

Family Day Care Medical Conditions Policy (including Allergies, Anaphylaxis and Asthma)

Section: 2 Children's Health and Safety

Policy ID Number: 2.4

Link to National Quality Standard: 2.2.1; 2.2.2, 7.1

Link to Education and Care Services National Regulation: r85; r86; r87; r 90; r91; r92; r93; r94; r97; r98; r99; r160; r161; r162

1 Policy Statement

Family Day Care aims to ensure that all children with any diagnosed medical condition/s are cared for in a safe and environment. The risks to children with medical conditions will be minimised.

Medical conditions include, but are not limited to: asthma, diabetes, epilepsy, allergies and a child diagnosed at risk of anaphylaxis.

It is recognised that asthma and anaphylaxis can both be life threatening conditions.

2 Rationale

Family Day Care is committed to creating and maintaining a child safe organisation where protecting children and preventing and responding to child abuse is embedded in the everyday thinking and practice of all staff, Educators, Educator household members, work experience/work placement students and volunteers irrespective of their involvement in child related duties.

To ensure that Educators can facilitate the safe, effective care and health management of children who have a medical condition.

To minimise the risk of a child's medical conditions occurring in the care environment.

To ensure Educators respond appropriately to a child's medical condition.

3 Procedures

3.1 General

- Prior to attending care or returning to care after diagnosis:
 - Parents/guardians must provide a completed Medical Action Plan for their child's medical condition/s. Where there are multiple medical conditions, there must be a Medical Action Plan for each condition. Medical Action plans must
 - Be printed in colour on the templates approved by the Coordination Unit
 - Have a recent colour photograph of the child attached
 - A Risk Minimisation and Communication Plan will be completed in collaboration with the Coordination Unit, Educator and parent/guardian.
 - Copies of each of these documents will be kept at both the Coordination Unit and with the Educator.
- Where a child who has been diagnosed with a medical condition and appears to be showing signs and symptoms of this condition the Educator will (in this order):
 - Follow the steps on the child's Medical Action Plan.
 - Call an ambulance.
 - Contact the parent/guardian as soon as possible.
 - Contact the Coordination Unit as soon as possible.
- Educators and Coordination Unit staff will maintain current First Aid, emergency asthma and anaphylaxis management training always. This will include annual CPR and practice of use of an adrenalin autoinjector.

- A child's first indication of a medical condition can unexpectedly occur whilst the child is in care, the Educator is responsible to provide immediate First Aid to the child and contact emergency services, parents/guardians and the Coordination Unit as quickly as possible.
- There will be clear and open communication between Educators, parents/guardians and Coordination Unit staff to ensure current information and documentation for all children with medical conditions.

3.2 Medication Procedures

- Parents/ Guardians must provide all medication outlined on the child's Medical Action Plan and these must be available at all times the child is in care. The parent may elect to leave medication at the Educator's home by mutual agreement.
 - In these circumstances the Educator will check the expiry date monthly and remind the parent/guardian when the expiry date is approaching.
 - If medication is out of date the Educator will inform the parent/guardian and it must be replaced prior to the child returning to care.
- All medication must be handed to the Educator on arrival for correct storage during the day. Medication must not be left in children's bags and must not be accessible to children. Educators will store medication as per directions on the packaging.
- All medication must be in the original container, bearing the original label with a clear use by date. If medication is out of date it will not be administered, and the parent/guardian will be notified immediately.
 - All prescribed medication must be prescribed for the child by a registered medical practitioner and must state on the label the date of the prescription, child's name, dosage and administration timing.
 - Over the counter medications being authorised for use by the parents must have clear instruction for dosage on the label.
- When administering medication, the Educator will:
 - check the label of the medication for:
 - use by date (medication that is out of date will not be administered).
 - dosage, checking the label against the instructions written on the Medication form. The dose to be given must not exceed the instructions on the label of the medication. If the instructions on the Medication Form differ from the label, the Educator must contact the parent to discuss and the Coordination Unit if support is required.
 - In the case of prescription medication, the child's name.
 - Carefully measure the amount of medication required and support and supervise the child taking the medication.
 - Complete the Medication form and have the parent, guardian or authorised nominee sign it when collecting the child.

3.3 Medical Condition Diagnosis

- Parents/guardians must advise the service of their children's health status and medical requirements when requesting care or before their child returns to care after diagnosis.
- Parents/guardians must provide the service (prior to commencement or before resuming care after diagnosis) with an Action Plan for all diagnosed medical conditions.
- Parents/guardians are to communicate with Educators and the Coordination Unit of any changes to their child's medical condition – e.g. If parents/guardians have had to activate the plan and any changes/updates in their child's diagnosis.

- Parents/guardians must provide the child's Medical Action Plan. This must be signed and dated by a registered medical practitioner and must include a coloured photo of the child. Any time the Medical Action Plan changes it must be updated and provided to the Educator. Medical Action Plans must be reviewed by a registered medical practitioner prior to the review date listed on the plan or if no date is specified at least 12 monthly.
- Educators must advise Coordination Unit staff of any new diagnoses, changes/updates that occur with all their children's medical conditions.
- Educators will ensure the location of children's medication is easily accessible to adults and inaccessible to children. Medical Action Plans must be displayed where they are easily recognisable and accessible.
- Educators will ensure the child's medication and Medical Actions plans are taken with them when taking the child out of the Educator's home for an excursion or routine outing.
- Educators will record all occurrences of a child's illness, including those which involve the child's medical condition/s or use of the medication relating to this, on an Illness Record and/or Medication forms. These incidents will be reported to the Coordination Unit as soon as possible.
- The Coordination Unit staff will provide a copy of the Medical Conditions Policy to any family that has a child with a specific health care need, allergy or other relevant medical condition.

