

Only Early Learning Centre



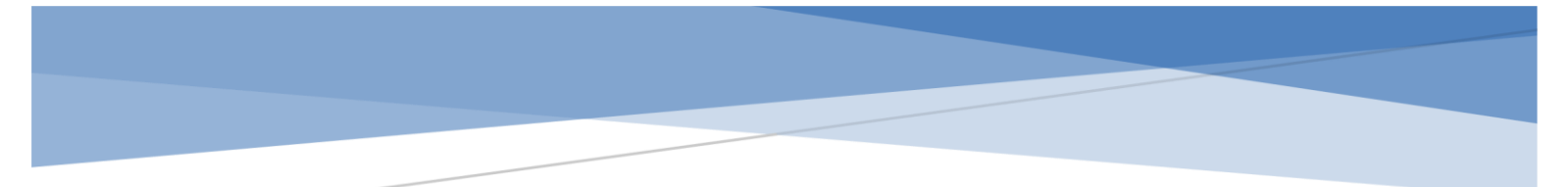
Medical Conditions Policy

Policy Number 9

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Contents

Medical Conditions Policy	1
Aim	4
Who is affected by this policy.....	4
Enrolment at Only ELC.....	4
Diabetes.....	4
Diabetes Definitions	4
Management Responsibilities	5
Educators are responsible for:.....	5
Parents and Guardians are responsible for:	5
Off-site excursions and activities	5
Timing meals.....	6
Participation in special events	6
Asthma	6
Centre Responsibilities	6
Educator Responsibilities.....	7
Family Responsibilities.....	7
In the event of a child having an asthma attack whilst at the service:.....	8
First Aid for Asthma Emergencies.....	9
Allergy.....	10
Allergy Symptoms	10
Meal Times.	10
Management Responsibilities	11
Educator Responsibilities.....	11
Family Responsibilities.....	11
Anaphylaxis.....	12
Signs and Symptoms of Anaphylaxis.....	12
Effective Management of Anaphylaxis	12
Adrenaline	12
Risk Minimisation	13
Management Responsibility	16
Educator Responsibility	16
Families Responsibilities	17



Medical Conditions.....	17
Medical Management Plans	17
Risk Minimisation Plan.....	18
Management Responsibilities	18
Educator Responsibilities.....	18
Family Responsibilities.....	18
Long Term Medication	19
Management Responsibilities	19
Educator Responsibilities.....	19
Family Responsibilities.....	19
Sources	21

Aim

Only Early Learning Centre aims to effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, staff and visitors.

Who is affected by this policy

Children
Educators
Staff
Management
Visitors
Families

Enrolment at Only ELC

On application for enrolment at Only Early Learning Centre, families will be required to complete full details about their child's medical needs. Where children require medication or have special medical needs for long term conditions, the child's doctor or allied health professional and parent/guardian must complete a Medical Management Plan. Such a plan will detail the child's special health support needs including administration of medication and other actions required to manage the child's condition.

Only Early Learning Centre Management will also consult with the child's family to develop a Risk Minimisation and Communication Plans. This plan will assess the risks relating to the child's specific health care needs, allergy or medical condition; any requirements for safe handling, preparation and consumption of food; notification procedures that inform other families about allergens that pose a risk; procedures for ensuring educators, students and volunteers can identify the child, their medication. This will also detail how families will inform educators about specific requirements for child in regards to medical conditions, and how educators will communicate to families; any intervention undertaken in relation to their child's medical condition.

Diabetes

Only Early Learning Centre aims to ensure that enrolled children with diabetes and their families are supported, while children are being educated and cared for by the service.

Only Early Learning Centre will ensure that any child with diabetes, has a current diabetes management plan prepared specifically for that child by their diabetes medical specialist, at or prior to enrolment. A child's diabetes management plan provides staff members with all required information about that child's diabetes care needs.

Diabetes Definitions

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 accounts for 85 to 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years but is increasingly occurring in individuals at a younger age. Type 2 diabetes is unlikely to be seen in children under the age of 4 years.

Management Responsibilities

- Ensuring plans are completed in consultation with the child's parents/guardians and available at the service for each child with diabetes including:
 - A medical management action plan signed by a medical practitioner.
 - A medical conditions risk management plan.
- Ensuring that all educators and staff at the service are aware of the strategies to be implemented for the management of diabetes.
- Ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with diabetes.
- Communicating with parents/guardians regarding the management of their child's diabetes.
- 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.

