



Medical Conditions and Health Administration

National Law: section 165, 167

Regulations: 90, 91, 92, 93, 94, 95, 96, 161, 162, 168

National Quality Standards: 2.1, 2.2, 2.3

The aim of this policy is outline processes to monitor and support the health needs of all children with a focus on ensuring that their individual health and comfort requirements are met. Children's health needs can be varied and may not be listed within this policy, it is important that families and educators work in partnership together to discuss how to support all children's health needs whilst in care.

The key factors that promote children's health, safety and wellbeing in services include:

- managing illness and injuries effectively
- implementing effective hygiene practices
- providing for individual children's health, sleep, rest and relaxation requirements
- meeting children's nutrition requirements and promoting healthy food choices
- encouraging and supporting childhood immunisation

Communication

Children can have specific health requirements. It is important that educators are aware of and understand the health requirements of all children so that they can adequately work to support and monitor children's health and wellbeing whilst at the service. This service also regularly consults with relevant authorities to ensure that health information in caring for young children is current.

To facilitate this, families are required to:

- provide information on their child's health, medications, allergies/intolerances, their doctor's name, address and phone number, emergency authorised contact names and phone numbers on the enrolment form prior to the child starting at the service
- communicate with educators about their child's health requirement
- provide an individual management plan completed by a medical practitioner for children with a specific health care need, allergy or relevant medical condition or who have been diagnosed as being at risk of anaphylaxis or asthma following enrolment and prior to the child starting in the service, or as the child is diagnosed. (It is the families' responsibility to ensure that their child's individual management plan at the service is current to their child's needs at all times. To this end, all plans are valid for one year only)
- provide written authorisation for the administration of medication

To facilitate this, educators are required to:

- convey any questions or concerns about a child's health need with their family
- communicate with families about children's health requirements
- ensure all educators caring for children are informed about children's individual health requirements
- ensure they maintain confidentiality in relation to children's individual health needs

NOTE

As children grow and develop their individual health needs often change. It is families' responsibility to ensure the information retained at the service about their child's individual health needs remain up to date at all times and they inform educators of changes as they arise. Information about a child's individual health requirements such as individual management plans, special diets plans etc. will be stored in the child's individual file and in health folders located in each playroom and the kitchen (for confidentiality purposes these will be accessible for educators and kitchen staff, but not families).

Educators and families need to work together in partnership to develop a risk minimisation plan:

- a) to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
- b) if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and

- c) if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
- d) to ensure that practices and procedures ensuring that all employees and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
- e) if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented;

Asthma

A diagnosis of asthma can be difficult to achieve, especially for young children as due to their age, they cannot or have difficulty in communicating about their own health to others. At times doctors may choose to trial administering asthma medication to children for a short period i.e. one week to see the effect it has on their health. In these cases, a letter from the doctor specifying the child's name, dosage, times to administer and how long to continue this is required. Children with diagnosed asthma (ongoing asthma management) require an individual management plan to be completed or approved by the child's doctor.

To facilitate this, families are required to:

- Provide a current individual asthma management plan for their child (Individual management plans are valid for a maximum of one year)
- Ensure that they inform educators in writing of any changes to their child's asthma management plan (please note that changes may require a new individual management plan to be written or approved by a doctor)
- Provide current medication as per their child's individual management plan to ensure their child's health need is supported at the service (all medication must be labelled and stored as per the medication policy)
- Replace the spacer and mask of the emergency asthma kit with new items if the emergency asthma kit is used for their child (the used items become the property of the family)
- Communicate all relevant information or concerns to educators as the need arises e.g. if their child displayed asthma symptoms last night

To facilitate this, educators are required to:

- Provide parents with a copy of the medical conditions and health administration policy upon enrolment or as diagnosis of a child's Asthma occurs
- Provide families who do not currently have an individual management plan for their child's diagnosed asthma with a blank form to complete in partnership with their doctor.
- Complete a risk minimisation plan in consultation with the parent.
- File a copy of each child's individual management plan in the child's file and in the health folders
- Ensure children's asthma medication is appropriately stored and administered as per the medication policy and as per the child's individual management plan
- Administer emergency asthma medication if required according to the child's written individual management plan. If no written individual management plan is available, the asthma emergency procedures will be followed immediately:
 1. give four puffs of a blue reliever inhaler (puffer) using provided spacer (child takes 4 breaths with each puff)
 2. wait 4 minutes
 3. if no improvement, repeat step one
 4. if little or no benefit call 000 for an ambulance. In the case of a severe attack with no improvement, until the ambulance arrives keep giving the child 4 puffs every 4 minutes
- Ensure families are informed when asthma medication is administered for their child
- Ensure their training in emergency asthma management remains current at all times
- Ensure that the centre maintains an emergency asthma medication kit

