

Relevant Legislation
Education and Care Services National Regulations
90 Medical Conditions Policy
90 (I)(V) Medical Conditions Communication Plan
91 Medical Conditions Policy to be Provided to Parents
92 Medication Record
93 Administration of Medication
94 Exception to authorisation Requirement - Anaphylaxis or Asthma emergency
162 Health information to be kept in enrolment record

National Quality Standards		
Quality Area 2: Children’s Health and Safety		
2.1	Health	Each child’s health and physical activity is supported and promoted.

Policy Objective

The objective of this policy is to ensure compliance with the Education and Care Services National Regulations, 2011 (Revised 2018) and the Education and Care Services National Quality Standards (Revised 2018).

This sets out the requirements for Health and Safety policies and practices in relation to Allergies.

Rationale

We aim to minimise the risk of an allergic reaction occurring at our service by ensuring all employees are adequately trained to respond appropriately to all medical conditions.

Allergies are increasing in Australia and affect a large percentage of people. There are many causes of allergy, and symptoms vary from mild to potentially life threatening. Allergy is one of the major factors associated with the cause and persistence of asthma.

Allergy occurs when a person’s immune system reacts to substances in the environment that are harmless to most people. These substances are known as allergens and are found in dust mites, pets, pollen, insects, ticks, moulds, foods and some medications.

Atopy is the genetic tendency to develop allergic diseases. When atopic people are exposed to allergens, they can develop an immune reaction that leads to allergic inflammation. This can cause symptoms in the:

- Nose and/or eyes, resulting in allergic rhinitis (hay fever) and/or conjunctivitis.
- Skin resulting in eczema, or hives (urticaria).
- Lungs resulting in asthma.

Practices

People experience different symptoms, depending on the allergen and where it enters the body. Allergic reactions can involve many parts of the body at the same time.

Nose, eyes, sinuses and throat:

When allergens are breathed in, the release of histamine causes the lining of the nose to produce more mucus and become swollen and inflamed. It causes the nose to run and itch, and violent sneezing may occur. Eyes may start to water, and people may get a sore throat.

Lungs and chest:

Asthma can be triggered during an allergic reaction. When an allergen is breathed in, the lining of the passages in the lungs swells and makes breathing difficult.

Stomach and bowel:

Foods that commonly cause allergy include peanuts, seafood, dairy products and eggs. Cow's milk allergy in infants may occur and can cause eczema, asthma, colic and stomach upset. Some people cannot digest lactose (milk sugar). Lactose intolerance causes stomach upsets, but should not be confused with allergy.

Skin:

Skin problems that can be triggered by allergy include atopic dermatitis (eczema) and urticaria (hives).

Communication between the early learning service and parents/guardians is important in helping children avoid exposure. Prevention of allergic reactions or adverse reactions in our service is knowledge of those children who have been diagnosed as at risk, awareness of allergens and the prevention of exposure to those allergens.

Children and educators need to be able to recognise symptoms of allergies and be prepared to administer medication according to the child's allergy action plan.

We will involve all educators, parents/guardians, and children in regular discussions about medical conditions and general health and wellbeing throughout our program. The service will adhere to privacy and confidentiality procedures when dealing with each child's health needs.

A copy of all Allergy Action Plans, Medical Condition Management Plan and Individual Medical Risk Minimisation Plans will be communicated and accessible to all employees of the service. It is imperative that communication is open between parents/guardians and educators to ensure that the appropriate allergy management strategies are in place.

It is imperative that all educators / employees at the service follow a child's Allergy Action Plan and Individual Medical Risk Minimisation Plan in the event of an incident related to a child's specific health care needs, allergic reaction, or medical condition.

If a child is considered Anaphylaxis refer to the 'Anaphylaxis Policy and Procedure'.

