D.16 Management of Medical Conditions

D.16.1 Introduction and Overview

Policy Statement

Our service will work closely with families to ensure that the safety, wellbeing and health care needs of all children are met when attending the service. LOOSH values inclusion, autonomy and child agency and in line with our values, staff will support children with medical conditions to fully engage and participate in the day-to-day program.

Background

Regulation 168 of the Education and Care Services National Regulations requires the approved provider to have in place policies and procedures in relation to dealing with medical conditions in children, including matters set out in regulation 90 of the Education and Care Services National Regulations. The service will put in place procedures to ensure that staff are aware of the policy and take reasonable steps to ensure that the policy and related procedures are followed.

The service will also prioritise the safety and wellbeing of all children, including those who have medical conditions and/or are unwell. To support the best interests of each child, the service will collaborate with children and their families to ensure the most up-to-date information regarding children's medical conditions are communicated between all relevant parties. Within this, the service will ensure it possesses all required documentation prior to and during the child's enrolment in the service.

Guiding Principles

To ensure the health, safety and wellbeing of children with medical conditions the service will ensure the following:

- That at least one staff member at the service will hold an approved First Aid Qualification. Where plausible the service will endeavour to ensure that all Core Staff have an approved and up to date First Aid Qualification.
- In the instance that a child with a medical condition such as asthma, anaphylaxis, diabetes, epilepsy or ADHD attends, the service will require a current medical management plan drafted by a medical practitioner outlining how the child's condition is to be managed.
- All staff will be informed of all children's medical conditions and will have access to their medical management plan and risk minimisation plans.
- The service will partner with families when developing risk minimisation plans and will communicate with families to ensure that all children's medical and healthcare needs are being met. Families and staff will follow the communication plan to inform of any changes to the management of their condition.
- The service will ensure that effective systems of storing medication are utilised, and that these systems adhere with all legislative requirements.
- All children with a known anaphylaxis diagnosis will have their prescribed medication kept in the LOOSH office for easy access in case of emergency.

Scope

This applies to all staff and educators within the Leichhardt Out of School Hours Care Organisation, and will be upheld for all children and families who attend the service.

D 16.2 Management of Medical Conditions in Children Procedures

Management of Allergies and Anaphylaxis

Where a child has an allergy and/or is at risk of anaphylaxis, the service will implement the following to mitigate the risks of exposure:

- Where feasible the service will not serve or handle known allergens at the service.
- Communicate with families that we are a nut aware service.
- Clearly display signage to indicate that children at risk of anaphylaxis attend the service.
- Children, staff and volunteers will be required to wash their hands before and after eating or engaging in food-based activities.
- Supervision of children will be maintained including when they are eating food or engaging in food-based activities.
- Have an in date EpiPen available in every program area and will be taken on any offsite excursion.
- Ensure that medication is stored and administered to the child in line with regulation 92 and 93.

Symptoms of allergic reactions and anaphylaxis may include:

- Swelling of the lips, eyes and face.
- Hives or welts.
- Tingling mouth.
- Abdominal pain or vomiting (indicates an anaphylactic or allergic reaction to an insect).

In the event that a child displays symptoms in line with an allergic reaction first aid trained staff will:

1. Follow the steps indicated on the child's medical management plan,
2. Stay with the child to monitor their symptoms,
3. Call for help from the responsible person or nominated supervisor,
4. Locate an EpiPen,
5. Give antihistamine in line with the child's medical management plan,
6. Phone family/emergency contact,
7. Continue to monitor child.

Symptoms of an anaphylactic reaction may include:

- Difficult or noisy breathing.
- Swelling of tongue.
- Swelling or tightness in throat.
- Wheeze or persistent cough.
- Difficulty talking or hoarse voice.
- Persistent dizziness or collapsing.
- Pale and floppy physicality.

In the event that a child displays symptoms consistent with an anaphylactic reaction first aid trained staff will:

1. Follow the steps on the child's medical management plan,
2. Lie the child flat, do not allow them to stand or walk,
3. Administer EpiPen,
    - Form a fist around the EpiPen and pull off the blue safety release,
    - Hold the child's leg still and place the orange end of the EpiPen against the outer mid-thigh (with or without clothing),
    - Push down hard until a click is heard and hold it in place for 3 seconds,
    - Remove EpiPen,
    1. Phone ambulance via 000,

2. Phone family/emergency contact,
3. Another EpiPen may be administered if there is no response after 5 minutes.

Staff will always give the adrenaline injector first and then the asthma reliever puffer.

If in doubt, staff will give the child an EpiPen. Staff will administer the EpiPen should a child present with symptoms of anaphylaxis regardless of whether the child has a known medical condition.

