

## Medical Conditions Policy

The KSSS OSHC Service recognises that children can have a variety of medical conditions that require management. These conditions include, but are not exclusive to, asthma, diabetes, anaphylaxis, epilepsy and other chronic conditions. The KSSS OSHC Service recognises that additional support is required for these children, including receipt of a management plan from the parent/guardian, provision of appropriate medication and where indicated approval for self-administration of said medication.

Children's medical needs may be broadly categorised into two types:

- Short-term – which may affect their participation in activities while they are on a course of medication. Short-term medical needs are typically an illness that the child will recover from in a short period (e.g. tonsillitis, chest infection, etc.)
- Long-term - potentially limiting their participation and requiring extra care and support. Long term medical needs are typically ongoing (e.g. asthma, diabetes, anaphylaxis, epilepsy, celiac disease)

KSSS OSHC service is committed to ensuring our educators are equipped with the knowledge and skills to manage situations, to ensure all children in attendance receive the highest level of care and that their needs are considered at all times.

### Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Duty of Care
- National Law Act 2010 and National Regulations 2011
- Public Health (Medicinal Cannabis) Act 2016 and Regulation 2017
- NQS Area: 1.1; 2.1, 2.2; 3.1, 3.2; 4.1, 4.2; 5.1, 5.2; 6.1, 6.3; 7.2, 7.3.
- Policies: Including Children with Special/Additional Needs, General Hygiene and preventative health and safety policy, Infectious Diseases, Educator Ratios, Arrivals and departures of children, Protection of children; Food Handling and Storage, Food nutrition policy, Emergency Equipment and Facilities, Professional Development and Learning

Policy, Employee Orientation and Induction, Enrolment, Communication with Families, Risk Management and Compliance and Privacy.

## Procedures

Children's short term medical needs will be managed in accordance with the service's Illness and Injury and infectious diseases policies.

For children with long-term medical needs, KSSS OSHC will minimise the risks associated with these specific health needs, allergies or other relevant medical conditions by:

- Ensuring a current medical management plan is provided to the service by the parent and is accessible to all educators;
- Ensuring all educators are adequately trained and rehearsed in the service's emergency medical management procedures and the administration of emergency medication;
- Collaborating with parents/guardians of children with specific health needs, allergies or other relevant medical conditions to develop a risk minimisation plan; and
- Informing all educators and volunteers, of children with specific health needs, allergies or other relevant medical conditions and the risk minimisation procedures for these.

Medical management plans, risk minimisation plans, communication plans, medication and any other relevant medical information will be requested before the expiry of the current plan/medication or new ones (if expired) at the time of re-enrolment. Where a different time frame is agreed with the parent/guardian this will be noted on the plans and on the child's file as well as in a calendar to provide an alert to the nominated supervisor to follow up with the family.

Where a child has not attended the service for 3 months and their medication/medical management and risk minimisation plans have expired or are coming close to expiry the parents will be reminded via email/phone call that we will be unable to enrol their child in any sessions until the updated information/medication is received.

Team members responsible for bookings will ensure they check the account information before booking children into a session, where a child is highlighted in purple it means we do not have sufficient information. Children will not be booked into any sessions until all of that information is received.

Parents/guardians will be requested, through the initial enrolment procedures to provide details of any specific health care needs or medical conditions of the child, including asthma, diabetes, allergies and whether the child has been diagnosed as at risk of anaphylaxis. It is the responsibility of parents/guardians to update the service with any new information relating to their child's specific health care need or medical condition. Parents will be reminded via newsletters and bulk emails that they are required to advise us if a medical condition presents after the initial enrolment.

procedure. Where a family advised during the initial enrolment procedures that their child has a medical condition their enrolment will not be finalised until the following has occurred;

- Medical management plan received
- In date medication received
- Authorisation to administer medication received
- Appointment with the coordinator/nominated supervisor or operations manager to agree on a risk minimisation plan
- Agreement to the communications plan around medical conditions as stipulated in the enrolment form

The service will involve all educators, families and children in regular discussion about medical conditions and general health and wellbeing. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

To promote consistency and ensure the welfare of all children using the service, all educators will follow the health, hygiene and safe food handling policies and procedures.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is enrolled at the service, prior arrangements will be negotiated with the parent/guardian, Coordinator, Operations Manager and appropriate health care workers to train educators in appropriate procedures. Such arrangement and procedures will be established in consultation with the child's medical practitioner. Arrangements will be formalised prior to the child commencing at the service.

