

Aim:

Inspire Program Australia aims to work closely with children, families, schools and other health professionals to manage the medical conditions of the children that attend our service to support their health and safety. We will support children with medical conditions to participate in the day to day program of the service in order to promote their sense of well-being, connectedness and belonging to the service.

Rationale:

Our centre includes a large number of children, parents, staff and community members where the likelihood of common allergens/asthma triggers is increased. Inclusion of all children is a priority at inspire, therefore, our service will implement a range of specific procedures and risk minimisation strategies to keep children safe.

Strategies:

The Approved Provider/Head Office will:

- Provide resources to ensure the centre is cleaned regularly.
- Ensure that staff are trained and hold the appropriate qualifications as required under national law, where appropriate in identifying and responding to additional medical requirements should they present.
- Provision of required signage and equipment as required.
- Notify the regulatory authority as required under law.
- Provide families with a copy of the services medical conditions policy.
- Ensure at least one anaphylaxis, asthma and first aid trained educator is on the premises at all times.
- Ensure the authorisation to administer medication is obtained and file with their enrolment.
- Ensure the medical management plan and relevant documents are given to the Responsible Person.
- Follow up with families to ensure that the child's medication (and any equipment) is handed to the Responsible Person prior to confirming a child's starting date at Inspire.

The Responsible Person will:

- Implement this policy at the service and ensuring that all educators adhere to the policy.
- Work through the risk minimisation plan with the families on their child's first day.
- Ensure all medical management plans, risk minimisation plans and medications are accessible to all educators.
- Ensure that the medical management plan and relevant documents are stored in the zip lock bag together with the child's medication and any equipment required for administration.
- Ensure the centre is cleaned to increase hygiene and reduce allergens.
- Ensure that the service Epi-pen and puffer is stored in the Inspire first aid back pack.
- Ensure first aid kits are regularly audited to check they are appropriately stocked and in date.
- Ensure there is a notification of child at risk of anaphylaxis displayed so that it is clearly visible to anyone from the main entrance to the service.
- Identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, and ensure they know the locations of the children's medication backpack.
- Ensure the child's medication is stored securely and to be easily accessible by educators.
- Maintain ongoing communication between educators and families in accordance with the strategies identified in the communication plan to ensure current information is shared.
- Inform families of any observable change to a child's reaction or allergic response to a possible or unknown allergen.
- Inform head office of any emergency in order for the regulatory authority to be notified.
- Ensure the child's medication is checked at the beginning of each session to ensure it is within expiry date.
- An Administration of Medication Record is to be completed when medication is administered.
- Complete an incident report in the event of a child requiring management of medical conditions. This will be signed by families, as soon as practicable.
- Ensure that a child's medication is taken with the child, should the child leave the service for an excursion.

Educators will:

- Ensure the child's medication is checked and within expiry date prior to administration.
- Supervise children closely while they are eating and drinking to reduce the risk of the consumption of other children's food or drinks. See Food and nutrition policy

- Ensure that medication is administered according to the information on the medication form and that administration is witnessed and signed by another educator.
  - Notify the responsible person if a child needs immediate medical attention or if emergency services are required.
  - Complete an incident report in the event of a child requiring management of medical conditions. This will be signed by families, as soon as practicable.
  - Consider children with identified allergies and anaphylaxis when planning experiences within the centre, bearing in mind the potential risk that such experiences may present.
  - Encourage children to wash their hands regularly throughout the day including prior to and after mealtimes.
  - Inform families of any observable change to a child's reaction or allergic response to a possible or unknown allergen.
  - Ensure that a child's medication is taken with the child, should the child leave the service for an excursion.
  - Ensure that a child who has been identified as having a medical condition is given the appropriate wrist band upon arrival to designated meeting spot at the school each day.
- RED: Anaphylaxis, BLUE: Asthma, YELLOW: Allergy

Families will:

- Complete the medication records and the risk minimisation plan and provide authorisation to administer medication.
- Obtain an emergency action plan for the child in consultation with the child's doctor and provide this to Head Office at enrolment
- Communicate with the Responsible Person and educators to identify any trigger/s and formulate strategies to reduce such risks.
- Provide permission for the centre to display the emergency action plan as required.
- Provide any medication required (any equipment for administration) for their child, ensuring it is in its original packaging, correctly labelled and in date prior to the child's starting date.
- Inform head office of any changes to the status of the child's medical condition and communicate this change with the Responsible Person and/or educators.
- Provide information regarding their child's specific dietary requirements.

The kitchen hand will:

- Consider individual children's dietary requirements in the preparation of food.
- Adhere to health and hygiene and food handling and preparation guidelines. See Food Handling Policy.

The cleaning staff will:

- Clean the services once a week or as required.
- Use natural and effective non-toxic cleaning products where available.

### **Self-administration of Medication**

The service does not permit children over preschool age to self-administer their own medication. If a child over preschool age identifies the need to take their own medication, an educator staff must be notified immediately.

### **Absences of prescribed medications**

If a child's prescribed medication is not made available prior to their attendance at Inspire, the family will be contacted and advise accordingly. In line with our terms and conditions of enrolment, the child will not be able to attend Inspire. The child will be asked to wait at the school's office to be collected by the family or authorised nominee.

