

Medical Conditions Policy **Asthma, Anaphylaxis, Diabetes and other Medical Conditions**

Date: 30/07/2014, reviewed November 2017

Replaces: Anaphylaxis Policy, Emergency Asthma Policy

Date effective: 18/09/14

Signed by Management Committee _____ **Date** _____

Date for Review: September 2020

Related Policies & Procedures:

Peanut & Tree Nut Policy
Medication Policy
Enrolment Policy
Management of Unwell Child Policy
Nutrition Policy
Emergency Asthma Procedure
Emergency Anaphylaxis Procedure
Inclusion of Children with Additional Needs Policy
Communication Policy
Illness Policy

Related Documents:

Enrolment checklist for children with a Medical Condition
Risk Minimisation Plan for Medical Condition

Aims:

University Preschool & Child Care Centre believes that the safety and wellbeing of children who are at risk from serious medical conditions is a whole-of-community responsibility. We are committed to:

- Facilitating the effective care and health management of children with asthma, allergies, anaphylaxis, diabetes and other medical conditions.
- Providing, as far as practical, an environment where a child with asthma, allergies, anaphylaxis, diabetes or other medical conditions is able to participate equally in all aspects of the program.
- Minimising, to the extent practical, the risk of exposure of children identified with asthma, allergies & anaphylaxis to "known" allergens.
- Ensuring that staff are aware of medical management plans and treatments for children who may require emergency medication.
- Facilitating communication to ensure the safety and wellbeing of children at risk from serious medical conditions.
- Actively involving the parents/guardians of each child at risk from serious medical conditions in assessing risks, developing risk minimisation strategies and management strategies for their child.
- Raising awareness about medical conditions such as asthma, anaphylaxis, diabetes amongst the University Preschool & Childcare Centre community and children in attendance.

Background Information:

Serious medical conditions including asthma, anaphylaxis, and diabetes need to be effectively managed to ensure that staff are able to adequately care for the needs of children. The management of such medical conditions needs to include the child, the parents, the staff and medical professionals. With effective management of medical conditions children will be able to participate in all aspects of quality care and education.

Medical conditions such as anaphylaxis, asthma and diabetes can result in severe, life-threatening consequences. University Preschool & Child Care Centre recognises the importance of all staff responsible for the child/ren at risk undertaking training that includes preventative measures to minimise the risk - recognition of the signs and symptoms and emergency treatment, including administration of appropriate medication.

Relevant Legislation:**ACT Legislation**

Education and Care Services National Law (ACT) Act 2011, and the *Education and Care Services National Regulations 2011*

Health Records (Privacy and Access) Act 1997 (ACT)

Work Health and Safety Legislation, (ACT) 2011

Australian Government Legislation

National Health Act 1953 (Commonwealth)

Work Health and Safety Act 2011 (commonwealth)

Identifying children with medical conditions:

At the time of enrolment parents will be asked to identify if their child has a medical condition, including a diagnosis of asthma, anaphylaxis or diabetes. Where the parent indicates that a medical condition exists, the parents will be required to work with the service to develop management plans as set out in the "Practices" section below. Parents will be provided with a copy of the Medical Conditions Policy.

Where there is a change in the medical condition parents will be required to notify these changes to the service Director as soon as practical, using methods identified in the communication plan.

Where a child already enrolled in a service subsequently diagnosed with a medical condition by a qualified medical professional in Australia, the parents will also be required to follow these procedures as detailed above.

Service expectations:

Parents need to be aware that whilst all care is taken to manage a child's medical condition we cannot guarantee that a medical emergency as a result of their condition will not occur.

Whilst University Preschool and Child Care Centre will implement a range of specific procedures and risk minimisation strategies to reduce the likelihood of this happening while the child is attending the Centre, staff and parents need to be aware that it is not possible to eliminate the possibility of an incident occurring considering the nature of the service provided and the involvement with a large number of children, parents, staff and community members.

