



Responding to Medical Conditions - including anaphylaxis, allergies, asthma & diabetes

Policy

- 1.1 Cheltenham Community Centre (CCC) Children's Services is committed to ensuring:
 - a) a safe and secure environment is provided for child/children with a medical condition (including anaphylaxis, allergies, asthma and diabetes) through a shared responsibility approach, and
 - b) staff have adequate knowledge and training in the management of such medical conditions of children enrolled in CCC Children's Services and have an understanding and skills to implement asthma and diabetes management plans.
- 1.2 This policy applies to the Approved Provider, Nominated Supervisor, Early Childhood Educators, staff and parents/guardians who wish to enrol or have already enrolled at CCC.
- 1.3 In order to assess whether the values and purposes of this policy have been achieved, we will:
 - a) Welcome feedback from everyone affected by this policy regarding its effectiveness
 - b) Monitor the implementations, compliance, complaints and incidents in relation to this policy
 - c) Keep the policy up to date with current legislation, research, policy and best practice
 - d) Revise the policy and procedures as part of the service's policy review cycle, or as required
 - e) Notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

Procedure

General:

- 2.1 Educators will adequately supervise all children, including those with specific medical conditions
- 2.2 Educators will make available opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan.
- 2.3 Maintaining ongoing communication between educators/staff and parents/guardians in accordance with the strategies identified in the communication plan, to ensure current information is shared about specific medical conditions within the service.
- 2.4 Educators will ensure children do not swap or share food, food utensils or food containers.

Medical Information:

- 2.5 CCC will ensure that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this policy and other relevant service policies.
- 2.6 Enrolment forms will document details of any medical conditions of enrolled children including their anaphylaxis, allergies, asthma or diabetes history.
- 2.7 Asthma attacks, diabetes episodes or other medical situations that occur while a child is in the care of the CCC Children's Services will be recorded on the Illness Record form and, in the event that medication is administered, on the Medication Record.
- 2.8 Medical Action plans are to be completed by a medical practitioner.
- 2.9 It is the parent's responsibility to update Medical Action Plans regularly and whenever there is a change in the child's medical condition.
- 2.10 A Medical Management Plan is to be completed by the parent/guardian of the child and together with the coordinator of CCC.
- 2.11 Staff will be aware of children in the service with anaphylaxis, allergy, asthma or diabetes, and have a knowledge of the symptoms, triggers and treatment procedures for each child as recorded on the child's Medical Management Plan.
- 2.12 Parents are required to notify the CCC Children's Services of any changes to their child's medical management plan.
- 2.13 Educators will monitor signs and symptoms of specific medical conditions and communicate any concerns to the Nominated Supervisor.

Emergency Management:

- 2.14 Emergency management procedures are on display in a prominent place within the children's room.
- 2.15 Staff should recognise and treat symptoms early regardless of whether these are mild, moderate or severe and treatment must commence immediately.
- 2.16 If a child suddenly develops or complains of difficulty in breathing and/or has an incessant cough or wheeze or is displaying signs of high or low blood sugar levels, appropriate care must be given immediately WHETHER OR NOT the child is known to have anaphylaxis, asthma or diabetes.
- 2.17 Staff are to follow the child's Medical Action Plan emergency procedure where possible.
- 2.18 In the absence of a child's Action Plan, follow the Emergency management procedures which are on display in the childcare room, for Anaphylaxis, Asthma and Diabetes.
- 2.19 In the event of a child experiencing a medical emergency, an ambulance will be called and staff will follow ambulance instructions.
- 2.20 Parents will be contacted as soon as staff are able to do so.
- 2.21 If a child needs to be taken by ambulance a staff member may go in the ambulance with the child if the parent is not in attendance, as long as there is another responsible adult who can stay with the other children in care.

Anaphylaxis, Asthma and Applied First Aid Training:

- 2.22 It is a requirement by CCC that staff undertake the accredited Courses in Anaphylaxis Awareness, Emergency Asthma Management and Applied First Aid.

- 2.23 CCC will ensure that at all times, at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available when children are being educated and cared for by the service.

