



Medical Conditions

Asthma, Anaphylaxis, Diabetes and other Medical Conditions

Children's Services Policy No 2.3

Date issued: April 2009

Replaces issue/policy: Allergies and Anaphylaxis

Date effective: April 2009

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Aims:

- To facilitate the effective care and health management of children with asthma, allergies, anaphylaxis, diabetes and other medical conditions.
- To provide, as far as practical, an environment where a child with asthma, allergies, anaphylaxis, diabetes or other medical conditions is able to participate equally in all aspects of the program.
- To minimise the risk of exposure of children identified with asthma, allergies & anaphylaxis to "known" allergens.
- To ensure that staff are aware of medical management plans and treatments for children who may require emergency medication.

Background Information:

Serious medical conditions including asthma, anaphylaxis, and diabetes need to be effectively managed to ensure that staff are able to adequately care for the needs of children. The management of such medical conditions needs to include the child, the parents/carers, the staff and medical professionals.

Effective management of medical conditions will enable children to participate in all aspects of quality care and education.

Relevant Legislation:

- [Education and Care Services National Regulations](#)
- [Public Health Amendment \(Review\) Act 2017](#)
- [NSW Public Health Regulation 2012](#)
- [Work Health and Safety Act 2011](#)
- [Work Health and Safety Regulation 2011 \(NSW\)](#)
- [Children \(Education and Care Services National Law Application\) Act 2010](#)
- [NSW Public Health Act 2010](#)

Resources:

- [Australian Society of Clinical Immunology and Allergy](#)
- Healthdirect - [Allergy and Anaphylaxis Australia](#)
- [Asthma Australia](#)
- [Australian Children's Education and Care Quality Authority - National Quality Standard](#) –
 - **Quality Area 2:**
 - Standard 2.1 - Elements 2.1.1 and 2.1.2; and
 - Standard 2.2 - Elements 2.2.2 and 2.2.3.

Note: In this policy “staff” and “educators” refers to staff employed within Children’s Services by Willoughby City Council.

Practices

Identifying Children with Medical Conditions:

- At time of enrolment parents/carers will be asked to identify if their child has a medical condition, including the diagnosis of asthma, anaphylaxis or diabetes.
- Where the parents/carers indicates the existence of a medical condition, the parents/carers will be required to work with the service to develop a risk minimisation plan, communication plan, and an emergency treatment/action plan (to be developed and reviewed annually by a medical professional).
- Parents/carers will be provided with a copy of the services Medical Conditions – Asthma, Anaphylaxis, Diabetes and other Medical Conditions policy.
- Parents/carers are required to complete a checklist on enrolment of foods and food substances that children are able to eat, along with details of foods or food substances they are to avoid.
- Where the details of known allergens change or there is a change in the medical condition parents/carers will be required to notify these changes to the Nominated Supervisor as soon as practical, using methods identified in the communication plan.
- Where a child already enrolled in a service subsequently falls into this category then the parents/carers will also be required to follow these procedures as detailed above.

Service Expectations:

Parents/carers need to be aware that whilst all care is taken to reduce a child’s exposure to any asthma triggers, allergens or potential allergens; the service cannot guarantee that exposure will not occur.

Whilst the service will implement a range of specific procedures and risk minimisation strategies to reduce the likelihood of common allergens within the service, staff and parents/carers need to be aware that it is not possible for an education and care service to remain totally allergen free considering the nature of such a service and the involvement with a large number of children, parents/carers, staff and community members.

Where children are enrolled in a long day care service parents/carers are asked not to bring food into the services. This is to reduce the risk of exposure to peanut products. The service does not provide products made of peanuts. However, the service does purchase and will offer to non-allergic children, or those children whose risk minimisation plan allows “food that may contain traces of nuts”.