### **Identifying Children with Medical Conditions**

Any information relating to individual children's health care needs, allergies or other relevant medical conditions will be shared with the Coordinator, educators and other staff members of the KSSS OSHC service.

Information relating to a child's specific health care need, allergy or other relevant medical condition, including the child's medical management plan, medical risk minimisation plan (where suitable) and the location of the child's medication will be shared with all educators and other staff members of the KSSS OSHC service.

As it relates to the specific children, relevant medical condition information will be displayed in the following areas of the service to ensure all practices and procedures are followed accordingly:

- The service administration area;
- The staff room or noticeboard; and
- Inside the kitchen cupboard door (for children with food related conditions).

All educators will be required to follow the child's Medical Management Plan in the event of an incident related to the child's specific health care need, allergy or other relevant medical condition.

All educators, other staff and volunteers must be able to identify a child with a specific health care need, allergy or other relevant medical condition and be able to locate their medication/s easily.

### **Medical Management Plan**

To comply with regulatory requirements, the parents/guardians of children with specific health care needs, allergies or other relevant medical conditions must provide the service with a medical management plan for their child. This medical management plan must be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.

The medical management plan should be developed in consultation with the child's registered medical practitioner with the procedures to follow from the medical practitioner documented in the medical management plan. The medical management plan should include the following:

- A photo of the child;
- Details of the specific health care need, allergy or relevant medical condition including the severity of the condition;
- Any current medication prescribed for the child;
- What may trigger the allergy or medical condition (if relevant);
- Signs and symptoms to be aware of as well as the response required from the service in relation to the emergence of symptoms;
- Any treatment/medication required to be administered in an emergency;
- The response required if the child does not respond to initial treatment;
- When to call an ambulance for assistance; and
- Contact details of the doctor who signed the plan.

Copies of the child's Medical Management Plan will be kept with their medication and taken on all excursions/regular outings they attend whilst enrolled at the service.

### **Risk Minimisation Plan**

A risk minimisation plan will be developed in consultation with the parent/guardian of a child with specific health care needs that present due to allergies, physical activities or other environmental factors within the control of the KSSS OSHC Service that are not already controlled via other policies and procedures (ie food safety; nut zone; gluten free zones etc),

- Any risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised;
- If relevant, practices and procedures for the safe handling, preparation, consumption and serving of food are developed and implemented;

- The parent/guardian is notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
- All educators are able to identify the child and know the location of the child's medical management plan and medication.

Where relevant families will be notified when they are required to provide updated medication to the KSSS OSHC Service.

### **Medical Conditions Communication Plan**

To ensure regulatory compliance, the KSSS OSHC Service induction process ensures that

- Relevant educators, staff members and volunteers are informed about the medical conditions policy and the medical conditions management plan and medical conditions risk minimisation plan for each child with a specific health care need, allergy or other relevant medical condition;
- A parent/guardian of a child with a specific health care need, allergy or other relevant medical condition will communicate any changes to the medical management plan and risk minimisation plan for their child; and
- During team meetings and through roster communication educators, relevant staff and any volunteers will be informed of any new medical conditions information about current children or new children to the KSSS OSHC Service.

### **Management of Medical Conditions**

Children identified with asthma or anaphylaxis will be managed in accordance with the specific Asthma Management policy and Anaphylaxis Management policy of the service.

Children with other health care needs or relevant medical conditions will be managed in accordance with their individual medical management plan and risk minimisation plan.

To effectively manage other health care needs and medical conditions, the service will implement the following procedures:

#### **Diabetes**

In developing individual children's medical management plans, the service will implement procedures 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 hypoglycemia (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; and/or
- Vomiting.

Children with Type 1 diabetes may need to limit their intake of sweet foods. The service will ensure information about the child's diet including the types and amounts of appropriate foods is documented in the child's medical management plan and that this is used in developing an individual risk minimisation plan.

The service will ensure that educators are adequately and appropriately trained in the use of insulin injection devices (syringes, pens, pumps) used by children at the service with diabetes. In the event of major concerns regarding insulin levels of a child an ambulance will be called.