Educators are responsible for:

- 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.
- 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 and Guardians are responsible for:

- Providing the service with a current diabetes management plan prepared specifically for their child and signed by their diabetes medical specialist
- Assisting the staff to develop a medical condition risk minimisation plan
- Ensuring that they provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes management plan.

Off-site excursions and activities

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 and parents/guardians, as required.

Timing meals

Most meal requirements will fit into regular service routines. Children with diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime, children with diabetes cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).

Participation in special events

Special events can include children with type 1 diabetes in consultation with their parents. Only Early Learning Centre will provide food and drink alternatives when catering for special events. This will be planned in consultation with families.

Asthma

Only Early Learning Centre aims to ensure educators, staff and families are aware of their obligations and the best practice management of asthma at service. To ensure that all necessary information for the effective management of children with asthma enrolled at services managed by Only Early Learning Centre is collected and recorded so that these children receive affective attention when required.

Asthma is a chronic, treatable health condition that affects approximately one in 10 Australian children and is the most common reason for childhood admission to hospital. Symptoms of asthma include wheezing, coughing, chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children.

Where a child with asthma is enrolled at the service, or newly diagnosed as having asthma, communication strategies will be determined to inform all relevant educators, including students and volunteers. The following will be communicated:

- The child's name, and room they are educated and cared for
- Where the child's Asthma Action Plan will be located
- Where the child's preventer/reliever medication will be stored. Asthma reliever medications will be stored out of reach of children, and when the child is in attendance at the centre, the most senior educators in the room will wear a Medication Bag with this medication inside.

Centre Responsibilities

Management at Only Early Learning Centre will ensure that the following guidelines are followed for each child that attends the centre with Asthma Symptoms.

- Ensure that at least one staff member with current approved Emergency Asthma Management training is on duty at all times. Only Early Learning Centre aims to have all educators regularly take part in this asthma training.
- Identify children with asthma during the enrolment process and inform all educators.
- Ensure a Risk Minimisation Plan is developed for every child with asthma, in consultation with families

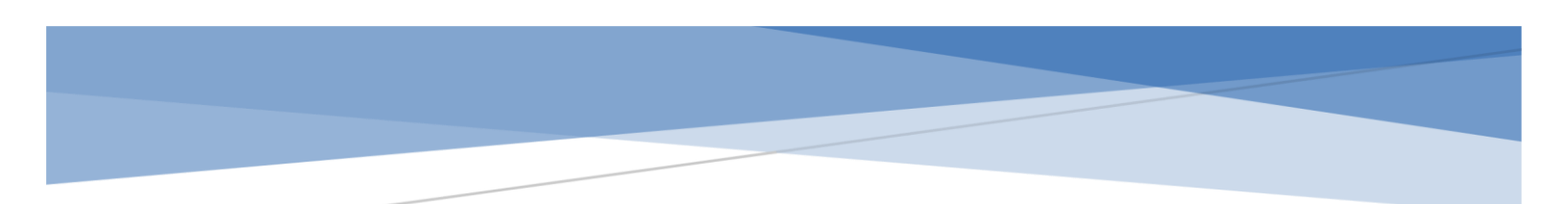
- Ensure that all children with asthma have an Asthma Action Plan and Risk Minimisation Plan filed with their enrolment record
- Ensure that the families of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the service.
- Ensure the expiry date of reliever medication is checked regularly and replaced when required.
- Ensure that children with asthma are not discriminated against in any way
- Ensure that children with asthma can participate in all activities safely and to their full potential
- Immediately communicating any concerns with families regarding the management of children with asthma at the service
- Ensure all educators/staff members are informed of the children with known asthma at the centre, this is done by:
 - Introducing each new staff member to the Risk Minimisation Wall during the orientation process
 - Ensure that all staff members are aware of the asthma display within each room
 - Ensure that all staff members are aware of the Asthma Bag procedure.

Educator Responsibilities

- Ensuring that they are aware of children in their care with asthma by constantly reviewing the Risk Minimisation Wall, room allergy displays and keeping open communication with families.
- Ensure that their classrooms asthma display is kept up to date.
- Ensure to only administer prescribed medication marked clearly with the child's name unless in the case of a medical emergency when emergency treatment
- Ensure that any prescribed asthma medication is administered in accordance with the child's Action Plan for Asthma.
- Promptly communicate, to management and families, if they are concerned about a child's allergy limiting his/her ability to participate fully in all activities.
- Ensure that they maintain current Asthma First Aid training.
- In consultation with the family, optimise the health and safety of each child through supervised management of the child's asthma
- Ensure that any asthma medication to be administered (on a non-emergency basis) outside of the usual requirements of the child's Asthma Management/Care Plan are documented by the parent/guardian at drop-off (including required time and dosage), and signed by two educator's/staff members upon administration of the medication.