Common allergens and triggers for asthma and anaphylaxis are:

- Peanuts
- Eggs
- Cow’s Milk
- Fish and shellfish
- Soy
- Sesame
- Tree nuts
- Exercise
- Wheat
- Emotions
- Perfumes
- Air pollution
- Dust mites

- Chemicals
- Some insect bites

Practices

The service will:

1. Retain each affected child's Emergency Action Plan within the service. This is to be kept in a confidential file/space at the service; a current photo of the child is also to be included.
2. Ensure that all staff are aware of any children enrolled in the service that have been identified as having an allergy or has anaphylaxis, a diagnosis of asthma, diabetes or any other medical condition. This will be communicated by the Nominated Supervisor.
3. Ensure that staff are trained in Food Handling and Hygiene practices.
4. Ensure that staff have received training in anaphylaxis, including the administration of an auto injector (EpiPen) and emergency asthma treatment where appropriate.
5. Ensure that staff are trained in identifying signs of hypoglycaemia and hyperglycaemia should a child with this condition be enrolled.
6. Where a child is enrolled with other medical conditions, the service will endeavour to have staff trained in any emergency response first aid that may be relevant and appropriate.
7. Ensure that all staff are aware of where any medication for the treatment of allergies, such as antihistamine or an EpiPen is stored, asthma medication or other emergency medication.
8. Ensure that a child's medication or EpiPen is taken with the child should the child leave the service for an excursion.
9. Ensure that there is signage to indicate where each child's medication is stored.
10. Implement the Emergency Action Plan in the event of a medical emergency

Parents/carers of a child with known allergies or children with anaphylaxis, asthma, diabetes or other medical conditions will provide the following information:

1. Inform the service Nominated Supervisor on enrolment of the child's "known" medical condition.
2. Parents/carers are required to complete an Emergency Action Plan with their Doctor, which the service will implement in the event of an emergency. This Emergency Action Plan should be reviewed and resubmitted every 12 months.
3. The parents/carers will assist in the completion of a risk minimisation plan that will be conducted in consultation with the Nominated Supervisor to identify any perceived risk and determined strategies to reduce this risk.
4. Develop a communication plan with the Nominated Supervisor to determine the most appropriate means of communicating about the child's medical condition.
5. Give permission for the centre, or educator to retain and display a copy of the Emergency Action Plan, containing a current picture of the child, and parental/guardian contact phone numbers, within the centre/home. Parents/carers are to acknowledge that this will information will be accessible to staff.
6. Provide any medication including an EpiPen (if required), asthma relieving medication and spacer to the service.
**** A failure to provide an EpiPen/asthma relieving medication/spacer will result in a child being denied access to the service.**
7. Regularly check the expiration date on any medication.
8. Inform staff of any changes to the status of the child's medical condition.

**** (A completed Emergency Action Plan is a legal requirement under the [Education and Care Services National Regulations](#) and parents/carers are required to complete and update this annually).**

General risk minimisation strategies for children with allergies or at risk of anaphylaxis:

1. Children will be taught not to share food.
2. Children will wash their hands at designated times throughout the day and prior to and after meal times.
3. Children with like allergies may sit together, (however not isolated) to reduce the risk of contact allergy or airborne reactions if so determined in consultation with the parents/carers.
4. Staff will supervise meal times to reduce the risk of ingestion or cross-contamination of foods.
5. The service will continue to remind parents/carers that food is not to be brought into the centre (Long Day Care Services).
6. The Nominated Supervisor in consultation with staff will discuss and inform parents/carers of any observable change to any individual child's reaction or perceived allergic response to a possible or known allergen in order for them to review or develop a specific health management strategy or Emergency Action Plan.

The service will endeavour to ensure all children have access to the daily experiences and activities within the centre, bearing in mind the potential risk that such an activity may present to children with identified allergies and anaphylaxis.

In the event that a particular activity may present the risk of an allergic reaction to any identified child, consideration will be given as to its overall developmental merit. If still determined to be beneficial and deemed as able to be contained, the identified child may be provided with an alternative experience and will be closely monitored.

Details on how the service will manage Emergency First Aid for Asthma, please refer to **Children's Services Policy 2.2 - Incident, Injury, Trauma, Illness and First Aid (including treatment of fever and minor ailments)**.

General information:

Anaphylaxis:

Anaphylaxis is a severe potentially life threatening allergic reaction. Some children have allergies to food that are not life threatening, however the foods need to be avoided and medication, such as antihistamine may be required to control the reaction.

Allergy:

An allergy is when someone has a reaction to something (an allergen) that is either ingested, inhaled, injected or has come in contact with the skin. The symptoms of an allergic reaction can range from mild and uncomfortable through to dangerous and life threatening.

