaced. Therefore, people with Type 1 diabetes must have insulin every day to live. The timing of injections and food intake is most important. Carbohydrate foods are essential and raise blood glucose levels while insulin and exercise lower them.

Type 2

Type 2 diabetes is accelerated by lifestyle. Obesity, little exercise, and overeating can lead to Type 2. People with Type 2 diabetes are usually insulin resistant. This means that their pancreas is making insulin, but the insulin is not working as well as it should. The pancreas responds by working harder to make more insulin. Eventually it can't make enough to keep the glucose balance right and blood glucose levels rise.

High Blood Glucose- Hyperglycaemia

Can be caused by:

- Not enough insulin,
- Too much food,
- Common illness,
- Stress.

If levels are high enough educators may see:

- Frequent urination,
- Excessive thirst,
- Weight loss,
- Lethargy,
- Change in behaviour.

Low Blood sugar- Hypoglycaemia

A blood glucose level of below 4mmol/L is regarded as being low. Causes include

- Too much insulin
- Exercise
- Not enough food

If levels are low educators may see

- Sweating, paleness, trembling, hunger, weakness.
- Changes in mood and behaviour
- Inability to think straight, lack of co-ordination.

Educators noting any of these signs should notify the Director and any medical management plan is to be followed. Should symptoms worsen then educators will perform first aid.

Anaphylaxis - Families must be given a full copy of this policy upon enrolment.

Children in the service with known Anaphylactic Allergies will need to have an [Anaphylaxis Medical Management Plan](#).

This plan will contain;

- the child's photo
- details of the medical practitioner completing the action plan.
- confirmed allergens, first aid response and prescribed medication
- this plan is to be updated every 12-mnths

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen to which they are sensitive. The most common allergens

are peanuts, tree nuts, fish, shellfish, egg, cow's milk, sesame, soy, insect stings, latex and some medications.

A risk minimization plan will be developed with the child's parents that includes;

- The child's signs and symptoms.
- Risk Minimisation strategies.
- The communication plan.
- Emergency contacts for the parents or care givers.
- Review dates for the plan.

At NO time will the service begin to re-introduce foods that are clearly labelled on a child's Anaphylaxis plan. To begin the process of food re-introduction the service must have a new Anaphylaxis plan issued by a practicing medical practitioner and a new Medical Management Plan completed.

Specific strategies for Anaphylaxis:

- The service will only accept Birthday cupcakes that are store purchased so that we ensure the listed ingredients are supplied.
- All special occasion food must be taken to the kitchen, so it can be labelled to ensure the specific health needs of the anaphylactic child are met.
- Food labels will be used to label food that cannot be eaten by anaphylactic children- these can be located in the kitchen.
- Planned 'special occasion' food labels will be secured to the special occasion food so it is obvious which food is for the anaphylactic child and which food is not to be consumed.
- The ASCIA plan will be displayed on the fridge door.
- The child's medical management plan will be displayed in the storeroom.
- The child's epi-pen will be stored in the child's room.
- Relief staff will be verbally reminded at the commencement of their shift that they are caring for a child with anaphylaxis. This will be documented.
- The service will conduct a yearly anaphylaxis risk management checklist. During this audit the epi-pens will be checked for expiry as well as all plans reviewed and this documented.
- The service will source information from ASCIA to distribute to families twice a year.
- The service will become a member of the Epi-club.
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Please Note: the signs and symptoms may be different for each child and their individual allergy. They may not always be immediate.

Anaphylaxis signs

- Difficulty noisy breathing.
- Swelling of the tongue.
- Swelling/tightness of the throat.
- Difficulty talking or a hoarse throat.
- Wheeze or persistent cough.
- Loss of consciousness.
- Pale or floppy.
- Swelling of the face, lips and eyes.
- Hives or welts on the skin.
- Vomiting or stomach pain.

For children with an Anaphylaxis Medical Management Plan

- Provide treatment where the child is located.
- Keep the child still and calm.
- One educator to remove other children where appropriate.
- Follow the emergency action plan.
- Call for an ambulance- open the front door so emergency services are not delayed on entry.
- Let the dispatcher know of the medical condition.
- If unconscious commence CPR.
- Closely monitor child while waiting for the ambulance.
- Contact parents as per the communication strategies outlined on the child's Medical Management Plan.
- If a family member has not reached the service the person in day to day charge may go with the child in the ambulance.
- The person in day to day charge will contact their Area Manager and complete the appropriate serious incident form on the ACECQA portal.
- When appropriate debrief with educators, child's parents, a counsellor maybe considered to work through the events with educators.

For children without an Anaphylaxis Medical Management Plan

- Call an ambulance, letting the dispatcher know of the medical condition-stay on the line.
- Call the child's parents- use a mobile device.
- If the child is dizzy or confused lie them flat and elevate the legs.
- Ensure the child does not stand or walk.
- Perform the usual first aid.
- If the child's condition is rapidly deteriorating, then it may be determined that the service epi-pen is to be administered.
- If this decision occurs, then a lead educator is to administer the pen.
- Continue to stay with the child and closely monitor.

- If a family member has not reached the service the person in day to day charge may go with the child in the ambulance.
- The person in day to day charge will contact their Area Manager and complete the appropriate serious incident form on the ACECQA portal.
- When appropriate debrief with educators, child's parents, a counsellor maybe considered to work through the events with educators.

Food Bans

Banning specific foods from an early childhood environment will not eliminate the risk of accidental exposure and great consideration will be taken before a food ban is enforced. It may be more appropriate for certain groups who have a child attend with food allergies to have food restrictions or limitations. The service considers that with appropriate education and communication food allergies can be monitored however the service will not implement food bans "just in case a child may one day have an allergic reaction."

