



MEDICAL CONDITIONS POLICY

SUB CATEGORY: Health, Hygiene and Safety

POLICY GOAL

To ensure educators, families and medical practitioners put in place a plan to minimise risk for children with known medical conditions to promote their health and safety.

RATIONALE

This policy covers serious medical conditions which may be potentially life-threatening including, but not limited to, asthma, diabetes, or a diagnosis that a child is at risk of anaphylaxis.

A **'medical condition'** is a condition that has been diagnosed by a registered medical practitioner (a person registered under the Health Practitioner Regulation National Law to practise in the medical profession, other than as a student). The Australian Health Practitioner Regulation Agency keeps national registers of practitioners on its website at www.ahpra.gov.au

The approved provider must ensure policies are in place for managing children's medical conditions. The policies must include practices which address the issues listed in the table below.

Medical conditions policy content
<i>The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis</i>
<i>Informing the nominated supervisor, staff and volunteers at the service, and family day care educators in relation to managing medical conditions</i>
<i>The requirements arising if a child enrolled at the service has a specific health care need, allergy or relevant medical condition including:</i> <ul style="list-style-type: none">● <i>requiring a parent to provide a medical management plan for the child</i>● <i>requiring the plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition</i>● <i>requiring the development of a risk minimisation plan in consultation with the parents of a child:</i><ul style="list-style-type: none">○ <i>to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised</i>○ <i>if relevant, that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented</i>○ <i>if relevant, practices and procedures are developed and implemented ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner.</i>○ <i>that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented</i>○ <i>if relevant, that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented</i>● <i>requiring the development of a communication plan to ensure that</i>

- relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child
- a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child and setting out how that communication can occur.

The responsibilities of providers in relation to regulation 90 are set out in the table below, including:

- communication with parents of children enrolled or enrolling at the service
- individual medical management plans for children enrolled who have a specific health care need, allergy or relevant medical condition.

Individual medical management plans can be provided by a child's parents and may be required by the service before the child is enrolled. It is best practice for parents to consult with the child's registered medical practitioner in the development of the plan and for the medical practitioner's advice to be documented.

Responsibilities for managing medical conditions		
Who	What	When
Service	Have a medical conditions policy in place that meets the requirements of regulation 90.	Ongoing
Service	Ensure a communications plan is in place to inform all staff members of the medical conditions policy.	At all times the service is in operation, with updates made whenever required (i.e. when a new child enrolls at the service with a specific health care need, allergy or relevant medical condition or when changes are required to existing medical management and risk minimisation plans)
Service	Ensure all staff members, including new staff members, are made aware of any children with a health care need, allergy or relevant medical condition.	Induction Ongoing
Service	Seek information from parents about any specific health care need, allergy or medical condition, including whether a medical practitioner has been consulted in relation to a specific health care need, allergy or relevant medical condition. Ensure the medical management plan has been provided and that the risk minimisation plan has been developed and both documents are kept in the child's enrolment records.	Before a child starts at the service
Parents	Inform the service of any specific health care need, allergy or relevant medication condition for their child.	Before a child starts at the service Ongoing while the child attends the service
Service	Monitor the safety, health and wellbeing of all children being educated and cared for.	Ongoing
Service	Ensure parents are regularly asked if their child has developed a specific health care need, allergy or medical condition. And, if so, ensure relevant information is sought from parents and recorded in enrolment records.	Ongoing
Service	Develop a risk minimisation plan in relation to the child, in consultation with the parents of the child.	Before the child starts at the service

Service	Ensure relevant authorisations for the administration of medication are recorded on the enrolment record	Before the child starts at the service
Parents	Provide a medical management plan to the service for their child.	Before the child starts at the service

Who	What	When
Parents	Participate in the development of a risk minimisation plan in relation to their child's specific health care need, allergy or relevant medical condition.	Before the child starts at the service
Service	Monitor the safety, health and wellbeing of the child and, where an incident occurs relating to a child's specific health care need, allergy or relevant medical condition, ensure the medical management plan is followed.	While the child attends the service
Service	Regularly review the risk minimisation plan for the child.	While the child attends the service
Service	Ensure parents are asked to provide any updated information relating to the nature or management of their child's specific health care need, allergies or relevant medical condition, including an updated medical management plan, if required.	
Parents	Inform the service of any relevant changes relating to the nature or management of the child's specific health care need, allergy or relevant medical condition.	While the child attends the service While the child attends the service
Parents	Provide an updated medical management plan for the child.	While the child attends the service" ¹

