

Medical Conditions Policy

Scope

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor and visitors of the Service.

Statement

To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical condition our Preschool will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency should they arise.

Legislative Requirements

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical Conditions Policy
90(1)(iv)	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
95	Procedure for administration of medication
136	First Aid qualifications
162(c) and (d)	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
174	Time to notify certain circumstances to Regulatory Authority

Related Policies

Acceptance and Refusal of Authorisations Policy Administration of First Aid Policy Administration of Medication Policy Asthma Management Policy Anaphylaxis Management Policy Child Safe Environment Policy Cystic Fibrosis Management Policy Delivery of Children to and from an ECEC Service Policy Diabetes Management Policy Enrolment Policy	Emergency Evacuation Policy Enrolment and Orientation Policy Excursion Policy Incident, Injury, Trauma and Illness Policy Nutrition, Food and Beverages and Dietary Requirements Policy Privacy Policy Providing a Child Safe Environment Policy Retention of Records Visitors, Volunteers and Students Policy
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Goal

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions. We aim to efficiently respond to and manage the medical conditions, health care needs or allergies of children and staff ensuring the safety and wellbeing of all children, staff, families, and visitors at our Service.

Duty of Care

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

- a. a safe environment for children free of foreseeable harm *and*
- b. adequate supervision of children at all times.

Strategies

All strategies detailed below will be implemented to the extent reasonably practicable.

Implementation

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Our Service is committed to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical conditions including having families provide written permission to display the child's medical management plan in prominent positions within the Service.

There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled at the service. Key procedures and strategies must be in place prior to the child commencing at the service to ensure their individual health, safety and wellbeing. It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

The Approved Provider / Management will ensure:

- all enrolment forms are reviewed to identify any specific health care need, allergy or medical condition
- existing enrolment forms are reviewed, and parents contacted to confirm if the existing diagnosed health care need, allergy or relevant medical condition still applies and whether any new needs have been diagnosed
- parents are provided with a copy of the Service's *Medical Conditions Policy* and any other relevant medical conditions policy
- a child is not enrolled at, nor will attend the Service without a medical management plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma, anaphylaxis or diabetes must be provided at the service each day [e.g. asthma inhalers, adrenaline auto injection devices or insulin]
- educators, staff and volunteers have knowledge and access to this policy and relevant health management policies (*Asthma Management Policy/ Anaphylaxis Management Policy/Diabetes Management Policy*)
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition that may be ongoing or acute/short term in nature
- new staff members are provided with induction and ongoing training to assist managers, educators and other staff effectively and children with medical management plans are clearly identified
- all aspects of operation of the Service must be considered to ensure inclusion of each child into the program

- a communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators to ensure communication between families and educators is on-going and effective
- staff are provided with annual anaphylaxis refresher training to provide consistent and evidence-based approaches to prevention, recognition and emergency treatment of anaphylaxis
- at least one staff member or nominated supervisor is in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA)
- educators and staff have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy or relevant medical condition
- families provide required information on their child's health care need, allergy or relevant medical condition, including:
 - medication requirements
 - allergies
 - medical practitioner contact details
 - medical management plan
- a medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the service (Appendix F) and/or
 - an individual Allergy, Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner e.g: (ASCIA) or National Asthma Council of Australia (Appendices B, C, D)
 - an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner (Appendix E)
- a risk minimisation plan has been developed in consultation with parents and management prior to the child commencing at the service (Appendix A)
- on commencement, provide the parent with a Mediband Medical ID Alert Wristband relevant to the medical condition, allergy, anaphylaxis or diabetes, which is to be worn by their child while in attendance at the Service
- educators and staff will be informed immediately about any changes to a child's medical management plan and risk management plan
- to record any prescribed health information and retain copies of a medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- educators have access to emergency contact information for the child

- casual staff are informed of children and staff members who have specific medical conditions, food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis
- a copy of the child's medical management plan is visibly displayed (in an area not generally available to families and visitors) but known to all staff and volunteers in the Service
- procedures are adhered to regarding the administration of medication at all times
- administration of medication record is accurately completed and signed by the educator and witness
- copies of children's medical management plans and medication are taken on any excursion or emergency evacuation from the service
- a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173)
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent is provided in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation (including Victoria- Child Information Sharing Scheme (CISS) or the Family Violence Information Sharing Scheme (FVISS). See *Child Protection Policy* for further information regarding legal obligations to sharing of information as per CISS or FIVSS schemes.)

