



<b>Policy Name:</b>	<b>Medical Conditions Policy</b>	<b>Policy Number:</b>	<b>FCP-008</b>
Date Approved:	26 May 2017	Approved By:	Board of Management
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Version 1.6	This version of the policy was approved 26 May 2017 and replaces the version approved 12 February 2016.		

### 1. Aim

Firstchance is committed to effectively respond to and manage medical conditions.

The purpose of this document is to outline how staff can effectively respond to and manage medical conditions including asthma, diabetes, anaphylaxis and epilepsy to ensure the safety and wellbeing of children/young people, workers and visitors.

### 2. Scope

This policy applies to workers, families, volunteers, visitors, children and young people receiving supports from Firstchance.

### 3. Policy

All workers that directly support children/young people must have a current First Aid certificate.

Firstchance will adhere to privacy and confidentiality procedures when dealing with individual health needs.

Workers will discuss with parent/carers any concerns about any signs/symptoms that may indicate an undiagnosed medical condition.

#### 3.1 Information that must be provided on an Enrolment Form

The Firstchance Enrolment Form provides an opportunity for parents/carers to help our service effectively meet their child/young person's needs relating to any medical condition.

The following information must be completed on the Enrolment Form, and any information will be attached to the Enrolment Form as necessary and kept on file:

- specific health care needs or medical conditions of the child/young person, including asthma, diabetes, epilepsy, allergies, and whether the child/young person has been diagnosed at risk of anaphylaxis.
- any Medical Management Plan provided by a child's parent/carers and/or registered medical practitioner (see 3.3 below).

Parent/carers are required to keep Firstchance updated about any new/updated information. This information will be added to the child's file on the Firstchance CRM and the information will be shared with the child's team.

### **3.2 Identifying Children/Young People with Medical Conditions (group based programs)**

All workers and volunteers at a group based program such as a playgroup, must be able to easily identify a child/young person who has a medical condition that has been included on their enrolment form.

The Coordinator/group leader for the group based program is responsible for ensuring that workers in the program are aware of this information.

### **3.3 Medical Management Plan (group based programs)**

Parent/Carers will be asked to provide a copy of any Medical Management Plan that has been developed for their child.

Copies of any Medical Management Plans will be kept as part of the child's file and a copy will also accompany children on any excursions.

All workers will support parent/carers to follow a child/young person's Medical Management Plan in the event of an incident related to the child/young person's specific health care need, allergy or medical condition.

### **3.4 Risk Assessment of Medical Conditions**

#### **3.4.1 Group based programs**

Workers will use information about medical conditions and any Medical Management Plans to inform the development of a risk assessment and activities for the group based program.

The Risk Assessment must:

- outline any relevant practices and procedures for the safe handling of food, preparation, consumption and service of food for the child/young person that are in addition to our health, hygiene and safe food policies and procedures
- ensure that all parent/carers are notified of any known allergens that pose a risk to a child/young person and how these risks will be minimised
- require that the child/young person attending the group based program must bring the medication prescribed by their medical practitioner in relation to their specific medical condition.

#### **3.4.2 Supports to children in their home/community**

Workers providing supports to children in their home/community setting will be aware of any medical conditions for the child and ensure that this is considered in programming for any activities to be undertaken with the child.

### **3.5 Risk Management of Medical Conditions**

#### **3.5.1 Anaphylaxis/Allergy Risk Management**

Firstchance workers understand that while not common, that anaphylaxis is a severe allergic reaction to a substance and is life threatening. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. Workers are aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.

While developing the Risk Assessment or programming activities to minimise the risk of exposure of children/young people to foods that might trigger severe allergy or anaphylaxis in susceptible children/young people, Firstchance will:

- Upon enrolment, seek medical information from parent/carers about any known allergies
- Ask parent/carers for supporting documentation about any known allergies as well as a Medical Management Plan\
- Use non-food rewards with children e.g. stickers for positive behaviour
- Make every effort to minimise contact with known allergens and triggers for anaphylaxis
- Always follow correct health, hygiene and safe food policies and procedures.
- Consider risks when purchasing food and planning activities involving food.