Practices:

The service will:

1. Display each affected child's Emergency Action Plan within each playroom or designated eating area of the service.
2. Ensure that all staff are aware of any child enrolled in the service who has been identified as having an allergy or has anaphylaxis, a diagnosis of Asthma, diabetes or any other medical condition. This will occur during induction.
3. Ensure that staff are trained in Food Handling and Hygiene practices.
4. Ensure that staff have received training in anaphylaxis, including the administration of an Epi-Pen and emergency asthma treatment where appropriate.
5. Ensure that staff are trained in identifying signs of hypoglycaemia and hyperglycaemia should a child with diabetes be enrolled.
6. Where a child is enrolled with other medical conditions the service will endeavour to have staff trained in any emergency response first aid that may be relevant and appropriate.
7. Assist the parents to complete a risk minimisation plan to identify any perceived risk and determine strategies to reduce this risk.
8. Ensure that all staff are aware of where any medication for the treatment of allergies, such as antihistamine or an Epi-Pen is stored, asthma medication or other emergency medication.
9. Ensure that a child's medication or Epi-Pen is taken with the child should the child leave the service for an excursion
10. Ensure that there is signage to indicate where each child's medication is stored.
11. Implement the Emergency Action Plan in the event of a medical emergency.

Parents of a child with known allergies or children with anaphylaxis, asthma, diabetes or other medical conditions will provide the following information: (This is a legal requirement under the Education and Care Services National Regulation and parents are required to complete and update this as requested)

1. Inform the service Director on enrolment of the child's "known" medical condition.

2. Obtain an Emergency Action Plan for the child in consultation with the child's doctor and provide this to the Director. The Emergency Action Plan should be updated at least annually.
3. The parent will assist in the completion of a risk minimisation plan that will be conducted in consultation with the Director to identify any perceived risk and determined strategies to reduce this risk.
4. Develop a communication plan with the Director, when appropriate, to determine the most effective means of communicating about the child's medical condition.
5. Give permission for the centre, or educator to display the Emergency Action plan, containing a picture of the child, and parental contact phone numbers, within the centre. Parents are to acknowledge that this will be visible to staff, other parents and community visitors within the centre.
6. Provide any medication including an Epi-Pen (if required), asthma relieving medication and spacer to the service.
7. Regularly check the expiration date on any medication.
8. Inform staff of any changes to the status of the child's medical condition.

UPCCC will endeavour to ensure all children have access to the daily experiences and activities within the Centre bearing in mind the potential risk that such an activity may present to children with a medical condition. In the event a particular activity may present a risk to any identified child consideration will be given as to its overall developmental merit. If still determined to be beneficial and deemed as able to be contained the activity may still be included in the program and would be closely monitored. In this instance and if necessary the child identified as being at risk may be provided with an alternative experience.

General information

Anaphylaxis is a severe allergic reaction that can be potentially life threatening. Some children have allergies to food that are not life threatening, however the foods need to be avoided and medication, such as antihistamine may be required to control the reaction.

An allergy is when someone has a reaction to something (an allergen) that is either ingested, inhaled, injected or has come in contact with the skin. The symptoms of an allergic reaction can range from mild and uncomfortable through to dangerous and life threatening.

An allergic reaction can affect many organs in the body, including the skin, nose, throat and mouth (respiratory system), gastrointestinal system, and the cardiovascular system.

Where an allergic reaction involves the respiratory and/or cardiovascular system it is then called anaphylaxis.

Anaphylaxis is a severe, life threatening reaction to an allergen. A reaction can occur within minutes and up to two hours of a person being exposed to an allergen.

Asthma

Asthma affects more than 1 in 9 children in Australia, and many of these children attend care services or schools every day. People with asthma have sensitive airways in their lungs. When they are exposed to certain triggers their airways narrow, making it harder for them to breathe.

Many children experience intermittent asthma. This is where a child may have symptoms of asthma occasionally after exposure to a trigger. Intermittent asthma can usually be controlled with a reliever medication. Around 70% of children have infrequent intermittent asthma, which means they have short, isolated episodes of asthma, usually in response to a respiratory infection or environmental allergen.

(http://www.asthmafoundation.org.au/What_is_asthma.aspx)

Persistent asthma is where a person experiences frequent asthma attacks, which are classed as either mild, moderate or severe. In these situations, the child is usually on preventer medication to control the number of and severity of any asthma attack.

Children or adults that only experience intermittent asthma can still have a severe asthma attack.

More information on asthma can be found at: www.asthmafoundation.org.au

Diabetes

Diabetes is a serious complex condition which can affect the entire body. Diabetes requires daily self-care and if complications develop, diabetes can have a significant impact on quality of life and can reduce life expectancy. While there is currently no cure for diabetes, sufferers can live an enjoyable life by learning about the condition and effectively managing it.

