



Medical Conditions Policy

Relevant Legislation

Education and Care Services National Regulations : 90-96; 168 (2) (d); 177(b); 177(c); 178(b); 178(c); , 181184

National Quality Standard for Early Childhood Education and Care and School Age Care: Element 2.1.1; Element 2.1.4; Element 2.3.2; Standard 4.1, Element 7.3.5

Introduction

Our preschool has a duty of care to ensure the safety and well-being of all children in our care. Principles of inclusion, confidentiality and ethical conduct provide the framework for this policy. Administering medication to a child is considered a high risk practice. Legislative requirements contained within the Education and Care Services National Regulations, and any other relevant legislation, will be strictly adhered to by our service, educators and staff. This policy recognises the fact that educators are not qualified medical practitioners and will therefore never attempt to diagnose a child's illness or decide on the dose of medication to be given.

Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening. Our preschool is committed to a planned approach to the management of medical conditions. In addition our preschool is also committed to ensuring our educators and staff are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are considered at all times. Working in partnership with families and the management of medical conditions is a key priority.

Policy Goals

To provide, as far as practicable, a safe and healthy environment for children who have a diagnosed medical condition so that they can participate equally in all aspects of our preschool program.

Our preschool will minimise the risks around medical conditions for children in our preschool by:

- ❖ Collaborating with families of children with diagnosed medical conditions to develop a **risk minimisation plan** for their child;
- ❖ Informing all staff and volunteers, of children diagnosed with a medical condition and the **risk minimisation procedures** for these;
- ❖ Providing all families with current information about identified medical conditions of children enrolled in our preschool which includes strategies to support the implementation of **the risk minimisation plan**;
- ❖ Ensuring all children with diagnosed medical conditions have a current **risk minimisation plan** that is accessible to all staff;
- ❖ Ensuring all staff are adequately trained in the administration of emergency medication.

Strategies: What will we do?

The Approved Provider will:

Ensure the Nominated Supervisor fulfils responsibilities in the management of medical conditions.

Enrolment of children into the centre

The Nominated Supervisor will:

- Ensure that any parent with a child enrolled at the service who has a diagnosed medical condition or health care need is provided with a copy of this **Medical Conditions policy**;
- Inform parents of the requirement to provide the service with a **medical management/action plan** of their child's condition;
- Collaborate with families of children with a diagnosed medical condition to develop a risk minimisation plan to ensure the child's safety and wellbeing:
 - To ensure that the risks relating to the child's diagnosed medical condition or specific health care need are assessed and minimised;
 - To ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented;
 - Practices and procedures are in place 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;
 - Practices and procedures in place to ensure that all staff members and volunteers can identify the child, the child's **medical management action plan** and the location of the child's medication;
- Ensuring that the child does not attend the preschool without their prescribed medication
- Ensure that all staff and educators are aware of the **medical management action plan** and **risk minimisation plans**;
- Ensure that staff are adequately trained in procedures contained in the **medical management action plan**; and
- Inform other enrolled families of the need to prohibit any items which may present a hazard to children with diagnosed medical conditions.

Communication and display of medical information

The Nominated Supervisor will:

- Ensure *medical management action plan* and *risk minimisation plans* are accessible to all staff;
- Ensure that plans are current and kept up to date;
- Maintain effective communication to ensure that relevant staff members and volunteers are informed of this policy, *the medical management action plan* and *risk minimisation plan* for the child;
- Maintain effective communication to ensure that parents can communicate any changes to the *medical management action plan* and *risk minimisation plan*; and
- Update the communication plan as needed;

Educators and staff will:

- Ensure they are aware of enrolled children with diagnosed medical conditions and be familiar with the *medical management action plan* and *risk minimisation plans* of each child diagnosed with a medical condition; and
- Will consult the communication plan to ensure they are aware of their communication responsibilities.

Management of medical conditions and emergencies

The Nominated Supervisor will:

- Ensure all staff are adequately trained in the management of known medical conditions and that training includes identifying medical emergencies;
- Ensure that all staff are trained in the administration of emergency medication such as the Epi-Pen or asthma medication.

Educators and staff will:

- Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma.
- Administer emergency medication in accordance with their training, as required.