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

- Ensure a 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 dialing 000 if the child does not respond to the first aid and apply first aid as per instructions from the ambulance; and
- Contact the parent/guardian or the authorised person to be notified in the event of illness, if the parent/guardian cannot be contacted.



## Skin Rashes

Rashes are common in children which have a variety of causes therefore It is important to be able to assess.

When assessing a rash, educators should consider other signs and/or symptoms. These might include (but are not limited to):

- Fever;
- Unusual behaviour (cranky or less active; cries more than usual; seems uncomfortable/irritable; just seems unwell);
- Loss of appetite;
- Vomiting;
- Headache/stiff neck;
- Frequent scratching, crusty skin/discharge from skin; and/or
- Trouble breathing.

When observing the rash, educators should note:

- What the rash looks like (e.g. dark red like a blood blister; small red pinheads; large red blotches; a solid red area all joined together or blisters);
- How does the rash feel to touch (e.g. raised slightly, with small lumps or swollen);
- Is the rash itchy and where on the body did the rash start (e.g. head, neck); and
- Where is the rash now (e.g. head, neck, abdomen, arms, legs).

The Coordinator or Responsible Person will be informed of any children presenting with a rash to determine whether there is cause for concern for the child's health and the health of other children and educators. The parent/guardian will be called immediately.

All incidents of rashes should be documented on an Injury, Illness or Trauma Form. Educators must regularly check the appearance of the rash and note time and any changes to inform medical attention that may be sought.

The child will be isolated from other children and made comfortable until the parent/guardian is informed and has collected the child from the service.

If educators are concerned about serious symptoms in conjunction with the rash (e.g. the rash being purple, or spreading very quickly), then an ambulance will be called.

## **Eczema**

If a child suffers from eczema, parents/guardians will be requested to supply a doctor's certificate stating this. A medical management plan will be developed and implemented to enable educators to follow any treatment prescribed by the child's medical practitioner. A child with eczema is not to be excluded from attending the service.

## **Educator Training and Qualifications**

The Operations Manager in consultation with the HR Manager and Coordinator will ensure that educators have appropriate education or training to enable them to undertake basic support of the health needs of children, including administering medications, responding to allergic reactions, basic first aid and adhering to special dietary requirements.

The Coordinator will ensure that, at least one educator with the required first aid qualifications, anaphylaxis management and emergency asthma management training as prescribed under Education and Care Services National Regulations 2011 is in attendance at any place children are being care for, and immediately available in an emergency, at all times children are being cared for.

- Staff are trained, have clear action plans to follow, opportunities to practice and refresh knowledge, to reduce their anxiety in dealing with a response to a medical condition, to debrief after an incident, and sufficient notice of the introduction of new policy.
- All staff will be trained in the prevention, recognition and management of anaphylaxis / asthma and other chronic conditions where necessary in child care settings, including the use of the EpiPen and emergency First Aid. All staff will undergo this training on a yearly basis. This training may include some or all of the following forms:
  - training in Identification and First Aid Management of anaphylaxis / asthma / epilepsy and other chronic conditions including administering adrenaline using the EpiPen / asthma medication and medication for other medical conditions.
  - discussions and information sharing at staff meetings;
  - familiarisation with Service policy and individual children's Medical Management/Personal Action Plans; and
  - information about food labels, identifying hidden sources of food allergens, identifying contents of foods brought into the Service from children's homes for special events or children's lunches.
- The KSSS OSHC Service will ensure the staff are trained and experienced in managing the provision of meals for children with allergies, including high levels of care in preventing cross contamination during handling, preparation and serving of food; planning appropriate menus for children with allergies including identifying written and hidden sources of food allergens on food labels.
- General medical conditions drills will be conducted and evaluated regularly to ensure that staff are confident in the procedures and able to act in an emergency. Staff will also review the St John DRSABC Action plan.