Nominated Supervisor/Responsible Person/Educators will ensure:

- in the event that of a high-risk scenario where a child suffers from an allergic reaction, incident, situation, or event related to a medical condition the Service and staff will follow the child's emergency medical management plan as per Regulation 90(1)(c)(ii)
- the first aid responder will commence first aid measures immediately as per the child's medical management plan
- urgent medical attention from a registered medical practitioner is contacted if required
- an ambulance is called by dialling 000 if the child does not respond to initial treatment
- the Nominated Supervisor/Responsible Person will contact the child's parent/guardian or emergency contact when practicable, but as soon as possible
- the Director/Nominated Supervisor/Responsible Person will ensure the *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- the Director/Nominated Supervisor will notify the regulatory authority (within 24 hours) in the event of a serious incident.

Families will ensure:

- they provide management with accurate information about their child's health needs, allergies, medical conditions and medication requirements on the enrolment form
- the Service enrolment form is completed in its entirety providing specific details about the child's medical condition
- they acknowledge they have received/or are provided access to the Service's *Medical Conditions Policy and Administration of Medication Policy* at time of enrolment
- they provide the Service with a medical management plan prior to enrolment of their child
- they consult with management to develop a risk minimisation plan and communication plan
- they ensure their child is wearing their Mediband Medical ID Alert Wristband when the child is in attendance at the Service. Replacement wristbands can be purchased as per *Fee Payment Policy*
- they notify the Service if any changes are to occur to the medical management plan through the communication plan and/or meetings with the nominated supervisor
- they provide adequate supplies of the required medication and medical authorisation on *Administration of Medication Record*
- they provide an updated copy of the child's medical management plan annually or evidence from a medical practitioner to confirm the plan remains unchanged
- they provide enrolment documentation of any medical condition annually
- they provide written consent for their child's medical management plan to be displayed in the Service.

Medical Management Plan

Any medical management plan provided by a child's parents and/or registered medical practitioner should include the following:

- specific details of the diagnosed health care need, allergy or relevant medication condition
- supporting documentation (if required)
- a recent photo of the child
- current medication and dosage prescribed for the child
- if relevant, state what triggers the allergy or medical condition
- first aid/emergency response that may be required
- any medication that may be required to be administered in case of an emergency
- further treatment or response if the child does not respond to the initial treatment
- when to contact an ambulance for assistance

- contact details of the medical practitioner doctor who signed the plan
- the date of when the plan should be reviewed
- a copy of the Medical Management Plan will be displayed for Educators and staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of the Preschool.
- the Preschool must ensure the Medical Management Plan remains current at all times.
- educators and staff are updated immediately about any changes to a child's medical management plan

Risk Minimisation Plan

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place.

The Approved Provider/Nominated Supervisor will arrange a meeting with the parents/guardian as soon as the Preschool has been advised of the diagnosed health care need, allergy or medical condition. During this meeting, a *Risk Minimisation Plan* (Appendix A), will be completed in consultation with the parent/guardian to ensure:

- that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised
- that practices and procedures in relation to the safe handling, preparation, serving and consumption of food are developed and implemented
- that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- practices are developed and implemented to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication
- that the child does not attend the Preschool without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or medical condition
- risk minimisation plan(s) are reviewed at least annually and/or revised with each change in the medical management plan in conjunction with parents/guardians
- all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by educators
- parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed.
- appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the *Control of Infectious Diseases Policy*.

Communication Plan

The communication plan explains how relevant staff members and volunteers are informed about the medical management and risk management plans and how the parent of the child can communicate any changes to the diagnosed health care need, allergy or medical condition.