An allergic reaction can affect many organs in the body, including the skin, nose, throat and mouth (respiratory system), gastrointestinal system, and the cardiovascular system.

Where an allergic reaction involves the respiratory and/or cardiovascular system it is then called Anaphylaxis. Anaphylaxis is a severe, life threatening reaction to an allergen. A reaction can occur within minutes of a person coming into contact with an allergen.

More information on Anaphylaxis can be found at: <https://www.allergy.org.au>

Note: To be read in conjunction with the **Children's Services Policy 2.15 – Nutrition, Menu Planning and Dental Care**.

Asthma:

Asthma affects more than 1 in 9 children in Australia, and many of these children attend education and care services or schools every day. People with asthma have sensitive

airways in their lungs. When they are exposed to certain triggers their airways narrow, making it harder for them to breathe.

Many children experience intermittent asthma. This is where a child may have symptoms of asthma occasionally after exposure to a trigger. Intermittent asthma can usually be controlled with a reliever medication.

Around 70% of children have infrequent intermittent asthma, which means they have short, isolated episodes of asthma, usually in response to a respiratory infection or environmental allergen. For more information on what is asthma, symptoms, causes and treatment, please see the [Asthma Australia website](#).

Persistent asthma is where a person experiences frequent asthma attacks, which are classed as mild, moderate or severe. In these situations, the child is usually on preventer medication to control the number of and severity of any asthma attack.

Children or adults that only experience intermittent asthma can still have a severe asthma attack.

Risk Minimisation Plan

Service Name: _____ Date: _____

Child's name: _____

Medical Condition _____

Plan Prepared by: _____ (Nominated Supervisor) and _____ (Parent)

Allergens	Times for Potential Exposure	Potential Reaction	Control Measure	Acceptable Risk