- Staff will be debriefed after each medical conditions incident and the child's Medical Management/Personal Action Plan evaluated. Staff will need to discuss their own personal reactions to the emergency that occurred, as well as the effectiveness of the procedures that were put in place, what worked well and what went wrong. It is important to learn from each incident. Time is also needed to discuss the specific causes of the event and the strategies that need to be in place and maintained to prevent (where possible) further incidents, so that an emergent case will be less likely to occur.
- Staff have access to an Employee Assistance Program as another avenue for them to debrief

## **Legal Liability Procedures**

Fear of litigation should not be a potential barrier, where Action Plans are established and signed appropriately by the child's parent and medical practitioner, for the use of medications necessary in a potentially life-threatening situation. It should be considered that child care workers who provide emergency treatment to children according to established Action Plans, act in good faith and serve the best interests of the child. The KSSS OSHC Service will:

- ensure that all staff are trained in how to recognise onset of known medical conditions, and in the administration appropriate medications, to ensure the child receives prompt treatment.
- maintain a safe environment by eliminating a child's allergens from the Service wherever possible. If it is not possible to eliminate all of the child's allergens this will be discussed in full with the child's parent/guardian and strategies will be adopted to limit the allergens as far as possible.
- ensure personal details provided by parents are collected, used, disclosed, stored and destroyed (when no longer needed) according to the Privacy Act 2009. The need to display personal details included on the child's Medical Management/Personal Action Plan will be discussed with parents, and their authority obtained prior to display.
- always require the parent/guardian's written authority to administer any medication to their child and on the child's Medical Management/Personal Action Plan.
- confirm with their insurance company that Service staff, who administer medication, are covered under the Service's professional indemnity insurance cover.
- after each emergency situation all those staff who took action during the incident will complete an Incident Report, which will be countersigned by the person in charge of the Service at the time of the incident. A copy of the completed form will be sent to the insurance company, and a copy kept on the child's file. The Coordinator will inform the Operations Manager and the P&C President.
- The child's Medical Management/Personal Action Plan will be reviewed regularly as requested by the parent to ensure information is current and relevant to the child's developmental level. After each emergency incident, the Plan will be evaluated to determine if the Service's emergency response could be improved in any way.

Document	Date of Development	Date Ratified	Date of Review
Medical Conditions Policy	15/07/14	14/10/14	15/07/15 17/07/16 21/08/17 21/08/18 23/08/19 08/07/2020

## Administration of Medication

In the interests of health and wellbeing of the children, the KSSS OSHC Service will only permit medication to be given to a child if it is in its original packaging with a chemist label attached. The chemist label must state the child's name and dose of medication required.

The KSSS OSHC Service recognises and acknowledges the skill and competence of children in working collaboratively with families to enable children to self-administer medications, with prior parent authority.

Parents are requested to respect this Medication Policy and, wherever possible, to administer any prescribed medication to their child before or after attending the KSSS OSHC Service, rather than requesting the KSSS OSHC Service to do so, unless absolutely necessary.

- Educators will only be permitted to administer medication to a child if it is:-
  - in its original package with a pharmacist's label which clearly states the child's name, dosage, frequency of administration, date of dispensing and expiry date; and
  - accompanied by a Medication Authority form, completed by the parent/guardian.
  - in the event of an emergency and medication prescribed to the child is depleted (due to use on the day) or misfired (epipen) medication held by the KSSS OSHC Service that is the same as the medication supplied can be used for the child.
- All medication will be stored in a locked cupboard or similar storage receptacle. Storage should prevent unsupervised access and damage to medicines e.g. some may require refrigeration.
- All medication will be administered by the a duly qualified educator and witnessed by another educator and reported immediately to the Coordinator/Nominated supervisor who will send a written report and copy of the medication administration register to the Operations Manager.
- Administration of medication will be recorded in a medication administration register that is specific to the child. The Coordinator or delegate and educator witness must fill out and sign the register with the parent signing acknowledgement at the end of the day.
  - All unused medication will be returned to the parent on collection of the child.
  - Individual illness management plans will be developed if necessary in conjunction with the Coordinator or a qualified first aid educator, parent/guardian, child and other health/educational professionals if required.
- Staff cannot administer paracetamol, ibuprofen or any other non-prescription medication, therefore in the event of a child experiencing a high temperature or severe headache (where the child is exhibiting distress) the Coordinator or a nominated qualified educator will contact a parent/guardian to request that the child be collected as soon as possible.

## Children self-administering medication

- In all instances of children self-administering medication, the relevant authority form will be completed by the parent/guardian, prior to the child administering the medication.
- For children who require regular asthma medication, a Medical Management/Personal Action Plan will need to be completed by the parent/guardian to advise the Coordinator whether their child will be responsible for administering their own medication or will

require supervision and full details of how, when (i.e. at what intervals) and by whom all such treatment is to be administered. Parents need to be made aware that an educator will be with their child even when they are self-administering.