**See Appendices for additional information**

<p><b>Statutory Considerations:</b>            Education and Care Services National Regulations: 90, 91, 92, 93, 94, 95            National Quality Standard: Quality area 2</p>		
<p><b>Links to Other Policies:</b>            Food Handling Policy            Authorisations Policy            Administration of First Aid Policy</p>		
<p><b>Sources:</b>            Education and Care Services National Regulations            Children (Education and Care Services National Law Application) Act            National Quality Standard            National Health and Medical research Council            Australasian Society of Clinical Immunology and Allergy Inc. (ASCIA)            Disability Discrimination Act            NSW Anti-discrimination Act            Work Health and Safety Act            NSW Asthma Foundation            Staying healthy in childcare</p>		
<b>Date Developed: September 2015</b>	<b>Document Version: 6</b>	<b>Revision Date: February 2022</b>

## Medical Management Appendix

### Medical Management Plans

Medical Management Plans are required if a child enrolled at our service has a specific health care need, allergy or relevant medical condition.

This involves:

- requiring parents/guardians of the child to provide a medical management plan for the child. The medical management plan should include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs.
- requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.

### Risk Minimisation and Communication Plans

Risk Minimisation and Communication Plans are required to be developed in consultation with the parents/guardians 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/guardians 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 educators can identify the child, the child's medical management 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.

### Communication Strategies

Our service will maintain the review and development of communication strategies to ensure that:

- Educators are informed about the medical conditions policy and the medical management plan and Risk Minimisation Plan for the child.
- A child's parent/guardian can communicate any changes to the medical management plan and Risk Minimisation Plan for the child, setting out how that communication can occur.
- Families and educators will communicate regarding the child's/children's changing requirements and any interventions undertaken by the educators.

## Asthma Appendix

Whenever a child with asthma is enrolled at the service, or newly diagnosed as having asthma, communication strategies will be developed to inform all relevant Educators of:

- The child's name.
- Where the child's Medical Management Plan will be located
- Where the child's preventer/reliever medication etc. will be stored.
- The identity of the first aider on the premises.

- Asthma reliever medications will be stored out of reach of children, in an easily accessible central location.
- Reliever medications together with a spacer will be included in our service's First Aid kit in case of an emergency situation where it is required to be administered.

It is a requirement that at least one Educator or other person that is trained in Emergency Asthma Management is at the service at all times children are present.

#### Asthma Emergencies

- In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation.
- If medication is administered the parent/guardian of the child or emergency service will be contacted as soon as possible.

NOTE: Should a child not be known to have asthma appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately.

The following steps are recommended.

If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma:

- Give 4 puffs of a reliever medication and repeat if no improvement.
- Keep giving 4 puffs every 4 minutes until the ambulance arrives.
- No harm is likely to result from giving reliever medication to someone who does not have asthma.

NOTE: In the event of anaphylactic emergency and breathing difficulties, an EpiPen must be administered first, then Ventolin.

#### Anaphylaxis Appendix

Whenever a child with severe allergies is enrolled at the service, or is newly diagnosed as having a severe allergy, a communications plan will be developed to inform all relevant educators of:

- The child's name.
- The child's Risk Minimisation Plan.
- Where the child's Medical Management Plan will be located.
- Where the child's adrenaline auto-injector is located.
- The identity of the first aider who will administer the adrenaline auto-injector.

In accordance with the Education and Care Services National Regulations, our service will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Notices will be displayed at the entrance to the service.

NOTE: It is required that the child at risk of anaphylaxis will have a Medical Management Plan. (The Australian Society for Clinical Immunology and Allergy (ASCI) has a plan format).

Educators will:

- Become familiar with the child's plan and also develop an Individual Anaphylaxis Risk Minimisation Plan for the child in consultation with the child's parents/ guardians and appropriate health professionals.
- A communication strategy will be developed with parents/guardians to ensure any changes to a child's health care needs are discussed and the health care plan updated as required.

### Anaphylaxis Emergencies

- In the case of an anaphylaxis emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/ guardian of the child or emergency services will be contacted as soon as possible.
- For anaphylaxis emergencies, educators will follow the child's Emergency Action Plan.
- If a child does not have an adrenaline auto-injector and appears to be having a reaction, the educator will only administer adrenaline if the service has an additional adrenaline autoinjector for general use.
- The educator administering the adrenaline will follow the instructions stored with the device. An ambulance will then be called. The used auto-injector will be given to ambulance officers on their arrival.
- Another child's adrenaline auto-injector will NOT be used.

### Diabetes Appendix

Whenever a child with diabetes is enrolled at the service, or is newly diagnosed as having diabetes, a communications plan will be developed to inform all relevant educators, including students and volunteers, of:

- The child's name.
- The child's Risk Minimisation Plan.
- Where the child's Emergency Action Plan will be located
- Where the child's insulin/snack box etc. will be stored.
- The identity of the first aider is responsible for administering treatment.

Educators will:

- Be aware of the signs and symptoms of low blood sugar including the child presenting pale, hungry, sweating, weak, confused and/or aggressive. Signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath.

Management of diabetes in children at our service will be supported by the child having in place an Emergency Action Plan which includes:

- Administration of Insulin, if needed – information on how to give insulin to the child, how much insulin to give, and how to store the insulin. Insulin may be delivered as a shot, an insulin pen, or via an insulin pump.
- Oral medicine – children may be prescribed with oral medication.
- Meals and snacks – Including permission to eat a snack anytime the child needs it.
- Blood sugar testing – information on how often and when a child's blood sugar may need to be tested by educators.
- Symptoms of low or high blood sugar – one child's symptoms of low or high blood sugar may be different from another.

NOTE: The child's Action Plan should detail the child's symptoms of low or high blood sugar and how to treat it.

For high blood sugar, low blood sugar, and/ or hypoglycaemia, educators will follow the child's Emergency Action Plan.