



NARNIA EARLY LEARNING

ACN 002 919 584

(Administered by St. Philip's Christian Education Foundation Ltd.)

DEALING WITH MEDICAL CONDITIONS POLICY

Aim:

To ensure the correct procedure in relation to administering medication occurs whilst caring for children with specific medical conditions (asthma, diabetes, allergy and anaphylaxis).

Explanation:

It is imperative that children are administered medication in the safest way possible and that staff are able to follow procedure in handling medication

Implementation:

- Medical details are to be recorded on the Medical Authority Form by parents and witnessed by staff.
- A medication form is to be filled out for each medicine.
- Medication must have original container clearly marked showing child's name, name of medication, dosage amount, administration method, the times medication is to be given and expiry date.
- All medication must be handed directly to a staff member who must then ensure medication is placed in a locked container in refrigerator and out of reach of children.
- Details must be checked on form as well as container before administering medication.
- Administration of medications must include: child's name, authorisation to administer medications, name of the medicine, time & date last administered, time & date given, dosage, method, signature of staff giving the medication and staff to witness it.
- Staff must make sure there is someone to witness the administering of medication.
- Both staff (the one administering and the one witnessing) must then print full name and sign to say the medication was administered and witnessed.
- All medication must be returned to the locked container or refrigerator and kept out of reach of children before returning to parents on collection of child.
- Children on long-term medication must provide a letter from their Doctor stating reasons for medication. This letter must be updated annually or when medication is changed by a doctor.
- A Risk Minimisation Plan is to be filled out for all children with an ongoing medical condition ie. Asthma, diabetes, allergy or anaphylaxis.
- In the event of an incident relating to any child with specific health needs, allergies or other relevant conditions - staff will follow their medical management plan.
- In the case of anaphylaxis or asthma emergency, nominated supervisor or approved provider may administer appropriate medication then notify their child's parents and emergency services.

Risk Minimisation and Communication Plans

Risk Minimisation and Communication Plans are required to be developed in consultation with the parents of a child:

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

- to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's risk minimisation plan and the location of the child's medication are developed and implemented.
- 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

- Every child that is known to have Asthma must have a Medical Management Plan.
- The Asthma First Aid Plan Poster is displayed adjacent to the Emergency Asthma Kit.
- If a child is not known to have Asthma but is experiencing difficulty breathing, staff will, if deemed necessary, follow the Asthma First Aid Plan.



- Staff will notify parents of any need for the above use of Asthma First Aid on their child.
- All children identified with asthma will have their photo displayed with written permission from parents to alert educators.
- Any equipment used from the Asthma First Aid Kit is to be cleaned in accordance with NSW Health recommendations.
- It is the responsibility of the parents to notify the staff of any changes to their child's Asthma medication.
- Parents must provide a puffer and spacer in a clearly labelled container. A medical management plan will be placed in with puffer and with the child's enrolment records.
- The child's records are to be kept up to date with any changes to medication or preventives.
- All parents and staff are to be made aware of the Asthma Policy and procedures, along with information/training made available.
- During transition visits an asthma first aid kit will be taken.



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DIABETES

- Testing should be completed in accordance with medication procedure.
- Child's medical equipment will be written up in accordance with service medication form.
- If child has a lower reading than 4 mmol/L, food is to be given immediately. Contact parents as soon as child eats food. It is imperative that child is observed until all food is eaten (see Medical Management Plan). This may result in a child finding it difficult to concentrate and carry out everyday activities.
- If child has a high reading of more than 7 give a drink of water.
- If child becomes unconscious call ambulance immediately.
- Children are not to share food in any form during preschool hours. Staff or nominated person to sit with children during meals to monitor.
- If cooking or giving of food from staff to children parents must be notified beforehand.
- Children with diabetes are required to eat all food given by parents at preschool.
- If a child with diabetes is enrolled at the service a Risk Minimisation Plan will be completed.



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ALLERGY and ANAPHYLAXIS

- Staff will monitor the intake of food by children due to the increased percentage of children suffering from food induced allergies.
- Parents are to fill out the appropriate section in the enrolment form in regards to ALL allergies. If a child with anaphylaxis or allergies is enrolled at the service a Risk Minimisation Plan will be completed. Parents are to provide an action plan prepared by a medical practitioner.
- Every child that is know to have anaphylaxis must have an anaphylaxis action plan completed with child photos and doctor's signature. Parents will supply an epi pen every day the child attends.
- All children identified with an allergy or anaphylaxis will have their photo displayed with written permission from parents to alert educators. A notice will be placed in the foyer notifying families that a child with anaphylaxis is enrolled.
- If by accident, a child does eat a food type that they are allergic to then the parents are to be notified, the incident is to be documented and the Nominated Supervisor notified. Seek medical aid if necessary (per accident policy).
- Staff will be provided with **acecqa** approved training and will be educated about food allergies in general.

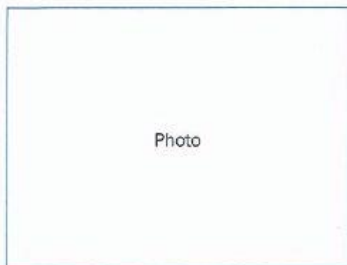
If a child requires medication to counter act an allergic reaction-

- Staff to administer Medication (Epi-Pen);
- Ambulance to be rung immediately;
- Parent/guardian to be notified;
- Staff member is to stay with child until ambulance officers arrive.

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr _____

Signed _____

Date: _____

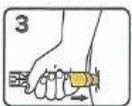
How to give EpiPen® or EpiPen® Jr



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



2 PLACE ORANGE END against outer mid-thigh (with or without clothing).



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



4 REMOVE EpiPen®. Massage injection site for 10 seconds.

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for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors (with blue safety release and orange needle end)

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks
- Stay with person and call for help
- Give medications (if prescribed)
- Dose:
- Locate EpiPen® or EpiPen® Jr
- Contact family/emergency contact



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- 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 (young children)

ACTION

- 1 Lay person flat, do not stand or walk. If breathing is difficult allow to sit**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance*- 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Contact family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give EpiPen® or EpiPen® Jr

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

This policy links to the following:

National Quality Standards: 2.1.1, 2.1.3, 2.1.4, 2.2.1, 4.2.1, 5.1.1, 5.1.2, 5.1.3, 5.2.3, 6.1.1

Education and Care Service National Regulations 2011: 90, 91, 92, 93, 94