Communication Plan

Service Name: _____ Date: _____

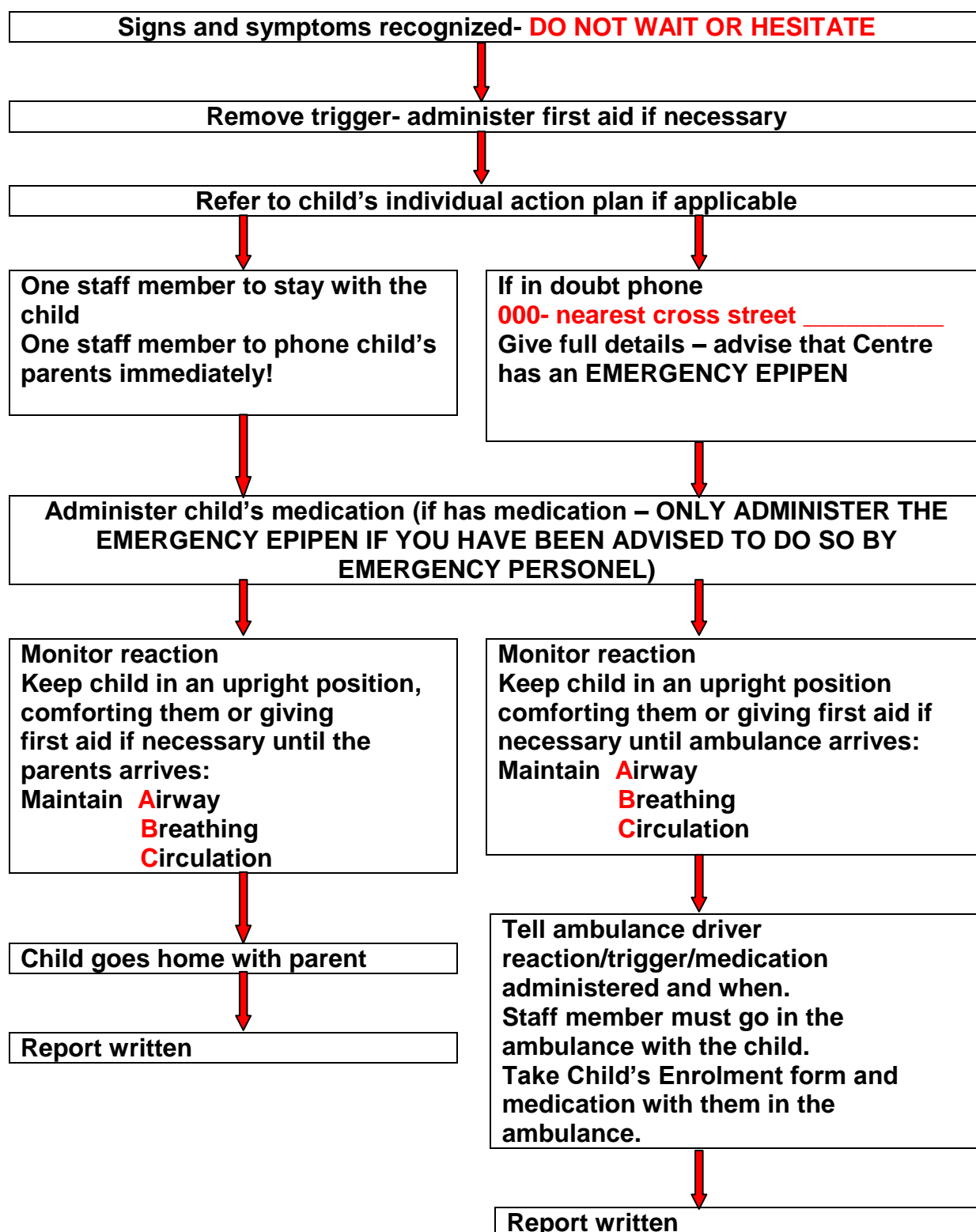
Child's name: _____

Medical Condition _____

Plan Prepared by: _____ (Nominated Supervisor) and _____ (Parent)

Issue/concern/request/information	Any action required?	Actioned by?	Communicated to staff?

Allergic Reaction Emergency Procedure



Procedure for administering Epipen to child with undiagnosed allergy

Background:

Children using education and care services may be exposed to food, animals, insects and other allergens for the first time.

Due to the fast and potentially life threatening nature of anaphylaxis, and the fast response that is required, Council has determined that all education and care services will have an Emergency Epipen available for use. This Epipen is to be administered only under the guidance of Emergency Response Personnel.

NOTE: this procedure does not apply to children who have already been diagnosed and have an action plan for the Emergency Management of Anaphylaxis.

Storage

The Emergency Epipen is to be stored:

- In the first aid kit with signage displaying where the pen is located; and
 - Away from direct sun light.
- ** DO NOT Store in fridge**

All staff are to be aware of where the Epipen is stored.

Epipen to be listed in the Centre's Chemical Register and Monthly First Aid Kit Audit sheets. The Epipen will have a sticker on the box stating **EMERGENCY EPIPEN**.

**** An Epipen must be taken on excursions**

Training:

All permanent staff will receive approved training in Epipen use. Additionally, the service will have 'Training Epipens' that will be used during staff meetings for staff to practice and refresh their knowledge. These training Epipens are **not** to be stored with the first aid kits.