#### **3.5.1.1 Strategies specific to group based settings include:**

- Parents/carers to bring relevant medication and/or an adrenaline auto-injection device for any child/young person who is known to have allergies where a reaction is likely to occur
- Take copies of Medical Management Plans on any excursion for relevant children/young people
- Discourage children/young person trading food
- Request parent/carers to label all bottles, drinks and lunchboxes etc. with the child/young person's name that they are intended for
- Review the use of food products in craft, cooking and other activities to allow children/young people with allergies to participate e.g. milk, eggs or nuts
- Request that parent/carers do not bring or send food with their children/young person that contain high allergenic elements even if their child/young person does not have an allergy
- Where possible, ensure all children/young people with food allergies only eat food and snacks that have been prepared for them at home or where the parent/carer has checked the ingredients of the communal food.
- Ensure staff and volunteers preparing food are instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food.
- Ensure that all children/young persons are closely supervised at meal and snack times and consume food in specified areas. To minimise risk children will be encouraged to stay seated with food.
- Ensure that all body lotions, sunscreens and creams used on allergic children/young person have been supplied and approved by their parent/carer.
- Ensure that where a child/young person is known to have a susceptibility to severe allergy or anaphylaxis to a particular food, Firstchance will provide a Fact Sheet to all parent/carers providing information about allergy-awareness procedures.

#### **3.5.1.2 Responding to Anaphylaxis**

- Workers should be on the lookout for symptoms of an allergic reaction, as per their First Aid training as they need to act rapidly if they do occur. If a child/young person is displaying symptoms of an anaphylactic reaction workers will support parent/carers to:
  - Call an ambulance immediately by dialling 000 or 112 from a mobile
  - 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 deliver CPR if the child stops breathing.

- Where a worker or child/young person is prone to anaphylaxis reactions and they carry their own EpiPen® it should be injected by a first aid trained worker where the parent/carer is not close by.

### **3.5.1.3 EpiPen®**

- Firstchance operated group based programs and the Firstchance Office will have access to an EpiPen® in the event that anaphylaxis occurs for the first time or the person is not carrying their own EpiPen®.
- The EpiPen® is stored with the First Aid Kit.
- Firstchance will review the expiry date for medication purchased by Firstchance and kept on site e.g. ventolin, EpiPen® etc. to ensure that it is in date.

### **3.5.2 Asthma Risk Management**

Firstchance workers understand that asthma is a chronic lung disease that inflames and narrows the airways. While developing the risk assessment Firstchance will implement procedures where possible, to minimise the exposure of susceptible children/young people to the common triggers that can cause an asthma attack. These triggers can 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

#### **3.5.1.2 Responding to Asthma**

Firstchance workers understand that an asthma attack can become life threatening if not treated properly.

If a child/young person is displaying asthma symptoms, the parent/carer will be supported to attend to the child/young person. If the parent/carer is not close by a first aid trained worker will respond to the child.

If the procedures outlined in the child/young person's medical management plan (where provided by the parent/carer) or first aid treatment do not alleviate the asthma symptoms the worker will call an ambulance.

### **3.5.3 Diabetes Risk Management**

Firstchance workers understand that 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 and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

While developing the Risk Assessment for any group based programs Firstchance will:

- Ensure that the child/young person has 'emergency food' with them eg jelly beans, fruit juice
- Ensure that any scheduled meals/food breaks occur on time

### **3.5.3.1 Responding to “hypos” or ‘hypers’**

If a child is displaying symptoms of a “hypo” or ‘hyper’ our workers will support the parent/carer to respond. Where a parent/carer is not available Firstchance workers will:

- ensure the first aid trained worker 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 from their emergency food supply.
- call an ambulance by dialling 000 or 112 from a mobile phone if the child does not respond to the first aid and deliver CPR if the child stops breathing.