For medical emergencies staff/educators will follow the child's Medical Management Action Plan
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Documentation and record keeping

The Approved Provider will:

- Ensure records are stored confidentially for the specified period of time as required by the Regulation.

The Nominated Supervisor will:

- Provide a copy of the Medication Record to medical staff in the event that further medical intervention is required.

Educators and staff will:

- Complete a Medication Record when a child receives emergency medication;
- Will provide parents with a copy of the Medication Record.

Policy Availability

The Medical Conditions Policy will be readily accessible to all educators, staff, families and visitors. Ongoing feedback on this policy will be invited

Evaluation

- Educators respond in an effective manner to any medical conditions incident, and documentation is completed, shared, and stored as appropriate;
- Plans to effectively manage medical conditions are developed in consultation with families, and implemented; and
- Regular reviews of procedures and policy are implemented

Asthma Management Procedure

Adapted with permission from Asthma Foundation of Victoria, Asthma and the Child in Care Model Policy, Version 6.2, January 2011 and NQF in a Box 2012.

Introduction

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, our service recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

A philosophy of harm minimisation which takes into account children's safety and well-being provides the framework to minimise the risks around medical conditions and specifically asthma within our preschool

Policy Goals

- ❖ Raise awareness of asthma within the preschool community;
- ❖ Implement strategies to support the health and safety of children enrolled with asthma ;
- ❖ Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities; and
- ❖ Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

Strategies: What will we do?

Asthma Emergencies

In the case of 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 the child's registered medical practitioner will be contacted as soon as possible.

For asthma emergencies staff/educators will follow the child's Medical Management Action Plan

If a child not known to have asthma appears to be in severe respiratory distress the Asthma First Aid Plan (National Asthma Council) will be followed:

- If someone collapses and appears to have difficulty breathing, an ambulance will be called immediately, whether or not the person is known to have asthma;
- 4 puffs of a reliever medication will be given and a repeat dose will be given if no improvement;
- 4 puffs every 4 minutes will be given until the ambulance arrives;
- No harm is likely to result from giving reliever medication to someone who does not have asthma;

In all emergency situations the parent/guardian will always be contacted at the earliest opportunity. Refer to Accidents Emergency and First Aid Policy.

The Approved Provider will:

- Provide **Emergency Asthma Management Training** to all staff

The Nominated Supervisor will:

- Provide staff with a copy of this policy and brief them on asthma procedures upon their appointment;
- Ensure at least one staff member who has completed accredited asthma training is on duty whenever children are present at the service;
- Ensure all enrolment forms contain the question: "Has your child ever had asthma?"
- Identify children with asthma during the enrolment process and inform staff;
- Provide families thus identified with a copy of this policy and Asthma Action Plan upon enrolment or diagnosis; (*Asthma Action Plan* template can be downloaded from www.asthma.org.au)
- Store **Asthma Action Plans** in the child's enrolment record;
- Formalise and document the internal procedures for emergency **Asthma First Aid**;

- Ensure that an emergency ***Asthma First Aid poster*** (available from www.asthma.org.au) is displayed in key locations;
- Ensure that the *First Aid Kit* contains a blue reliever medication (e.g. Airomir, Asmol, or Ventolin), a spacer device, face mask, concise written instructions on *Asthma First Aid* procedures and 70% alcohol swabs;
- Ensure that an accredited staff member correctly maintains the asthma component of the *First Aid Kit* (eg. regular checks of expiry dates on medication);
- Provide a mobile *Asthma First Aid Kit* for use on excursions;
- Encourage open communication between families and staff regarding the status and impact of a child's asthma; and
- Promptly communicate any concerns to families should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

Educators and staff:

- Ensure that they maintain current accreditation in *Emergency Asthma Management* (valid for three years);
- Ensure that they are aware of the children in their care with asthma;
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's asthma;
- Identify and, where practical, minimise asthma triggers;
- Where necessary, modify activities in accordance with a child's needs and abilities;
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written *Asthma Action Plan*;
- Administer emergency asthma medication if required according to the child's written *Asthma Action Plan*. If no written *Asthma Action Plan* is available the *Asthma First Aid Plan* outlined in this document should be followed immediately;
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities; and
- Ensure that children with asthma are treated the same as all other children.

