

Ganeinu – Gan Izzy

Medical Conditions Policy

Education and Care Services National Regulations 2011
Regulation 90, 91, 92, 93, 94, 95, 101, 136 (1) & 173 (2)
Link to NQF Standard Area 2.1
Health & Safety

Goals:

Our education and care service will minimise the risks around medical conditions of children by:

- Collaborating with families of children with diagnosed medical conditions to develop a risk minimisation plan for their child which will be incorporated into our health management plan.
- Informing all staff, including casual staff, educators and volunteers, of all children diagnosed with a medical condition and the risk minimisation procedures for these.
- Providing all families with current information about identified medical conditions of children enrolled at the service and by providing fact sheets where relevant.
- Ensuring all children with diagnosed medical conditions have a current risk minimisation plan that is accessible to all staff. This is based on the service's risk management plan for the medical condition however it is altered if required to the individual child.
- Ensuring all staff are adequately trained in the administration of emergency medication. This is done in staff meetings for those staff who don't have formal anaphylaxis and asthma training.
- Where applicable, displaying a notice stating that a child has been diagnosed as at risk of anaphylaxis.

Strategies:

The Approved Provider will:

- Ensure the Nominated Supervisor fulfils responsibilities in the management of medical conditions.

Enrolment of children into the centre

The Nominated Supervisor will:

- Ensure that any parent with a child enrolled at the service that has a specific health care need, allergy or other relevant medical condition is provided with a copy of this Medical Conditions Policy.
- Inform parents of the requirement to provide the service with a medical management plan of their child's condition.
- Collaborate with families of children with medical conditions to develop a risk minimisation plan to ensure the child's safety and wellbeing:
 - To ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised and links to National Quality Standard: 2.1
 - If relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented.
 - If relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.
 - To ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented.
 - If relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner are developed and implemented.
- Ensure that all staff and educators are aware of the medical conditions and the risk minimisation strategies.
- Advise parents that medication must not be left in a child's bag or locker. Medication must be given directly to an educator on arrival for appropriate storage.
- Advise parents that medication to be ingested must be prescribed by a medical practitioner in the original packaging and labelled with the child's name and dosage. Non-prescription medication to be ingested will not be accepted. This includes:
 - Vitamins
 - Supplements
 - Cough medicine
 - Asthma relievers (e.g. Ventolin) that are not part of an action plan provided by a medical practitioner
 - Antihistamines (e.g. Claratyne, Phenergan) that are not part of an action plan provided by a medical practitioner

Topical medication (e.g. sunscreen, nappy cream) is acceptable and will be applied as per manufacturer's instructions or as instructed by parent/guardian with the approval of the Nominated Supervisor.

- Ensure that a significant number of staff are adequately trained in procedures contained in the medical management plan procedures.
- Inform other families enrolled at the centre of the need to prohibit any items which may present a hazard to children with diagnosed medical conditions.

Authorised Medication

The Nominated Supervisor will:

- In a non-emergency situation, ensure that medication is only administered to children if it is authorised in writing by a parent (or by someone authorised by parents on the enrolment form to make decisions about the administration of medication).
- In an emergency situation, permit the administration of medication when authorised verbally by a parent, medical practitioner or emergency services. However, medication may be administered during an asthma or anaphylaxis emergency without first receiving authorisation. The Nominated Supervisor will contact the child's parent, and provide written notice to the parent, as soon as possible.
- Ensure that for all medication, not already noted on an action plan for the condition, a Medication and Medical Procedures form authorised by a parent is completed with the following:
 - Name of the medication
 - Reason for the medication
 - Details of administration (including dosage and times)
 - Storage instructions

Administration of Medication

The Nominated Supervisor will:

- Ensure children's medication is regularly audited to ensure it has not expired and is in the original container with legible labels
- Ensure adrenaline auto-injection devices (e.g. EpiPen®) and asthma puffers will
 - Be stored up high in rooms inaccessible to children
 - Be stored in a bag for each child showing: child's name, child's photo, DOB, days of attendance, medication and medication expiry date
- Ensure that all other medication is stored in accordance with the storage instructions on the medication.
- Ensure the centre is provisioned with an adrenaline auto-injection device and asthma puffer for emergency use