Practice

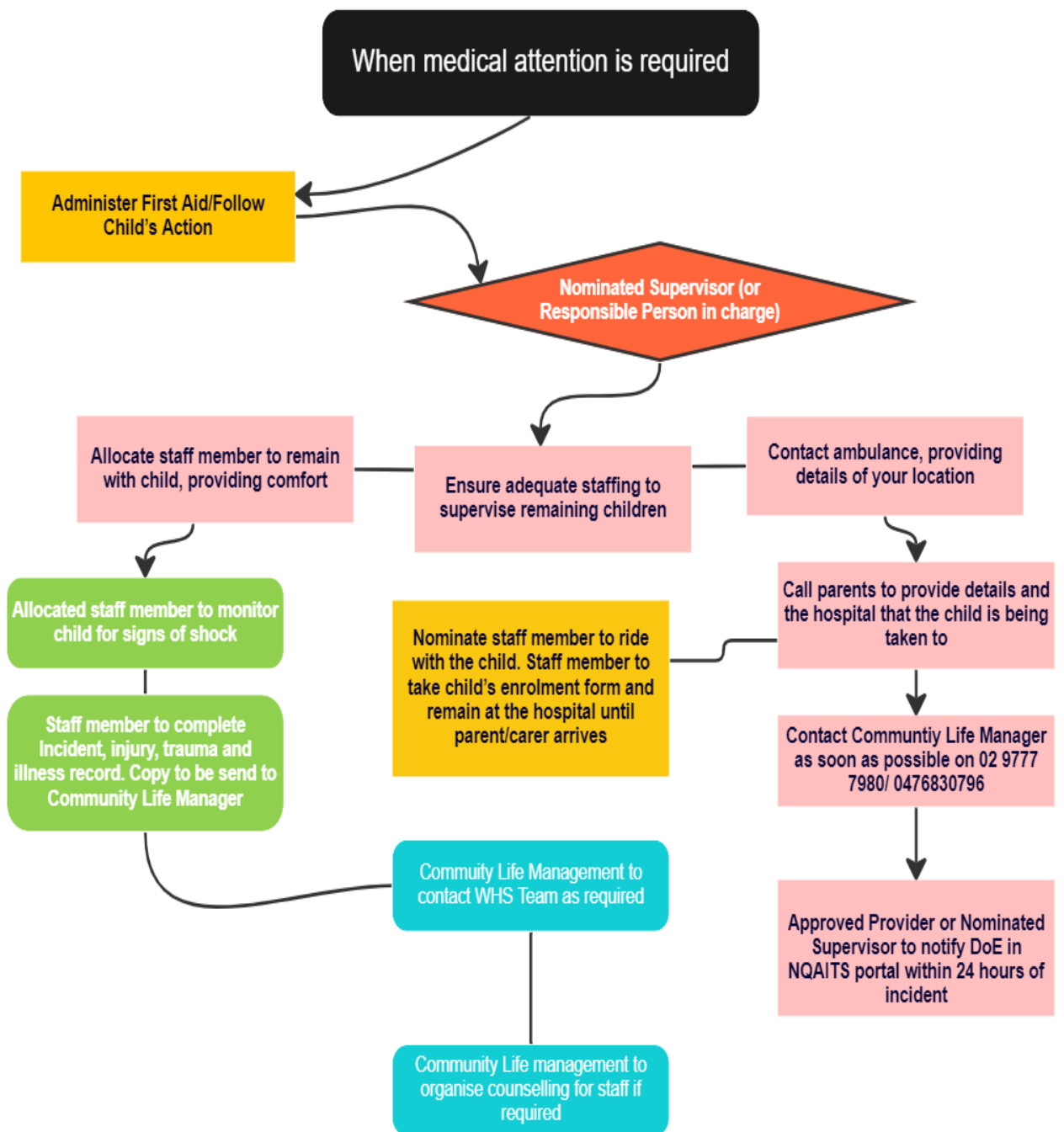
Where staff suspect that a child in care WHO DOES NOT HAVE A DIAGNOSED ALLERGY is experiencing an anaphylactic reaction THEY ARE TO FOLLOW THE STEPS BELOW.

FIRST RESPONSE

- 1) One staff member to remain with the child (move child away from potential allergen).
- 2) Other children to be moved away from the area and provided with reassurance.
- 3) One staff member is to contact **000** emergency services.
- 4) One staff member is to locate and collect the services **EMERGENCY EPIPEN**.
Do not use another child's medication.
- 5) Tell the emergency services personnel the signs and symptoms, and conditions of the child.
- 6) Tell Emergency Services that you have an **EMERGENCY EPIPEN** available.
- 7) Where Emergency Services determine that the child is experiencing an anaphylactic reaction, administer the EPIPEN under their instruction and based on your training.
- 8) Remain with the child, monitoring condition until the ambulance arrives

SECOND RESPONSE

- 1) Contact the child's parents/carers.
- 2) Staff member to attend the hospital with the child taking enrolment details and dispensed EPIPEN.
- 3) Staff member to complete the **Incident, injury, trauma and illness record** as per **Children's Services Policy 2.2 - Incident, Injury, Trauma, Illness and First Aid (including treatment of fever and minor ailments)**.
- 4) Nominated Supervisor to organise for a replacement EpiPen to be purchased.



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