Management of Asthma

Where a child has asthma, the service will implement the following to mitigate the risks of exposure:

- An in-date Ventolin puffer and spacer will be available in every program area and taken on any off-site excursions.
- Staff will be aware of identified asthma triggers of children attending at the service.
- Ensure that medication is stored and administered to the child in line with regulation 92 and 93.

Symptoms of an asthma attack may include:

- Increased wheezing
- Coughing
- Chest tightness
- Shortness of breath
- Difficulty speaking
- Blue lips

In the event that a child is displaying asthma symptoms, LOOSH educators will:

1. Follow the child's medical management plan,
2. Sit the child upright,
3. Give 4 puffs of Ventolin with 4 breaths. Educators will implement the following when administering Ventolin:
    - Remove cap and shake puffer,
    - Insert puffer upright into spacer,
    - Put mouthpiece between child's teeth and seal lips around it,
    - Press firmly on puffer to release one puff into the spacer,
    - Get the child to take 4 breaths in and out, using spacer,
    - Repeat one puff at a time until all 4 puffs are taken,
4. Wait 4 minutes, monitoring the child,
5. If the child cannot breathe normally after 4 minutes administer 4 more puffs of Ventolin with 4 breaths,
6. If the child still cannot breathe normally within a few minutes phone ambulance via 000,
7. Phone family/emergency contact
8. Continue to give 4 puffs of Ventolin every 4 minutes until the ambulance arrives.

If after administering Ventolin the child feels better, staff will contact parents and monitor the child until they are collected.

Staff will administer more or less than 4 puffs of Ventolin only if an alternate dose is specified on the individual child's medical management plan.

If in doubt, staff will administer Ventolin for the child. Staff will administer Ventolin should a child present with symptoms of asthma regardless of whether the child has a known medical condition.

Management of Diabetes

Where a child has Type 1 or 2 Diabetes, the service and staff will mitigate the risk of low (hypoglycemia) or high (hyperglycemia) blood glucose levels by implementing the following:

- Manage episodes of hypoglycaemia and hyperglycaemia in accordance with the child's medical management plan.
- Staff will be provided with additional training to support them in the management of diabetes.
- Monitor food intake while at the service to ensure that children are not missing a meal.
- Monitor children with diabetes following engagement or when engaged in strenuous physical activity.
- Provide children with ample opportunities for both active and passive play.
- Phoning parents to collect immediately should the child display signs of an illness or infection.
- Ensure that medication is stored and administered to the child in line with regulation 92 and 93.

Symptoms of Hypoglycaemia (low blood sugar) may include:

- Pale
- Weakness
- Trembling
- Shaking
- Light headedness
- Dizziness
- Drowsy
- Headache
- Hunger
- Numbness around the lips and fingers
- Sweating
- Change in Behaviour e.g., crying and/or irritability

Hypoglycaemia (low blood sugar) generally occurs when the child has a blood glucose level below 4.

In the event that a child's blood glucose level is low staff will:

1. Follow the child's medical management plan.
2. Give the child quick acting carbs listed in their medical management plan.
3. Following the allotted time specified in the medical management plan, re-check the child's blood glucose level and it is still low, repeat fast acting carb.

If at any time the child becomes unconscious or drowsy staff will:

1. Place the child in the recovery position and closely monitor the child.
2. Call an ambulance 000.
3. Contact family or emergency contact.

Symptoms of Hyperglycaemia (high blood sugar) may include:

- Excessive thirst
- Lethargy
- Frequent urination
- Blurred vision
- Lack of concentration
- Change in behaviour e.g., increased irritability

Hyperglycaemia (high blood sugar) generally occurs when a child's blood glucose levels rise above 15.

In the event that a child's blood glucose level is high, staff will:

1. Follow the child's medical management plan.

2. Encourage the child to drink water.
3. Administer Insulin as per their medical management plan
4. Following the allotted time specified in the medical management plan, re-check the child's blood glucose level and it is still high,
5. If the blood glucose level is still higher than the number indicated in the child's medical management plan, call the family or emergency contact for advice.

If a child is vomiting, staff will check their ketones and contact the family or emergency contacts to collect immediately.

Diabetic Ketoacidosis (DKA)

Staff will prompt children to complete a ketone check if the child's blood glucose level rises higher than 15 or if the child is feeling unwell.