Family Responsibilities

- Inform staff, either on enrolment or on initial diagnosis, that their child has asthma
- Provide a copy of their child's Asthma Action Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Action Plan should be reviewed and updated at least annually
- Work with staff to develop a Risk Minimisation Plan for their child
- Provide an adequate supply of appropriate asthma medication and equipment for their child
- Notify staff, in writing, of any changes to the information on the Asthma Action Plan, enrolment form or medication record Inform educators/staff, either upon enrolment or on initial diagnosis, that their child asthma.

- 
- NOT leave medication in your child's bag or locker. Give it directly to an educator/staff member on arrival and collect on departure. Alternatively, families can provide the centre with medication that can remain permanently.
 - Give written authority for medication to be dispensed by filling in a Medication Form. If the Medication Form is not filled in, except in the case of an emergency, medication will not be administered on that day.

In the event of a child having an asthma attack whilst at the service:

1. The child will be comforted, reassured and placed in a quiet area under the direct supervision of a suitably experienced member of staff with First Aid and Asthma training as well as the most Senior Staff Member on the premises, Centre Director, Assistant Director, Educational Leader, Centre Licensee or Lead Educator.
2. Asthma medication will be administered as outlined in the child's Asthma Management Plan.
3. The child's family will be contacted by phone immediately if educators become concerned about the child's condition.
4. In the event of a severe attack, the Ambulance Service will be contacted immediately, and the 4 Step Asthma First Aid Plan will be implemented until the ambulance officers arrive.

Kids' First Aid for Asthma



- 1** **Sit the child upright.**
Stay calm and reassure the child.
Don't leave the child alone.
- 2** **Give 4 separate puffs of a reliever inhaler – blue/grey puffer** (e.g. Ventolin, Asmol or Airomir)
Use a spacer, if available.
Give one puff at a time with 4–6 breaths after each puff.
Use the child's own reliever inhaler if available.
If not, use first aid kit reliever inhaler or borrow one.
- 3** **Wait 4 minutes.**
If the child still cannot breathe normally, **give 4 more puffs.**
Give one puff at a time (Use a spacer, if available).
- 4** If the child still cannot breathe normally,
CALL AN AMBULANCE IMMEDIATELY (DIAL 000)
Say that a child is having an asthma attack.
Keep giving reliever.
Give 4 separate puffs every 4 minutes until the ambulance arrives.

OR

- Give 2 separate doses of a Bricanyl inhaler
- If a puffer is not available, you can use Bricanyl for children aged 6 years and over, even if the child does not normally use this.
- Wait 4 minutes.**
If the child still cannot breathe normally, **give 1 more dose.**
- If child still cannot breathe normally,
CALL AN AMBULANCE IMMEDIATELY (DIAL 000)
Say that a child is having an asthma attack.
Keep giving reliever
Give one dose every 4 minutes until the ambulance arrives.

HOW TO USE INHALER

WITH SPACER

Use spacer if available*



- Assemble spacer (attach mask if under 4)
- Remove puffer cap and shake well
- Insert puffer upright into spacer
- Place mouthpiece between child's teeth and seal lips around it OR place mask over child's mouth and nose forming a good seal
- Press once firmly on puffer to fire one puff into spacer
- Child takes 4–6 breaths in and out of spacer
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

WITHOUT SPACER

Kids over 7 if no spacer



- Remove cap and shake well
- Get child to breathe out away from puffer
- Place mouthpiece between child's teeth and seal lips around it
- Ask child to take slow deep breath
- Press once firmly on puffer while child breathes in
- Get child to hold breath for at least 4 seconds, then breathe out slowly away from puffer
- Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer before each puff
- Replace cap

*If spacer not available for child under 7, cup child's/helper's hands around child's nose and mouth to form a good seal. Fire puffer through hands into air pocket. Follow steps for WITH SPACER.

