

DEALING WITH MEDICAL CONDITIONS IN CHILDREN

Gowrie NSW recognises that children who attend an education and care centre may have a medical condition that requires ongoing management. Medical conditions that may require ongoing management may include but not limited to allergies, anaphylaxis, asthma and diabetes. Regardless of the nature of a child's medical condition, Gowrie NSW recognises and advocates for the right of all children to have opportunities to access quality education and care. The Gowrie NSW 'Dealing with Medical Conditions in Children' policy includes procedures that aim to ensure the equitable and safe inclusion of children who have a medical condition in Gowrie NSW education and care services.

Responsibilities of Gowrie NSW Education and Care Centres

Under the Education and Care Services National Regulation 2011, Centres must comply with:

- Regulation 90;
- Regulation 91;
- Regulation 136;
- Regulation 173.

Under the National Quality Standards, Centres must meet:

- Standard 2.1
 - *Element 2.1.1*
 - *Element 2.1.2*
- Standard 2.2
 - Element 2.2.2
- Standard 7.1
 - *Element 7.1.2*

This policy and procedures have been developed to:

- Clearly describe the procedures that Gowrie NSW and its employees will implement to effectively manage medical conditions in children and minimise risks to children with a medical condition.
- Provide information for families and other stakeholders about the procedures that are used in Gowrie NSW services to effectively manage medical conditions in children and minimise risks to children with a medical condition.

Procedure

In relation to working with families

Families are a key resource for providing educators with practical information about their child's medical condition and its management. To work effectively with families, under the guidance of the Nominated Supervisor Gowrie NSW employees will:

- Ensure that families are provided with a copy of the Gowrie NSW policy and procedures for 'Dealing with Medical Conditions in Children', and ensure that they understand their responsibilities in relation to this. Parents to whom this policy relates to will be asked to read and sign the policy and a copy be kept on the child's file.
- Ask families to advise the centre that their child has been diagnosed with a medical condition upon enrolment, or when their child is diagnosed with a medical condition.
- Provide families with opportunities and encouragement to ask questions/seek clarification of anything.
- Communicate sensitively and proactively with families about their child's medical condition and its management.
- Work collaboratively with families to update their child's Medical Management Plan and risk minimisation plan at least annually.
- Ensure that families are provided with all relevant information about their child's medical condition in the context of the centre and its management while the child is in attendance.
- Consult with families about how information about their child's medical condition and its management is communicated to educators, staff and volunteers.

In relation to medical management plans for children with a medical condition (general)

Although asthma, diabetes and anaphylaxis are among the more common medical conditions that may affect children who attend education and care centres, there are many other conditions that can affect children, and need to be managed by educators and staff. These include: cancer, epilepsy, spina bifida, cerebral palsy and congenital heart problems. Regardless of the nature of a child's medical condition, all children have the right to access and to be included equitably in education and care settings. To ensure that children with medical conditions receive quality education and care, To work effectively with families, under the guidance of the Nominated Supervisor Gowrie NSW employees will: Record details about a child's medical condition in the child's enrolment record.

- Require that families provide their child's current 'Medical Management Plan' and a 'Risk Minimisation Plan' that has been developed in consultation with a registered medical practitioner, and keep a copy of this with the child's enrolment records.
- Develop a communication plan including how relevant staff members will be informed about the medical conditions policy, medical management plan and risk minimisation plan for the child.
- The communication plan will include that a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.
- Ensure that all educators, staff and volunteers are aware of, know the location of and can access the child's 'Medical Management Plan' and 'Risk Minimisation Plan'.

- Ensure that the child's 'Medical Management Plan' is followed in the event of an emergency.
- Require families to update information in their child's 'Medical Management Plan' as necessary.
- Provide the family of a child with a medical condition with a copy of the Gowrie NSW policy and procedures for 'Dealing with Medical Conditions in Children' and ensure that a copy of this is available to all families, and a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.

In relation to risk minimisation plans for children with a medical condition

The aim of the risk minimisation plan is to reduce the likelihood of the child experiencing a medical emergency while in attendance at an education and care centre.