There are different types of diabetes; all types are complex and serious. The three main types of diabetes are type 1, type 2 and gestational diabetes.

When someone has diabetes, their body can't maintain healthy levels of glucose in the blood. Glucose is a form of sugar which is the main source of energy for our bodies. Unhealthy levels of glucose in the blood can lead to long term and short term health complications.

For our bodies to work properly we need to convert glucose (sugar) from food into energy. A hormone called insulin is essential for the conversion of glucose into energy. In people with diabetes, insulin is no longer produced or not produced in sufficient amounts by the body. When people with diabetes eat glucose, which is in foods such as breads, cereals, fruit and starchy vegetables, legumes, milk, yoghurt and sweets, it can't be converted into energy. Instead of being turned into energy the glucose stays in the blood resulting in high blood glucose levels. After eating, the glucose is carried around your body in your blood. Your blood glucose level is called glycaemia. Blood glucose levels can be monitored and managed through self-care and treatment.

More information on Diabetes can be found at <https://www.diabetesaustralia.com.au/what-is-diabetes>

For details on how the service will manage emergency first aid for asthma refer to the [Emergency Asthma Procedure](#).

For details on how the service will manage anaphylaxis and allergies refer to the procedure for a [Child Diagnosed as at risk of Anaphylaxis or Severe Allergic Reaction](#).

For details on how the service will manage Diabetes refer to the procedure for [Management of a Child Diagnosed with Diabetes](#).

In this policy "staff" refers to staff and educators employed by University Preschool & Child Care Centre.

Sources:

ACT law (available from www.legislation.act.gov.au)

ACT Government, *Education and Care Services National Law (ACT) Act 2011*, and the Education and Care Services National Regulations 2011 (available from <http://www.legislation.nsw.gov.au/>)

Health Records (Privacy and Access) Act 1997 (ACT)

Work Health and Safety Legislation, 2011 (ACT)

Australian Government Law (available from www.comlaw.gov.au)

National Health Act 1953

Work Health and Safety Act 2011

Other

Australian Society of Clinical Immunology and Allergy (ASCIA), www.allergy.org.au

Anaphylaxis Australia, www.allergyfacts.org.au

Asthma Australia, <http://www.asthmaaustralia.org.au/>

Epilepsy Australia, <http://www.epilepsyaustralia.net/>

Diabetes Australia <http://www.diabetesaustralia.com.au/>

Procedure for Child Diagnosed as at risk of Anaphylaxis or Severe Allergic Reaction

Date: 3/07/07, Revised 24/03/11, Revised 8/08/14, Reviewed 18-09-17

Aim:

The aim of this Procedure is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of University Preschool and Child Care Centre
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen®.
- raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

Scope:

This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner within Australia, is enrolled at University Preschool & Child Care Centre. It applies to children enrolled at University Preschool & Childcare Centre, their parents/guardians, staff and Management Committee. It also applies to other relevant members of the University Preschool & Childcare Centre community, such as volunteers and visiting specialists.

Background:

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications.

Young children may not be able to express that they are experiencing the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector called an EpiPen®.

The Centre recognises the importance of all staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an EpiPen®.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead the Centre recognises the need to 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 University Preschool & Childcare Centre.

Related Policies

Peanut & Tree Nut Policy, Medication Policy, Enrolment, Management of Unwell Child Policy, Nutrition Policy, Asthma, Inclusion of Children with Additional Needs Policy, Communication Policy

Related documents

Enrolment checklist for children at risk of anaphylaxis (Schedule 2).

Sample Risk Minimisation Plan (Schedule 3).

Peanut & Tree Nut Allergy – Information Sheet

Definitions

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Ambulance contact card: A card that the University Preschool & Childcare Centre has completed, which contains all the information that the Ambulance Service will request when phoned on (0)000. An example of this is the card that can be obtained from ACT Ambulance Service and once completed by the service it should be kept by the telephone from which the (0)000 phone call will be made.

Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Anaphylaxis action plan: a medical management plan prepared and signed by a Doctor providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCI) Action Plan.

Anaphylaxis management training: Comprehensive training provided by allergy nurse educators or other qualified professionals such as doctors or first aid trainers, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practise with an EpiPen[®] trainer, and is reinforced at yearly intervals.