BRICANYL

For children 6 and over only



- Unscrew cover and remove
- Hold inhaler upright and twist grip around then back
- Get child to breathe out away from inhaler
- Place mouthpiece between child's teeth and seal lips around it
- Ask child to take a big strong breath in
- Ask child to breathe out slowly away from inhaler
- Repeat to take a second dose – remember to twist the grip both ways to reload before each dose
- Replace cover

Not Sure if it's Asthma?
CALL AMBULANCE IMMEDIATELY (DIAL 000)
If the child stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

Severe Allergic Reactions
CALL AMBULANCE IMMEDIATELY (DIAL 000)
Follow the child's Action Plan for Anaphylaxis if available. If you know that the child has severe allergies and seems to be having a severe allergic reaction, use their adrenaline autoinjector (e.g. EpiPen, Anapen) before giving asthma reliever medicine.

For more information on asthma visit: Asthma Foundations www.asthmaaustralia.org.au National Asthma Council Australia www.nationalasthma.org.au
If an adult is having an asthma attack, you can follow the above steps until you are able to seek medical advice.
Although all care has been taken, this chart is a general guide only which is not intended to be a substitute for individual medical advice/treatment. The National Asthma Council Australia expressly disclaims all responsibility (including for negligence) for any loss, damage or personal injury resulting from reliance on the information contained. © National Asthma Council Australia 2011.

Allergy

It is the aim of this policy to ensure that Only Early Learning Centre effectively cares for, manages and supports children with allergies, minimises the risk of an allergic reactions occurring whilst these children are in attendance, and that staff members are aware of how to care for children who have allergies within the service.

Food allergies are caused by a reaction of the immune system to a protein in a food. The most common sources of food allergy in children under five are cow's milk, soy, eggs, peanuts, tree nuts, wheat, sesame, fish and shellfish. Food allergies occur in around one in every 20 children, and some of these allergies are severe. Ensuring that children avoid exposure to any foods they are allergic to is the only way to manage food allergies.

Allergy Symptoms

Symptoms of a severe allergic reaction can start within minutes of eating or being exposed to the food, but usually occur within 2 hours. Do not ignore early symptoms. When a reaction begins, it is important to respond right away.

Symptoms can vary from person to person. The same person may have different symptoms each time and they can include any of the following:

- **Skin:** hives, swelling (including of the tongue, lips or face), itching, warmth, redness, rash, pale or blue coloured skin.
- **Breathing:** coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, hoarse voice, nasal congestion or hay fever-like symptoms (such as runny, itchy nose, watery eyes and sneezing), trouble swallowing.
- **Stomach:** vomiting, nausea, abdominal pain or diarrhea.
- **Heart:** weak pulse, feeling faint, dizzy or lightheaded, passing out.

Meal Times

Even tiny amounts of an allergen can cause an allergic reaction. Only Early Learning Centre educators will use the following guidelines when serving children food at meal times.

- Have all children and staff wash their hands with soap and water before and after eating.
- Clean all tables and surfaces well before and after eating.
- Supervise children while they are eating.
- Do not allow children to trade or share food or utensils.
- Ask parents of children with food allergy to approve all foods offered to their child.
- Do not offer a food to a child with food allergy if you are not sure it is safe.
- Store food out of reach of young children.
- Talk to parents about activities that involve food.

Management Responsibilities

- Identify children with known allergies during the enrolment process via the Enrolment Form and discussions with new families.
- Provide families with a copy of the Risk Minimisation Form to complete during the enrolment process if the child presents with allergy symptoms.
- Ensure all educators and staff are informed of the children with known allergies in their care.
- Ensure families provide a copy of the Action Plan for Allergic Reactions prepared specifically for that child by their medical doctor to the service upon enrolment.
- Ensure that the children who are being educated and cared for by the service, have at least one educator or staff member who holds a current approved first aid qualification and has undertaken current approved anaphylaxis management training is in attendance.

Educator Responsibilities

- Ensure that they are aware of children in their care with a known allergy and are following the correct procedures to manage these allergies including the Allergy Bag Procedure, Red Stamp Procedure, Trolley Chart Procedure and that their allergy walls within the classrooms are up to date.
- In consultation with the family, optimise the health and safety of each child through supervised management of the children's allergies.
- Ensure to only administer prescribed medication marked clearly with the child's name unless in the case of a medical emergency when emergency treatment (such as the administration of an adrenaline autoinjector is required).
- Ensure that any prescribed allergy medication is administered in accordance with the child's Action Plan for Allergic Reactions or Allergy Management Plan.
- Promptly communicate, to management and families, if they are concerned about a child's allergies limiting their ability to participate fully in all activities.
- Ensure that Risk Minimisation strategies stated on the Risk Minimisation Plans are implemented within the classroom and outdoor areas at all times, when the child is in attendance.