Management of Epilepsy

Where a child has an epilepsy diagnosis, the service will implement the following to mitigate the risks of a seizure occurring:

- The service will be aware of all known triggers and where possible will limit the child's exposure to such triggers.
- Staff will continuously monitor the general health and wellbeing of children in their care and will report any potential symptoms to the responsible person and/or family as soon as they occur.
- Where required staff will ensure that medication is administered to the child at the scheduled time.
- Ensure that medication is stored and administered to the child in line with regulation 92 and 93.

Symptoms of convulsive seizures may include:

- Body stiffening
- Rhythmic muscle jerking

Symptoms of non-convulsive seizures may include:

- Signs of confusion
- Inappropriate responses or behaviours

In the event that a child with epilepsy has a seizure staff will:

1. Stay with the child and monitor them, if possible, time the length of the seizure,
2. Keep the child safe and move any objects away from the child,
3. Call an ambulance via 000,
4. Once the seizure stops, ensure that the airway is clear and roll the child into the recovery position,
5. Call parent or emergency contact,
6. Observe and monitor the child until emergency services arrive.

Staff will not put anything in the child's mouth, restrain or move them during a seizure.

Management of ADHD

Where a child has an ADHD diagnosis, staff will:

- Implement strategies outlined in the service's Strategic Inclusion Plan, wellbeing plan or where required behaviour support plan.
- Ensure that medication is administered to the child at the scheduled time.
- Ensure that medication is stored and administered to the child in line with regulation 92 and 93.
- Where required an additional educator will be rostered to support children's needs.

Management of Medical Conditions that Affect Mobility

Where a child has a medical condition that affects mobility, the service will implement the following to mitigate the risks of injury:

- Ensure that all program areas are accessible. This may include the use of ramps or hand railings.
- Design routines to support the needs and abilities of all children.
- Where required an additional educator will be rostered to support children's needs.
- Encourage children to take regular breaks when engaging in physical activities.

In the event of an emergency, staff will:

- Avoid moving the child.
- Support the child's head and neck.
- Contact emergency services and emergency contacts

D 16.3 Required Documentation for the Management of Medical Conditions

Medical Management Plans

Where a child is diagnosed with asthma, anaphylaxis, diabetes, epilepsy, ADHD, medical conditions that affect mobility or any other medical condition identified in the child's enrolment, a medical management plan must be drafted by a medical practitioner. In the event that an incident occurs relating to a child's medical condition, educators will follow the child's medical management plan. Should a current medical management plan not be provided to the service, the child's enrolment may be suspended until a current medical management plan is received.

All medical management plans are saved into the child's individual file and a copy is kept in a physical 'managing medical conditions' folder which is located in the first aid cupboard in each program area, the drop off and pick up point and a folder is always taken with staff on excursions.

Risk Minimisation Plans

It is a requirement that prior to the child attending the service the Nominated Supervisor or delegate will collaborate with the child's family to draft a risk minimisation plan.

This plan will outline how the individual risks associated with the child's medical condition will be managed or minimised. Where appropriate, the risk minimisation plan will outline procedures relating to the safe handling, preparation, consumption and service of food.

Staff will use the designated service template to draft all risk minimisation plans. All risk minimisation plans will be signed by the Nominated Supervisor and a parent or carer. All risk minimisation plans are saved into the child's individual file and to a collective medical file on the service drive for staff access.

Communication Plans

A communication plan will be distributed to families alongside their risk minimisation plan.

This plan will outline how and when families, staff and volunteers are required to communicate changes to the management of a child's medical condition.

All communication plans will be drafted using the designated service template and will be signed by the Nominated Supervisor and the parent or carer to confirm that they understand their responsibilities. All communication plans will be stored in the child's individual file and as an attachment to the child's risk minimisation plan which is also saved in a collective medical file on the service drive for staff access.

D 16.4 Roles and Responsibilities Regarding the Management of Medical Conditions

Roles and Responsibilities

Nominated Supervisor

- Ensure that the service has a Dealing with Medical Conditions policy in place.
- Ensure that relevant documents such as the risk minimisation plan and communication plan templates are available for use at the service.
- Ensure that all updates to the policy, risk minimisation plans and communication plans are communicated to staff and families.
- Implement policies and procedures to promote inclusion of all children attending the service.
- Ensure that relevant staff receive first aid training to equip them to deal with all medical conditions identified at the service.
- Ensure that there is a designated Food Safety Supervisor to equip them to deal with food related medical conditions.
- Ensure that systems and inductions are in place to ensure that educators and volunteers can identify children with medical conditions attending the service and where to find their relevant plans and medication.
- Ensure that emergency medications such as EpiPens, Ventolin and Spacers are available for use at the service.
- Ensure that all children with medical conditions in attendance have a current medical management plan.
- Ensure that all children with medical conditions have a risk minimisation plan drafted in consultation with the child's family.