Educators and staff will:

- Administer medication as per the Medication and Medical Procedures form or as per an authorised action plan.
- Only administer medication that is in the original packaging, has not expired, is prescribed by the child's medical practitioner and is labelled with the child's name and dosage. Non-prescription medication to be ingested will not be accepted.
- Complete the Medication and Medical Procedures form each time medication is administered
- Administer medication in the presence of a staff member who will be a witness and will verify the identity of the child to receive the medication, dosage, timing and administration method and will also sign the Medication and Medical Procedures form

Self-Administration of Medication by Children over Preschool Age

Our service permits children over preschool age to self-administer medication if this is authorised by the child's parent or another authorised person. This information will be detailed in the child's Medical Management Plan and Medical Conditions Risk Minimisation Plan if appropriate. The child's medication will be stored in a secure area that other children cannot access it.

When the medication is due to be administered:

- educators will advise child to take their medication
- educators will supervise child administering the medication
- educators will complete a medication record

Communication and display of medical information

The Nominated Supervisor will:

- Ensure all medical management and risk minimisation plans are accessible to all staff.
- Ensure that all plans are current and kept up to date.
- Develop a communication plan to ensure that relevant staff members and volunteers are informed of the medical conditions policy, the medical management plan and risk minimisation plan for the child.
- Ensure staff are easily able to identify a child with medical conditions and aware of the location of each child's medication.
- Develop a communication plan to ensure that parents can communicate any changes to the medical management plan and risk minimisation plan. This is done verbally during the orientation process with the parent.
- Update the communication plan as needed.
- Display each child's medical management plan ensuring the display of information meets privacy guidelines and is not readily visible to visitors or other families. It will be explained to families why this is important for the safety of the child and obtain parental consent.
- Where a child has been diagnosed at risk of anaphylaxis, a notice stating this will be displayed at the service so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the public notice will not name the child.

Educators and staff will:

- Ensure they are aware of enrolled children with medical conditions and be familiar with the medical management and risk minimisation plans of each child diagnosed with a medical condition.
- Consult the communication plan to ensure they are aware of their communication responsibilities.
- Ensure to communicate these conditions to anyone who is casual/volunteering on an ongoing basis.

Documentation and record keeping

The Approved Provider will:

Ensure records are confidentially stored for the specified period of time as required by the Regulation.

The Nominated Supervisor will:

Provide a copy of the Medication and Medical Procedures form to medical staff in the event further medical intervention is required.

Educators and staff will:

- Complete a Medication and Medical Procedures form when a child receives emergency medication.
- Provide parents with a copy of the Medication and Medical Procedures form on request.

Policy Availability

- The medical conditions policy will be readily accessible to all educators, staff, families and visitors, and ongoing feedback on this policy will be invited.

Evaluation:

- Educators respond in an effective manner to any medical conditions incident, and documentation is completed, shared, and stored as appropriate.
- Plans to effectively manage medical conditions are developed in consultation with families, and implemented.
- Reviews of procedures and policy are implemented as necessary.

Sources:

Education and Care Services National Regulations 2011. CCCNSW
Centre Support

Asthma Australia - Policy Document Asthma Friendly Education & Care Services AAAFSCPPD2016 Policy 27 January 2017
Best Practice Guidelines for Anaphylaxis Prevention and Management in children's education and care services April 2022

Date Reviewed: June 2023

Date for Review: June 2025

Management Approval Signature:

The **Approved Provider/Nominated Supervisor** will ensure that this policy is maintained and implemented at all times

Medical Conditions - Asthma Management

Introduction

All children at the service who are known to have asthma are supported via Asthma Friendly policies and procedures and all children, staff and visitors can access Asthma First Aid in an emergency.