Medicinal Cannabis- Families must be given a full copy of this policy upon enrolment.

Children in the service who require administration of Medicinal Cannabis will need to have a [Medicinal Cannabis Medical Management Plan](#) - the plan will need to be updated at least six monthly.

This plan will contain;

- The child's photo
- Details of the medical specialist or medical practitioner (in consultation with the specialist) completing the action plan.
- First aid response in the case of overdose
- Details of administered dosage required
- Any adverse reactions to the child the drug may cause.
- Storage and administration procedures

Who is authorised to possess and administer medicinal cannabis?

Medicinal cannabis is dispensed as a S4 (for children) or S8 drug that a number of persons are authorised to possess, use and administer as prescribed by a patient's medicinal practitioner

These persons are:

- A treating registered medical practitioner specified in the practitioner medicinal cannabis authorisation under which the patient (child) medicinal cannabis access authorisation is issued or:

In accordance with the instructions of a registered medical practitioner:

- A person who has responsibility for the immediate care and safety of the patient (child)
- The carer, parent or guardian of the patient/child or participant.

A risk minimization plan will be developed and implemented at the service which includes:

Photographing Medical Conditions.

The service will not photograph medical conditions i.e. runny faeces to then send onto parents. The dignity of every child will be consider when using the camera. Parents often make these requests however do not consider the privacy implications of sending such material or the legislative and moral requirements of considering the child's dignity.

Emergency Administration of Medication:

In the occurrence of an emergency and where the administration of medication must occur, the Service must attempt to receive verbal authorisation by a parent/guardian of the child named in the child's Enrolment Form who is authorised to consent to the administration of medication.

If a parent/guardian of a child is unreachable, the Service will endeavor to obtain verbal authorisation from an emergency contact of the child named in the child's Enrolment Form, who is authorised to approve the administration of medication.

If all of the child's nominated contacts are non-contactable, the Service must contact a registered Medical Practitioner or emergency service on 000.

In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's Enrolment Form.

Emergency Involving Anaphylaxis or Asthma:

For anaphylaxis or asthma emergencies, medication may be administered to a child without authorisation for an Anaphylaxis or Asthma Emergency.

Educators will follow the procedure "For children without an Anaphylaxis plan" or for Asthma the steps above for "children without a diagnosis"

These children would be displaying for the first time the symptoms for Anaphylaxis or Asthma. Their parents or gadians would never have experienced a medical event with the child and therefore the service would follow the procedures based on the symptoms being presented and with guidenace from medical personal or a Queensland Ambulance officer.

The serivice has it's own centre Epi-pen and Asthma inhaler which can be found in the Medication Bag in the back office. This medication would be used for a

child displaying the signs and symptom for these medical emergencies.

Links to Theory

An important objective of the National Quality Framework is to ensure the safety, health and wellbeing of all children attending education and care services. When a child who has a diagnosed health care need, allergy or relevant medical condition is enrolled at an education and care service additional requirements must be met to ensure that the child's safety, health and wellbeing is protected.

If a child has a food preference or dietary restriction, for example not drinking cow's milk as the parents do not want them to, this would not be considered a diagnosed health care need. Instead, this information would be included in the child enrolment record (regulation 160) in accordance with the health information to be kept in the enrolment record (regulation 162).

It is important that services have procedures in place for carefully considering enrolment records as part of the enrolment and orientation policy and procedure (regulation 168(2)(k)). Once enrolled, parents will be regularly consulted regarding any diagnosed health care needs, allergies or relevant medical conditions a child may have developed since enrolment.

National Quality Framework – Children's health and safety

2.1.2. Effective illness and injury management and hygiene practices are promoted and implemented.

2.2.2. Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

National Quality Framework – Governance and leadership

7.1.2. Systems are in place to manage risk and enable the effective management and operation of a quality service.

Culturally Valued Perspectives

Indigenous health refers to the physical, cultural, social and emotional wellbeing of Aboriginal and/or Torres Strait Islander people.

Many Aboriginal Australians experience poorer health than other Australians, often dying at much younger ages.

Indigenous Australians are more likely than non-Indigenous Australians to have mental health problems and chronic diseases such as respiratory diseases, vascular disease, diabetes and chronic kidney disease.

Improving the health of Aboriginal and Torres Strait Islander peoples is a national priority. **Closing the Gap** is a commitment by all Australian governments to improve the lives of Aboriginal and/or Torres Strait Islander peoples. It aims to close the gap of Indigenous disadvantage in areas such as health, housing, education and employment.

Reflective questions about this policy!

How does the service help Close the Gap for Aboriginal and Torres Strait Islander peoples?

How do we assist families with children who have medical conditions?

What is working well?

What is the process for informing educators of changes to medical plans?

When answering the reflective questions did you have areas identified for improvement:

If change is required:

- Discuss any proposed changes to practice and documentation.
- Discuss with families and educators about how issues might be addressed.

To implement the changes effectively:

- Trial the changes
- Seek feedback and consult.

Review of change is an important step:

- Evaluate and document in your QIP...

Roles and Responsibilities in managing medical conditions.

Approved Provider, Area Manager's and Director

Persons in day to day charge

- Will ensure that the Epi-pen and Asthma inhaler are in good working order at the service.
- Will ensure that they openly communicate to parents about children's medical plans and pass this information onto the educators within the service.
- Ensure that parents who have specific health care needs are provided with a copy of this and other relevant policies.
- High risk medical plans will be displayed for all educators to be informed about and a copy placed in the child's file.
- Ensuring that at least one educator trained in First Aid is on premise at all times.
- Management will ensure systems are in place to ensure first aid and CPR certificates are up to date.