- Discuss and document with the child's family the risks that the education and care setting may pose to a child who has a specific health care need, allergy or relevant medical condition.
- Consult with the child's family, registered medical practitioner and, where appropriate, the child, to identify specific strategies for minimising and/or managing any risks to the child's health, safety and wellbeing.
- Document the specific strategies identified to minimise and/or manage the risks to the child's health, safety and wellbeing.
- Ensure that all educators and staff are aware of and implement the child's risk minimisation plan.
- Keep a copy of the child's risk minimisation plan and communication plan with the child's enrolment records.
- Regularly review and update the child's risk minimisation plan and communication plan in consultation with the child's family and, where appropriate, with the child and/or the child's medical practitioner.

In relation to communicating with educators, staff and volunteers about children's medical conditions

- Ensure that all educators, staff and volunteers have read and understand the Gowrie NSW policy and procedures for 'Dealing with Medical Conditions in Children' before they commence working with children.
- Ensure a communication plan is in place which informs all educators, staff and volunteers of the location of the child's medical management/action plan, risk minimisation plan, any medications used to treat or manage the child's medical condition, including updates or changes to new or existing children's specific health needs.
- Ensure that all educators who have current approved anaphylaxis and asthma management training are aware of the details of a child who has an asthma diagnosis or anaphylactic allergy.
- Ensure that educators who work directly with a child with a medical condition have received instruction and/or training in the administration of the child's medication in a medical emergency, and have read and understood the child's medical management/action plan, risk minimisation and communication plan.
- Provide educators, staff and volunteers with general information about any medical

conditions affecting children enrolled at the centre.

- Where appropriate to the child and their family's privacy, display notices advising of action and/or management plans for dealing with specific children's medical conditions in areas accessed by NSW Gowrie employees and volunteers only. Families must provide written permission for the Action Plan to be on display in any areas accessed by families or visitors.
- Display general signs/notices for the first aid management of medical emergencies such as asthma, anaphylaxis and the administration of CPR.
- Develop procedures for educators to 'hand over' information about a child with a medical condition to each other between different shifts, for example through a communication diary or a verbal handover meeting the end of a shift as well as when transitioning permanently to another room.

In relation to managing asthma in children

Symptoms of asthma include:

- wheezing (a whistling sound in the chest)
- breathlessness
- a feeling of tightness in the chest
- persistent coughing.

To effectively care for children who have asthma, Gowrie NSW employees will:

- Follow procedures above in section 'In relation to medical management plans' and 'in relation to risk management plans'
- Require that families provide their child's current 'Asthma Management Plan' that has been developed in consultation with a registered medical practitioner, and keep a copy of this with the child's enrolment records.
- This Asthma Management Plan must be reviewed on an annual basis by a medical practitioner
- Ensure that the child's 'Asthma Management Plan' outlines:
 - the medication that the child takes to relieve their asthma
 - information about how to tell if the child's asthma is getting worse
 - what to do if the child's asthma symptoms are getting worse
 - what to do if the child has an asthma attack.
- Require families to provide the centre with the child's asthma reliever medication with a spacer, and to ensure that the medication has not expired, contains plenty of doses and is labelled clearly with the child's name.
- Store a child's asthma medication in a location that is inaccessible to children and ensure that all educators who work with the child are aware of where this medication is kept.
- Take a child's asthma medication on any excursions.
- Ensure that there is always at least one educator on premise who has current approved emergency asthma management training.
- Have at least **two** 'Asthma Emergency Kit' in the service and ensure that all educators and staff are aware of the location of the Kit/s: Each Kit should contain:
 - A blue reliever puffer (bronchodilator: Airomir, Asmol, Epaq or Ventolin)
 - A spacer device. If the kit is for children under 5 years, a small volume spacer with mask is recommended. For older children and adults, use of a large volume spacer is advised.

If disposable spacers are used, several of these should be carried in case more than one person requires first aid.