3.4 Risk Minimisation and Communication Plans

- The Risk Minimisation Plan will ensure that:
 - the risks relating to the child's medical condition are assessed and minimised; and
 - when relevant, the practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
 - there are practices and procedures to notify parents of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
 - practices and procedures ensuring that Educators, Coordination Unit staff and volunteers can identify the child, the child's medical action plan and the location of the child's medication are developed and implemented; and
 - there are practices and procedures ensuring that the child does not attend care without medication prescribed by the child's medical practitioner in relation to the child's medical condition.
- The management of risks may include the following if food has been identified as one of the risk factors relating to a child's medical condition:
 - Safe food handling and preparation preventing cross contamination of allergens;
 - Safe food consumption and serving of food preventing cross contamination of the allergens;
 - Safe food practices around children sharing food, keeping at risk children closely supervised during mealtimes and limiting food activities to ingredients that are not on the at-risk list for the child; and
 - Increased hand washing routines and thorough cleaning of equipment preventing cross contamination of the allergens.
- The Communication Plan must include practices and procedures to ensure that:
 - All Coordination Unit staff, Educators, Educator Assistants, visiting early childhood intervention staff members, volunteers and parents or guardians of children attending the program are informed about management of medical conditions in the program and the Medical Conditions Policy of the program.
 - Parents/guardians of a child diagnosed with a medical condition who is attending the program can communicate with the Educator and staff about any changes required to the

Risk Minimisation Plan and the Medical Action Plan and how that communication can occur.

- Visiting early childhood staff and volunteers are informed about and familiar with a child's Risk Minimisation Plan and Medical Action plans.

3.5 Asthma

- Educators will keep a blue/grey reliever puffer (e.g. Ventolin) and disposable spacers in their first aid kit to support children that may have a first-time asthma attack in care. All new Educators will have this in place prior to registration, all existing Educators (at 11 June 2021) will implement this by 1 August 2021.
- If a child is having difficulty breathing and does not have an Asthma Action Plan, the Educator will follow the Asthma Australia First Aid Plan. See Attachment 1
 1. Sit the person upright
 - a. Be calm and reassuring
 - b. Do not leave them alone
 2. Give 4 separate puffs of blue/grey reliever puffer
 - a. Shake puffer
 - b. Put 1 puff into the spacer
 - c. Take 4 breaths from spacer
 - i. Repeat until 4 puffs have been taken
 3. Wait 4 minutes
 - a. If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

If there is still no improvement

 4. Dial triple zero (000)
 - a. Say 'ambulance' and that someone is having an asthma attack
 - b. Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives.
- School aged children may self-administer asthma medication under the following circumstances:
 - Written authorisation is provided in the child's Asthma Action Plan.
 - Medication is to be provided to the Educator for safe storage, and they will provide it to the child when required.
 - The Educator will fully supervise the self-administration of medication and will document it on the Medication form.

4 References

- [Education and Care Services National Law Act](#)
- [Education and Care Services National Regulations](#)
- [National Quality Standards](#)
- [ACECQA](#)
- Educator Service Agreement
- Australian Society for Clinical Immunology and Allergy
- Asthma Australia

5 Definitions

Term	Definition
Anaphylaxis	Anaphylaxis is a severe, life-threatening allergic reaction. The most common causes in young children are eggs, peanuts, tree nuts, cow's milk, bee or other insect stings, and some medications.
Allergies	Allergies are an immune system response to an external stimulus that the body identifies as an allergen. People genetically programmed to experience an allergic reaction will make antibodies to particular allergens.
Allergy Action Plan and Anaphylaxis Action Plan	The template for Allergy and Anaphylaxis Action Plans are provided by Australian Society for Clinical Immunology and Allergy (ASCIA).
Asthma	Asthma is a respiratory condition marked by attacks of spasm in the bronchi of the lungs, causing difficulty in breathing. It is usually connected to allergic reaction or other forms of hypersensitivity.
Asthma Action Plan	The template for Asthma Action Plans are provided by Asthma Australia
Risk Management Plan	Risk minimisation plans identifies and endeavours to minimise the risks related to the child's specific health care needs, allergy or relevant medical condition.
Risk Communication Plan	Risk Communication plans outline how the service will communicate with parents, Educators, coordination staff and volunteers the specific healthcare needs of children attending the service.

Revision History

Date	Revision No.	Revision Section	Revision Description
December 2016	1.0	All	Initial Policy Release (creation date)
May 2021	2.0	All	Updated from old Policy to new format and current information
May 2022	Next Review Date		

This policy and procedure supersedes the one in the Family Day Care Policy Manual dated 2016

ASTHMA FIRST AID

1



SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



GIVE 4 SEPARATE PUFFS OF BLUE/GREY RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
 - Repeat until 4 puffs have been taken

OR give 2 separate inhalations of Bricanyl (6 years or older)
OR give 1 inhalation of Symbicort Turbuhaler (12 years or older)
OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

If no spacer available: Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3



WAIT 4 MINUTES

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more inhalation of Bricanyl
OR give 1 more inhalation of Symbicort Turbuhaler
OR give 2 puffs of Symbicort Rapihaler through a spacer

IF THERE IS STILL NO IMPROVEMENT

4



DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

OR give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes – up to a max of 4 more inhalations of Symbicort Turbuhaler
OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes – up to a max of 8 more puffs of Symbicort Rapihaler

CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- **the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid**

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.

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