Legislation and regulations

- 3.1 Relevant legislation and standards include but are not limited to:
- *Education and Care Services National Law Act 2010: Section 173*
 - *Education and Care Services National Regulations 2011: Regulations 90, 91, 96*
 - *Health Records Act 2001 (Vic)*
 - *National Quality Standard, Quality Area 2: Children's Health and Safety*
 - *Standard 2.1: Each child's health is promoted*
 - *Element 2.1.1: Each child's health needs are supported*
 - *Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury*
 - *National Quality Standard, Quality Area 7: Leadership and Service Management*
 - *Standard 7.1: Effective leadership promotes a positive organisational culture and builds a professional learning community*
 - *Element 7.1.2: The induction of educators, co-ordinators and staff members is comprehensive*
 - *Occupational Health and Safety Act 2004 (Vic)*
 - *Public Health and Wellbeing Act 2008 (Vic)*
 - *Public Health and Wellbeing Regulations 2019 (Vic)*
- 3.2 The most current amendments to listed legislation can be found at:
- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
 - Commonwealth Legislation - Federal Register of Legislation: <https://www.legislation.gov.au>

Definitions

- 4.1 **Allergy:** Allergy occurs when a person reacts to substances in the environment that are harmless to most people. These substances are known as allergens and are found in dust mites, pets, pollen, insects, ticks, moulds, foods and some medications.

Allergies are increasing in Australia and New Zealand and affect around one in five people. There are many causes of allergy, and symptoms vary from mild to potentially life threatening. Allergy is one of the major factors associated with the cause and persistence of asthma.

- 4.2 **Anaphylaxis:** Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis. Several factors can influence the severity of an allergic reaction. These include exercise, heat and in food allergic people; the amount of food eaten and how it is prepared.

Symptoms of anaphylaxis are potentially life threatening and include any of the following:

- Difficult/noisy breathing.
- Swelling of the tongue.
- Swelling/tightness in the throat.
- Difficulty talking and/or hoarse voice.
- Wheeze or persistent cough.
- Persistent dizziness and/or collapse.
- Pale and floppy (in young children).

In some cases, anaphylaxis is preceded by less dangerous allergic symptoms such as:

- Swelling of face, lips and/or eyes.
- Hives or welts.
- Abdominal pain and vomiting (these are signs of anaphylaxis for insect allergy).

- 4.3 **Asthma:** a disease characterised by recurrent attacks of breathlessness and wheezing, which vary in severity and frequency from person to person. In an individual, they may occur from hour to hour and day to day. This condition is due to inflammation of the air passages in the lungs and affects the sensitivity of the nerve endings in the airways so they become easily irritated. In an attack, the lining of the passages swell causing the airways to narrow and reducing the flow of air in and out of the lungs.
- 4.4 **Diabetes:** Diabetes is a chronic, metabolic disease characterized by elevated levels of blood glucose (or blood sugar), which leads over time to serious damage to the heart, blood vessels, eyes, kidneys and nerves. The most common is type 2 diabetes, usually in adults, which occurs when the body becomes resistant to insulin or doesn't make enough insulin. Type 1 diabetes, once known as juvenile diabetes or insulin-dependent diabetes, is a chronic condition in which the pancreas produces little or no insulin by itself.
- 4.5 **Medical condition:** In accordance with the Education and Care Services National Regulations 2011, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.
- 4.6 **Medical Action plan:** A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan.

Sources and related policies

5.1 Sources:

Australasian society of clinical immunology and allergy (ASCI)

<https://www.allergy.org.au/patients/about-allergy/anaphylaxis>

<https://www.allergy.org.au/patients/about-allergy/what-is-allergy>

Australian Society of Child Immunology and Allergy – Action Plans

The Asthma Foundation of Victoria – Asthma & the Child In Care Model Policy

Risk Minimisation plan and communication plan for children at increased risk of medical emergencies (Anaphylaxis/Diabetes/Asthma)

Risk minimisation plan and communication plan for children at risk of Allergy

World Health Organization (WHO) <https://www.who.int/respiratory/asthma/definition/en/>
https://www.who.int/health-topics/diabetes#tab=tab_1

5.2 Services policies:

- Conditions of admission and enrolment procedure
- Illness or injury
- Parent complaint procedure
- Confidentiality policy and guidelines
- Child safe environment
- Anaphylaxis policy
- Excursions and outings
- Orientation

Revision History

Date	Revision	Revised by
10/10/2013	Created	Tammy Rowed
13/11/2020	Updated	Leanne Lee-Ack
30/11/2020	Reviewed for consistency with CCC Policy & Procedure Manual	Catriona O'Neill

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