- Instructions for use.
- 70% alcohol swabs. If, in an emergency it is necessary to deliver asthma emergency first aid to more than one person, without time or facilities for proper cleaning, then an alcohol swab must be used to thoroughly clean the mouthpiece (Asthma Foundation, 2010).
- Ensure that an 'Asthma Emergency Kit' is taken on excursions and during centre evacuations and lockdowns.
- In an asthma emergency, follow the Asthma First Aid procedures as follows:

In relation to self-administration of medication for over preschool age children

- Allow older children (school age children) to self-administer asthma medication if applicable (in consultation with the child's family), and follow the Gowrie NSW policy and procedures for the 'Administration of Medication' in relation to this.
- Follow the Gowrie NSW policy and procedures for the 'Administration of Medication' in relation to administering and recording the administration of medication in any instance where asthma medication is administered to a child.
- Provide families with current information about their child's asthma in the context of the centre and any incidents related to their child's asthma that occurs during their attendance at the centre.
- Request that families provide information immediately about any changes to their child's asthma, 'Asthma Management Plan', and whether the child has been unwell with asthma symptoms while at home.
- Provide families with information about asthma through the parent library and/or parent noticeboard and/or the service newsletter for families.

In relation to managing a child who has been diagnosed as being at risk of allergies or anaphylaxis

To effectively care for children who have been diagnosed as at risk of anaphylaxis, Gowrie NSW employees will:

- Require that families provide their child's current 'Medical Management Plan plan for allergy or anaphylaxis' that has been developed in consultation with a registered medical practitioner.
- Ensure that the 'Medical Management Plan ' includes the following information:
 - clear identification of the child (photo) [a signed anaphylaxis action plan containing photo identification of the child is considered sufficient - the identification of children by Medic Alert bracelets or other forms of distinction is not considered mandatory for child care settings)
 - documentation of the allergic triggers, first aid response, including any prescribed medication and dosage.
 - identification and contact details of the doctor who has signed the action plan.
- The Medical Management Plan must be reviewed on an annual basis by a medical practitioner.

- Require that families provide the centre with their child's anaphylaxis medication and ensure that it is labelled clearly with the child's name and that it is in date.
- Store a child's anaphylaxis medication in a location that is inaccessible to children, and ensure that all educators and staff who work with the child are aware of where this medication is kept and can access it easily.
- Take a child's anaphylaxis medication on any excursions.
- Ensure that there is always at least one educator on premises who has current approved anaphylaxis management training.
- Ensure centre have a suitable number of emergency EpiPens
- Ensure that an Epi-pen is taken on excursions with the Asthma emergency kit
- Ensure that all educators and staff are aware of the child's risk of anaphylaxis, its triggers and the location of the child's 'Medical Management Plan for allergy and anaphylaxis'.
- Ensure that all educators and staff who work with the child (including casual relief educators) have a general understanding of anaphylaxis and its management, and where possible have attended training on the administration of anaphylaxis medication.
- Minimise the risk of children being exposed to allergens that may trigger an anaphylactic reaction by:
 - completing an Anaphylaxis Risk Minimisation Plan in consultation with the family
 - ensuring that children do not trade or share food, food utensils or food containers
 - ensuring that bottles, other drinks and lunch boxes provided by families are clearly labelled with their child's name
 - ensuring that educators and staff involved in food preparation are aware of and implement measures necessary to prevent cross contamination during the handling, preparation and serving of food, for example, the careful cleaning of food preparation areas after use, effective handwashing and cleaning of utensils when preparing allergenic foods
 - where possible, eliminating highly allergenic foods where transfer from one child to another is likely (for example, whole eggs or foods containing egg or peanut products). Parents of all children should be asked not to send meals containing highly allergenic foods such as egg and nut products to a centre at which there is a child at risk of anaphylaxis to these foods.
 - where it is not possible to eliminate a food product (such as milk products in bread or margarines), implementing strategies to ensure that a highly allergic child does not come into contact with the allergen, for example, have an educator sit with and supervise the child at all times during meal times or ensure that the child does not sit at a meal table where the food to which they are allergic is being served or consumed
 - ensuring that meals prepared which contain ingredients with 'May contain traces of nuts' on a label are not given to nut allergic children
 - ensuring that food removal (banning or elimination) only occurs following recommendation by a relevant medical specialist and provision of documentation of this recommendation. Gowrie NSW centres are 'nut free' environments as a measure to ensure the safety of all children.
- ensuring that grassed areas are kept mown, and that plants that attract stinging insects are minimised or eliminated from the premises (ASCIA, 2010).
- Follow the Gowrie NSW policy and procedures for the 'Administration of Medication' in