We are committed to being an Asthma Friendly service as outlined by Asthma Australia. This means:

- The majority of staff have current training in Asthma First Aid and routine management, conducted or approved by the local Asthma Foundation. At least one staff member on duty at any time holds a current certificate for ACECQA* approved competency assessed Emergency Asthma Management training
- Asthma Emergency Kits (AEKs) are accessible to staff and include in-date reliever medication, single person use spacers with masks for under 5 year olds
- Asthma First Aid posters are on display and information is available for staff and parents
- Policies are Asthma Friendly

Roles and responsibilities

The Approved provider will:

- Ensure at least one educator who has undertaken current approved emergency asthma management training is available at all times

The Nominated Supervisor will:

- Meet requirements under the National Law and Regulations
- Ensure at least one staff member on duty at any time has current competency assessed in an approved Asthma First Aid course
- Provide an appropriate number of first aid kits
- Have a plan and risk manage children's health care needs
- Have safe medication management in place
- Maintain a central record of children's health care needs, including asthma, and review regularly
- Induct new staff in asthma policies and procedures

Staff will:

- Document any asthma attack and advise parents/carers as a matter of priority
- Have a spacer – and mask – replacement policy: name and give a spacer/mask used from the AEK to the child who used them for their own use in the future – otherwise they need to be disposed of thoughtfully
- Review documentation regularly to ensure compliance with procedures
- Minimise exposure to known triggers
- Support children to self manage their asthma in line with their age and stage of development
- Explain asthma and asthma care to the children and provide care with, not just to, them

Families will:

- Provide an Asthma Care Plan, signed by the treating doctor
- Provide their child's medication, clearly dated and in the original labelled container. A spacer, and mask as required, should also be supplied
- Alert staff to any changes in their child's asthma management and supply a new plan each time it is updated and/or annually

**Australian Children's Education & Care Quality Authority (acecqa.gov.au)*

Medical Conditions – Anaphylaxis Management

Introduction:

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5years) of children are at risk. The most common causes in young children are: eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications. Young children may not be able to express the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.

The Approved Provider recognises the importance of all staff/carers responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device.

Staff/carers and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community.

Staff/carers should not have a false sense of security that an allergen has been eliminated from the environment. Instead the Approved Provider recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

Goals:

- Raise awareness of anaphylaxis management amongst those involved with the service.
- Provide the necessary strategies to ensure the health and safety of all children with anaphylaxis enrolled at the service.
- Provide an environment in which children with anaphylaxis can participate in all activities to the full extent of their capabilities.
- Provide a clear set of guidelines and expectations to be followed with regard to the management of anaphylaxis.
- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment including competently administering an adrenaline auto-injection device.

Strategies:

The Approved Provider will:

- Ensure that staff members have completed first aid and anaphylaxis management training that has been approved by ACECQA every 2 years.
- Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service.

In services where a child diagnosed at risk of anaphylaxis is enrolled the Approved Provider shall also:

- Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with staff and the families of the child/ren.

The Nominated Supervisor will:

- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner.
- Ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service.
- Ensure staff members on duty whenever children are present at the service have completed emergency anaphylaxis management training.
- Ensure at least one staff member who has completed an accredited and current Provide First Aid in an Education and Care Setting training is on duty whenever children are being cared for or educated.
- Ensure that practice of the adrenaline auto-injection device is undertaken on a quarterly basis and recorded.
- Ensure all staff know the child/children at risk of anaphylaxis, their allergies, the individual anaphylaxis medical management 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 without the device.

- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- Display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCI) generic poster called First Aid Plan for Anaphylaxis in key locations at the service, for example, in the children's rooms, the staff room or near the medication cabinet.
- 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. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- Ensure that all staff in a service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit.
- Ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.
- Provide readily identifiable bags for each child's adrenaline auto-injection device that are inaccessible to children.

Staff responsible for the child at risk of anaphylaxis shall:

- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff in a service.
- Follow the child's anaphylaxis medical management 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 parent/guardian**
 - **Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted**
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" on a quarterly basis.
- Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff easily accessible to adults (not locked away) inaccessible to children and away from direct sources of heat.
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member on all excursions.
- Regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month).
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.

Parents/guardians of children shall:

- Inform staff at the children's service, either on enrolment or on diagnosis, of their child's allergies.
- Develop an anaphylaxis risk minimisation plan with service staff.
- Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan.
- Provide staff with a complete auto-injection device kit.
- Regularly check the adrenaline auto-injection device expiry date.
- Assist staff by offering information and answering any questions regarding their child's allergies.
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- 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 its programs without that device.