### **3.5.4 Epilepsy Risk Management**

Firstchance workers understand that Epilepsy is recurrent seizures where there is a disruption of normal electrical activity in the brain that can cause disturbance of consciousness and/or body movements.

A Medical Management Plan will cover the child’s known triggers and where relevant other common triggers which may cause a seizure.

The Risk Assessment will cover whether any adjustments need to be made to an activity to ensure the child can participate. These may include the child wearing protective head gear and providing increased supervision of the activity.

#### **3.5.1 Responding to a seizure**

If a child is having an epileptic seizure Firstchance workers will support the parent/carer to respond to the child. Where the parent/carer is not close by, workers will:

- Protect the child from injury
- Not restrain the child or put anything in their mouth
- Gently roll them on to the side in the recovery position as soon as possible (not required if, for example, child is safe in a wheelchair safe and airway is clear)
- Monitor the airway.
- Call an ambulance if necessary. This may include when:
  - a seizure continues for more than three minutes
  - another seizure quickly follows the first
  - required under the Medical Management Plan
- Complete an Incident Report, including the time the seizure started and stopped and observations of the seizure, as soon as possible but within 24 hours of the seizure

The first aid trained worker does not need to call an ambulance when the seizure stops within three minutes and there are no complications (ie injury). The child/young person will be kept in the recovery position until conscious. Workers will always call an ambulance if required under the Medical Management Plan.

### **3.6 Worker training and qualifications**

Firstchance will ensure that all workers employed to directly support children hold a current approved first aid qualification which includes:

- approved anaphylaxis management training and
- approved emergency asthma management training and
- approved epilepsy management training

### **3.7 Families receiving supports in their home/community**

Families receiving supports from Firstchance workers in their home/community are required to provide information about any relevant medical conditions for their child and/or themselves on the Enrolment Form and as part of the Safe Home Visiting risk assessment process. This information will assist workers to offer appropriate support in the event that a medical emergency occurs.

Parents/carers must inform the Key Worker about any changes to a child/young person's medical condition and/or their medication and provide a copy of updated reports/plans as required.

Where a medical emergency occurs in relation to a child during a home visit, workers will offer support to the parent/carer to respond to the situation, including the use of First Aid.

#### **3.7.1 Responding to medical conditions of parent/carers**

Where a medical emergency occurs in relation to the parent/carer during a home visit staff will:

- offer First Aid
- call for an Ambulance if required
- ring the Firstchance office to ask for emergency contact details for the family if required and to re-schedule any appointments
- ring the emergency contact to advise of the situation and organise alternative care arrangements for the child. Where an alternative cannot be located and over 1 hour has passed, staff will contact the Police.
- Contact the Program Manager to provide an update

Where serious, life threatening medical conditions exist staff will proactively discuss this with the parent/carer so that they are aware of the location of any medications, contact details and information that may assist during an emergency.

### **3.8 Families receiving supports in their child's school or early childhood centre**

Families receiving supports from Firstchance worker in their child's school or early childhood centre are required to provide information about any relevant medical conditions for their child and/or themselves on the Enrolment Form. This information will assist staff to offer appropriate support in the event that a medical emergency occurs.

Parents/carers must inform the Key Worker about any changes to a child/young person's medical condition and/or their medication and provide a copy of updated reports/plans as required.

Where a medical emergency occurs in relation to a child during a visit at the child's school or early childhood centre, Firstchance staff will offer initial support to the child to respond to the situation, including the use of First Aid.

Workers will:

- offer initial First Aid
- Inform the class teacher/teacher's aide/early childhood worker of the child's medical emergency
- Follow the direction of the class teacher/teacher's aide/early childhood worker in accordance with the policies of the educational setting
- Complete Firstchance incident report form
- Contact the Program Manager if the medical emergency was a serious incident (refer to Incident Reporting Policy)

### **3.9 Responding to medical conditions of workers**

Workers are encouraged to notify the General Manager of any medical conditions that may impact on them in the workplace and provide a copy of a Medical Management Plan where relevant.