- Ensure a copy of the emergency asthma medication procedure is stored in health folders and with the emergency asthma medication kit
- Identify, and where practicable, minimise asthma triggers
- Support older children in taking increasing responsibility for their own health by discussing health issues with children and supporting children to progressively take a more active role in self-administering their asthma medication i.e. helping hold the spacer, etc.

Diet requests, food intolerances, food allergies and anaphylaxis (including special diet requests for family/cultural choices)

Any changes to children's diet must be carefully considered. Choosing to eliminate particular foods from children's diet without sourcing a nutritional replacement may result in a deficiency in vital nutrients that keep children's bodies healthy and strong. Any change to a child's diet requires a form to be completed, forms are detailed below. Any changes to forms, including when they are no longer applicable for the child, need to be confirmed in writing.

Special diet request

It is important that families and educators discuss children's dietary requirements as well as the child's individual eating habits. We will do our best to include meals in our menu that are familiar to children to help give children a sense of belonging and familiarity. There are some cases where families have a specific dietary request for their child due to cultural or religious preferences. Families will need to complete a *special diet request form* before this can be implemented in the menu for their child. In most cases this form does not have to be completed by a doctor however, before you eliminate foods, we recommend families seek advice from a specialist doctor and dietitian. As changing children's diet can have a significant effect on their overall health, some requests may be denied or a letter from a doctor requested before it can be implemented in the menu. Any requests to avoid particular foods due to a health reason must have an individual management plan completed by the child's doctor as detailed below.

Food aversion is a condition where a person not only dislikes a food, but also experiences unpleasant physical symptoms when they see or smell the food.

What is a food intolerance?

A food intolerance occurs when the body has a chemical reaction to a food which isn't caused by the immune system reacting to the food. Food intolerance reactions are generally less severe than allergic reactions but can still cause discomfort. Some people can cope with small amounts of foods they're intolerant of, and they generally have fewer symptoms than people with allergies. Food intolerance reactions are usually related to the amount of the food consumed. They may not occur until a certain amount (threshold level) of the food is eaten, but this amount varies for each person. Food intolerance does not show on allergy testing. To limit or eliminate a food from children's meals at the service families must provide a *modified diet form* completed by the child's doctor (these forms are valid for a maximum of one year).

What is an allergy?

When you're allergic to a substance, your immune system reacts to that substance as though the substance is toxic. Your immune system tries to protect your body by releasing chemicals (such as histamines) into your body's tissues. The resulting effect on the body can be quite major, even with tiny amounts of the substance.

Anaphylaxis is a severe allergic reaction that needs urgent medical attention. Children with diagnosed anaphylaxis need an *individual management plan written by the child's doctor* and must bring any prescribed adrenaline auto-injection device to attend care for the day (medications must have the appropriate labels as per the Medication policy). The centre will ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without the device (Schedule 3 of the Regulations). If the allergy is related to food necessitating a change to the child's diet, a *modified diet form* completed by the child's doctor must also be provided by parents.

A child may have a number of allergies or there may be a number of children with different allergies, therefore it is not possible to have an allergy free policy for all those allergy causing items involved. Nut allergy is the most likely to cause severe reaction and should take precedence, thus, to minimise the risks to children this service is a 'Nut Aware Centre'.

Action plans

There are two types of Action Plans for Anaphylaxis and a third Action Plan for Allergic Reactions.

- **ASCIA general action plan for anaphylaxis ('orange plan')**
Does not contain any personal information; for management of an anaphylaxis incident using the general use EpiPen® and must be stored in the education or care service with the general use adrenaline autoinjector and used as an instruction guide.
- **ASCIA personal action plan for anaphylaxis ('red plan')**
Contains personal information and a photo for individuals that have been prescribed a personal use EpiPen®
- **ASCIA action plan for allergic reactions ('green plan')**
Contains personal information and a photo for individuals with medically confirmed allergies but have not been prescribed and EpiPen®. The green plan is developed for a person with a confirmed food, insect or medication allergy who is thought to be at risk of anaphylaxis. However, as it is not possible to be certain that the person will not have a severe reaction; the green plan provides guidance on how to manage anaphylaxis if it occurs. The green plan may include a description, including the name, dose and administration instruction, of other medication (if prescribed) under the 'action for mild to moderate allergic reaction' section.