Children at risk of anaphylaxis: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

EpiPen[®]: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen[®] and an EpiPen Jr[®], and are prescribed according to the child's weight. The EpiPen Jr[®] is recommended for a child weighing 10-20kg. An EpiPen[®] is recommended for use when a child is in excess of 20kg.

EpiPen[®] kit: An insulated container, for example an insulated lunch pack containing a current EpiPen[®], a copy of the child's anaphylaxis action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit.

Intolerance: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

No food sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the EpiPen[®] is current, the EpiPen[®] kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

Risk minimisation: A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the service and developing strategies to help reduce risk of an anaphylactic reaction.

Risk minimisation plan: A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.

Service community: all adults who are connected to the children's service.

Treat box: A container provided by the parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats. Non-food rewards, for example stickers, stamps and so on are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.

Procedures

The Management Committee and Director shall:

- Ensure that UPCCC is a Nut Free Centre. UPCCC has developed a Peanut & Tree Nut Policy to reduce the risk of exposure to peanut products. UPCCC does not provide products made of peanuts or allow products made of peanuts at the centre. However we do allow "food that may contain traces of nuts" such as Sao biscuits.
- Ensure all permanent staff attend anaphylaxis management training that is reinforced at least every 2 years.
- Ensure that all relieving staff are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen[®] kit. If the relieving staff member is not trained in anaphylaxis management, the licensee shall ensure at least one staff member trained in anaphylaxis management is present at the service and that staff member is aware that they are responsible for the administration of an EpiPen[®] in an emergency. If this is not possible parents/guardians must be informed of this situation before a child at risk of anaphylaxis is left at the centre.
- Ensure that no child who has been prescribed an EpiPen[®] is permitted to attend UPCCC without that EpiPen[®].
- That an EpiPen is kept at the Centre for use as a backup in an emergency situation involving a child that has already been prescribed an EpiPen
- Make parents/guardians aware of this policy, and provide access to it on request.

- Encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- Display an ASCIA generic poster called *Action plan for Anaphylaxis* in a key location at the Centre, for example, in the children's room, the staff room or near the medication cabinet.
- Display ambulance & ANU Security contact details by telephones.
- Discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.
- Discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
- Respond to complaints.
- Review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

Staff responsible for the child at risk of anaphylaxis shall:

- 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 allergies, ask the parents/guardians to provide a medical management plan signed by a Doctor.
- Ensure a copy of the child's anaphylaxis action plan is visible to all staff.
- Follow the child's anaphylaxis 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 (0)000 and alerting ANU Security by dialling 52249.
 - Commence first aid measures.
 - Contact the parent/guardian.
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Ensure that parents/guardians provide an anaphylaxis action plan signed by the child's Doctor, an EpiPen[®] and a complete risk minimisation plan while the child is present at the service.
- Ensure that the EpiPen[®] and risk minimisation plan 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 EpiPen[®] and action plan for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends.
- Ensure that the EpiPen[®] expiry date is checked when an EpiPen is brought into the centre. The date will be noted on the child's action plan and marked in the room diary for follow up with the parent close to the expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen[®] to the end of the nominated expiry month.)
- Provide information to the UPCCC community about resources and support for managing allergies and anaphylaxis.

Parents/guardians of a child at risk of anaphylaxis shall:

- Inform staff, either on enrolment or on diagnosis, of their child's allergies.
- Complete a check list on enrolment or diagnosis of foods and food substances that children are able to eat, along with details of foods or food substances they are to avoid.
- Where the details of known allergens change or there is a change in the medical condition parents will be required to notify these changes to the service Director as soon as practical, using methods identified in the communication plan.
- Where a child already enrolled in a service subsequently falls into this category then the parents will also be required to follow these procedures as detailed above.
- Provide staff with an anaphylaxis action plan and written consent to use the EpiPen[®] in line with this action plan.
- Provide staff with an EpiPen[®].
- Regularly check the EpiPen[®] 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.
- Comply with the service's policy that no child who has been prescribed an EpiPen[®] is permitted to attend the service or its programs without that EpiPen[®].
- Read and be familiar with the policy.
- Identify and liaise with the nominated staff member.
- Bring relevant issues to the attention of both staff and Management of UPCCC.