Families will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma;
- Provide all relevant information regarding their child's asthma via the written *Asthma Action Plan*, which should be provided to the centre within seven (7) days of enrolment;
- Notify the Nominated Supervisor, in writing, of any changes to the *Asthma Action Plan* during the year;
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times, along with a spacer and face mask;

- Ensure that they comply with all requirements and procedures in relation to the Medications Record;
- Communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous evening); and
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma.

Children will:

Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

Anaphylaxis Management Procedure

Introduction

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications. This policy has been developed with the understanding that young children may not be able to express the symptoms of anaphylaxis;

A philosophy of harm minimisation which takes into account children's safety and well-being provides the framework to minimise the risks around medical conditions and specifically anaphylaxis in our preschool.

Policy Goals

- ❖ Minimise the risk of an anaphylactic reaction occurring while children are in the care of our preschool.
- ❖ Ensure that educators respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device.
- ❖ Manage a reaction which can develop within minutes of exposure to the allergen. With planning and training, such a reaction can be treated effectively by using an adrenaline auto-injection device.
- ❖ To provide training for educators who are responsible for the child/ren at risk of anaphylaxis that includes :
 - Preventative measures to minimise the risk of an anaphylactic reaction;
 - Recognition of the signs and symptoms of anaphylaxis
 - Emergency treatment which includes administration of an adrenaline auto-injection device.
- ❖ Adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the preschool.

- ❖ Ensure Staff/educators and parents/guardians are aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community.
- ❖ Raise the preschool community's awareness of anaphylaxis and its management through education and policy implementation;

Strategies: What will we do?

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 the child's registered medical practitioner will be contacted as soon as possible.

For anaphylaxis emergencies staff/educators will follow the child's Medical Medication Action Plan.

If the child's auto-injector is damaged, inoperable or for some reason not on the premises and the child appears to be having a reaction, the staff member will administer adrenaline using the preschools Anaphylaxis Emergency kit.

If a child does not have an adrenaline auto-injector and appears to be having a reaction,

- A nominated educator/staff member will call an ambulance
- Under the guidance of the ambulance emergency service an educator/staff member with anaphylaxis training may administer an EpiPen from the preschool's Anaphylaxis Emergency kit.

Staff administering the adrenaline will follow the instructions on the General ASIA Action Plan (orange) stored with the device. An ambulance will always 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.

In all emergency situations the parent/guardian will always be contacted at the earliest opportunity. Refer to Accidents Emergency and First Aid Policy.

The Approved Provider will:

- Ensure that all educators working with children have completed first aid and anaphylaxis management training that has been approved by ACECQA by January 2013 then at least every 3 years; and

- Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the preschool.

Where a child diagnosed at risk of anaphylaxis is enrolled in our preschool the Approved Provider shall also:

- Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service.
- Develop a risk minimisation plan for the service in consultation with staff and the families of the child/ren;
- Ensure that a notice is displayed prominently on the fridge stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service.

The Nominated Supervisor will:

- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner;
- Ensure that an anaphylaxis medical management action plan is signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service;
- Ensure staff members on duty have completed emergency anaphylaxis management training;
- Ensure that practice of the adrenaline auto-injection device is undertaken on a quarterly basis and recorded;
- Ensure that all relief staff members in the preschool have completed current approved anaphylaxis management training including the administration of an adrenaline auto-injection device and awareness of the symptoms of an anaphylactic reaction;
- Ensure all staff know the child/children at risk of anaphylaxis, their allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit;
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the preschool without the device;
- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation;
- Display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called *Action Plan for Anaphylaxis* in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet;
- Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and included in the enrolment

record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used;

- Ensure that all staff in a service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit; and
- Ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

Educators responsible for the child at risk of anaphylaxis shall:

- Ensure a copy of the child’s anaphylaxis medical management action plan is visible and known to staff in a service;
- Follow the child’s anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis;
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by **dialling 000**
 - Commence **first aid** measures
 - Under the guidance of the ambulance emergency service an educator/ staff member with anaphylaxis training may administer an EpiPen from the preschool’s Anaphylaxis Emergency kit
 - Contact the parent/guardian
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and “anaphylaxis scenarios” on a quarterly basis;
- Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat;
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member on all excursions;
- Regularly check the adrenaline auto-injection device expiry date.