National Early Education and Care Regulations - R90 Medical conditions policy

“(1) The medical conditions policy of the education and care service must set out practices in relation to the following—

- (a) the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis;
- (b) informing the nominated supervisor and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions;
- (c) the requirements arising if a child enrolled at the education and care service has a specific health care need, allergy or relevant medical condition, including—
 - (i) requiring a parent of the child to provide a medical management plan for the child; and
 - (ii) requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition; and
 - (iii) requiring the development of a risk-minimisation plan in consultation with the parents of a child—
 - (A) to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
 - (B) if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and

¹ “Guide to the National Quality Framework” Australian Children's Education & Care Quality Authority Jan 2020

(C) if relevant, to ensure that practices and procedures 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; and
(D) to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and

(E) if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and

(iv) requiring the development of a communications plan to ensure that—

(A) relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child; and

(B) a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.

(2) The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration.

(3) In subregulation (2), the practices must include any practices relating to recording in the medication record for a child of notifications from the child that medication has been self-administered.”²

Allergies

“An allergy is an overreaction by the body's immune system to a normally harmless substance. Substances that can trigger an allergic reaction are called allergens. Allergens may be in medication, in the environment (eg. pollens, grasses, moulds, dogs and cats), or proteins (most often) in the foods we eat. Individuals can have mild/moderate or severe allergies.

Allergies should not to be confused with an intolerance, which does not involve the immune system. In Australia allergies are very common. Around one in three people will develop allergies at some time during their life. The most common allergic conditions are food allergies, eczema, asthma and hay fever. Food allergy occurs in around ten percent of children and approximately two percent of adults.”³

Allergy Facts

- “1 in 10 babies aged 12 months now have a food allergy
- It is estimated that 6% of Australian children suffer from food allergies and some of them will experience a life-threatening (anaphylactic) reaction
- There are 9 foods that account for 90% of allergic reactions: egg, milk, peanut, tree nuts (e.g. walnuts, almonds) sesame, soy, wheat, fish and shellfish
- Peanuts are the leading cause of fatal food-induced anaphylactic reactions in teen years
- Currently there is no cure for food allergy. Avoidance of the food is the only way to prevent an allergic reaction.

Practical Tips that help you minimise risk and increase awareness of food allergy

² “Education and Care Services National Regulations”, Ministerial Council for Education, Early Childhood Development and Youth Affairs (Dec 2019)

³ Allergy & Anaphylaxis Australia website <https://allergyfacts.org.au/allergy-anaphylaxis> (accessed on-line April 2020)

- *Encourage those caring for children with food allergy to be educated on the daily management, signs & symptoms of an allergic reaction and emergency treatment of anaphylaxis. Keep information about the child with a food allergy in a prominent place where all staff and helpers will be aware of them.*
- *Rethink what food you stock and serve. Avoid peanut and tree nut products, including nut spreads.*
- *If food item cannot be removed, work on strategies to minimise the risk of a reaction (e.g. hold babies whilst they drink their milk, babies with food allergy should have a dedicated high chair).*
- *Avoid cross contamination during food preparation.*
- *Include the needs of children who are allergic when planning your activities and stock purchases.*
- *Discourage sharing of food, drinks and utensils (straws, bottles).*
- *Wash hands after eating – no playing with toys whilst eating.*
- *Do not allow children to wander whilst they are eating food.*
- *Clean up spills immediately.*
- *Wash toys and equipment regularly.*
- *Remember craft items can contain food allergens (e.g. egg cartons). Young children do often put fingers in their mouth.*
- *Parents of children at risk of anaphylaxis should be informed if sunscreen is offered to children – they may want to provide their own.*

Latex allergy:

Children with latex allergy should not come into contact with party balloons and latex gloves. Their food should be prepared with clean hands or non-latex gloves

For more information ring 1300 728 000 or visit www.allergyfacts.org.au ⁴

Anaphylaxis

“Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis.

