

Dealing with Medical Conditions

(Regulation: Part 4.2 Children' health and safety Division 3, 90, 91. Quality Standard 2,6)

Purpose:

The aim of this policy is to:

- Ensure the management of a medical condition is dealt in a way that minimises the risks to children while the child is in the care of EY@PP service.
- Raise EY@PP community's awareness of relevant medical conditions and their management through education and policy implementation.

Definitions

Medical Action Plans: A set of guidelines developed by a medical practitioner for educators to follow.

Risk Minimisation Plans: Are a set of practises and procedures that are developed by EY@PP from information provided by the parents and the Medical Action Plan to ensure risk is minimised for each individual medical condition.

Communication Plans: A set of guidelines to follow that will ensure everyone is informed of what is required to keep the child safe.

Parents: also refers to Guardians

Medical conditions: includes but is not limited to; asthma, diabetes, allergies, anaphylaxis and a diagnosis that a child is at risk of any of these conditions.

Procedures

- EY@PP will provide, as far as practicable, a safe and healthy environment in which children with a medical condition can participate equally in all aspects of the children's program and experiences.

Induction

- All educators, including new and relief educators during an induction will be given adequate training and knowledge of relevant medical conditions and emergency procedures in place.

Care Plans

- Parents are responsible in informing the centre if their child has a medical condition and if there are any changes to this condition.
- Parents are responsible in providing the Medical Action Plan signed by a doctor and any medication the child requires in an emergency.
- If required Service Managers will meet with families to develop a care plan and discuss what a day at the centre involves.

- For less common conditions staff may be required to attend extra training sessions.
- Any prescribed medication for the child is supplied by the Parents/guardians when the child is in attendance.
- EY@PP will raise awareness about these medical conditions amongst the service community and children in attendance.
- Families will also be notified of when Medical Action Plans need to be reviewed as directed by medical practitioner.
- The medical conditions policy is given to each family who has a child with a medical condition.

Communication

- Communication through the communication plan will ensure the safety and wellbeing of children with a medical condition.
- A display in the staff room indicates which children across the whole service have a medical condition and what type.

Management of Health Care Needs

- All children with specific health care needs, allergy and/or medical condition below are easily identified by the wearing a coloured wrist band in the relevant colours.
 - Red band= Anaphylaxis
 - Green band= Allergies
 - Blue band= Asthma
 - Orange band= Febrile convulsions
- A daily check list has been developed to ensure children with these specific health care needs are wearing these wrist bands.
- This daily check list is housed in the child's home room attendance book.
- A check system is in place (1 x permanent room educator and 1x permanent kitchen staff) to sign off daily on a food checklist to ensure children are receiving the correct meal safe for them.
- Children with anaphylaxis/ allergies are served their meal in separate red containers.

First Aid

- On Thunder Storm Asthma days children are kept inside.
- In the children's bathroom area there are First Aid Station that houses children's medication basket (emergency medication with action plans and daily non-emergency medication), basic first aid resources and the emergency evacuation bags.
- In the main entrance foyer to EYPP there is a First Aid Station that houses the Centre's emergency medication, First Aid bag, Evacuation bag, the Defibrillator and Emergency Vests.

- Medical action plans are stored with the medication, and displayed in the home room of the child.
- Medication is clearly labelled and expiry dates checked and listed in the office. Email calendar is entered with reminder at beginning of every month for contact with families requiring new medication, office list updated.
- Parents are informed of the expiry date and when new medication needs to be purchased.
- Emergency Contact details are displayed near all phones in each room.
- There is always at least one educator in attendance that has completed the required medical training for each of the conditions present at the centre with the centre providing training in Emergency 1st aid and CPR training to additional educators.
- ASCIA generic posters are displayed in key locations for educators to refer to.
- A whole centre medical condition display sheet is located in the office and each play room. Photos of the children with these conditions are in the staff room. All displays are updated whenever there are changes.
- Educators and staff are also informed of these changes via the Educator QIP Bulletin.

Individual Risk Minimisation Plan

- Individual Risk Minimisation Plans are developed to ensure the risk relating to the specific health is minimised at the centre. This includes the safe handling, preparation and consumption of food.
- Risk Minimisation plans are updated yearly or when conditions change or new information is provided.
- Risk Minimisation plans are developed with information provided by parents.
- The Risk Minimisation Plans are given out for parents to read, add any further information and then sign.
- Once the individual Risk Minimisation Plan is completed and returned by the parent, all educators and staff are informed of the child's medical condition. The staff who provide care for the child involved will be provided with verbal education and training by the Service Manager on the care needs. Other staff within the centre are notified via the bulletin.
- The Risk Minimisation plans are stored in the room's attendance book under their named tab for each individual child's room.
- A copy of the Risk Minimisation Plan is placed in the child's enrolment file stored in the office filing cabinet.