Medical Conditions - Diabetes Management

Introduction:

The management of a child's diabetic condition is dependent upon coordination between the service, the child's family and the child's doctor. The service recognises the need to facilitate effective care and health management of children who have diabetes and the prevention and management of acute episodes of illness and medical emergencies.

Goals:

This Diabetes Management Policy aims to:

- Raise awareness of diabetes management amongst those involved with the service.
- Provide the necessary strategies to ensure the health and safety of all children with diabetes enrolled at the service.
- Provide an environment in which children with diabetes can participate in all activities to the full extent of their capabilities.
- Provide a clear set of guidelines and expectations to be followed with regard to the management of diabetes.

Strategies:

The Approved provider will:

- Encourage all staff to complete the Provide First Aid in an Education and Care Setting training.

The Nominated Supervisor will:

- Provide staff with a copy of this policy and brief them on diabetes procedures upon their appointment.
- Ensure at least one staff member who has completed the accredited Provide First Aid in an Education and Care Setting training is on duty whenever children are being cared for or educated.
- Identify children with diabetes during the enrolment process and inform staff.
- Provide families thus identified with a copy of this policy and Diabetes Action plan upon enrolment or diagnosis.
- Ensure that *Diabetes Action Plans* are received for each child with a diagnosis of diabetes that contain information for the child's *Diabetic Management* and outline what do in relation to any *Diabetic Emergency* the child might face.
- Ensure families provide the service with the child's testing kit and hypo pack if required.
- Store *Diabetes Action Plans* in the child's enrolment record and Medical Folder.
- Formalise and document the internal procedures for emergency Diabetes treatment.
- Encourage open communication between families and staff regarding the status and impact of a child's diabetes.
- Promptly communicate any concerns to families should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities.

Staff will:

- Ensure that they maintain current accreditation in first aid.
- Ensure that they are aware of the children in their care with diabetes.
- Ensure that they are familiar with the symptoms, signs and the emergency treatment of a low blood glucose level.
- Call an ambulance if they feel emergency treatment is required.
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's diabetes.
- Where necessary, modify activities in accordance with a child's needs and abilities.
- Ensure that a child's *Diabetes Action Plan* is followed at all times.
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities.
- Ensure that children with diabetes are treated the same as all other children.

Families will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has diabetes.
- Provide all relevant information regarding their child's diabetes via a written Diabetes Action Plan, which should be provided to the centre within seven (7) days of enrolment.
- Keep the child's testing kit and hypo pack updated as required.
- Notify the Nominated Supervisor, in writing, of any changes to the *Diabetes Action Plan* during the year.
- Ensure compliance with all requirements and procedures in relation to the Medication and Medical Procedures form.
- Communicate all relevant information and concerns to educators as the need arises.
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's diabetes.

Medical Conditions Risk Minimisation Plan

Anaphylaxis/Allergy Management

While not common, anaphylaxis is life threatening. Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance. Anaphylaxis is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.

To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, our service will:

- Not allow children to trade food, utensils or food containers.
- Prepare food in line with a child's medical management plan and family recommendations.
- Use non-food rewards with children, for example, stickers for appropriate behaviour.
- Request families to label all bottles, drinks and lunchboxes etc. with their child's name.
- Consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate.
- Instruct educators on the need to prevent cross contamination.
- Request that no external food is brought into the centre by any children or individuals visiting the centre.
- Where a child is known to have a susceptibility to severe allergy or anaphylaxis to a particular food, the service will have a "allergy-awareness policy" for that food e.g. an "Allergy-Aware (Nut) Policy" which would exclude children, suppliers or other individuals visiting the service from bringing any foods or products containing nuts or nut material such as :
 - Peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
 - Any other type of tree or ground nuts, peanut oil or other nut based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
 - Any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
 - Foods with spices and seeds such as mustard, poppy, wheat and sesame seeds
 - Cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil that contain nut material.
- Be aware that a child may have a number of food allergies or there may be a number of children with different food allergies, and it may not be possible to have an allergy free policy for all those foods involved. Nut allergy is the most likely to cause severe reaction and will take precedence.
- If appropriate, seat a child with allergies at a different table if food is being served that he/she is allergic to. This will always be done in a sensitive manner so that the child does not feel excluded. If a child is very young, the family may be asked to provide their own high chair to further minimise the risk of cross infection.
- Hold non-allergic babies when they drink formula/milk or there is a child diagnosed at risk of anaphylaxis from a milk allergy.
- Instruct food preparation staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food, such as careful cleaning of food preparation areas and utensils.
- Closely supervise all children at meal and snack times and ensure food is eaten in specified areas. To minimise risk children will not be permitted to 'wander around' the service with food.
- Ensure meals prepared at the service do not contain nuts.
- Consult risk minimisation plans when making food purchases and planning menus.