Contact details for resources and support

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. The Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided. Telephone 0425 216 402.
- 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, EpiPen[®] 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 EpiPen[®] prescription, as well as to purchase EpiPen[®] trainers. Telephone (03) 9345 5701.

Practices

The following practices will be implemented to help protect the child at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- The child should only eat food that has been specifically prepared for him/her. Where food is provided by UPCCC staff preparing food for the child will ensure that it has been prepared according to the child's parent/guardian's instructions.
- All food for the 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 the 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.
- Parents/guardians will be encouraged to provide a safe treat box for the child.
- Where the child is very young, the Director or Staff Member will suggest to the parents that they might want to provide their own high chair to minimise the risk of cross-contamination.
- When the 'at risk' child is allergic to milk, ensure non-allergic babies are held or restrained in a high chair or similar device when they drink formula/milk.
- Where possible only permanent staff will prepare meals for children attending the Centre.
- Increase supervision of the child on special occasions such as excursions, incursions or family days.
- "Do not feed me" stickers will be put on children with allergies when a special family/community food event has been organised at the Centre.

In relation to other practices at the centre:

- Ensure tables and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the service, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the centre with food & drinks.
- Staff should use non-food rewards, for example stickers, for all children.
- The risk minimisation plan will inform the children's service's food purchases and menu planning.
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Where food is brought from home to the centre, all parents/guardians of children in the child's room will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

Sources

Allergy & Anaphylaxis Australia – Website <http://www.allergyfacts.org.au/>, accessed on 18-09-17

Australian Society of Clinical Immunology and Allergy (ASCIA) – Website <http://www.allergy.org.au/health-professionals/anaphylaxis-resources>, accessed on 18-09-17

Procedure for Child with Asthma

Date: June 2000, revised 14/09/05, Reviewed 14/10/08, reviewed 24/07/12, revised 8/08/14, reviewed 18/09/17

Aim:

The following procedures are provided to assist in the emergency treatment of an asthma attack which has not responded to usual treatment. Staff are not responsible for the management of routine asthma treatment unless a written agreement has been entered into between parents, the child's doctor and the Centre – refer to Medication Policy.

Related Policies:

Medical Conditions Policy, First Aid Policy, Medication Policy, Management of Illness Policy

Background:

What is asthma?

People with asthma have sensitive airways in their lungs (bronchial tubes). When exposed to certain triggers these airways narrow which means that they have to breathe harder and causing asthma symptoms.

What happens in asthma?

The muscles tighten in bronchial walls causing the tubes to narrow. This is made worse by the swelling of their lining and the presence of mucus. It may last from a few hours to a few days. Most children are perfectly well between attacks but some may have a minor degree of persistent bronchial narrowing.

The symptoms and signs that suggest an asthma attack are:

- Shortness of breath
- Wheezing
- Coughing (usually dry and irritative)
- Distressed breathing
- Difficulty speaking

How common is it?

Asthma is common, and one in five children may have a recurrent wheeze or cough.

Why does asthma occur?

Asthma can be mild or severe. Most affected children have only mild asthma with occasional episodes of wheeze or cough. Sometimes asthma in these children may incorrectly be called bronchitis. Children who have more than 10 episodes of wheezing or coughing in a year have moderate asthma. A few children wheeze almost all the time, and they have chronic severe asthma.

Management

Asthma is treated with medication so that most children can lead to a normal life. Asthma medications can be taken as tablets or syrups, or through different inhalation devices such as the nebuliser, Roto haler spacer or a puffer. Using the correct procedure and matching these devices to the age of the child will ensure that medication reaches the lungs.

While this policy is specific to the treatment of children attending the Centre, the same procedures should be followed for staff in the emergency treatment of asthma or suspected asthma attack.

Definitions:

Bronchodilator: a metered dose inhaler device, also known as blue/grey reliever/puffer (eg. Ventolin, Asmol, Airomir or Bricanyl).

Large Volume Spacer: a plastic device to assist with effective inhalation of the bronchodilator. **For use by persons over five years of age.**

Small volume Spacer: a plastic device with mask to assist with effective inhalation of the bronchodilator (eg. Breath-a-tech). **For use by children five years and under.**

Parents/carers: is inclusive of those with parental responsibility.