It is important to know the signs and symptoms of anaphylaxis:

Symptoms of anaphylaxis are potentially life threatening and include any one of the following:

- *Difficulty/noisy breathing*
- *Swelling of tongue*
- *Swelling/tightness in throat*
- *Difficulty talking and/or hoarse voice*
- *Wheeze or persistent cough*
- *Persistent dizziness and/or collapse*
- *Pale and floppy (in young children)*

In some cases, Anaphylaxis is preceded by less dangerous allergic symptoms such as:

- *Swelling of face, lips and/or eyes*
- *Hives or welts*
- *Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)⁵*

“Adrenaline(epinephrine) autoinjectors (e.g. EpiPen) are approved for use in Australian and New Zealand for the emergency treatment of anaphylaxis, the most severe form of allergic reaction. ASCIA cannot dictate policy regarding the use of adrenaline autoinjectors for general use that are not

⁴ “Childcare Checklist for managing food allergy”, Allergy and Anaphylaxis Australia (accessed on-line April 2020) https://allergyfacts.org.au/images/pdf/AAA_Childcare_Checklist_0478.pdf

⁵ ASCIA Australasian society of clinical immunology and allergy website (access April 2020) <https://www.allergy.org.au/patients/about-allergy/anaphylaxis>

prescribed for an individual. Advice from the local education and/or health authorities should be sought regarding authorisation to include adrenaline autoinjectors for general use in first aid kits and whether these can be administered in an emergency.

Having an adrenaline autoinjector for general use (e.g. in a first aid kit) should be considered as being additional to the prescribed adrenaline autoinjectors and should NOT be a substitute for people at high risk of anaphylaxis having their own prescribed adrenaline autoinjector/s.

Adrenaline autoinjectors for general use are most likely to be used when:

- *A person who is known to be at risk of anaphylaxis does not have their own device immediately accessible or the device is out of date.*
- *A second dose of adrenaline is required before an ambulance has arrived.*
- *A person's device has misfired or accidentally been discharged.*
- *A person previously diagnosed with a mild or moderate allergy who was not prescribed an adrenaline autoinjector has their first episode of anaphylaxis.*
- *An undiagnosed person is having their first episode of anaphylaxis, and was not previously known to be at risk (e.g. a child having their first reaction at school). This is dependent on (a) local policies that allow administration under those circumstances, and (b) education of caregivers about the recognition of anaphylaxis and training in adrenaline autoinjector administration.*

Administration

- *It is reasonable for a person without specific first aid training in anaphylaxis to administer an adrenaline autoinjector in an emergency if there is no other person nearby who has had basic training in the use of an adrenaline autoinjector.*
- *The person administering first aid should have reasonable grounds for believing that the person is having an acute allergic reaction. Symptoms and signs of anaphylaxis are shown on the ASCIA First Aid Plan for Anaphylaxis (ORANGE), which should be stored with an adrenaline autoinjector for general use.*
- *Instructions for giving an adrenaline autoinjector are shown on the barrel of the device, package insert and the device specific ASCIA First Aid Plan for Anaphylaxis and ASCIA Action Plan for Anaphylaxis.*
- *If a person is in doubt, an adrenaline autoinjector should be given, as outlined on the ASCIA First Aid Plan for Anaphylaxis, ASCIA Action Plan for Anaphylaxis and ASCIA Action Plan for Allergic Reactions.*

All adrenaline autoinjectors, whether they are prescribed or for general use, can only be used once and should be replaced by the expiry date, or immediately after they are used.

If another individual's adrenaline autoinjector is used in an anaphylaxis emergency, when there is no adrenaline autoinjector for general use available, it would be essential that the device is immediately replaced by the institution, purchasing the same brand of adrenaline autoinjector at a local pharmacy.

If the individual whose adrenaline autoinjector has been used has anaphylaxis before their adrenaline autoinjector is replaced, they should be taken immediately to hospital by ambulance.”⁶

⁶ “Anaphylaxis emergency medication (adrenaline [epinephrine] autoinjectors) for general use” ASCIA <https://www.allergy.org.au/hp/anaphylaxis/adrenaline-autoinjectors-for-general-use> (accessed on-line April 2020)

Asthma

“Asthma is a medical condition that affects the airways (the breathing tubes that carry air into our lungs). From time to time, people with asthma find it harder to breathe in and out, because the airways in their lungs become narrower – like trying to breathe through a thin straw.

At other times their breathing is normal.

There is no cure for asthma, but it can usually be well controlled. Most people with asthma can stay active and have a healthy life.