Parents/guardians of children shall:

- Inform staff at the children’s service, either on enrolment or on diagnosis, of their child’s allergies;
- Develop an anaphylaxis risk minimisation plan with service staff;
- Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with the action plan;
- Provide staff with a complete auto-injection device kit;

- Regularly check the adrenaline auto-injection device expiry date;
- Assist staff by offering information and answering any questions regarding their child's allergies;
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes;
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child; and
- Comply with the service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the preschool or its programs without that device.

Diabetes Management Procedure

Introduction

Diabetes is a long-term condition where blood glucose levels become too high because the body produces little or no insulin, or cannot use insulin (the hormone produced by the pancreas that helps the body to use glucose) properly.

Our preschool recognises the need to facilitate effective care and health management of children who have diabetes and the prevention and management of acute episodes of illness and medical emergencies. The management of a child's diabetic condition is dependent upon coordination between our preschool, the child's family and the child's doctor.

A philosophy of harm minimisation which takes into account children's safety and well-being provides the framework to minimise the risks around medical conditions and specifically diabetes in our preschool.

Policy Goals

- ❖ Raise awareness of diabetes management amongst those involved with the preschool community.
- ❖ Provide the necessary strategies to ensure the health and safety of all children with diabetes enrolled at the service.
- ❖ Provide an environment in which children with diabetes can participate in all activities to the full extent of their capabilities.
- ❖ Provide a clear set of guidelines and expectations to be followed with regard to the management of diabetes.

Strategies: What will we do?

The Approved provider will:

- Encourage all staff to complete senior first aid training.

The Nominated Supervisor will:

- Provide staff with a copy of this policy and brief them on diabetes procedures upon their appointment;
- Ensure at least one staff member who has completed accredited senior first aid training is on duty whenever children are being cared for or educated;
- Ensure all enrolment forms contain the question: “*Has your child been diagnosed with diabetes?*”;
- Identify children with diabetes during the enrolment process and inform staff;
- Provide families thus identified with a copy of this policy and Diabetes Action plan upon enrolment or diagnosis; (a *Diabetes Action Plan* template can be downloaded from www.chess.sa.edu.au/Pathways/diabcareplanjune2009.doc)
- Ensure that the *Diabetes Action Plans* are received for each child with a diagnosis of diabetes that contain information for the child’s *Diabetic Management* and outline what do in relation to any *Diabetic Emergency* the child might face;
- Ensure families provide the service with the child’s testing kit and hypo pack if required;
- Store *Diabetes Action Plans* in the child’s enrolment record;
- Formalise and document the internal procedures for emergency Diabetes treatment;
- Encourage open communication between families and staff regarding the status and impact of a child’s diabetes; and
- Promptly communicate any concerns to families should it be considered that a child’s diabetes is limiting his/her ability to participate fully in all activities.

Staff/Educators will:

- Ensure that they maintain current accreditation in first aid;
- Ensure that they are aware of the children in their care with diabetes;
- Ensure that they are familiar with the signs and symptoms and the emergency treatment of a low blood glucose level;
- Call an ambulance if they feel emergency treatment is required;
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child’s diabetes;
- Where necessary, modify activities in accordance with a child’s needs and abilities;

- Ensure that a child's *Diabetes Action Plan* is followed at all times;
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities;
- Ensure that children with diabetes are treated the same as all other children.

Families will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has diabetes;
- Provide all relevant information regarding their child's diabetes via a written Diabetes Action Plan, which should be provided to the centre within seven (7) days of enrolment;
- Keep the child's testing kit and hypo pack updated as required;
- Notify the Nominated Supervisor, in writing, of any changes to the *Diabetes Action Plan* during the year;
- Ensure that they comply with all requirements and procedures in relation to the Medications Record;
- Communicate all relevant information and concerns to preschool as the need arises;
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's diabetes.