Medical Action Plans

Medical Action plans are followed in an event of an incident relating to a child's specific health care need, allergy or relevant medical condition.

- Medical Action Plans are displayed in each child's individual room and copies are kept in the child's individual enrolment file and with their medication.
- Families must provide the centre with a Medical Action Plan that is signed by a medical practitioner.
- If an incident occurs educators and staff will follow the individual child's Medical Action plan. A copy of the plan and enrolment details are provided to Emergency Personal.
- If a child's presents with a condition for the first time at the centre, educators and staff will follow the generic action plan they have been trained on for each of the conditions. **(See below for generic emergency action plans below for Asthma, Anaphylaxis and Diabetics)**

Communication Plan

- Through inductions all educators, staff, volunteers and students working with children are informed on how medical conditions are managed at the centre including the location of each child's medication and centre emergency medication.
- Parents inform the centre initially via the enrolment and additional information form on any health care needs or medical conditions.
- Medical conditions are discussed at educator meetings and/or details in the educator QIP bulletin.
- Parents will provide the centre with a Medical Action Plan that is signed by a medical practitioner.
- This is then followed up with a verbal conversation with the parents.
- The communication plan guidelines are implemented as part of the Risk Minimisation plan.

First Aid for Asthma

1

Sit the person comfortably upright.

Be calm and reassuring.
Don't leave the person alone.

2

Give 4 puffs of a blue/grey reliever

(e.g. Ventolin, Asmol or Airomir)

Use a spacer, if available.

Give 1 puff at a time with 4 breaths after each puff

Use the person's own inhaler if possible.

If not, use first aid kit inhaler or borrow one.

OR

Give 2 separate doses of a Bricanyl or Symbicort inhaler

If a puffer is not available, you can use Symbicort (people over 12) or Bricanyl, even if the person does not normally use these.

3

Wait 4 minutes.

If the person still cannot breathe normally, **give 4 more puffs.**

Wait 4 minutes.

If the person still cannot breathe normally, **give 1 more dose.**

4

If the person still cannot breathe normally,

CALL AN AMBULANCE IMMEDIATELY (DIAL 000)

Say that someone is having an asthma attack.

Keep giving reliever.

Give 4 puffs every 4 minutes until the ambulance arrives.

Children: 4 puffs each time is a safe dose.

Adults: For a severe attack you can give up to 6–8 puffs every 4 minutes

If the person still cannot breathe normally, **CALL AN AMBULANCE IMMEDIATELY (DIAL 000)** Say that someone is having an asthma attack.

Keep giving reliever while waiting for the ambulance:

For Bricanyl, give 1 dose every 4 minutes

For Symbicort, give 1 dose every 4 minutes (up to 3 more doses)

HOW TO USE INHALER

WITH SPACER



- Assemble spacer
- Remove puffer cap and shake well
- Insert puffer upright into spacer
- Place mouthpiece between teeth and seal lips around it
- Press once firmly on puffer to fire one puff into spacer
- Take 4 breaths in and out of spacer
- Slip spacer out of mouth
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

WITHOUT SPACER



- Remove cap and shake well
- Breathe out away from puffer
- Place mouthpiece between teeth and seal lips around it
- Press once firmly on puffer while breathing in slowly and deeply
- Slip puffer out of mouth
- Hold breath for 4 seconds or as long as comfortable
- Breathe out slowly away from puffer
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

BRICANYL OR SYMBICORT



- Unscrew cover and remove
- Hold inhaler upright and twist grip around and then back
- Breathe out away from inhaler
- Place mouthpiece between teeth and seal lips around it
- Breathe in forcefully and deeply
- Slip inhaler out of mouth
- Breathe out slowly away from inhaler
- Repeat to take a second dose – remember to twist the grip both ways to reload before each dose
- Replace cover

Not Sure if it's Asthma?

CALL AMBULANCE IMMEDIATELY (DIAL 000)

If a person stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

Severe Allergic Reactions

CALL AMBULANCE IMMEDIATELY (DIAL 000)

Follow the person's Action Plan for Anaphylaxis if available. If the person has known severe allergies and seems to be having a severe allergic reaction, use their adrenaline autoinjector (e.g. EpiPen, Anapen) before giving asthma reliever medicine.