There may also be circumstances where a non-specific health care plan is developed in consultation with the child or young person, parent or legal guardian and treating health professional that may include management for anaphylaxis where an ASCIA action plan is not in place. This may include where a child or young person has multiple diagnoses that are incorporated into a single health care plan. A health support agreement with a safety and risk management plan may be developed in consultation with the parent or legal guardian to identify and document risk minimisation strategies, management and treatment for the child or young person in the event of an allergic reaction or anaphylaxis in the context of the education or care setting.

Signs and symptoms of allergic reaction including anaphylaxis

The first symptoms of an allergic reaction are often skin rash or facial swelling; however this is not always the case. Early symptoms to food-based reactions may also include abdominal pain and/or vomiting. Mild to moderate allergic reactions (hives/swelling) may not always occur before anaphylaxis (severe allergic reaction). Anaphylaxis may present with symptoms of breathing difficulty, cough or wheeze. If the same child or young person has asthma, then it can be difficult to determine if this is anaphylaxis or asthma.

SIGNS OF A MILD TO MODERATE ALLERGIC REACTION AND ANAPHYLAXIS	
Mild to moderate allergic reaction	Anaphylaxis (Severe allergic reaction)
<ul style="list-style-type: none"> - Tingling mouth - Swelling of lips, face, eyes - Hives or welts - Abdominal pain, vomiting (these are signs of anaphylaxis when the trigger is insect venom) 	<ul style="list-style-type: none"> - Difficult/noisy breathing - Swelling of tongue - Swelling/tightness in throat. - Difficulty talking and/or hoarse voice - Wheeze or persistent cough - Persistent dizziness or collapse - Pale and floppy appearance (young children)
<p><i>If in doubt give adrenaline autoinjector 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 even if there are no skin symptoms.</i></p>	

Action for mild to moderate allergic reaction (children with an individual action plan):

- For insect allergy: flick out sting if available
- Stay with the child and call for help
- Locate EpiPen Jr adrenaline autoinjector
- Give other medications (if prescribed)
- Phone family/emergency contact
- Monitor

Treatment for severe allergic reaction, including anaphylaxis (children with an individual action plan)

All education and care staff are required to provide first aid measures following any child's individual ASCIA action plan or health support agreement and contacting emergency services.

First aid treatment for a severe allergic reaction including anaphylaxis:

1. **Lay person flat. Do not allow them to stand or walk.** If breathing is more difficult lying down allow them to sit. If unconscious place in recovery position
2. Ensure the child or young person is no longer exposed to the allergen or trigger
3. Administer adrenaline autoinjector into the muscle of the outer thigh (when using an EpiPen® hold in place for 3 seconds after the injection)
4. Phone ambulance 000
5. Phone family/emergency contact
6. Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available
7. Commence cardiopulmonary resuscitation (CPR) at any time if person is unresponsive and not breathing normally

How to give EpiPen®

adrenaline (epinephrine) autoinjectors



In all cases of anaphylaxis, the care for the child or young person must be transferred to the ambulance officer for admitting to hospital for at least 4 hours of observation. The used adrenaline autoinjector should be handed to the ambulance officer, and they should be advised of the time of administration

Staff /carers and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff /carers should not have a false sense of security that an allergen has been eliminated from the environment. Instead the centre has a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

Severe allergic reactions such as anaphylaxis may occur for the first time outside of the home in a child not previously identified by parents, medical professionals or centre staff to be at high risk

Treatment for severe allergic reaction, including anaphylaxis for children with no individual action plan

As per the Education and Care Services National Regulations, medication cannot be administered in an education or care service without written advice on a Medication Agreement (with the exception of emergency medication for anaphylaxis and asthma below).

94 Exception to authorisation requirement--anaphylaxis or asthma emergency

- (1) Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.
- (2) If medication is administered under this regulation, the approved provider or a nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable--
 - (a) a parent of the child;
 - (b) emergency services.