Family Responsibilities

- Inform educators and staff, either upon enrolment or on initial diagnosis, that their child has a known allergy.
- Provide all relevant information regarding the child's allergies via the Action Plan for Allergic Reactions prepared specifically for that child by their medical doctor and the Risk Minimisation Form.
- Notify the educators and staff, in writing, of any changes to the Action Plan for Allergic Reactions.
- Ensure that their child has an adequate supply of appropriate medication or treatment that is clearly labelled with the child's name, including relevant expiry dates.
- Communicate all relevant information and concerns to educators and staff as the need arises.
- **NOT** leave medications in your child's bag or locker. Give it directly to an educator or staff member on arrival and collect on departure.

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.

Signs and Symptoms of Anaphylaxis

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

- Difficult/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)

Several factors can influence the severity of an allergic reaction. These include exercise, heat, alcohol, and in food allergic people, the amount eaten and how it is prepared.

Effective Management of Anaphylaxis

If a child at the service is at risk of anaphylaxis, they require ongoing management by a doctor. This should include:

- Referral to a clinical immunology/allergy specialist
- Identification of the trigger/s of anaphylaxis - This will include a comprehensive medical history and clinical examination followed by interpretation of allergy test results.
- Education on avoidance of trigger/s - This is particularly important with severe food allergy, as avoidance of the food is the only way to avoid an allergic reaction. Advice from an experienced allergy dietitian may also be required.
- Provision of an ASCIA Action Plan for Anaphylaxis - ASCIA Action Plans provide guidance on when and how to use an adrenaline (epinephrine) autoinjector.
- Regular follow up visits to a clinical immunology/allergy specialist.

Adrenaline

Adrenaline works rapidly to reverse the effects of anaphylaxis and is the first line treatment for anaphylaxis. Adrenaline autoinjectors contain a single, fixed dose of adrenaline, and have been designed

to be given by non-medical people, such as a friend, teacher, childcare worker, parent, passer-by or by the patient themselves (if they are not too unwell to do this). An adrenaline autoinjector should only be prescribed as part of a comprehensive anaphylaxis management plan, which includes an ASCIA Action Plan for Anaphylaxis and education on how to reduce the risk of allergic reactions. Signs of improvement should be seen rapidly, usually within a few minutes. If there is no improvement, or the symptoms are getting worse, then a second injection may be administered after 5 minutes. Another student's adrenaline autoinjector may be used if a second adrenalin autoinjector is required. If there are concerns that the other student may be placed at risk by using their adrenaline autoinjector, that child must be transported to hospital as well.

If an adrenaline autoinjector has been given, then an ambulance will be called. The time of administration of the autoinjector will be noted. The used autoinjector will be placed into its screw-top container and given to the ambulance crew so they will know what medication the child has received.

Adrenaline autoinjectors will be stored within each child's medication bag at room temperature. These medication bags will be locked when not in use. Each child's ASCIA Action Plan for Anaphylaxis will always be stored with an adrenaline autoinjector. When the child is present at the centre, the adrenaline autoinjector will be worn by the most senior educator who is with the child. The shelf life of adrenaline autoinjectors is normally around 1 to 2 years from date of manufacture. The expiry date is found on the side of the device. Expired adrenaline autoinjectors are not as effective when used for treating allergic reactions. However, a recently expired adrenaline autoinjector should be used in preference to not using one. It is the role of the child's family to provide the prescribed adrenaline autoinjector and to replace it when it expires or after it has been used.

Risk Minimisation

As part of the service's development of individual health plans for children, management and educators will work together to consider all learning activities and circumstances that the child will be involved in as part of their daily attendance at the centre. The following considerations will be included in a risk minimisation plan for children with confirmed anaphylaxis:

- The confirmed allergens of children
- The age and developmental level of the children
- How risk minimisation strategies will be communicated
- Potential learning/developmental concerns
- Room routines and activities
- Non-routine classroom and service activities and events
- Excursions/incursions

The potential for an anaphylactic reaction to occur can be reduced by risk minimisation strategies but it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. **Any anaphylactic reaction always requires an emergency response.**

- Practical strategies to avoid exposure to known triggers. Avoidance of specific triggers is the basis of anaphylaxis prevention. It is not recommended that children with a food allergy be physically isolated from other children. At the Education and Care Service, children are dependent on Educators and staff to provide a safe environment.