Procedures:**The Management Committee and Director shall**

- Ensure that permanent staff of UPCCC attend Asthma training that is updated at least every 2 years.
- Ensure that all relieving staff are aware of symptoms of an asthma attack and of our Policies and procedures for managing and responding to a child experiencing an asthma attack.
- Ensure that no child that has been diagnosed as having asthma and has been prescribed preventive medication attends UPCCC without it
- Ensure that asthma preventive medication (Ventolin) is kept at the Centre for use as a backup in an emergency situation involving a child that has been diagnosed with asthma or a child that is displaying severe asthma - like symptoms.
- Make parents/guardians aware of our Medical Conditions Policy and this procedure, and provide it on request
- Encourage ongoing communication between parents/guardians and staff regarding the current status of the child's condition & triggers, the Medical Conditions Policy, this procedure and its implementation.
- Display a generic Emergency Asthma Action Plan in key locations of the Centre, for quick reference in an emergency situation.
- Display ambulance & ANU Security contact details by all telephones.

Staff responsible for the care of a child with asthma shall

- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has asthma and document this information on the child's enrolment record. If the child has asthma, ask the parents/guardians to provide a medical management plan signed by a Doctor.
- Ensure a copy of the child's asthma action plan is visible to all staff.
- Follow the child's asthma action plan in the event of an asthma attack.
- In the situation where a child who has not been diagnosed as asthmatic, but who appears to be having an asthma attack:
 - Call an ambulance immediately by dialling (0)000 and alerting ANU Security by dialling 52249.
 - Commence first aid measures.
 - Contact the parent/guardian.
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Ensure that parents/guardians provide an asthma action plan signed by the child's Doctor, preventer medication (Ventolin), spacer and a complete risk minimisation plan while the child is present at the service.
- Ensure that the preventer medication, spacer, risk minimisation and action plan 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 preventer medication, spacer and action plan for each child at risk of asthma is carried by a trained adult on excursions that this child attends.
- Ensure that the preventer medication expiry date is checked when the medication is brought into the centre. The date will be noted on the child's action plan and marked in the room diary for follow up with the parent close to the expiry date.
- Provide information to the UPCCC community about resources and support for managing asthma.

Parents/guardians of a child with asthma shall:

- inform staff, either on enrolment or on diagnosis, of their child's asthma.
- Will complete a check list on enrolment potential triggers for their asthma that they are to avoid.
- Where the details of known triggers change or there is a change in the medical condition parents notify UPCCC of these changes as soon as practical, using methods identified in the communication plan.
- Where a child already enrolled in a service subsequently falls into this category then the parents will also be required to follow these procedures as detailed above.
- provide staff with an asthma action plan and written consent to use the preventer medication in line with this action plan.
- provide staff with the preventer medication and asthma action plan.
- regularly check the medication expiry date.

- assist staff by offering information and answering any questions regarding their child's asthma and triggers.
- notify the staff of any changes to their child's status and provide a new asthma 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.
- comply with the requirement that no child who has been diagnosed as having asthma is permitted to attend without their preventer medication, spacer and action plan.

Sources

Asthma Australia – Website <http://www.asthmaaustralia.org.au/>, accessed on 18/09/17

National Asthma Council of Australia, Website <http://www.nationalasthma.org.au/> accessed on 18/09/17

Date for Review: September 2020

Emergency First Aid Plan – What to do:

1. Have child cease activity. Sit the child comfortably.
2. Be calm and reassuring. Do not leave the child alone.
3. Give 4 (four) puffs of a bronchodilator- blue reliever inhaler (eg. Ventolin, Airomir, Bricanyl or Asmol).

Relievers should always be given through a volume spacer if available. Use the large volume spacer for persons over five years of age and the small volume spacer with mask for children under five years.

4. *With large or small volume spacer:* Shake the bronchodilator, insert mouthpiece into the large or small volume spacer. Place spacer mouthpiece in person's mouth, or if using small volume spacer place mask on face. Fire 1 puff. Ask the person to breathe in and out normally for about 4 breaths. Repeat in quick succession until 4 puffs have been given.
5. *Without volume spacer:* Shake the bronchodilator. Place mouthpiece in the person's mouth. Fire 1 puff as the person inhales slowly and steadily. Ask the person to hold that breath for 4 seconds, then take 4 normal breaths. Repeat until 4 puffs have been given.
6. **If the asthma attack seems serious or there is little or no improvement, CALL AN AMBULANCE IMMEDIATELY (DIAL 0 - 000)** and state the person is having an asthma attack
7. Keep giving 4 puffs every 4 minutes until the ambulance arrives.
8. **Children:** 4 puffs each time is a safe dose.
9. **Adults:** Up to 6-8 puffs every 5 minutes may be given for a severe attack while waiting for the ambulance.