Symptoms of Asthma

The most common symptoms of asthma are:

- *wheezing – a high-pitched sound coming from the chest while breathing*
- *a feeling of not being able to get enough air or being short of breath*
- *a feeling of tightness in the chest*
- *coughing.*

You don't have to have all these symptoms to have asthma.

Asthma symptoms can be triggered by different things for different people. Common triggers include exercise, cigarette smoke, colds and flu, and allergens in the air (e.g. grass pollen).”⁷

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, you 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.

Diabetes can be managed well but the potential complications are the same for type 1 and type 2 diabetes including heart attack, stroke, kidney disease, limb amputation, depression, anxiety and blindness.

We know diabetes:

- *Is the leading cause of blindness in working age adults*
- *Is a leading cause of kidney failure and dialysis*
- *Increases the risk of heart attacks and stroke by up to four times*
- *Is a major cause of limb amputations*
- *Affects mental health as well as physical health. Depression, anxiety and distress occur in more than 30% of all people with diabetes*

Early diagnosis, optimal treatment and effective ongoing support and management reduce the risk of diabetes-related complications.

Symptoms for type 1 diabetes:

In type 1 diabetes, symptoms are often sudden and can be life-threatening; therefore, it is usually diagnosed quite quickly. In type 2 diabetes, many people have no symptoms at all, while other signs can go unnoticed being seen as part of ‘getting older’. Therefore, by the time symptoms are noticed, complications of diabetes may already be present.

Common symptoms include:

⁷ National Asthma Council Australia (accessed on-line April 2020)

<https://www.nationalasthma.org.au/understanding-asthma/what-is-asthma>

- *Being more thirsty than usual*
- *Passing more urine*
- *Feeling tired and lethargic*
- *Always feeling hungry*
- *Having cuts that heal slowly*
- *Itching, skin infections*
- *Blurred vision*
- *Unexplained weight loss (type 1)*
- *Gradually putting on weight (type 2)*
- *Mood swings*
- *Headaches*
- *Feeling dizzy*
- *Leg cramps”⁸*

ASCIA Action Plans

“This plan outlines what to do if your child is having an allergic reaction. It must be completed and signed by your child’s doctor and stored with the adrenaline autoinjector, even if it is carried by your child. The plan includes personal details, signs of allergic reactions, instructions on how to use the device and whether to give any other medications.

Parents must provide an ASCIA Action Plan for Anaphylaxis completed and signed by your child’s treating doctor. This should be updated (including photo) when adrenaline autoinjector prescriptions are renewed (usually every 12-18 months) or if allergies change. These plans are medical documents and must not be completed or altered by parents, school staff or childcare staff.”⁹

Medicinal Cannabis in Queensland

“From 1 March 2017, a medical specialist or general practitioner (in consultation with a medical specialist) can legally prescribe medicinal cannabis for a patient, including children. Medicinal cannabis will only be prescribed in circumstances where all conventional treatments have failed or would cause intolerable side effects. For example, in the case of a child with severe drug resistant epilepsy.

Approved early childhood education and care services are required to have a [Medicinal cannabis management plan](#) and to [notify Queensland Health](#) of the plan if a child attending the service has been prescribed medicinal cannabis. These requirements are in addition to existing requirements for a Medical conditions policy, as well as records and procedures for the administration of medication. Staff members may be authorised in writing by the approved provider to administer medicinal cannabis.

Medicinal cannabis is classified as an S8 medicine. As such, provided the medication is stored in accordance with legislative requirements, approved services will not be in breach of Regulation 82 of the Education and Care Services National Regulations which requires all services to ensure a tobacco, drug and alcohol-free environment.”¹⁰

Purchasing Emergency Medication for Emergency First Aid in Queensland

⁸ Diabetes Australia website (accessed on-line April 2020)

<https://www.diabetesaustralia.com.au/what-is-diabetes>

⁹ “anaphylaxis fact sheet for parents of children at risk of anaphylaxis” ASCIA

https://www.allergy.org.au/images/pcc/fs/ASCIA_PCC_anaphylaxis_parent_fact_sheet_2017.pdf (accessed on-line April 2020)

¹⁰ “A to Z of Early Childhood e-newsletter” (accessed on-line April 2020)

https://www.vision6.com.au/em/message/email/view?a=684&id=1146154&k=uWpT2_B7H2wNs-BdcktiMfKmcCeyTQnkUR5nIJ2B_qY