- There should be no trading and sharing of food, food utensils and food containers.
- Bottles, other drinks and lunch boxes provided by the parent/guardians for their children should be clearly labelled with the name of the child for whom they are intended.
- The use of food in crafts, cooking classes and science experiments may need to be restricted depending on the allergies of particular children.
- Food preparation staff should be instructed about measures necessary to prevent cross contamination during the handling, preparation and serving of food. Examples would include the careful cleaning of food preparation areas after use and cleaning of utensils when preparing allergenic foods.
- Parent/guardians will be asked not to send food containing highly allergenic foods such as egg and nut products to the Service.
- In some circumstances it may be appropriate that a highly allergic child does not sit at tables where the food to which they are allergic is being served.
- The meal prepared for all children should not contain ingredients such as milk, egg and nut products to which the child is at risk.
- Food removal from the Education and Care Service should only occur following recommendation by a relevant medical specialist, and provision of documentation of this recommendation.

Only Early Learning Centre



Risk Assessment Template

ACTIVITY DETAILS	
Activity, Resource, Experience, Event	Children at the centre with confirmed Anaphylaxis
Specific Room, Outdoor Area or Entire Centre	Entire centre
Date of Event, or Date that Resource/Experience was conducted	Ongoing
Persons Potentially at Risk	All children

RISK ASSESSMENT					
Number	Potential Hazard or Risk Identified	Risk Assessment (see attached Risk Matrix)			Elimination/Control Measures
		Likelihood	Consequence	Rating	
1	Awareness of service educators and staff of which children are at risk of anaphylaxis and where emergency medication is stored.	Possible	Catastrophic	Extreme	<p>Provide a copy of the student's ASCIA Action Plan for Anaphylaxis to classroom teacher/s and post the plan in suitable locations (such as the canteen) for easy reference, in consultation with the parent, and where appropriate, the student.</p> <p>Communicate regularly with all staff so they are aware of which students have allergies and what they are allergic to.</p> <p>Communicate to staff with responsibility for first aid and care of students who become unwell at school which students are at risk of anaphylaxis, the signs of anaphylaxis and the emergency response</p>

					including the priority of administration of medication.
2	Awareness of students around what to do if a student is experiencing symptoms of anaphylaxis.	Possible	Major	High	Raise the awareness of educators about signs of anaphylaxis. This will be done through meetings.
3	Off-site activities, excursions and incursions.	Possible	Major	High	Take the child's adrenaline autoinjector, ASCIA Action Plan for Anaphylaxis and means of contacting emergency assistance to off-site service activities. Inform all staff present during the excursion/incursion that there is a student at risk of anaphylaxis and of any relevant strategies to minimise exposure. Parents of children may wish to accompany their child on excursions/incursions.
4	Meal times	Possible	Major	High	Plan regular discussions with children about the importance of washing hands, eating their own food, and not sharing food, food utensils or food containers. Ensuring that the centre chef has updated information about children's allergies and requirements. Ensure that meal times are heavily supervised where there is a child at risk of anaphylaxis.
5	Class parties, open days and whole school activities involving food	Possible	Major	High	Liaise with families of the children at risk of anaphylaxis about activities involving food ahead of time so planning can occur. Ensure that families are aware that they are not able to bring food from outside of the centre.
6	Food and cooking experiences and activities	Possible	Major	High	Avoid the use of the known food allergen when the student at risk of anaphylaxis is participating in curricular activities. Raise awareness of the possibility of hidden allergens in food technology. The use of particular foods may need to be restricted,

					depending on the allergies of particular children. Put food handling and hygiene procedures in place and communicate to all staff and educators involved in food preparation to avoid cross contamination. These procedures should include thorough hand washing before and after handling foods and careful cleaning of food preparation areas including bench top areas and utensils before and after use.
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RISK ASSESSMENT PLANNING AND APPROVAL				
Risk Assessment Conducted By:	Alex Jury			
Position at the Centre:	Assistant Director			
Approved by which Member of Management or Member of WHS Committee?	Name: Alex Jury	Signature:	Position: Assistant Director	Date: 28.02.2019

Risk Matrix

		Consequence				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	Almost Certain	Moderate	High	High	Extreme	Extreme
	Likely	Moderate	Moderate	High	Extreme	Extreme
	Possible	Low	Moderate	High	High	Extreme

	Unlikely	Low	Low	Moderate	High	High
	Rare	Low	Low	Low	Moderate	High

Rating

- Low: Business as Usual (set a time to review risks)
- Moderate: Closely Monitor (monitor risk on ongoing basis; plan to control risk)
- High: Heightened Action (immediate control required)
- Extreme: Immediate Action (rectify immediately)