What if it is the First Attack of Asthma?

1. **This treatment could be lifesaving for a student whose asthma has not been previously recognised.** The National Asthma Campaign guidelines advise that bronchodilator inhalers are safe and are accepted as a first line therapy to be used in the emergency procedures for an asthma attack.
2. If a child who is not known to have asthma suddenly collapses at the Centre, or appears to have difficulty breathing and there is no other immediately obvious cause, **call an ambulance immediately** and if directed by them administer Ventolin as per their directions

Reference

*The National Asthma Campaign,
The Community Asthma Support Service ACT Community Care;
The ACT Asthma Association;
The ACT Childhood Asthma Care Continuum Project*

Procedure for the Management of a Child Diagnosed with Diabetes

Date: December 2016

Aim:

The following procedures are provided to assist in the Management of a Child Diagnosed with Diabetes by:

- minimise the risk of an **Hypoglycaemia** (Hypo) or **Hyperglycaemia** (Hyper) incident occurring while the child is in the care of University Preschool and Child Care Centre
- ensure that staff members respond appropriately to Hyper or Hypo incident by initiating appropriate treatment, including competently administering insulin if required
- raise the service community's awareness of diabetes and its management through education and policy implementation.

Related Policies:

Medical Conditions Policy, First Aid Policy, Medication Policy, Management of Illness Policy

The terms defined in this section that relate specifically to this procedure.

Type 1 diabetes: An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type 1 diabetes is life threatening.

Type 2 diabetes: Occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes is unlikely to be seen in children under the age of 4 years.

Hypoglycaemia or hypo (low blood glucose): Hypoglycaemia refers to having a blood glucose level that is lower than normal i.e. below 4 mmol/L, even if there are no symptoms. Neurological symptoms can occur at blood glucose levels below 4 mmol/L and can include sweating, tremors, headache, pallor, poor co-ordination and mood changes. Hypoglycaemia can also impair concentration, behaviour and attention, and symptoms can include a vague manner and slurred speech.

Hypoglycaemia is often referred to as a 'hypo'. Common causes include but are not limited to:

taking too much insulin

delaying a meal

consuming an insufficient quantity of food

undertaking unplanned or unusual exercise.

It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and convulsions.

The child's diabetes management plan will provide specific guidance for services in preventing and treating a hypo.

Hyperglycaemia (high blood glucose): Hyperglycaemia occurs when the blood glucose level rises above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability and urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to:

taking insufficient insulin

consuming too much food

common illnesses such as a cold

stress.

Insulin: Medication prescribed and administered by injection or continuously by a pump device to lower the blood glucose level. In the body, insulin allows glucose from food (carbohydrates) to be used as energy, and is essential for life.

Blood glucose meter: A compact device used to check a small blood drop sample to determine the blood glucose level.

Insulin pump: A small, computerised device to deliver insulin constantly, connected to an individual via an infusion line inserted under the skin.

Ketones: Occur when there is insufficient insulin in the body. High levels of ketones can make children very sick. Extra insulin is required (given to children by parents/guardians) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.

Background

UPCCC will ensure that each child with diabetes has a current diabetes management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment, and must implement strategies to assist children with type 1 diabetes. A child's diabetes management plan provides staff members with all required information about that child's diabetes care needs.

The child's diabetes medical specialist team may include an endocrinologist, diabetes nurse educator and other allied health professionals. This team will provide parents/guardians with a diabetes management plan to supply to the service.

Contact Diabetes Australia – NSW & ACT for further support or information.

Most children with type 1 diabetes can enjoy and participate in service programs and activities to their full potential, but are likely to require additional support from service staff to manage their diabetes. While attendance at the service should not be an issue for children with type 1 diabetes, they may require time away to attend medical appointments.