A communication plan will be created after the meeting with the parents/guardian to ensure:

- all relevant staff members and volunteers are informed about the *Medical Conditions Policy*, the medical management plan and risk minimisation plan for the child; and
- an individual child communication book is created so that a parent can communicate any changes to the medical management plan and risk management plan for the child in writing.

At all times, families who have a child attending the Preschool who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child's health management and communication plans.

Resources

[ASCIA anaphylaxis e-training for schools and early childhood education/care](#)

[ASCIA plans for Anaphylaxis](#)

[Coeliac Australia](#)

[Cystic Fibrosis Australia](#)

[Diabetes Australia](#)

[Epilepsy Foundation](#)

[National Asthma Australia](#)

[National Allergy Strategy](#)

Continuous Improvement/Reflection

Our *Medical Conditions Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

Source

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority (ACECQA). 2020. Policy and Procedure Guidelines. *Dealing with Medicals in Children Policy Guidelines*.

Australian society of clinical immunology and allergy. ASCIA. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Federal Register of Legislation *Privacy Act 1988*.

Guide to the National Quality Framework. (2017). (Amended 2023).

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early*

childhood education and care services (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

Occupational Health and Safety Act 2004.

Revised National Quality Standard. (2018).

Department of Education Victoria *Meeting children's health needs* (2020).

Review

POLICY REVIEWED	JUNE 2023	NEXT REVIEW DATE	JUNE 2024
VERSION NUMBER	<ul style="list-style-type: none"> V12.06.23 		
MODIFICATIONS	<ul style="list-style-type: none"> annual policy maintenance Structural changes – separation of policy areas, no change to content hyperlinks checked and repaired as required minor formatting edits within text continuous improvement/reflection section added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
MARCH 2023	<ul style="list-style-type: none"> policy maintenance inclusion of legislation for information sharing schemes including -Child Information Sharing Scheme (CISS) and Family Violence Information Sharing Scheme (FVISS) for Vic. Services minor formatting edits within text hyperlinks checked and repaired as required 	JUNE 2023	
OCTOBER 2021	<ul style="list-style-type: none"> Policy reviewed and included suggested guidelines from ACECQA Dealing with Medical Conditions in Children (June 2021) National Allergy Strategy link added 	JUNE 2022	
MAY/JULY 2021	<ul style="list-style-type: none"> relevant regulations updated Duty of Care section added inclusion of staff annual refresher ANA training as best practice detailed procedure of management of high-risk scenarios resources added for management of medical conditions sources checked for currency 	JUNE 2022	
APRIL 2020	<ul style="list-style-type: none"> additional information added to points additional wording added to include diagnosed health care need, allergy or relevant medical condition inclusion of asthma, anaphylaxis and diabetes policies additional sources 	JUNE 2021	
PRECIOUS VERSIONS	Per policy archive		

Appendix A

Medical Conditions - Risk Minimisation Plan

Child's Name:

Date of Birth:

Date of Meeting:

Meeting with:

Director/Teacher Name: _____ Signature: _____

Parent/Authorised Nominee: Name: _____ Signature: _____

What type of Additional Need/Medical Condition/Cultural Requirement does this plan refer to?

If medical, has the parent provided the Preschool with an action plan for the child in accordance with our Medical Conditions Policy? Yes/No

A copy of the Medical Conditions Policy given via hand or email Yes/No

If medication is recommended as part of the action plan has the Preschool been provided with same?
(Medication: _____ Expiry date: _____)

Definition of Risk

Risk is the possibility that harm (death, injury or illness) might occur when exposed to a hazard. You should consider what could go wrong, what the consequences could be, then you must do whatever is reasonably practicable to eliminate or minimise the risk arising. (Work Health and Safety Consultation, Co-operation and Co-ordination: Code of Practice December 2011).