Hierarchy of Control

- Remove - Hazard is eliminated completely
- Substitute - With a lesser risk
- Isolate - Remove the risk from contact
- Design - Engineer a solution
- Change - The behaviour surrounding the risk
- Wear - Personal Protective Equipment

Which Control Measure was used?	How was this Measure used?
1	Change
2	Change
3	Change
4	Change
5	Change
6	Change

Management Responsibility

Even if young children have not yet been given a formal diagnosis, they can still be at risk of anaphylaxis. The management at Only Early Learning Centre will follow the following guidelines to ensure the environment is as safe as possible for all children, including children who may have confirmed anaphylaxis:

- Develop a risk minimisation plan for the service in consultation with staff and the families of the children with confirmed anaphylaxis
- Ensure that all staff members in a service are aware of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child’s allergies, the individual anaphylaxis action plan and the location of the auto-injection device kit
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service, its programs or family day carers home without their device
- Ensure that a child’s individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child
- Ensure that the staff member accompanying children inside or outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

Educator Responsibility

Where there is a child with confirmed Anaphylaxis within a classroom, the class educators will follow the following guidelines to ensure that health and safety of that child:

- Ensure a copy of the child’s anaphylaxis action plan is visible and known to staff in the service

- 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 000
 - Commence first aid measures
 - Contact the child's family
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted
- Ensure to only administer prescribed medication marked clearly with the child's name
- Ensure that any prescribed anaphylaxis medication is administered in accordance with the child's Anaphylaxis Management Plan
- Promptly communicate, to management and families, if they are concerned about a child's anaphylaxis limiting their ability to participate fully in all activities.

Families Responsibilities

- Inform educators either upon enrolment or on initial diagnosis, that their child has anaphylaxis.
- Provide all relevant information regarding the child's anaphylaxis via the Anaphylaxis Management Plan prepared specifically for that child by their physician.
- Notify the Educators, in writing, of any changes to the Anaphylaxis Management Plan.
- Ensure that their child has adequate supply of appropriate equipment, medication, treatment clearly labelled with the child's name including relevant expiry dates.
- Communicate all relevant information and concerns to educators as the need arises.
- NOT leave medications in your child's bag or locker. Give it directly to an educator on arrival and collect on departure.

Medical Conditions

The information in this section of the policy applies at any time that a child with a diagnosed health care need or relevant medical condition is being educated and cared for by Only Early Learning Centre. A medical management plan and risk minimisation plan must be prepared for every child who is enrolled who has a diagnosed health care need or relevant medical condition. A letter from a registered medical practitioner is required to be supplied by families to Only Early Learning Centre that includes the diagnosis and management of a diagnosed health care need or relevant medical condition.

Medical Management Plans

- Families of children who have been diagnosed with a medical condition are responsible for consulting with a registered medical practitioner to develop a medical management plan. This medical management plan must detail the following:
 - Details of the diagnosed health care need, including the severity of the condition
 - Any current medication prescribed for the child
 - Appropriate emergency response required from the service in relation to medical emergencies

- Any medication required to be administered in an emergency

Risk Minimisation Plan

A risk-minimisation plan must be developed in consultation with the parents of a child and ensure:

- That the risks relating to the child's diagnosed health care need are assessed and minimised
- That practices and procedures are in place including the safe handling of food if required

Management Responsibilities

The Management Team at Only Early Learning Centre are responsible for ensuring that the following are implemented at the centre to uphold the health and safety of all children who have diagnosed Medical Conditions:

- Developing and implementing a communication plan and encouraging ongoing communication between families and the service regarding the current status of the child's specific health needs.
- Ensuring that families provide information on their child's health, medications, their medical practitioner's name and a medical management plan signed by the family's medical practitioner.
- Ensuring that a Risk Minimisation Plan is developed for each child with a medical condition.
- Ensuring that a copy of the child's medical management plan is visible to staff members.
- Assist educators to administer medication to the child as required.

Educator Responsibilities

- Ensuring that children do not swap or share food, utensils or containers during meal times.
- Communicating any relevant information provided by the family regarding their child's medical condition.
- Be aware of children's individual requirements.
- Monitoring the signs and symptoms children are displaying that are relevant to their medical condition.

Family Responsibilities

- Informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition
- Providing a medical management plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition.
- Notifying the Management Team at Only Early Learning Centre of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes.