relation to administering and recording the administration of anaphylaxis medication to a child.

- Provide families with current information about their child's anaphylaxis and management.
- Request that families immediately update the centre with information about any changes to their child's anaphylaxis or 'Medical Management Plan for Anaphylaxis'.
- As appropriate, in consultation with the child and the child's family, talk with other children about anaphylaxis and its management to support the positive and equitable inclusion of a child who is at risk of anaphylaxis in the education and care setting.
- Where a child has been diagnosed as at risk of anaphylaxis, display a notice stating this at the entry of the centre (without identifying the child).

In relation to managing diabetes in children

When educating and caring for children with type 1 diabetes, educators must be constantly prepared for potential hypoglycaemic (also known as a 'hypo') (low blood sugar) and hyperglycaemic (high blood sugar) reactions, both of which can be life threatening.

To effectively care for children who have diabetes, Gowrie NSW employees will:

- Require that families provide their child's current 'Diabetes Management Plan/Management Healthcare Plan' that has been developed in consultation with a registered medical practitioner.
- Ensure that the 'Diabetes Management Plan/ Management Healthcare Plan' includes information about:
 - how and when to monitor the child's blood glucose levels (BGL)
 - how and when to administer insulin
 - the child's dietary requirements, including when/how frequently they need to eat
 - any requirements relating to physical activity for the child
 - the signs and symptoms of hypoglycaemia and hyperglycaemia and what to do to manage these
 - emergency medical contact details for the child.
- Ensure that all educators who work with the child are aware of the child's diabetes, and know the location of, and can easily access, the child's 'Diabetes Management Plan/Management Healthcare Plan'.
- Ensure that educators who work with the child have received training in monitoring the child's BGL and in the administration of insulin, and that there is always one person on the premises who has received training on this while the child is in attendance.
- Ask families to provide the centre with a 'hypo pack' for treating episodes of hypoglycaemia. The contents of the hypo pack should include:
 - a description of hypo symptoms
 - instructions for how to treat a hypo
 - fast-acting carbohydrate such as juice boxes or jelly beans
 - slow-acting carbohydrate such as muesli bars, fruit bars and biscuits
 - emergency contact details for the family, doctors and hospital contact numbers
- Ensure that all educators who work with the child have a general understanding of diabetes and its management.
- Allow older children (school age children) to self-administer insulin if applicable (in

consultation with the child's family), and follow the Gowrie NSW policy and procedures for the 'Administration of Medication'

- Work with families of school age children to develop procedures for the child to self-monitor their BGL, if applicable.
- Follow the Gowrie NSW policy and procedures for the 'Administration of Medication' in relation to administering and recording the administration of insulin to a child.
- Request that families inform the centre immediately with information about any changes to their child's diabetes or their child's 'Diabetes Management Plan/Management Healthcare Plan'.
- As appropriate, in consultation with the child and the child's family, talk with other children about diabetes and its management to support the positive and equitable inclusion of a child who has diabetes in the education and care setting.