Potential Risks	Potential Effect or Consequences	Likelihood of Harm Occurring	Strategies to Reduce or Eliminate Risks

Communication – Educators please print, sign your name and date when read

Appendix B

Asthma Action Plan

ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

NAME _____	DOCTOR'S CONTACT DETAILS	EMERGENCY CONTACT DETAILS
DATE _____		Name _____
NEXT ASTHMA CHECK-UP DUE _____		Phone _____
		Relationship _____

WHEN WELL *Asthma under control (almost no symptoms)* **ALWAYS CARRY YOUR RELIEVER WITH YOU**

Peak flow* (if used) above: _____

Your preventer is: _____ (NAME & STRENGTH)

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is: _____ (NAME)

Take _____ puffs _____

When: You have symptoms like wheezing, coughing or shortness of breath

Use a spacer with your inhaler

OTHER INSTRUCTIONS
(e.g. other medicines, trigger avoidance, what to do before exercise)

WHEN NOT WELL *Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)*

Peak flow* (if used) between _____ and _____

Keep taking preventer: _____ (NAME & STRENGTH)

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is: _____ (NAME)

Take _____ puffs _____

Use a spacer with your inhaler

OTHER INSTRUCTIONS Contact your doctor
(e.g. other medicines, when to stop taking extra medicines)

IF SYMPTOMS GET WORSE *Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)*

Peak flow* (if used) between _____ and _____

Keep taking preventer: _____ (NAME & STRENGTH)

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is: _____ (NAME)

Take _____ puffs _____

Use a spacer with your inhaler

OTHER INSTRUCTIONS Contact your doctor today
(e.g. other medicines, when to stop taking extra medicines)

Prednisolone/prednisone:
Take _____ each morning for _____ days

DANGER SIGNS *Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)*

Peak flow (if used) below: _____

DIAL 000 FOR AMBULANCE

Call an ambulance immediately
Say that this is an asthma emergency
Keep taking reliever as often as needed

Use your adrenaline autoinjector (EpiPen or Anapen)

National Asthma Council Australia
Leading the attack against asthma
nationalasthma.org.au

* Peak flow not recommended for children under 12 years.

ASTHMA ACTION PLAN

what to look out for

WHEN WELL



THIS MEANS:

- you have no night-time wheezing, coughing or chest tightness
- you only occasionally have wheezing, coughing or chest tightness during the day
- you need reliever medication only occasionally or before exercise
- you can do your usual activities without getting asthma symptoms

WHEN NOT WELL



THIS MEANS ANY ONE OF THESE:

- you have night-time wheezing, coughing or chest tightness
- you have morning asthma symptoms when you wake up
- you need to take your reliever more than usual
- your asthma is interfering with your usual activities

THIS IS AN ASTHMA FLARE-UP

IF SYMPTOMS GET WORSE



THIS MEANS:

- you have increasing wheezing, cough, chest tightness or shortness of breath
- you are waking often at night with asthma symptoms
- you need to use your reliever again within 3 hours

THIS IS A SEVERE ASTHMA ATTACK (SEVERE FLARE-UP)

DANGER SIGNS



THIS MEANS:

- your symptoms get worse very quickly
- you have severe shortness of breath, can't speak comfortably or lips look blue
- you get little or no relief from your reliever inhaler

**CALL AN AMBULANCE IMMEDIATELY: DIAL 000
SAY THIS IS AN ASTHMA EMERGENCY**

**DIAL 000 FOR
AMBULANCE**

ASTHMA MEDICINES

PREVENTERS

Your preventer medicine reduces inflammation, swelling and mucus in the airways of your lungs. Preventers need to be taken **every day**, even when you are well.

Some preventer inhalers contain 2 medicines to help control your asthma (combination inhalers).

RELIEVERS

Your reliever medicine works quickly to make breathing easier by making the airways wider.

Always carry your reliever with you – it is essential for first aid. Do not use your preventer inhaler for quick relief of asthma symptoms unless your doctor has told you to do this.

To order more Asthma Action Plans visit the National Asthma Council website.

A range of action plans are available on the website – please use the one that best suits your patient.

nationalasthma.org.au


Developed by the National Asthma Council Australia and supported by GSK Australia.