Procedure

The Centre Co-ordinator is responsible for:

- ensuring that the parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Management of Diabetes Procedure and the Medical Conditions Policy
- ensuring that the programs delivered at the service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in all activities safely and to their full potential
- ensuring that all personnel at the service are aware of the strategies to be implemented for the management of diabetes at the service
- ensuring that each enrolled child who is diagnosed with diabetes has a current diabetes management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment
- ensuring that all staff, including casual and relief staff, are aware of children diagnosed with diabetes, symptoms of low blood sugar levels, and the location of medication and diabetes management plans
- ensuring that the educators, staff, students, volunteers and others at the service follow the child's diabetes management plan in the event of an incident
- ensuring that a communication plan is developed for staff and parents/guardians encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition
- ensuring that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service.
- compiling a list of children with diabetes and placing it in a secure but readily accessible location known to all staff. This should include the diabetes management plan for each child

Certified Supervisors and educators are responsible for:

- reading and complying with the Management of Diabetes Procedure and the Medical Conditions Policy
- following the strategies developed for the management of diabetes at the service
- knowing which children are diagnosed with diabetes, and the location of their medication and diabetes management plans
- following the child's diabetes management plan in the event of an incident at the service relating to their diabetes
- communicating with parents/guardians regarding the management of their child's medical condition
- ensuring that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service.

Parents/guardians are responsible for:

- reading the service's Management of Diabetes Procedure and the Medical Conditions Policy
- informing staff, either on enrolment or on initial diagnosis, that their child has diabetes
- providing a copy of their child's Diabetes Management Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner.

- ensuring all details on their child's enrolment form and medication record are completed prior to commencement at the service
- working with staff to develop a Risk Minimisation Plan for their child
- providing an adequate supply of appropriate diabetes medication and equipment for their child at all times
- notifying staff, in writing, of any changes to the information on the Diabetes Management Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's diabetes
- encouraging their child to learn about their diabetes and to communicate with service staff if they are unwell.

Strategies for the management of diabetes in children at UPCCC

Strategy	Action
Monitoring of blood glucose (BG) levels	<p>Checking of blood glucose (BG) levels is performed using a blood glucose meter (refer to Definitions) and a finger pricking device. The child's diabetes management plan should state the times that BG levels should be checked, the method of relaying information to parents/guardians about BG levels and any intervention required if the BG level is found to be below or above certain thresholds. A communication book/Log Book can be used to provide information about the child's BG levels between parents/guardians and the service at the end of each session.</p> <p>Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done while a child is at the service – at least once, but often twice. Routine times for testing include before meals, before bed and regularly overnight.</p> <p>Additional checking times will be specified in the child's diabetes management plan. These could include such times as when a 'hypo' is suspected.</p> <ul style="list-style-type: none"> • Children are likely to need assistance with performing BG checks. • Parents/guardians should be asked to teach service staff about BG testing. • Parents/guardians are responsible for supplying a blood glucose meter, in-date test strips and a finger pricking device for use by their child while at the service.
Managing hypoglycaemia (hypos)	<ul style="list-style-type: none"> • Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes management plan. • Parents/guardians are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container. • This hypo container must be securely stored and readily accessible to all staff.
Administering insulin	<ul style="list-style-type: none"> • Administration of insulin during service hours is unlikely to be required; this will be specified in the child's diabetes management plan. • As a guide, insulin for service-aged children is commonly administered: <ul style="list-style-type: none"> ○ Twice a day: before breakfast and dinner at home ○ By a small insulin pump worn by the child.
Managing ketones	<ul style="list-style-type: none"> • Children on an insulin pump will require ketone testing when their BG level is >15.0 mmol/L. • Staff must notify parents if the ketone level is >0.6 mmol/L (refer to the child's diabetes management plan).
Off-site excursions and activities	<ul style="list-style-type: none"> • With good planning, children should be able to participate fully in all service activities, including attending excursions. • The child's diabetes management plan should be reviewed prior to an excursion, with additional advice provided by the child's diabetes medical specialist team and/or parents/guardians, as required.
Infection control	<ul style="list-style-type: none"> • Infection control procedures must be developed and followed.

Sources

Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne:
www.rch.org.au/diabetesmanual/index.cfm?doc_id=2352 Accessed on 18/09/17

Diabetes Australia – NSW & ACT - <http://diabetesnsw.com.au/> Accessed on 18/09/17

Diabetes Victoria – Diabetes Action and Management Plans for Schools and early childhood settings,
<https://www.diabetesvic.org.au/Diabetes-in-Victorian-schools-and-early-childhood-settings?bdc=1>, Accessed on 18/09/17