Service Manager/Nominated Supervisor:

- To ensure that all educators have completed first aid and anaphylaxis management training approved by the Education and Care Services National Regulations at least every 3 years and is recorded with each employee's certificate held on the services premises
- Ensure that all educators, whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio pulmonary resuscitation (CPR) every 12 months, recording this in the educators employee records
- Ensure that all educators are aware of symptoms of an allergic reaction or adverse reaction of the child's allergies
- Ensure that a copy of this policy and procedure is provide and reviewed during each new employee's induction process and reviewed yearly
- Provide a copy of this policy and procedure to the parents/guardians of each child diagnosed with allergies at the service
- Ensure that the parents/guardians provide a copy of the Allergy Action Plan and Medical Conditions Management Plan to the service, that has been developed in consultation with a medical practitioner
- Ensure that all details of medical conditions, including allergies, are recorded on the Medical Conditions Summary table, and that relevant plans will be reviewed 6 monthly, and updated and resubmitted to the service on a 12-monthly basis.
- Conduct an assessment of the potential for accidental exposure to allergens while a child/children are in the service and develop an Individual Medical Risk Minimisation Plan in consultation with the educators and parents/guardians of the child/children
- Ensure that no child who has been prescribed an allergy medication attends the service without the medication required for their allergies, and that medication is within its expiry date

It is the responsibility of the Nominated Supervisor / Service Manager to ensure that copies of documents relating to Medical Conditions will be located and available as follows:

In Classroom of Child

- Action Plan – *Laminated and placed somewhere visible to educators only*
- Medical Conditions Management Plan & Individual Medical Risk Minimisation Plan – *in plastic sleeve located below Action plan*

In Office

- Action Plan, Medical Conditions Management Plan & Individual Medical Risk Minimisation Plan – *to be located in child's enrolment file*

In Staff Room

- Action Plan, Medical Conditions Management Plan & Individual Medical Risk Minimisation Plan - *to be located in Medical Conditions Folder in the staff room.*

- This folder is to be updated monthly from and cross checked with Qikkids, prior to the monthly team meeting, with any changes or new conditions to be discussed during the meeting.
- All Educators must sign the back of all 3 of these documents for children with Medical Conditions.
- If any new Medical Conditions arise throughout the month, a copy must be left somewhere visible for **ALL** employees to sign and acknowledge before it is placed in the Medical Conditions folder in the Staff room.

Kitchen

In addition to the locations above, children who have a food related allergy, must have.

- Action Plan – *Laminated and placed somewhere visible*
- Medical Conditions Management Plan & Individual Medical Risk Minimisation Plan – *accessible nearby*

It is the responsibility of the Nominated Supervisor / Service Manager to ensure that any changes or reviewed plans / paperwork are updated and replaced in **ALL** of these locations above and resigned by employees as required.

- Ensure that all educators/employees responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels
- Ensure that all casual employees in the service have completed training in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction
- Ensure all employees can identify children with Medical Conditions (including allergies and anaphylaxis) and know the location of Action Plans and relevant medication (including EpiPen®)
- Ensure that the educators accompanying children outside of the service carries the allergy medication and a copy of the Allergy/Anaphylaxis Action Plan, Medical Condition Management Plan (and the auto-injection device kit (EpiPen®) for each child that is at risk of anaphylaxis.) Refer to Anaphylaxis Policy and Procedure
- **In the event that a child suffered from an Allergic Reaction emergency the service educators:**
 - Follow the child's Allergy Action Plan
 - Call an ambulance if the situation becomes life threatening by dialing 000
 - Commence first aid measures
 - Contact the parents/guardians when practicable
 - Contact the emergency contact if the parents/guardian cannot be contacted when practicable
 - If an ambulance is required, an educator is to accompany the child if the parent/guardian or emergency contact is not in attendance

- Notify the General Manager or Operations/Education Manager as soon as practicable
- Notify the regulatory authority within 24hours of the incident if immediate medical treatment is sought (via Head Office)
- **Following an emergency, the following will need to be carried out:**
 - All Employees involved in the situation are to complete an incident report form as per the Incident, Injury and Trauma Policy and Procedure, as well as detailed file notes
 - File a copy of the Incident Report Form with the child's enrolment file
 - Service Manager/nominated supervisor in conjunction with Educators/employees will discuss the procedures that were in place
 - Service Manager/nominated supervisor in conjunction with educators/employees will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent any further exposure
 - Complete the Incident/Complaint Notification Form, obtain the supporting documentation for reporting to the regulatory authority within 24hrs of the incident if immediate medical treatment is sought, and submit to Head Office to lodge
 - If medication was administered complete the Medication Administration Consent Form, and ensure parent signs upon collection of child
 - Add incident to the Medical Conditions Occurrence Record

Educators:

- Follow the child's Individual Medical Risk Minimisation Plan everyday
- Ensure no child who has been prescribed an allergy medication attends the service without the medication required, and that medication is within its expiry date
- Follow the child's Allergy Action Plan and the Medical Conditions Management Plan in the event of an allergic reaction, which may progress to anaphylaxis
- Ensure that if a family advises them of a new medical condition, or a change to an existing medical condition, that they (the educator) will ensure that this vital information is passed on to the Service Manager / Nominated Supervisor with urgency. It is also required the family provide an updated Action Plan, Medical Conditions Management Plan and that they review the Individual Medical Risk Management Plan with the service.
- Maintain clean tables and bench tops, ensuring they are cleaned before and after eating
- Ensure the child at risk of allergy only eats the food that has been prepared according to the parents/guardians' strict instructions
- Increase supervision of a child at risk of an allergic reactions or adverse reaction on special events such as excursions, incursion, parties and family days, and take the child's Action Plan and relevant Medication whenever leaving the service.
- **In the event that a child suffered from an Allergic Reaction emergency the service educators:**
 - Follow the child's Allergy Action Plan
 - Notify Service Manager

- Call an ambulance if the situation becomes life threatening by dialing 000
 - Commence first aid measures
 - Contact the parents/guardians when practicable
 - Contact the emergency contact if the parents/guardian cannot be contacted when practicable
 - If an ambulance is required, an educator is to accompany the child if the parent/guardian or emergency contact is not in attendance
 - Notify the regulatory authority within 24hours of the incident if immediate medical treatment is sought (via Head Office)
- **Following each emergency, the following will need to be carried out:**
 - All Employees involved in the situation are to complete an Incident Report Form as per the Incident, Injury and Trauma Policy and Procedure
 - File a copy of the Incident Report Form with the child's enrolment file
 - Educators/employees will discuss the procedures that were in place
 - Service Manager/nominated supervisor in conjunction with educators/employees will discuss the exposure to the allergen and the further strategies that need to be implemented and maintained to prevent any further exposure
 - If medication was administered complete the Medical Administration Consent Form and ensure parents/guardians sign upon collection of child
 - Add incident to the Medical Condition Occurrence Form

Parents/Guardians:

- To inform educators/employees at the service on commencement of enrolment or on the diagnosis of their child's allergies
- Provide a relevant Allergy Action Plan and Medical Conditions Management Plan that is signed by a registered Medical Practitioner
- Develop an Individual Medical Risk Minimisation Plan in conjunction with the educators of the service
- Provide educators with medication and regularly check the expiry date
- Consistently offer educators/employees information regarding their child's allergies
- Immediately notify educators/employees of any changes to their child's allergy status and provide new Allergy Action Plan and Medical Conditions Management Plan (from medical practitioner) in accordance with these changes, and review Individual Medical Risk Management Plan with the service
- Communicate all relevant matters regarding their child's health to educators/ employees
- Read and comply with the service's policy that no child who has been prescribed with an allergy is permitted to attend the service or any program without the medication (that is within its expiry date)

- Ensure Allergy Action Plans and Medical Conditions Management Plans are reviewed by their medical practitioner every 6 months and if there are no changes in 6 months, an updated copy must be provided to the service yearly.
- Understand that failure to provide up to date plans, and medication within date, may result in refusal of care by the service, until such time that these things are rectified.

Associated Documents

- Allergy Action Plan
- Current Service Medical Conditions Summary
- Incident/Complaint Notification Form
- Incident Report Form
- Individual Medical Risk Minimisation Plan
- Medical Administration Consent Form
- Medical Condition Occurrence Record
- Medical Conditions Management Plan

Policies

- Anaphylaxis Policy and Procedure
- Incident, Injury and Trauma Policy and Procedure
- Medical Conditions Policy
- Medication Administering Policy and Procedure

References

Education and Care Services National Regulations 2011 (Revised 2018)

National Quality Standards for Education and Care Services (Revised 2018)

Resources

The Australian Children's Education & Care Quality Authority: <http://www.acecqa.gov.au/>

Allergy & Anaphylaxis Australia: [http://: www.allergyfacts.org.au](http://www.allergyfacts.org.au)

Notes

Information relating to this policy is communicated throughout the Service using a variety of the following:

Newsletters, emails, Parent and Team handbooks, Team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets in the foyer, role modelling and signs displayed around the classrooms and Service.

Policy Written by: Lauren McMahon & Tamir Tukino	Version 1.4	Date: June 2020
Approved by: General Manager	Approved Date: February 2021	Next review date: February 2022

Notification Types and Timeframes

- ASAP - But within 24 hrs
- Within 24 hours
- Within 7 days