- For chronic conditions (e.g. diabetes/epilepsy/autoimmune which require ongoing medications parents will be required to advise the Coordinator in writing whether their child will be responsible for administering their own medication and full details of how, when (i.e. at what intervals) and by whom all such treatment is to be administered. Parents will be notified their child will be supervised during the self medication when they are in attendance at the Service.

Where a parent advises the Service that their child keeps their medication in their bags the Service will advise the parent (in writing and/or face to face) that their children's bags must be stored in the office at all times they are in attendance at the Service. The Coordinator/Nominated Supervisor/Responsible person will update the CCMS to note that the bags must be brought to the office. The Coordinator/Nominated Supervisor/Responsible person will request that the child/ren will show their medication is available in their bags where no same medication for the child/ren is held on site – if medication is not in the bag the parent must be contacted immediately. Where bags are kept in the office the Coordinator/Nominated Supervisor/Responsible person will also advise the parent/s of the following:

- o Where medication is not held by the service the medication will be removed from the bag and carried by an educator to the areas in which the child is playing and returned to the child at the end of the session.
- o If medication is also held by the Service the medication will remain in the bag and the Service will use the medication supplied and kept on site
- o The office is locked when an adult is not working in the office
- o No other children will have access to the office unsupervised
- o Encourage the parent to provide the Service with medication that can stay on sight so that it can be easily carried to each area and administered swiftly if required

Document	Date of Development	Date Ratified	Date of Review
Authority to administer medication	15/07/14	14/10/14	15/07/15 17/07/16

			21/08/17 21/08/18 23/08/19 08/07/2020
Medication administration form	15/07/14	14/10/14	15/07/15 17/07/16 21/08/17 21/08/18 23/08/19 08/07/2020

## Management of Medication

### First Aid Kits/Medication Checks

To ensure that first aid kits are suitably stocked and medication is in date the KSSS OSHC Service is committed to the following:

An educator will be rostered in the first week of each month to complete the following:

- Full check of all first aid kits
- Full check of all medication for name/expiry date
- Notification to Coordinator/Responsible Person if any medication is within 1 month of expiry.

Where medication is within 1 month of expiry the Coordinator will contact the parent/guardian via email to advise they need to supply an in date medication.

Where the medication that is expired and it is in the name of the Service the Coordinator/Responsible person will purchase in date medication for the Service.

Where first aid essentials are low in stock the Coordinator/responsible person will order sufficient supplies to ensure they are suitably stocked.

## Medication Storage (ensuring children have access to required medication)

At the beginning of each session, the staff member assigned to preparing the first aid kits will prepare medication required by any children that will be in our care (as listed on the Child Alerts List\*)

This medication is to be stored in a black medibag to ensure it is kept safely out of reach of children.

A black medibag must be taken to every active area during every session, whether or not there are any children that require medication in that area. If there is medication in a Medibag, it must be worn by an Educator at all times.

Medication will be transferred from area to area by way of that day's designated "runner".\* A runner is an Educator that is out of ratio for the purpose of a) transporting medication between areas or b) monitoring children with high-risk medical conditions.

When an Educator returns to the OSHC Building at the later stage of a session, any unnecessary medication can be safely stored in the locked cupboard in the office. Medication for children that are still in our care will be kept in a single Medibag in the OSHC Building.

The daily "runner" is both highlighted in red on the roster and noted on the daily tasklist.

The black Medibags are the black coolerbags stored in the office.

The Child Alerts List can be reviewed on the red iPad in the staff area. All staff members should review this at the beginning of their shift, and check any action/risk management plans if necessary.

Document	Date of Development	Date Ratified	Date of Review
Management of medication	08/07/2020		08/07/2020

## **Anaphylaxis Management**

The KSSS OSHC service recognises the increasing prevalence of children attending services who have been diagnosed with severe allergies and/or anaphylactic reactions. Such reactions may be the result of severe allergies to eggs, peanuts, tree nuts, cow milk, shell fish, bee or other insect stings, latex, particular medications or other allergens as identified through professional diagnosis.

It is known that reactions to allergens may occur through ingestions, skin or eye contact or inhalation of food particles.