National Asthma Council Australia retained editorial control. © 2015

National Asthma
Council Australia
Leading the attack against asthma

Appendix C

Action Plan for Allergic Reactions



australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline (epinephrine) autoinjector instructions

Instructions are also on the device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Give other medications (if prescribed).....
- Phone family/emergency contact




Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

<ul style="list-style-type: none"> Difficult/noisy breathing Swelling of tongue Swelling/tightness in throat Wheeze or persistent cough 	<ul style="list-style-type: none"> Difficulty talking and/or hoarse voice Persistent dizziness or collapse Pale and floppy (young children)
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ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit

- 2 Give adrenaline (epinephrine) autoinjector if available**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Transfer person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally


ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

© ASCIA 2016 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

Appendix D

Action Plan for Anaphylaxis



www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____


Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

Signed:  _____

Date: _____

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed) _____
- Phone family/emergency contact




Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit

- 2 Give adrenaline autoinjector**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

How to give EpiPen® adrenaline (epinephrine) autoinjectors

1 

2 

3 

Form flat around EpiPen® and PULL OFF BLUE SAFETY RELEASE

Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)

PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

© ASCIA 2020 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

Diabetes Action Plan

HYPERGLYCAEMIA HIGH

Blood Glucose Level >15.0mmol/L

HIGH BGLS ARE NOT UNCOMMON

Signs and Symptoms
Note: There may be no signs and symptoms. Some could be: increased thirst, increased urine production, poor concentration, irritability, lethargy.

Child well
Re-check BGL in 2 hours

Child unwell
E.g. vomiting
Check blood ketones if able

**CONTACT PARENT/
GUARDIAN
TO COLLECT
CHILD ASAP**

Encourage oral fluids, return to activity
1-2 glasses water per hour; extra toilet visits may be required

In 2 hours, if BGL still >15.0 call parent/guardian for advice

HYPOGLYCAEMIA LOW

Blood Glucose Level <4.0mmol/L

**DO NOT LEAVE CHILD ALONE
DO NOT DELAY TREATMENT**

Signs and symptoms
Note: Symptoms may not always be obvious. Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behavior.

Child conscious
(Able to eat hypo food)

Child unconscious/drowsy
(Risk of choking/unable to swallow)

Give fast acting carb
(As supplied or listed on management plan)

Recheck BGL after 15 mins
If BGL <4.0 repeat fast acting carb

Give sustaining carb
(As supplied or listed on management plan)

EARLY CHILDHOOD EDUCATION AND CARE SETTING
Multiple daily injections
Use in conjunction with management plan

DIABETES ACTION PLAN 2017

CHILD'S NAME _____

CENTRE _____

Photo of child

INSULIN
Insulin is taken 4 or more times per day. An injection will be needed before lunch.
This injection requires assistance.
Injection will be given by: _____
Injection will be given in: _____ (Room/location)

ROUTINE BGL CHECKING TIMES

- Anytime, anywhere in the centre
- Prior to lunch
- Anytime hypo is suspected
- Prior to planned activity

PHYSICAL ACTIVITY

- 1 serve sustaining carb before every 30 mins of planned activity
- Vigorous activity should **not** be undertaken if BGL > 15.0 and blood ketones are >1.0
- Usual play time doesn't usually require additional action, but check with parent/guardian about this

PARENT / GUARDIAN NAME _____

CONTACT No _____

DATE _____

HOSPITAL _____

TREATING DNE _____

CONTACT No _____



Appendix F


Medical Management Plan

MEDICAL MANAGEMENT PLAN

This form is to be completed by the child’s medical practitioner and provides a description of the health condition and first aid requirements for a child with specific healthcare needs. This information will assist the Preschool in developing a Risk Minimisation Plan, which outlines how educators and staff will support the child’s medical needs.

Child’s Name:		D.O.B:	
Plan Implementation Date:		Review Date:	
Medical Practitioner Name:		Phone:	



Diagnosed medical condition:	Details, symptoms and triggers of medical condition:
Photo of Child 	Step by step action to be taken:
Parent/Guardian contact details:	Medication to be administered (name of medication, dose and method of application, frequency of application, further instructions.)
Name: Mobile: Work Phone: Signature: Date:	
Parent/Guardian contact details:	Steps to take if symptoms do not improve
Name: Mobile: Work Phone: Signature: Date:	

Medical Practitioners Signature: _____ Date: _____

Class Teacher Signature: _____ Date: _____