“For education and child care services, the following people are authorised to purchase medicines for the management of asthma and anaphylaxis (S3 salbutamol, terbutaline and adrenaline auto-injector):

- *A principal of an educational institute (or a person nominated by the principal);*
- *A Queensland approved provider of a Queensland approved education and care service (or a person appointed as a supervisor for the service under the Education and Care Services Act 2013);*
- *An approved provider of an education and care service under the Education and Care Services National Law (Queensland) (or a person nominated as a supervisor by the approved provider).¹¹*

IMPLEMENTATION

Planning and Prevention

- The Approved Provider and Nominated Supervisor should consider a risk management approach to medical conditions and determine if emergency adrenaline and asthma medications should be purchased for first aid kits for emergency use.
- Where emergency adrenaline and asthma medications are stored in first aid kits the following must apply:
 - Be clearly signed
 - Kept out of reach of children but not “locked away”
 - Be monitored to ensure they remain within their expiry date
 - Only stored as additional back up and not in place of medication required for an adult or child with a diagnosed allergy
 - Replaced immediately after use
 - Any use must be recorded and communicated as soon as is practical
 - Any use must be in accordance with the Medical Policy and where practical; under the instruction of a medical practitioner or emergency personnel.
- All staff working at the service and regular volunteers should undertake the free anaphylaxis e-training for schools and childcare provided by ASCIA annually. Individual log-ins can be created at <https://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare> the printed certificates should remain on the staff/volunteer files.
- The service should purchase a training Epi-pen for training purposes
- The “anaphylaxis general action plan poster” should be displayed near first aid kit locations, even in the event of no diagnosed children or adults at the service.
- Upon enrolment families will be made aware of the importance of all persons at the service being able to identify children with medical conditions and that the health and safety of all children at the service is our main priority. As such information about children’s allergies or serious medication conditions may be on display, including their picture and name. While this information is primarily for the educators at the service it may be viewed by students, volunteers, visitors and other families. A condition of enrolment at this service is that this information is readily available to ensure each child’s safety. Parents will sign acknowledgment of this both in the Enrolment Form and the Risk Minimisation and Communication Plan.
- The service should keep in-date emergency asthma and anaphylaxis medication at the service in clearly labelled locations which are inaccessible to children but not locked. Permission to use these in an emergency situation will be sought in the enrolment form.
- Educators and families must ensure that they maintain excellent communication in relation to known medical conditions.
- Storage of all emergency medication should be clearly signed, inaccessible to children but not locked.

¹¹ “Fact Sheet: Accessing Medicines for Management of Asthma and Anaphylaxis in the Community” October 2019 Queensland Health (accessed on-line April 2020)

https://www.health.qld.gov.au/_data/assets/pdf_file/0020/443801/fs-25-asthma-first-aid.pdf

- A child with a known medical condition which is potentially life threatening such as asthma, diabetes, or anaphylaxis. will not be permitted to attend unless the following conditions are ALL met;
 - Action Plan completed by a medical practitioner – see further details below
 - Medical Risk Minimisation and Communication Plan completed by parent/guardian and Nominated Supervisor and has been shared with educators
 - Medication prescribed for the child for this medical condition is present at the centre and is within the expiry date.
 - Emergency Long-Term Medication Form completed (required to be updated annually or when there are changes to medication or doses)
 - Families must be provided with this policy upon notification of the allergy
- Educators are to take all reasonable steps to remove products from the service which are known to contribute to medical conditions of a child attending the service. Where this is not able to be achieved this must be communicated to the family, so they can evaluate their enrolment choice. The centre is unable to guarantee the full removal of all products and families must take this into consideration when deciding upon enrolment and attendance.
- All staff are requested to hold a current first aid certificate including the management of Anaphylaxis and Asthma.
- Nominated Supervisors and those responsible for rostering must ensure that there is always one person with a current First Aid qualification as prescribed under the National Regulation present at the service at all times.
- At all times the following person/s must be in attendance and immediately available in case of emergency:
 - at least one educator who holds a current approved first aid qualification, and
 - at least one educator who has undertaken anaphylaxis management training, and
 - at least one educator who has undertaken emergency asthma management training.
 - The same person may hold one or more of these qualifications.
- Where a child has a known medical condition, educators should ensure closer supervision so that the observation of symptoms is not delayed.
- Where a child attending the service has any of these medical conditions or any other potentially life-threatening conditions a notice must be displayed at the service which is clearly visible from the front door. In the instance of anaphylaxis, under Regulation 173(2)(f)(i) this should state that *“that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service”*
- **The Nominated Supervisor must record all children with Emergency Long Term Medication on the Emergency Long Term Medication Summary Record to ensure details are updated each year on 30th June.**
- It is essential that all persons involved in the handling, preparation, storage and serving of food are aware of known allergies and that food is provided they strictly follow the Food Safety Plan in relation to allergens.
- Where there are cooking experiences or serving of food provided by families all staff must be aware of known allergens and practise extreme caution when serving, handling, opening and feeding children. Gloves may be used to ensure no cross-contamination and surfaces should be cleaned immediately prior to and immediately after food consumption.
- Where families provide food for special occasions they must be provided in advance the known allergies at the service and where items are modified from original packaging (for example cooked or baked) the original package listing ingredients or a recipe including ingredients should be provided where there are known food allergies at the service.
- Where there are known allergies at the service, the Nominated Supervisor, in conjunction with educators and families should conduct a risk assessment to determine the best strategy for handling birthdays and special event foods. Depending on the allergy triggers, ages of children and severity of the reaction, some options to consider may be:

- Families do not provide food for these occasions they will be provided by the centre only
- Families may provide food for special occasions however they must be provided in advance the known allergies at the service and where items are modified from original packaging (for example cooked or baked) the original package listing ingredients or a recipe including ingredients should be provided to the service.
- Families of children with known allergies may wish to provide alternative items for their child. Educators must maintain strict supervision to ensure no sharing of food or surface contamination.
- Families of the child with the known allergies must be consulted and this communicated to all educators
- Nominated Supervisors must be respectful during all discussions and communication
- All staff should refer to the Food Safety Policy and the strict guidelines offered regarding allergies including the use of Ingredient Books and the Meal Check Form.

Action to be taken for medical conditions

- Where signs and symptoms present themselves, the following action must be taken by educators (where possible this should be a first aid qualified educator);
 - Administer first aid and follow instructions on the child's Action Plan
 - Call 000 and advise of the medical condition and follow their advice
 - Contact the child's parents or in not able to reach them an emergency contact
 - Clear the area where possible to protect the dignity and privacy of the child and to reduce the impact on other children
 - Ensure someone meets the ambulance to direct them to the correct location
 - Advise approved provider or representative when available
 - Record on the Incident, Injury, Trauma and Illness Record Form
 - Report to the relevant local authority in accordance with section 174(2)(a) "any serious incident at the approved education and care service". This should be done through the NQAITS system, the Notification Decision Tree (NDT) could also be used to determine reporting requirements.
 - The NDT can be accessed here:
<https://earlychildhood.qld.gov.au/legislation-and-guidelines/health-and-safety/incident-and-emergency-management/notify-the-regulatory-authority>

IMPORTANT NOTES:

- **In the case of an anaphylaxis or asthma emergency, medication may be administered to a child where consent has been sought such as in the enrolment form or verbally if required. Where medication has been administered, the child's parent/guardian and emergency services must be contacted as soon as possible.**
- **Where the service cannot reasonably reduce the exposure to triggers the enrolment may not be deemed safe to continue.** Nominated Supervisors should explain to families that if we are unable to control triggers and believe attendance to be too high risk for the child we will not complete or continue with the enrolment.
- This service does not facilitate self-administration of medication. Emergency Medication must be provided to educators for safe storage and school-aged children are to alert educators to any need to administer

ACTION PLANS

There are two types of ASCIA Action Plans for Anaphylaxis (General and Personal):

- The general version (orange) does not contain any personal information and can be used as a poster – this should be posted near the first aid kits
- The personal version (red) is for individuals who have been prescribed adrenaline (epinephrine) autoinjectors. This plan includes personal information and an area for a photo. These should be displayed in a number of locations around the service, including but not limited to food preparation areas, staff room and the child's activity rooms. This must be communicated with all staff and regular volunteers and recorded on the Medical Risk Minimisation and Communication Plan.

There is also an ASCIA Action Plan for Allergic Reactions (green), which is for individuals with medically confirmed mild to moderate allergies, who need to avoid certain allergens, but have not been prescribed adrenaline autoinjectors. This plan includes personal information and an area for a photo. This must be communicated with all staff and regular volunteers and recorded on the Medical Risk Minimisation and Communication Plan.