A Risk Assessment will be undertaken to determine if any changes to duties or supports are required. The General Manager will respect the privacy of the worker and balance this with a duty of care to the worker.

In the event where a worker is impacted by their medical condition at the Firstchance office or at a group based program, the designated First Aid Officer or other First Aid trained worker will offer First Aid and call an ambulance where required. The worker providing First Aid will complete and Incident Report.

This policy must be read in conjunction with the Procedure which supports this policy.

#### **Related Policies**

First Aid Policy

Administration of Authorised Medication Policy

Child, Parent Carer & Staff Illness and Infectious Diseases Policy

Death of a Child/Young Person Policy

Emergency Management and Evacuation Policy

Entry Policy

Safe in the Community Policy

Health, Hygiene and Safe Food Policy

HIV/AIDS Policy

Incident and Hazard Reporting Policy

Participation, Inclusion and Access policy

Privacy Policy

Confidentiality Policy

### **4. References**

Asthma Australia

National Asthma Organisation

Australasian Society of Clinical Immunology and Allergy [www.allergy.org.au](http://www.allergy.org.au)

Australian Diabetes Council

<http://www.diabeteskidsandteens.com.au/whatisdiabetes.html> - for an online presentation for children explaining how diabetes affects the body

Epilepsy Action Australia <http://www.epilepsy.org.au/about-epilepsy>

Epilepsy Australia <http://www.epilepsyaustralia.net/default.aspx>

Disability Inclusion Act 2014

#### **NSW Disability Service Standard**

Standard 1 – Rights

Standard 2 – Participation and Inclusion

### **5 Persons Responsible**

Parents/carers are responsible for:

- Providing up to date information about their child/young person's medical conditions and/or medication

- Providing copy of their child/young person's Medical Management Plan by their child/young person's medical practitioner
- Bringing/supplying any medication relevant for their child/young person

All workers are responsible for:

- Maintaining their first aid qualifications
- Implementation of this policy
- Following a child/young person's Medical Management Plan in the event of an incident related to the child/young person's specific health care need, allergy or medical condition
- Notifying the General Manager of any personal medical conditions that may impact on their work.
- Completing Incident Reports

Administration staff are responsible for:

- Ensuring that medical conditions listed on Enrolment Forms are entered into child's file on the organisational CRM.

Coordinators/group leaders for group based programs are responsible for:

- Ensuring that updated information about a child/young person's medical conditions and/or medication is added to the child/young person's file and that other relevant staff are informed of the changes
- Advising other relevant staff of any changes in a child/young person's medical condition, medication and/or Medical Management Plan
- Provide fact sheets informing parent/carers not to bring or send food with their children/young person that contain high allergenic elements even if their child/young person does not have an allergy

Managers are responsible for:

- Ensuring relevant staff are trained in First Aid, including anaphylaxis, asthma, epilepsy and diabetes in accordance with this policy
- The General Manager is responsible for assessing the risk and response where a worker has a medical condition that may impact on them during work hours

Board of Management are responsible for:

- Approval of this policy

## 6 Definitions

**Anaphylaxis** - is a severe allergic reaction to a substance and is life threatening

**Asthma** -is a chronic lung disease that inflames and narrows the airways.

**Board of Management** – the governing body of Firstchance, comprised of elected or appointed members who jointly oversee the activities and legal responsibilities of the organisation