Related legislation/standards

- Education and Care Services National Regulations 2011
- Education and Care Services National Law Act, 2010, (Cwlth)
- National Quality Framework
- National Quality Standard

Related Gowrie NSW policies and procedures

- Administration of First Aid
- Administration of Medication
- Dealing with Infectious Diseases
- Managing Incidents, Injury and Trauma
- Enrolment and Orientation
- Hygiene and Cleaning

Related Gowrie NSW Forms

- Medical Management plan including risk minimisation and communication plan
- Asthma Management Plan
- Anaphylaxis Risk Minimisation Plan
- Diabetes Management Plan
- Epilepsy Management Plan

References

- Anaphylaxis Australia. (2010). What is Anaphylaxis? Retrieved March 14, 2012, from: <http://www.allergyfacts.org.au/images/pdf/what-is-anaphylaxis.pdf>
- Asthma Foundation. (n.d.). Asthma First Aid (poster). Retrieved March 14, 2012, from: http://www.asthmafoundation.org.au/uploadedFiles/Content/About_Asthma/Resources/AF%20First%20Aid%20Poster_A4_lowres.pdf
- Asthma Foundation. (n.d.). Asthma in Childcare. Retrieved March 14, 2012, from: http://www.asthmafoundation.org.au/asthma_in_childcare.aspx Asthma Foundation. (2010). Fact Sheet - Asthma Emergency Kits. Retrieved March 14, 2012, from: http://www.asthmafoundation.org.au/uploadedFiles/Content/About_Asthma/Resources/Asth

ma%20Emergency%20Kits.pdf

- Australasian Society of Clinical Immunology and Allergy (ASCIA). (2010). ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, Preschools and Childcare. Retrieved March 14, 2012, from: <http://www.allergy.org.au/health-professionals/papers/prevent-anaphylactic-reactions-in-schools>
- Australian Children’s Education and Care Quality Authority. (2011). Guide to the National Quality Standard. Retrieved March 14, 2012, from: <http://www.acecqa.gov.au/storage/3%20-%20Guide%20to%20the%20National%20Quality%20Standard%20FINAL.pdf>
- Australian Children’s Education and Care Quality Authority. (2011). Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011. Retrieved March 14, 2012, from: <http://www.acecqa.gov.au/storage/2-Guide%20to%20the%20Education%20and%20Care%20Services%20National%20Law%20and%20National%20Regulations.pdf>
- Australian Diabetes Council. (2007). Diabetes Information [flipchart for teachers and staff in schools]. Retrieved March 14, 2012, from: http://www.diabeteskidsandteens.com.au/teachers_and_schools.html
- Child and Youth Health. (2011). Asthma in childhood. Retrieved March 14, 2012, from: <http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=304&id=1731>
- Cystic Fibrosis in Australia. (2012). What is CF? Retrieved April 13, 2012, from: <http://www.cysticfibrosis.org.au/aboutcf/whatis/>
- Diabetes Australia. (2012). Diabetes: the Facts. Retrieved March 14, 2012, from: <http://www.diabetesaustralia.com.au/PageFiles/1615/the%20facts%20DA%20FINAL%202011.pdf>
- Juvenile Diabetes Research Foundation (JDRF). (2010). What is Type 1 Diabetes? Retrieved March 14, 2012, from: <http://www.jdrf.org.au/living-with-type-1-diabetes/what-is-type-1-diabetes>
- National Asthma Council. (n.d.). Asthma Facts. Retrieved March 14, 2012, from: <http://www.nationalasthma.org.au/what-is-asthma-/asthma-facts>
- The Ministerial Council for Education, Early Childhood Development and Youth Affairs. (2011). Education and Care Services National Regulations. Retrieved March 14, 2012, from: <http://www.legislation.nsw.gov.au/sessionalview/sessional/subordleg/2011-653.pdf>
- The Royal Children’s Hospital Melbourne. (2011). Caring for Diabetes in Children & Adolescents (3rd ed., 2010). Retrieved March 14, 2012, from: http://video.rch.org.au/diabetes/Diabetes_Book_Third_Edition.pdf
- The State of South Australia, Department of Education and Children’s Services. (2008). Cystic Fibrosis in Education and Children’s Services. Retrieved April 13, 2012, from: <http://www.chess.sa.edu.au/Pathways/cfbook.pdf>