These are available at <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>. Action Plans must be completed by a medical practitioner and provided to the service in full colour including a colour photograph of the child/adult with the allergy. This is to allow easy identification.

ASCIA Action Plans for Anaphylaxis and Allergic Reactions



ASCIA Action Plan: Anaphylaxis

 [ASCIA Action Plan for Anaphylaxis \(personal\) for use with EpiPen 272 KB](#)

 [ASCIA Action Plan for Allergic Reactions \(personal\) 222.7 KB](#)

 [Action Plan for Anaphylaxis \(general\) for use with EpiPen 246.49 KB](#)

Medicinal Cannabis

Where a child who is either currently enrolled in the service or is enrolling in the service is prescribed medicinal cannabis for a severe medical condition the Nominated Supervisor must take the following steps:

- Request the Action Plan and notification from a medical practitioner which includes instructions on storage and administration of the product.
- Notify the Approved Provider and management
- Complete the Medicinal Cannabis Management Plan to be provided by medical practitioner
- Notify Queensland Health of the plan as per the details on the Management Plan form
- Complete the following centre forms:
 - Medicinal Cannabis Permission Form
 - Medical Risk Minimisation and Communication Plan
- Communicate with all staff at the service and keep a record of this communication and any training provided.
- Ensure the storage and administration of the product in accordance with directions

COMMUNICATION AND CONSULTATION

- Educators and families will have access to this policy at all times.
- Educators and families will be provided with opportunities to be involved in the review of this policy.
- Families who identify a serious medical condition that may be potentially life threatening will be provided with this policy and a Medical Risk Minimisation and Communication Plan will be completed by families and educators in consultation with information from the child's medical practitioner.
- Educators, students and volunteers will be made aware of this policy upon commencement and will be advised of any known medical conditions through the display of Action Plans and Medical Risk Minimisation and Communication Plans.

FORMS AND DOCUMENTS

- Medical Risk Minimisation and Communication Plan
- Medication Policy
- Emergency Long-Term Medication Form
- Emergency Long Term Medication Summary Record
- Child Enrolment Form
- Injury, Trauma and Illness Record Form
- ASCIA Action Plans – 3 types
- Educator Induction Checklist
- Annual Induction Refresher Checklist
- Medicinal Cannabis Permission Form
- Meal Check Form

SCOPE AND ENFORCEMENT

The failure of any person to comply with this policy in its entirety may lead to;

- Termination of child enrolment
- Performance management of an employee which may lead to termination

RECOGNISED AUTHORITIES AND DOCUMENTS WHICH GUIDE POLICY

- *"Education and Care Services National Regulations"*, Ministerial Council for Education, Early Childhood Development and Youth Affairs (Dec 2019)
- *"Guide to the National Quality Framework"* Australian Children's Education & Care Quality Authority Jan 2020
- Allergy & Anaphylaxis Australia website <https://allergyfacts.org.au/allergy-anaphylaxis> (accessed on-line April 2020)
- Allergy & Anaphylaxis Australia website <https://allergyfacts.org.au/allergy-anaphylaxis> (accessed on-line April 2020)
- "Childcare Checklist for managing food allergy", Allergy and Anaphylaxis Australia (accessed on-line April 2020) https://allergyfacts.org.au/images/pdf/AAA_Childcare_Checklist_0478.pdf
- ASCIA Australasian society of clinical immunology and allergy website (access April 2020) <https://www.allergy.org.au/patients/about-allergy/anaphylaxis>
- *"Anaphylaxis emergency medication (adrenaline [epinephrine] autoinjectors) for general use"* ASCIA <https://www.allergy.org.au/hp/anaphylaxis/adrenaline-autoinjectors-for-general-use> (accessed on-line April 2020)
- National Asthma Council Australia (accessed on-line April 2020) <https://www.nationalasthma.org.au/understanding-asthma/what-is-asthma>
- Diabetes Australia website (accessed on-line April 2020) <https://www.diabetesaustralia.com.au/what-is-diabetes>

