

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 management of medical conditions. This policy relates to children, educators, visitors, and management.

Rationale

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

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.

A severe anaphylaxis reaction can occur when a susceptible person is exposed to an allergen. Reactions usually begin within minutes of exposure and can progress rapidly. Anaphylaxis should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person is exposed to the allergen to which they are allergic, most commonly a food, insect sting or medication.

Practices

Anaphylaxis is a severe, rapidly progressive allergic reaction and is potentially life threatening. The most common triggers of anaphylaxis are:

- Peanuts
- Eggs
- Cow’s Milk



Anaphylaxis Management Policy and Procedure

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- Tree nuts
- Fish and shellfish
- Wheat
- Soy
- Sesame
- Insect stings (particularly bee stings)

Communication between the early learning service and parents/guardians is important in helping children avoid exposure. Prevention methods for occurrence of anaphylaxis in our service include 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 anaphylaxis, with educators being prepared to administer adrenaline according to the child's Anaphylaxis Action Plan. Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or EpiPen Jr®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

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

A copy of all Anaphylaxis Action Plans, Medical Condition Management Plans and Individual Risk Minimisation plans will be available to **ALL** employees of the service. It is imperative that communication is open between parents/guardians, Service Managers and educators to ensure that the appropriate Anaphylaxis Management Strategies are in place.

It is imperative that all educators / employees at the service follow a child's Anaphylaxis Action Plan and Medical Condition Management Plan in the event of an incident related to a child's specific health care needs, allergic reaction, or medical condition. Individual Medical Risk Minimisation plans must be followed every day to reduce the risk of a medical emergency occurring.

Service Manager / Nominated Supervisor / Responsible Person:

- 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 anaphylactic reaction, can identify the child at risk of anaphylaxis, the child's allergies, Anaphylaxis Action Plan and EpiPen® kit
- Ensure that a copy of this policy and procedure is provided during each new employee's orientation process and reviewed yearly by all educators.
- Provide a copy of this policy and management procedure to the parents/guardians of each child diagnosed at risk of anaphylaxis at the service.



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- Ensure that the parents/guardians provide a copy of the Anaphylaxis Action Plan and Medical Conditions Management Plan (that has been developed in consultation with a medical practitioner) to the service, prior to commencing care.
- Conduct an assessment of the potential for accidental exposure to allergens while a child/children at risk of anaphylaxis 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 adrenaline auto-injection device is permitted to attend the service without the device

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 this outlines the allergies and details the prescribed medication for that child and the circumstances in which the medication should be used
- Ensure that all details of medical conditions, including anaphylaxis, 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.
- 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
- Display prominently a notice in the main entrance of the service stating how many children diagnosed at risk of anaphylaxis is being cared for
- 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, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis action plan and the location of the auto-injection device kit (EpiPen®)
- Ensure that the educators accompanying children outside of the service carry the anaphylaxis medication and a copy of the Anaphylaxis Action Plan, Medical Conditions Management Plan, Individual Medical Risk Minimisation Plan and the auto-injection device kit (EpiPen®) for each child that is at risk of anaphylaxis
- **In the event that a child suffered from an Anaphylactic emergency the service educators:**
 - Follow the child's specific Anaphylaxis Action Plan
 - Call an ambulance immediately 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
 - An educator is to accompany the child in the ambulance 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 (via Head Office)
- **Immediately after an emergency, the following will need to be carried out:**
 - All Employees involved in the situation are to complete an Incident Report Form and detailed file notes as per the Incident Injury and Trauma Policy and Procedure
 - 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 and email through to Head Office for reporting to the regulatory authority within 24hrs of the incident occurring

Educators:

- Follow the child's Individual Medical Risk Minimisation Plan everyday
- Follow the child's Anaphylaxis Action Plan and the Medical Management Plan in the event of an allergic reaction, which may progress to anaphylaxis
- Maintain clean tables and bench tops, ensuring they are cleaned before and after eating and follow the Individual Medical Risk Management Plan on a daily basis
- Ensure the child at risk of anaphylaxis only eats the food that has been prepared according to the parents/guardians' strict instructions
- Increase supervision of a child at risk of anaphylaxis on special events such as excursions, incursions, parties and family days, and take the child's Action Plan and relevant medication when leaving the service
- **In the event that a child suffered from an Anaphylactic emergency the service educators**
 - Follow the child's Anaphylaxis Action Plan
 - Notify Service Manager
 - Always call an ambulance 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
 - Accompany the child in the ambulance if the parent/guardian or emergency contact is not in attendance
 - Notify the regulatory authority within 24hours of the (via Head Office)
- **Immediately after an emergency, the following will need to be carried out:**
 - All Employees involved in the situation are to complete an Incident Report Form and detailed file notes as per the Incident Injury and Trauma Policy and Procedure
 - 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 and email through to Head Office for reporting to the regulatory authority within 24hrs of the incident occurring

Parents / Guardians:

- Inform educators/employees at the service of their child's Medical Condition on commencement of enrolment or on the diagnosis of their child's allergies
- Provide an Anaphylaxis Action Plan and Medical Condition Management Plan that is signed by a registered Medical Practitioner, providing written consent to use the auto-injection device (EpiPen®) in line with this action plan
- Develop an Individual Risk Minimisation Plan in conjunction with the educators of the service
- Provide educators with a complete auto-injection device kit (EpiPen®) and regularly check the expiry date
- Consistently offer educators/employees information regarding their child's allergies
- Immediately notify educators of any changes to their child's anaphylaxis condition and provide a new Anaphylaxis Action Plan and Medical Conditions Management Plan accordingly (completed by a medical practitioner). It is also required that Individual Medical Risk Management Plan be reviewed 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 an adrenaline auto-injection device is permitted to attend the service or any program without that device, or medication that has expired
- 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

- Anaphylaxis Action Plan
- Incident/ Complaint Notification Form
- Incident Report Form
- Individual Medical Risk Minimisation Plan
- Medication Administration Consent Form
- Medical Conditions Incident Occurrence Record
- Medical Conditions Management Plan
- Medical Conditions Summary Table

Policies

- 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: March 2021	Next review date: March 2022

Notification Types and Timeframes

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