Educator Responsibilities

- Identify children attending the service with medical conditions and be familiar with the needs associated with the relevant medical conditions.
- Implement strategies outlined in the child's Risk Minimisation Plan to mitigate risks of injury or illness related to their medical condition occurring when attending the service.
- Ensure that the child's medical management plan is followed in the event of an incident relating to their medical condition.
- Monitor the health and wellness of children when supervising and contact the family should the child begin displaying symptoms of concern.
- One staff member per area will hold a current first aid, CPR, asthma and anaphylaxis training and be willing to update their qualifications as required.
- Respect and maintain the confidentiality of all children inclusive of information regarding relevant medical conditions.
- When preparing food staff will follow procedures relating to the safe handling, preparation, consumption and service of food.
- All educators are required to complete an induction and regular refreshers regarding the management of medical conditions, including food handling.

Parent Responsibilities

- To advise the service of children's medical conditions upon enrolment or diagnosis of the condition.
- To provide the service with a current medical management plan.
- To provide regular updates to the service regarding the child's medical condition, including communicating any changes to the management of the child's medical condition.

• To collaborate with the service on ways to mitigate risks as a part of developing the child's risk minimisation plan. • To provide prescribed medications, inclusive of all medications listed in the child's medical management plan. Parents will be asked to replace expiring or exhausted medication.
Canteen Responsibilities
• Follow and adhere to practices and procedures in relation to the safe handling, preparation, consumption and service of food. • Ensure that the menu is designed to minimise exposure to known allergens of children attending the service.

16.5 Legislation and Related Service Documentation

Legislative Requirements:

- Standard 2.1, 2.2, 6.2 and 7.2 of the National Quality Standard.
- Education and Care Services National Regulations 85, 86, 87, 89, 90, 91, 92, 93, 94, 95, 96, 136, 162(c) and (d), 168, 170, 171, 172 and 173 (2)(f).
- Education and Care Services National Law section 167.

Related Service Documentation and Policies:

- LOOSH Risk Minimisation Plan and Communication Plan
- Medical management plan or action plan drafted by a medical practitioner
- LOOSH Family Handbook.
- Management of Incident, Injury and Trauma Policy.
- Administration of First Aid Policy.
- Enrolment and Orientation Policy.
- Child safe policy.
- Acceptance and Refusal of Authorisations policy.
- Enrolment form

D 16.6 Key Terminology

Key Terminology

Term	Definition	Source
Allergy	Allergy occurs when a person's immune system 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 drugs (medications	ASCIA
Anaphylaxis	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. Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer	ASCIA

	mid-thigh muscle. Delayed treatment can result in fatal anaphylaxis.	
Approved Anaphylaxis Management Training	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations
Approved First Aid Qualifications.	A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Matters are likely to include Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an autoimmune adrenalin device.	National Regulations
Asthma	Inflammation and narrowing of the small airways in the lungs cause asthma symptoms, which can be any combination of cough, wheeze, shortness of breath and chest tightness.	World Health Organisation
Attention Deficit Hyperactivity Disorder (ADHD)	ADHD is marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.	National Institute of Mental Health
Australian Children's Education and Care Quality Authority (ACECQA)	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.	https://www.acecqa.gov.au/
Communication Plan	A plan included in the organisations policy that outlines how the service will ensure that families, staff and volunteers are informed about the medical conditions policy. The communication plan will also outline how staff are informed of individual children's medical management plans and risk minimisation plans. The communication plan also outlines how families can communicate changes to the child's medical management plan and risk minimisation plan.	National Regulations
Diabetes	Diabetes mellitus, or diabetes, is a condition where there is too much glucose in the blood. The body can't make insulin, enough insulin or is not effectively using the insulin it does make. Over time high glucose levels can damage blood vessels and nerves, resulting in long term health	Diabetes Australia

	complications including heart, kidney, eye and foot damage.	
Medical conditions that affect mobility	Medical conditions that affect mobility include but are not limited to; broken, sprained or fractured limbs, paraplegia, quadriplegia or spina bifida.	
Medical management plan	A document that has been prepared, signed and dated by a registered medical practitioner 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.	Dealing with medical conditions policy guidelines
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over the counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au).	National Regulations
Registered medical practitioner	A person registered to practise as a Medical Practitioner under the Health Practitioner Regulation National Law.	Health NSW
Relevant medical condition	This may be described as a condition that has been diagnosed by a registered medical practitioner.	Guide to the NQF
Risk minimisation plan	A document prepared by service staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating to the child's specific health care need, allergy or other relevant medical condition.	Guide to the NQF

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