## **Relevant Laws and other Provisions**

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Health (Drugs and Poisons) Regulation 1996
- Family and Child Commission Act 2014
- NQS Area: 1.1.5; 2.1.1, 2.1.4; 2.2.1; 2.3.2, 2.3.3; 4.2.1; 6.1.1; 6.2.1; 7.1.2; 7.3.1, 7.3.2, 7.3.5.
- Policies: Illness and Injury, Administration of Medication, Food Handling and Storage, Enrolment, Information Handling (Privacy and Confidentiality), Risk Management and Compliance.

## **Procedures**

Parents/guardians will be requested, through the enrolment process to ensure that the service is made aware of any allergies that their child may be suffering. Information regarding the triggers and severity of allergic reactions will also be requested.

All children diagnosed with anaphylaxis shall have a medical management plan outlining what to do in an emergency and developed in consultation with families, educators and the child's medical practitioner. Each plan shall be displayed in a clearly accessible area and be approved by the child's family/guardian for display.

A medical conditions risk minimisation plan may be developed in consultation with the parent/guardian of a child with specific health care needs, allergies or other relevant medical conditions to identify the possible exposure to allergens and how these will be managed and monitored within the service if this information is not already on the Medical Management Plan. Exposure to allergens may already been contained within other policies of the service and these allergens already minimised or eradicated (food safety, food handling; nut free zone, egg free zone).

Individual children's health care and management plans shall be discussed on a regular basis with all educators at team meetings and through weekly emails where changes have been made or a review is being undertaken.

The KSSS OSHC service will ensure that between 90 and 100% of relevant staff hold a current first-aid qualification and CPR qualification, anaphylaxis management and emergency asthma management training as required by the Education and Care Services National Regulations 2011, and therefore will always be in attendance at any place children are being care for, and immediately available in an emergency, at all times that children are being cared for.

The KSSS OSHC service shall take appropriate action to minimise, as far as reasonably practicable, exposure to known allergens where children have been professionally diagnosed with anaphylaxis and this information has been presented to the service with certification from a medical practitioner.

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

- Not allow children to trade or share food, utensils or food containers;
- Prepare food in line with a child's medical management plan;
- Request families to label all drink bottles and lunch boxes with their child's name;
- Consider whether it's necessary to change or restrict the use of food products in craft activities, science experiments and cooking experiences so children with allergies may participate;
- Instruct educators preparing food about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food;
- Ensure that all food preparation areas and utensils are regularly cleaned and sanitised;
- Monitor attendances to ensure that meals/snacks prepared at the service do not contain identified allergens when those children are in care;
- Where a child is known to have a susceptibility to severe allergy or anaphylactic reaction to a particular food, the service will develop policy and implement practice for the management of children, educators or visitors bringing foods or products to the service containing the specific allergen (e.g. nuts, eggs, seafood);
- Each child shall have the appropriate medication including Epipen (or Anapen) accessible to educators; and
- All expiry dates of auto injector devices accessible at the service will be closely monitored. Parents will be notified immediately of an impending expiry dates of these devices and provision to the service of an up to date device arranged.

Appropriate medication shall be stored at the KSSS OSHC service for each child in clearly labeled and marked containers, in a location that is known to educators and easily accessible to adults but inaccessible to children.

The service will ensure families with children at risk of anaphylaxis, and all educators receive a copy of the Medical Conditions Policy and Anaphylaxis Management Policy as part of their orientation/induction to the service.

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, discussed at team meetings and potential risks reduced.

The KSSS OSHC service shall display a generic Action Plan for Anaphylaxis poster in a key location, visible to families, educators and visitors to the service.

In circumstances where EPIPENS are transported between the child's school/home and the service, the medication shall be signed in and out of the service in appropriate record books by educators. Parents/guardians may be requested to provide a spare pen to be kept at the service. If these arrangements are not suitable, a risk management strategy shall be devised to ensure:

- Medication is transported by a responsible adult person, and
- In circumstances where children arrive at the service without the required medication, appropriate procedures shall be followed to ensure that the medication becomes immediately accessible.

Anaphylaxis plans shall be reviewed annually or as required by medical authorities.

### **Adrenaline auto-injectors for general use**

Services may have an adrenaline auto-injector (Epipen or Anapen) in their first aid kit for general use. This will be in addition to (and not a substitute for) the prescribed devices for individual children with a diagnosed anaphylactic allergy.