For more information on asthma visit:
Asthma Foundations – www.asthmaaustralia.org.au
National Asthma Council Australia – www.nationalasthma.org.au

National Asthma Council Australia
Leading the attack against asthma

Although all care has been taken, this chart is a general guide only which is not intended to be a substitute for individual medical advice/treatment. The National Asthma Council Australia expressly disclaims all responsibility (including for negligence) for any loss, damage or personal injury resulting from reliance on the information contained. © National Asthma Council Australia 2011.

ACTION PLAN FOR Anaphylaxis

Name: _____ For EpiPen® adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP:

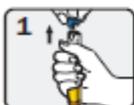
I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

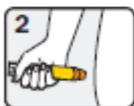
Date: _____

Action Plan due for review: _____

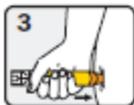
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



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

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

SIGNS OF 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
- For tick allergy - freeze dry tick and allow to drop off
- 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 (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- 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 unconscious, place in recovery position
- 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

6 Transfer* person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

HYPOGLYCAEMIA (Hypo)

LOW

Blood Glucose Level (BGL) < 4.0 mmol/L

**DO NOT LEAVE CHILD ALONE
DO NOT DELAY TREATMENT**

Signs and symptoms

Note: Symptoms may not always be obvious.
Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour.

Child conscious

(Able to eat hypo food)

Child unconscious/ drowsy

(Risk of choking/unable to swallow)

Step 1: Give fast acting carbohydrate

(as supplied or listed on management plan)

First Aid DRSABCD

Stay with unconscious child

Step 2: Recheck BGL after 15 mins

If BGL < 4.0 repeat Step 1
If BGL ≥ 4.0 go to Step 3

**CALL AN
AMBULANCE
DIAL 000**

Step 3: Give sustaining carbohydrate

(as supplied or listed on management plan)

Contact parent/carer

When safe to do so

PARENT / CARER NAME _____

CONTACT No _____

EARLY CHILDHOOD EDUCATION AND CARE SETTING

Twice daily injections

DIABETES ACTION PLAN 2018

CHILD'S NAME

CENTRE

Use this plan in conjunction with Diabetes Management Plan

Continuous Glucose Monitoring (CGM) Appendix

Flash Glucose Monitoring Appendix

INSULIN

Insulin will be given at home in the morning before arriving at the centre.

Please make sure ALL carbohydrate food is eaten at snack and lunch times

ROUTINE BGL CHECKING TIMES

- Anytime, anywhere in the centre
- Before lunch
- Anytime hypo is suspected
- Before planned activity

PHYSICAL ACTIVITY

- 1 serve sustaining carbohydrate food before every 30 mins of planned activity
- Vigorous activity should **not** be undertaken if BGL ≥ 15.0 and blood ketones are ≥ 1.0
- Usually playtime doesn't require additional action, but check with parent/carer about this

HYPERGLYCAEMIA (Hyper)

HIGH

Blood Glucose Level (BGL) ≥ 15.0 mmol/L

HIGH BGLS ARE COMMON

Signs and Symptoms

Note: Symptoms may not always be obvious.
Some could be: increased thirst, extra toilet visits, poor concentration, irritability, tiredness

Child well

Re-check BGL in 2 hours

Child unwell

E.g. vomiting
Check blood ketones (if able)
If ≥ 1.0 mmol/L

Encourage oral fluids, return to activity

1-2 glasses water per hour; extra toilet visits may be required

**CONTACT PARENT/
CARER
TO COLLECT
CHILD ASAP**

**In 2 hours, if BGL still
≥ 15.0**

**call parent/carer for
advice**

DATE _____

TREATING MEDICAL TEAM _____

CONTACT No _____



Sources

Diabetes Victoria Help Centre

1300 HERE TO HELP

(1300 437 386)

mail@diabetesvic.org.au

Koorie Diabetes Info1300 KOORIE

(1300 566 743)

Email any questions or concerns to: oncall@diabetesvic.org.au

Asthma

National Asthma Council <https://www.nationalasthma.org.au/health->

Allergies & Anaphylaxis

Allergy & Anaphylaxis Australia

Australasian Society of Clinical Immunology and Allergy (ASCIA)

www.allergy.org.au

Royal children's Hospital Department of Allergy

Educational and Care Services National Law Act 2010

Educational and Care Services National Regulation 2010

Family Law Act

National Quality Standards

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