- “anaphylaxis fact sheet for parents of children at risk of anaphylaxis” ASCIA
https://www.allergy.org.au/images/pcc/fs/ASCIA_PCC_anaphylaxis_parent_fact_sheet_2017.pdf
(accessed on-line April 2020)
- “A to Z of Early Childhood e-newsletter” (accessed on-line April 2020)
https://www.vision6.com.au/em/message/email/view?a=684&id=1146154&k=uWpT2_B7H2wNs-BdcktiMfKmcCeyTQnkUR5nIJ2B_qY
- “Fact Sheet: Accessing Medicines for Management of Asthma and Anaphylaxis in the Community” October 2019 Queensland Health (accessed on-line April 2020)
https://www.health.qld.gov.au/_data/assets/pdf_file/0020/443801/fs-25-asthma-first-aid.pdf

DATE CREATED: November 2011

REVIEW DETAILS:

Review Date	Details of Changes
Jan 2013	Inclusion of 3 different colour action plans and updated sources. Word “encouraged” was replaced with “required” in relation to educators having first aid, asthma and anaphylaxis training.
Jan 2014	No changes made, sources updated where applicable
July 2014	Change to Emergency medication being administered without consent. Consent must be given prior to emergency medication being administered such as in the enrolment form. Qld policy separated from other states.
May 2015	No changes made, sources updated where applicable
April 2016	No changes made, sources updated where applicable
May 2017	Sources updated. Rationale totally re-written with updated information. <ul style="list-style-type: none"> • Inclusion of ordering training epipen and doing free on-line course • Links for resources, posters training and devises provided • Display “anaphylaxis general action plan poster” near first aid kit locations • Updated Action Plan Templates • Updated associated form name change – “Medical Risk Minimisation and Communication Plan. • Storage of all emergency medication should be clearly signed, inaccessible to children but not locked • Inclusion of use of Emergency Long Term Medication Summary Record • Information about food handling included • Procedures around foods provided for special occasions including Risk Assessment • Inclusion on information about medicinal cannabis and new form “Medicinal Cannabis Permission Form” <p>NOTE: as there are considerable changes and due to the serious nature of this policy please ensure it is immediately communication with all staff and regular volunteers as well as families with Medical Conditions.</p>
May 2018	Updated sources, weblinks and quotes in Rationale Included in Implementation: <ul style="list-style-type: none"> • Upon enrolment families will be made aware of the importance of all persons at the service being able to identify children with medical conditions and that the health and safety of all children at the service is our main priority. As such information about children’s allergies or serious medication conditions may be on display, including their picture and name. While this information is primarily for the educators at the service it may be viewed by students, volunteers, visitors and other families. A condition of enrolment at this service is that this information is readily available to

	<p>ensure each child’s safety. Parents will sign acknowledgment of this both in the Enrolment Form and the Risk Minimisation and Communication Plan.</p> <ul style="list-style-type: none"> ● All staff should refer to the Food Safety Policy and the strict guidelines offered regarding allergies including the use of Ingredient Books and the Meal Check Form. ● The Approved Provider and Nominated Supervisor should consider a risk management approach to medical conditions and determine if emergency adrenaline and asthma medications should be purchased for first aid kits for emergency use. ● Where emergency adrenaline and asthma medications are stored in first aid kits the following must apply: <ul style="list-style-type: none"> ○ Be clearly signed ○ Kept out of reach of children but not “locked away” ○ Be monitored to ensure they remain within their expiry date ○ Only stored as additional back up and not in place of medication required for an adult or child with a diagnosed allergy ○ Replaced immediately after use ○ Any use must be recorded and communicated as soon as is practical ○ Any use must be in accordance with the Medical Policy and where practical; under the instruction of a medical practitioner or emergency personnel.
September 2018	<p>Included the following in policy implementation and on the Risk Minimisation and Communication Plan form:</p> <ul style="list-style-type: none"> ● Families must be provided with this policy upon notification of the allergy. ● Added further information on how to report a medical condition incident (serious incident) including the Notification Decision Tree. ● Under the notice to be displayed, included specific wording under Regulation 173(2)(f)(i) that <i>“a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service”</i>
May 2019	<ul style="list-style-type: none"> ● Updated sources where applicable.
April 2020	<ul style="list-style-type: none"> ● Updated sources and weblinks ● Significant changes to quotes in Rationale and weblinks ● Removal of links for medicinal cannabis forms, these should be requested from the medical practitioner
May 2020	<ul style="list-style-type: none"> ● Inclusion of: “This service does not facilitate self-administration of medication. Emergency Medication must be provided to educators for safe storage and school-aged children are to alert educators to any need to administer.”