Allergic reactions and anaphylaxis are also commonly caused by:

- All types of animals, insects, spiders and reptiles.
- All drugs and medications, especially antibiotics and vaccines.
- Many homeopathic, naturopathic and vitamin preparations.
- Many species of plants, especially those with thorns and stings.
- Latex and rubber products.
- Band-Aids, Elastoplast and products containing rubber based adhesives.

Only creams supplied by parents will be used on allergic children.

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an anaphylactic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

The service will display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCI) generic poster called First Aid Plan for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet.

Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction our service will:

- **Call an ambulance immediately by dialling 000**
- **Endeavour that only first aid trained educator/educator with approved and current anaphylaxis management training provide appropriate first aid which may include the injection of an auto immune device EpiPen® in line with the steps outlined by the Australian Society of Clinical Immunology and Allergy and CPR if the child stops breathing (this may not always be possible).**
- **Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.**

Medical Conditions Risk Minimisation Plan

Asthma Management

Asthma is a chronic lung disease that inflames and narrows the airways. While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- Dust and pollution
- Inhaled allergens, for example mould, pollen, pet hair
- Changes in temperature and weather, heating and air conditioning
- Emotional changes including laughing and stress
- Activity and exercise

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

The service will display an Asthma chart in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet.

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, our service will:

Endeavour that only a first aid trained educator/educator with approved asthma management training immediately attends to the child (this may not be always possible). If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:

- 1. Sit the child upright**
 - **Stay with the child and be calm and reassuring**
- 2. Give 4 puffs of blue reliever puffer medication**
 - **Use a spacer if there is one**
 - **Shake puffer**
 - **Put 1 puff into spacer**
 - **Take 4 breaths from spacer**
 - **Repeat until 4 puffs have been taken**
 - Remember: Shake, 1 puff, 4 breaths**
- 3. Wait 4 minutes**
 - **If there is no improvement, give 4 more puffs as above**
- 4. If there is still no improvement call emergency assistance 000**
 - **Keep giving 4 puffs every 4 minutes until emergency assistance arrives**
 - **Contact the child's parent or authorised contact where the parent cannot be reached**

The service will ensure that an Emergency Asthma First Aid Kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas. An Emergency Asthma First Aid kit should contain:

- Blue or grey reliever puffer
- Spacer devices that are compatible with the puffer
- Face masks compatible with the spacer for use by children under 5
- 70% Alcohol Swabs
- Asthma First Aid Procedures

Medical Conditions Risk Minimisation Plan

Diabetes

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin.

The most common form of diabetes in children is type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

Our service will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service. These include ensuring they do not suffer from hypoglycaemia (have a "hypo") which occurs when blood sugar levels are too low. Things that can cause a "hypo" include:

- A delayed or missed meal, or a meal with too little carbohydrate
- Extra strenuous or unplanned physical activity
- Too much insulin or medication for diabetes
- Vomiting

Children with Type 1 diabetes may also need to limit their intake of sweet foods. Our service will ensure information about the child's diet including the types and amounts of appropriate foods is part of the child's Medical Management Plan and that this is used to develop the Risk Minimisation Plan.

Our service will ensure our first aid trained educator is trained in the use of the insulin injection device (syringes, pens, pumps) used by children at our service with diabetes.

If a child is displaying symptoms of a "hypo" our service will:

- **Ensure the first aid trained educator provides immediate first aid which will be outlined in the child's medical management plan and may include giving the child some quick acting and easily consumed carbohydrate.**
- **Call an ambulance by dialling 000 if the child does not respond to the first aid and CPR if the child stops breathing.**
- **Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.**