Each centre must have at least two clearly labelled 'general use' adrenaline autoinjectors that has not been prescribed to a child or adult - one 0.15mg adrenaline autoinjector (e.g. EpiPen® Jr) and one 0.3mg adrenaline autoinjector EpiPen® for those over 20kg. Consideration must be given to accessibility when deciding the number of general use adrenaline autoinjectors for each service.

An EpiPen® may only be administered by staff who have valid, current anaphylaxis training as recognised by ACECQA. Instructions are displayed on each device. General use EpiPen® Jr may be used for any child or young person (under 20kg) attending the site, a general use EpiPen® may be used for any staff or visitor (over 20kg) attending the site. In all circumstances where a general use adrenaline autoinjector is to be administered in an education or care service is must be done on the recommendation of a medical professional after calling for an ambulance (000). Adrenaline autoinjectors are not usually recommended for children less than 10kg as the risk of fatal anaphylaxis in children this age is very low.

General use AAls do not replace the need for parents to supply their child's prescribed AAI to the school and should therefore be considered additional to personal prescribed AAls.

Storage of the general use adrenaline autoinjector

All adrenaline autoinjectors must be kept out of reach of small children but quickly accessible and not locked in a cupboard or classroom (during recess or lunch). In some cases, exposure to an allergen can lead to anaphylaxis within 5 minutes. An ASCIA action plan for anaphylaxis must be kept with the adrenaline autoinjector. Adrenaline autoinjectors are light and heat sensitive and must be stored in a cool dark place at room temperature (between 15 and 25 degrees Celsius). Where there is a fluctuation outside of these temperatures the adrenaline autoinjector may be stored in an insulated wallet with an ice brick; however not in contact with the ice brick as this may damage the autoinjector mechanism. Adrenaline autoinjectors must not be stored in a refrigerator or freezer as this may affect the autoinjector mechanism.

Education and care services need to conduct emergency response training exercises to time how long it takes to obtain an adrenaline autoinjector (from raising the alarm to administration) across various locations; this should include consideration of access and availability of adrenaline autoinjectors on excursions and camps. All emergency response training should include a review of all aspects of the response; including review of current action plans, care plans and/or support agreements for effectiveness and review of storage location of adrenaline autoinjectors to ensure timely access. Areas requiring further planning or improvements should be identified and actioned.

Disposal and/or replacement of adrenaline autoinjectors (including used, expired or damaged)

An EpiPen® is designed for the needle to automatically retract back into the device when administered, preventing the risk of needle stick injury. The used adrenaline autoinjector should be handed to the ambulance officer. Expired or damaged general use adrenaline autoinjectors should be returned to the pharmacy when replacing the device. Adrenaline autoinjectors must be replaced as soon as practicable after use, when the integrity of the medication is compromised, or prior to expiry (the centre will fund a replacement).

Where the adrenaline autoinjector is for a child or young person's personal use, and it is noted by the education and care staff that the expiry date is nearing, the parent or legal guardian should be notified as soon as practicable. It is the responsibility of the parent or legal guardian to ensure that at all times medications are in date, and in the original container with a pharmacy label that includes name, dose and administration instructions.

The First Aid Officer will regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month).

The EpiPen® contains a clear window near the tip where the adrenaline can be checked. This should be checked regularly. Adrenaline is a clear liquid. Where the adrenaline is cloudy or discoloured or there is evidence of sediment the general use device should be replaced, or the parent or legal guardian notified for personal use devices.

Risk minimisation

Because it is not possible (nor practical) to remove all possible asthma triggers or allergic triggers from a child care environment, the aim therefore is to implement age-appropriate and practical strategies to reduce the risk of inadvertent exposure, and review these policies and plans annually, or if a reaction does occur.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.

Risk minimisation plan: A plan specific to the service that specifies each child's allergies/asthma triggers, the ways that each child at risk of anaphylaxis/asthma attacks could be accidentally exposed to the allergen/trigger while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by staff at the service in consultation with families of children who at risk of asthma/anaphylaxis and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis/asthma.

To facilitate this, families are required to:

- Provide required documentation as outlined above to meet the child's individual needs i.e. special diet request, modified diet plan and/or individual action plan.
- Work in partnership with educators to develop a risk minimisation plan
- Provide appropriate medications as per the child's individual management plan to support the child's health need whilst at care (all medications must be labelled as per the Medication policy)
- Ensure the only food brought into the service is a single piece of fruit which is left at reception or the service kitchen (babies milk bottles are excepted).
- If your child has consumed nuts or nut products such as Nutella on the day of attendance at the service, we ask that families encourage children to perform hygiene tasks such as washing hands, face and brushing teeth before arriving at the service to minimise the risk to other children with nut allergies.