Procedures and Forms

- Attachment 1: Risk Minimisation Plan
- Attachment 2: Enrolment Check list for Children
- Attachment 3 Sample Risk Minimisation Plan for Anaphylaxis
- (ASCIA) Action Plan
- Asthma Action Plan
- Asthma First Aid Display
- Anaphylaxis First Aid Display
- First Aid Kit Checklist
- Doctor's Certification/authorisation
- Enrolment and orientation procedure
- Emergency Action Plan
- Health of the Child Form (part of Enrolment Form)
- Attendance record
- Authority to Administer Self-administer medication Form
- Enrolment Form
- Enrolment Handbook
- Grievance Procedures

Links to other Policies

- Accidents, Emergencies and First Aid
- Confidentiality and Privacy policy
- Enrolment and Orientation
- Excursions
- Grievances and Complaints Policy
- Health Hygiene and Infection Control
- Illness
- Medication and Medical Conditions
- Payment of fees
- Guiding Children's Behaviour Policy
- Staff Induction Policy
- Staff Appraisal Policy
- Confidentiality and Privacy Policy
- Staff Immunisation Policy
- Interaction with Children Policy
- Arrivals and Departures Policy
- First Aid Policy
- Emergency Procedures Policy
- Sun Protection Policy
- Water Safety Policy
- Health Hygiene and Infection Control
- Incident, Injury, Trauma, Illness Policy
- Medication and Medical Conditions
- Work Health and Safety Policy
- Nutrition Policy
- Staff ,Student, Volunteer Induction Policy
- Child Protection Policy

Sources and References

DEEWR child Care Services Handbook 2011-2012. (Department of Education, Employment and Workplace Relations). Website : www.deewr.gov.au

Tathra Preschool Enrolment Handbook.

Privacy Law. Access website www.privacy.gov.au/law

UNICEF (n.d) fact sheet: A summary of the rights of the child under the Convention on the Rights of the child (March 2011). www.unicef.org

Early Childhood Australia (ECA). Code of Ethics. Access website: www.earlychildhoodaustralia.or.au/codeofethics

DEEWR (2009). Belonging Being and Becoming: The Early Years Learning Framework for Australia. www.deewr.gov.au.

ECA Code of Ethics (2006)

Community child Care Co-operative : NQF in a Box: www.cccnsw.org.au

National PSC Alliance : www.pscalliance.org.au

Anaphylaxis Australia - *Schools and Child Care Centres State Guidelines* - www.allergyfacts.org.au/schools.html

Asthma Australia - *Information about asthma management and links to state/territory Asthma Foundations* - www.asthmaaustralia.org.au/intro/index.php

Australian Society of Clinical Immunology and Allergy - *Action Plan for Anaphylaxis* - www.allergy.org.au/images/stories/anaphylaxis/action

National Asthma Council of Australia - *First Aid for Asthma* - Retrieved April 4, 2011, from <http://www.nationalasthma.org.au/content/view/281/572/>

National Health and Medical Research Council - *Staying Healthy in Child Care - 4th Edition 2005* www.nhmrc.gov.au/

Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.

Anaphylaxis Australia Inc, at www.allergyfacts.org.au, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.

Royal Children's Hospital, Department of Allergy, at www.rch.org.au, provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child's allergies and if necessary, provide an adrenaline auto-injection device prescription, as well as to purchase auto-injection device trainers. Telephone (03) 9345 5701.

Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911 or Email: Wilma.Grant@rch.org.au

Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Training

Access the Department of Education and Early Childhood Development website for information about free training for staff members in services where there is a child diagnosed at risk of anaphylaxis enrolled at: www.education.vic.gov.au/anaphylaxis .

There are a range of providers offering anaphylaxis training, including Royal Children's Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that where there is a child diagnosed at risk of anaphylaxis enrolled in the service the anaphylaxis management training undertaken is accredited.

Attachment 1

Anaphylaxis Risk Minimisation Plan

The following procedures will be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her
 - Generally families provide for their child
 - In any situation in which food may be provided to the child, we will ensure that it has been prepared according to the child's care plan and the parent /guardian instructions.
- All food for this child should be checked and approved by the child's parent/guardian and be in accordance with the risk minimisation plan
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child's name
- There should be no trading or sharing of food, food utensils and containers with this child
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities
- Increase supervision of this child on special occasions such as excursions, incursions or family days

In relation to other practices at our preschool:

- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children
- Staff/Educators should discuss the use of foods in activities with the parent/guardian of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan
- All children will be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children will not 'wander around' the preschool with food
- The risk minimisation plan will inform any food purchases and menu planning
- Where food is brought from home to the preschool, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