Administration may be effected in the following circumstances:

- A child who is known to be at risk of anaphylaxis does not have their own device immediately accessible or the device is out of date;
- A second dose of adrenaline is required before an ambulance has arrived;
- The child's prescribed device has misfired or accidentally been discharged;
- A child previously diagnosed with mild allergy (who was not prescribed an adrenaline auto-injector) has their first episode of anaphylaxis; and/or
- A child with no previous diagnosis suffers a first episode of anaphylaxis and was not previously known to be at risk.

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Document	Date of Development	Date Ratified	Date of Review
Anaphylaxis management policy	15/07/14	14/10/14	15/07/15 17/07/16 21/08/17 21/08/18 25/08/19 08/07/2020

### **Asthma Management Policy**

The KSSS OSHC service strives to provide a safe and suitable environment for all children attending the service. Children diagnosed with asthma who attend the service will be supported with the management of this medical condition and endeavours will be undertaken to create an asthma friendly environment in accordance with the recommendations of the Asthma Foundation of Queensland.

### **Relevant Laws and other Provisions**

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulation 2011
- Duty of Care
- Work Health and Safety Act 2011
- Health (Drugs and Poisons) Regulation 1996
- NQS Area: 2.1.1, 2.1.4; 2.2.2; 2.3.2, 2.3.3; 4.2.1; 6.1.1, 6.1.3; 6.2.1; 7.1.2; 7.3.1, 7.3.2, 7.3.5.
- Policies: General hygiene and preventative health and safety policy, 4.6 – Medication Administration, Illness and Injury, Enrolment.

### **Procedures**

The KSSS OSHC Service will ensure that between 90 and 100% of educators hold a current first-aid and CPR qualification, anaphylaxis management and emergency asthma management training as required by the Education and Care Services National Regulations 2011.

The KSSS OSHC service provides opportunities for all staff to participate in and receive regular approved education on asthma and appropriate management strategies as identified on the ACECQA website.

All children diagnosed with asthma must have a medical management plan outlining what to do in an emergency and developed in consultation with families, educators and the child's medical practitioner. Each plan shall be displayed in a clearly accessible area with approval from the child's family/guardian.

A risk minimisation plan may be developed if the asthma is triggered by environmental factors that can be controlled by changes to the KSSS OSHC Service.

The KSSS OSHC service ensures that all families of children identified with asthma, and the educators at the service, receive a copy of the Medical Conditions Policy and Asthma Policy as part of their orientation/induction to the service.

Educators are made aware of the individual children who suffer from asthma and are provided with training to recognise the relevant triggers (if any), and to follow the risk minimisation strategies and specific management plans to manage the condition.

If the procedure outlined in the child's medical management plan does not alleviate the asthma symptoms, or the child does not have a medical conditions management plan, an educator will provide first aid following the steps outlined by Asthma Australia as follows:

- Sit the child upright. The educator will stay with the child and be calm and reassuring;
- Give four (4) puffs of blue reliever medication with slow and deep breathing in after each puff. If using a spacer, follow each of 4 puffs with 4 breaths in and out following each puff;
- Wait four (4) minutes. If there is no improvement, give four (4) more puffs as above;
- If there is still no improvement, call emergency services; and
- Keep giving four (4) puffs every four (4) minutes until the emergency service arrive.

In the event of the above emergency event the parent of the child is to be contacted and permission to proceed sought verbally prior to the above being attempted. In the event the parent cannot be contacted emergency services will be called and staff will commence first aid.

The KSSS OSHC service will ensure that an emergency asthma first aid kit is kept on the educators in each area they are monitoring children, if in the OSHC building it will be kept in the office. The emergency asthma first aid kit should contain:

- An emergency supply of blue reliever puffer; and
- A spacer device that is compatible with the puffer.

Puffers and spacers from the emergency asthma first aid kit must be thoroughly cleaned after each use to prevent cross contamination.

All asthma medication provided by families and administered by educators and/or self-administered by the child with the condition, must be in accordance with the Medication Policy of this service.

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 attack. These practices will be documented, discussed at team meetings and potential risks reduced where possible.

Document	Date of Development	Date Ratified	Date of Review
Asthma management policy	15/07/14	14/10/14	15/07/15 17/07/16 21/08/17 21/08/18 25/08/19 08/07/2020