**CRM** – Client Record Management system

**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

**Family** – refers to the parents/caregivers of the children or young people that receive support from Firstchance

**Firstchance** – all Firstchance Incorporated services and programs

**Manager** – refers to the General Manager or Program Manager, whichever is relevant in the context of the situation

**Supervisor** – refers to Coordinators or senior staff, whichever is relevant in the context of the situation

**Visitor** – any person who is visiting a Firstchance service who is not a staff member, client or family

**Workers** – refers to employees and volunteers of the organisation

### **Document review history**

<b>Date</b>	<b>Section</b>	<b>Change</b>
April 2013	Relevant policies and procedures	Changed name in Related Policies from Food nutrition and beverage policy to Nutrition/Food/Beverages/Dietary Requirements Policy
	4	Additional reference to NSW Disability Service Standards
May 2013	3.4.4	Inclusion of information pertaining to epilepsy
September 2014	All	Reference to licenced centre based service identified as required
	3.2.2.1	Included reference to service requirement for mobile OR hands free telephone.
	3.4.1	Addition of 'sunscreen to list of creams needing approval for use by parent/carer, for use on children with allergies.
	3.5	Removed reference to new laws starting 1 <sup>st</sup> January 2012, that staff require to be trained in Anaphylaxis and Asthma management
	3.7	Additional reference to administration of medication
		Addition to Related Policies: Attendance at centre based programs policy; Child and staff illness and injury Policy; Entry into program Policy Safe in the Community Policy; Incident and Hazard Reporting Policy; Participation and Inclusion policy Staffing Arrangements Policy; Amended Privacy and Confidentiality Policy to Privacy Policy and Confidentiality Policy
	3.8	Addition of new section - families receiving supports in their home/community
	4.References	Added reference to NQS elements 2.3.1 and 2.3.3 Added reference to DS Standards 1.Rights and 2.Participation and Inclusion 2011 removed from Education and Care Services National Regulations
March 2015	4	Additional reference to Disability Inclusion Act
	2	Change of words to clarify anyone receiving Firstchance supports
	3.2, 3.2.2.1	Addition of words 'centre based' to clarify which programs are covered by this part of the policy
	3.2.2.1, 3.3-3.7 & 6	Removal of reference to Teen Time.
November 2015	3.3, 3.4, 3.6 & 3.7	Updated to reflect centre based/group programs.
	3.8	Added words about parent/carer informing service of changes in medical conditions/medications.

<b>Date</b>	<b>Section</b>	<b>Change</b>
	3.1	Removed reference about any information to be displayed about a child/young person's medical conditions in a licenced centre based program Removed "Refer to Enrolment (ECIP centre base) Policy"
	Related Policies	Removed Attendance at centre based programs policy, Continuity of Education and Care Policy, Emergency Service Contact Policy & Nutrition/Food/Beverage/Dietary Requirements Policy, Immunisation and Disease Prevention Policy, Child and staff illness and injury Policy
	5	Changing " Nominated/Certified supervisor" to Supervisor/Coordinator
	6	Changed definition of Supervisor
	6	Removed reference to Educational Leader, Nominated Supervisor & Educator
February 2016	All	Changed reference to children/young people enrolled in a centre based program to include groups/playgroups.
	3.4	Removal of specific descriptive information which would be known by first aid qualified staff.
	4	Removal of reference to NQS, EYLF and National Regulations as Firstchance is no longer a licenced service
	5	Updated role of Administration staff
May 2017	3	Addition of requirement for program staff to have First Aid Certificates
	All	Change of wording - centre based to group based; educators to workers. Removal of reference to situations where parent/carers are not in attendance.
	3.2.1 & 3.2.1.1	Delete section on Medical Management Communications Plan and Communications Plan Strategies as they are no longer required.
	3.3	Removed requirement for staff to develop Medical Management Plan and changed to parent/carer to provide copy of any developed by medical practitioner.
	3.4	Change of terminology from Medical Conditions Risk Minimisation Plan to Risk Assessment; removal of information that is captured in procedures or no longer required as no longer licenced service.
	3.4.3	Removal of requirement for staff to be trained in injection of insulin
	3.7	New section covering children receiving supports in their education setting
	3.9	New clause covering response to medical conditions for workers
	4 & 5	Removal of references to EYLF, NQS, National Regulations and associated terminology as Firstchance is no longer a licenced service.

The policy will be reviewed annually.