Long Term Medication

In supporting the health and wellbeing of children the use of medications may be required by children at the education and care service. Any medication must be administered as prescribed by medical practitioners and first aid guidelines to ensure continuing health for the child and for the child's safety and wellbeing.

Prescribed medication can only be administered to a child:

- With written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication
- With two adults in attendance, one of whom must be an educator.
- One adult will be responsible for the administration and the other adult will witness the procedure
- If the prescribed medication is in its original container bearing the child's name, dose and frequency of administration.

Management Responsibilities

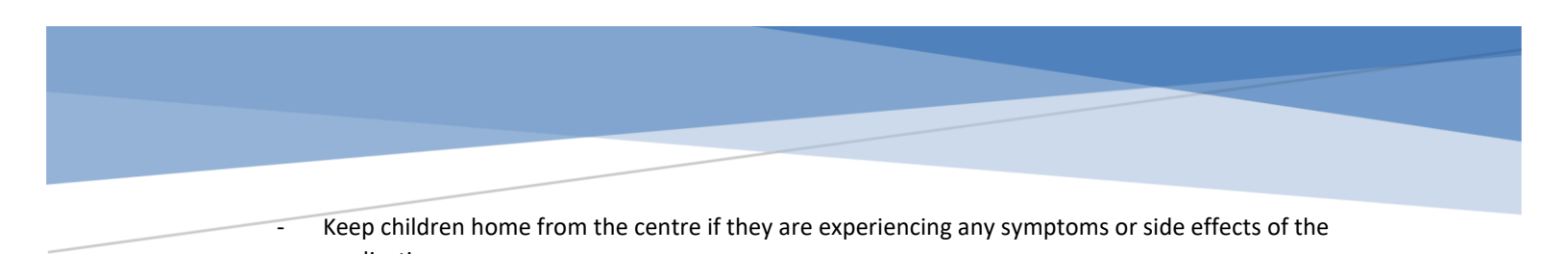
- Ensure that educators receive information about the medication policies during their induction.

Educator Responsibilities

- Educators will not administer medication without the authorisation of a parent or person with authority, except in the case of an emergency.
- Ensure that medications are stored in a refrigerator (if required) in the locked medication box.
- If the medication does not need to be stored in the refrigerator, it is to be kept in the locked medication box in the office.
- Ensure that two educators administer medication at all times. One of these educators must have a current First Aid qualification. Both of these educators are to check the medication form, the prescribed label and the dosage required. Both of these educators must sign, date and note the time of the Medication Form.

Family Responsibilities

- Notify management via the child's enrolment forms if children are taking any medications, including short term and long-term medication use.
- Complete a medication record form as required of children who require medication whilst in attendance at the education and care service.
- Keep prescribed medications in original containers with pharmacy labels.

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- Keep children home from the centre if they are experiencing any symptoms or side effects of the medication.
 - Not leave any medication in children's bags.

Sources

Education and Care Services National Law Act 2010

167 – Offence relating to protection of children from harm and hazards

Education and Care Services National Regulations 2011

168 – Policies and procedures are required in relation to health and safety

78 – Food and beverages

79 – Service providing food and beverages

90 – Medical conditions policy

92 – Medication record

93 – Administration of Medication

94 – Medication may be administered to a child without an authorisation in case of an asthma emergency

95 – Procedure for administration of medication

Quality Standards 2018

Element 2.1.2 – Health Practices and Procedures. Effective illness and injury management and hygiene practices are promoted and implemented.

Diabetes NSW www.diabetesnsw.com.au Retrieved June 2016

Australasian Society of Clinical Immunology and Allergy (ASCIA) website www.allergy.org.au June 2016

ASCIA Action Plans for Allergic Reactions

http://www.allergy.org.au/images/stories/anaphylaxis/2015/ASCIA_Action_Plan_Allergic_Reactions_2015.pdf June 2016

ASCIA Action Plan for Anaphylaxis (poster)

http://www.allergy.org.au/images/stories/anaphylaxis/2015/ASCIA_Action_Plan_Anaphylaxis_EpiPen_General_2015.pdf June 2016

Anaphylaxis Guidelines for Early Childhood Education and Care Services

NSW Health www.health.nsw.gov.au June 2016

Review

The policy will be reviewed annually. Review will be conducted by management, employees, parents and any interested parties.

Reviewed By: Alex Jury **Date:** 20th February 2019

Approved By: Kelly Williams

Date for Next Review: 20th February 2020