To facilitate this, educators are required to:

- educate families, children and the community about the risks associated with asthma and anaphylaxis
- minimise exposure to known allergens/triggers by working in partnership with families to develop a risk minimisation plan. This plan will outline the agreed risk minimisation strategies that will be adopted by service employees
- display a poster at reception advising families and visitors to the service that we have children with anaphylaxis at the service (if applicable)
- ensure training in asthma and anaphylaxis management remains current at all times
- If displaying personal information about children's allergies in food preparation or serving areas, do so in accordance with privacy guidelines, such as displaying in an area not accessible to visitors/families or in a way that that the information is not visible to visitors or other families

Diabetes

Type 1 diabetes: An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type 1 diabetes is life threatening. Type 2 diabetes: Occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes usually develops in adults over the age of 45 years but is increasingly occurring in individuals at a younger age. Type 2 diabetes is unlikely to be seen in children under the age of 4 years

Kozy Kids aims to ensure that each child with diabetes has a current diabetes management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment, and must implement strategies to assist children with type 1 diabetes. A child's diabetes management plan provides educators with all required information about that child's diabetes care needs.

Kozy Kids believes in ensuring the safety and wellbeing of children who are diagnosed with diabetes, and is committed to:

- providing a safe and healthy environment in which children can participate fully in all aspects of the program
- actively involving the parents/guardians of each child diagnosed with diabetes in assessing risks, and developing risk minimisation and risk management strategies for their child
- ensuring that all employees and other adults at Kozy Kids have adequate knowledge of diabetes and procedures to be followed in the event of a diabetes-related emergency
- facilitating communication to ensure the safety and wellbeing of children diagnosed with diabetes

NOTE - *A plan should be developed with the child's specialist to ensure service employees are providing the right dietary requirements for the child. Educators need to be alert to the signs displayed of a child with diabetes.*

Immunisation

Immunisation of children and adults significantly reduces the risks, complications, and mortality associated with vaccine preventable diseases. The service will minimise risks, complications and the spread of vaccine preventable diseases, by encouraging children, service employees to have up to date immunisation in accordance with the Australian Standard Vaccination Schedule and keeping an up to date register of children's and employee immunisation. It is the families' responsibility to ensure their child's immunisation is up to date, a child who is not immunised or whose immunisation is not up to date may be excluded during an outbreak of a vaccine preventable disease.

To facilitate this, families are required to:

- Upon enrolment provide evidence of their child's current immunisation status. Confirmation of immunisation can be by a letter from the child's doctor, the Personal Health Record ("Blue Book"); or the ACIR (Australian Childhood Immunisation Register) 'History Statement'
- Inform educators when their child has had an updated immunisation, providing written confirmation as specified above

To facilitate, educators are required to:

- maintain current records of children's and educator's immunisation status
- educate children, families and the wider community about the importance of immunisations in maintaining health and minimising the spread of disease.
- respect the views of families who are opposed to immunisation and acknowledge and listen to their concerns. Educators are encouraged to refer them to their doctor for information on benefits, adverse effects and risks of immunisation, and provide information on the exclusion policies the service is obliged to abide by when they enrol children who are not immunised.

In the event a child, educator or visitor attending the service has a vaccine preventable disease, we will contact the Public Health Unit and ask for advice for the required course of action.

Further considerations:

- We will ensure all educators first aid, anaphylaxis management training and asthma management training is current and updated at least every 3 years, and that all components of the first aid certificate are current if some require an earlier revision
- Educators must ensure that they are implementing appropriate practices when storing and administering medication, as well as recording administration – please refer to the services medication policy
- As children become more independent, they become increasingly responsible in caring for their own health and hygiene – this is particularly relevant for school age children. It is important that the curriculum includes discussing general health issues with children and how they further develop skills for self-care
- This policy should be read in conjunction with
 - o Health and safety policy
 - o Nutrition and food handling policy
 - o Accident, incident, illness, medication and first aid policy

Reference

- Raising Children Network “Food allergies and food intolerance in kids”, at http://raisingchildren.net.au/articles/allergies_intolerances.html on 19/08/16
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