Attachment 2

Enrolment Checklist for Children at Risk of Anaphylaxis

- A risk minimisation plan is completed in consultation with the parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.
- Parents/guardians of a child diagnosed at risk of anaphylaxis will be provided a copy of this Medical Conditions Policy .
- All parents/guardians are made aware of the Anaphylaxis management policy.
- Anaphylaxis medical management action plan for the child is signed by the child’s Registered Medical Practitioner and is visible to all staff. A copy of the anaphylaxis medical management action plan is included in the child’s auto-injection device kit.
- Adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the service.
- Adrenaline auto-injection device is stored in an insulated container (auto-injection device Kit), in a location easily accessible to adult, inaccessible to children and away from direct sources of heat.
- All staff, including relief staff, are aware of each auto-injection device kit location and the location of the anaphylaxis medical management action plan.
- Staff who are responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an auto-injection device trainer, and is reinforced at quarterly intervals and recorded annually.
- The preschool’s emergency action plan for the management of anaphylaxis is in place and all staff understand the plan.
- Parent/guardian’s current contact details are available.
- Information regarding any other medications or medical conditions (for example asthma) is available to staff.
- If food is prepared at the service, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

Attachment 3

A Sample Risk Minimisation plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a child’s risk minimisation plan in consultation with the parent/guardian.

How well has the children’s service planned for meeting the needs of children with allergies who are at risk of anaphylaxis?	
1. Who are the children?	<ul style="list-style-type: none"> • List names and room locations of each of the at risk children.

<p>2. What are they allergic to?</p>	<ul style="list-style-type: none"> • List all of the known allergens for each of the at risk children • List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the preschool.
<p>3. Does everyone recognise the at risk children?</p>	<ul style="list-style-type: none"> • List the strategies for ensuring that all staff, including relief staff and students and volunteers, recognise each of the at risk children • Confirm where each child's Action Plan (including the child's photograph) will be displayed.

Do families and staff know how the service manages the risk of anaphylaxis?

- Provide each family of a child who is at risk child with a copy of our Medical Conditions Policy and Anaphylaxis management policy.
- Teacher in Charge to check each day that a complete auto-injection device kit is on site for each child identified at risk of anaphylaxis..
- Test that all staff, including relief staff, know where the auto-injection device kit is kept for each at risk child.
- Anaphylaxis practise completed once per term at a staff meeting. The record of practice is kept on file under Work, Health and Safety
- Each term check the expiry date of each adrenaline auto-injection device is undertaken by a nominated staff member and the families of each at risk child.
- All families informed that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the service:
 - Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate, sesame.
 - Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on.
- A new written request is sent to families if the food allergens change.
- Ensure all families are aware of the policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device.
- The preschool displays the ASCIA generic poster, an action plan for anaphylaxis, in a key location and locates a completed emergency contact card by the telephone/s.
- The auto-injection device kit including a copy of the anaphylaxis medical management action plan is carried by a staff member when a child is removed from the service eg excursions.

Do all staff know how the children's service aims to minimise the risk of a child being exposed to an allergen?

- Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them (See following section for possible exposure scenarios and strategies).
- Any experiences which involve food products are planned in conjunction with parents/guardians of at risk children. For example this includes play dough and finger paint.
 - Any food for the at risk child is prepared according to their parents'/guardians' instructions to avoid the inclusion of food allergens
 - As far as practical anything that includes food products for all children should not contain ingredients such as milk, egg and peanut/nut or sesame products to which the child is at risk
 - At risk child will not be given food if the label for the food states that the food may contain traces of a known allergen.
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.

- Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child.
- Ensure each child enrolled at the service washes his/her hands before and after eating and on arrival if required as part of a particular child's medical management plan.
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk child/ren and the reasons for this.
- Bottles, other drinks and lunch boxes provided by the family of the at risk child are clearly labelled with the child's name.

Do relevant people know what action to take if a child has an anaphylactic reaction?

- Know what each child's anaphylaxis medical management action plan says and implement it.
- Know who will administer the auto-injection device and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child.
- All staff with responsibilities for at risk children have undertaken anaphylaxis management training and undertake regular practise sessions for the administration of the auto-injection device.

How effective is the service's risk minimisation plan?

- Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure.

Date Adopted

December 2012

Review Date

2017 Updated
2021 Review or when
procedure, practice or
legislation changes.