

Medical Conditions Policy

Aim:

To ensure that the Centre provides an environment which is safe for children with any medical conditions including severe reactions to peanuts, egg, etc.

Introduction:

Medical Conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening. Our service is committed to a planned approach to the management of medical conditions to ensure the safety and wellbeing of all children at this service. Our service is also committed to ensuring our Educators are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are considered at all times. Providing families with ongoing information about medical conditions and the management of these conditions is a key priority.

Goals:

Our centre 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;
- Informing all staff, including casual staff, educators and volunteers, of all children diagnosed with a medical condition and the risk minimisation procedures of these;
- Providing all families with current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the risk minimisation plan;
- Ensuring all children with diagnosed medical conditions have a current risk minimisation plan that is accessible to all staff; and
- Ensuring all staff are adequately trained in the administration of emergency medication and at least one staff member with this training is to be on premises at all times.

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
 - if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
 - 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; and
 - 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; and
 - 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 in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and
- Ensure that all staff and educators are aware of the medical management plan and risk minimisation plan;
- Ensure that staff are adequately trained in procedures contained in the medical management plan; and
- 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.

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;
- Develop a communication plan to ensure that parents can communicate any changes to the medical management plan and risk minimisation plan; and
- Update the communication plan as needed;

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; and
- Will consult the communication plan to ensure they are aware of their communication responsibilities.

Management of Asthma and Anaphylaxis

The Nominated Supervisor will:

- Ensure that staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies; and
- Ensure that staff are adequately trained in the administration of emergency medication such as the Epi-Pen/Anapen or asthma medication and at least one staff member with this training is on premises at all times.

Educators and staff will:

- Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma; and
- Administer emergency medication in accordance with their training, as required.

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 Accident/Sickness/Injury Record to medical staff in the event further medical intervention is required.

Educators and staff will:

- Complete a Accident/Sickness/Injury Record when a child receives emergency medication;
and
- Will provide parents with a copy of the Accident/Sickness/Injury Form.

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.

Medical Conditions - Asthma Management

Asthma Management

Introduction

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, our centre recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

Asthma is a chronic lung disease that inflames and narrows the airways. Common triggers which can cause an asthma attack include:

- dust and pollution,
- inhaled allergens, e.g. mould, pollen, pet hair,
- changes in temperature and weather, heating and air conditioning,
- emotional changes including laughing and stress,
- activity and exercise.

Goals

This Asthma Policy aims to:

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

Strategies

The Approved Provider will:

- Provide Emergency Asthma Management Training to staff.

The Nominated Supervisor will:

- Provide staff with a copy of this policy and brief them on asthma procedures upon their appointment;
- Ensure at least one staff member who has completed accredited asthma training is on duty whenever children are present at the service;
- Identify children with asthma during the enrolment process and inform staff;
- Provide families thus identified with a copy of this policy and request Asthma Action Plan from child's Doctor upon enrolment or diagnosis; (Asthma Action Plan template can be downloaded from www.asthma.org.au)
- Store *Asthma Action Plans* in the child's enrolment record;
- Formalise and document the internal procedures for emergency *Asthma First Aid*;

- Ensure that an emergency *Asthma First Aid* poster (available from www.asthma.org.au) is displayed in key locations;
- Ensure that the *First Aid Kit* contains a blue reliever medication (e.g. Airomir, Asmol or Ventolin), a spacer device, face mask, concise written instructions on *Asthma First Aid* procedures;
- Ensure that an accredited staff member correctly maintains the asthma component of the *First Aid Kit* (e.g. regular checks of expiry dates on medication);
- Provide a mobile Asthma First Aid Kit for use on excursions;
- Encourage open communication between families and staff regarding the status and impact of a child's asthma; and
- Promptly communicate any concerns to families should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

Staff will:

- Ensure that they maintain current accreditation in *Emergency Asthma Management*;
- Ensure that they are aware of the children in their care with asthma;
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's asthma;
- Identify and, where practical, minimise asthma triggers;
- Where necessary, modify activities in accordance with a child's needs and abilities;
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written *Asthma Action Plan*;
- Administer emergency asthma medication if required according to the child's written *Asthma Action Plan*. If no written *Asthma Action Plan* is available the *Asthma First Aid Plan* outlined in this document should be followed immediately;
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities; and
- Ensure that children with asthma are treated the same as all other children.

Families will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma;
- Provide all relevant information regarding their child's asthma via the written *Asthma Action Plan*, which should be provided to the centre within seven (7) days of enrolment;
- Notify the Nominated Supervisor, in writing, of any changes to the *Asthma Action Plan* during the year;
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times, along with a spacer and face mask;
- Ensure that they comply with all requirements and procedures in relation to the Medications Record;
- Communicate all relevant information and concerns to educators as the need arises (e.g. asthma symptoms were present the previous evening); and
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma.

Children will:

- Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

If a child is displaying Asthma symptoms:

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

- ensure a first aid trained educator/educator with approved asthma management training immediately attends to the child. 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
 3. Wait 4 minute
 - If there is no improvement, give 4 more puffs as above
 4. If there is 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 Asthma First Aid Kit is stored in a location that is known to all staff, including relief staff. An Asthma First Aid Kit should contain:

- Blue reliever puffer
- A spacer device that is compatible with the puffer
- A face mask compatible with the spacer for use by children under 5.

In an emergency when the centres' spacer and face mask is used it will be sent with the child and a new replacement spacer and mask put into the kit.

Medical Conditions - Anaphylaxis Management

Anaphylaxis Management

Goals:

- 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;
- Raise the service community's awareness of anaphylaxis and its management through education and policy implementation;
- Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5 years) 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 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; and
- 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.

Signs and Symptoms of Anaphylaxis can include:

- * skin rash, hives
- * itching
- * swelling, especially of the face, lips, tongue or throat
- * wheezing
- * difficulty breathing
- * collapse

Definitions:

- Anaphylaxis: a severe allergic reaction
- Epi-pen/Anapen or Epi-Pen Jr/ Anapen Jr: an auto-injector that delivers a single dose of Adrenaline.

Strategies

The Approved Provider will:

- Ensure that staff members have completed first aid and anaphylaxis management training that has been approved by ACECQA and updated as required; and

- 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; and
- Ensure that a notice is displayed prominently in the main entrance of the service stating that a child diagnosed at risk of anaphylaxis is being cared for and educated at the service.

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 of the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service;
- Ensure at least one staff member on duty whenever children are present at the service have completed emergency anaphylaxis management training;
- Encourage relief staff members in a service to complete current approved anaphylaxis management training including the administration of an adrenaline auto-injection device and awareness of the symptoms of an anaphylactic reaction;
- 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 parent/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 *Action 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;
- 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; and
- 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.

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.
- 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; 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); and
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.

Parents/guardian 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, give 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; and
- 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.

Procedure:

- * A package is put together that contains contact details for the child and family and is in an area easily accessible to take with staff in the ambulance.
- * An emergency action plan is written up so staff are aware of procedure when a child has an anaphylactic reaction e.g.: who calls the ambulance, who administers the Epi-Pen/Anapen, who rings the family, who goes to the hospital with the child.
- * A sharps bin is purchased and put in an area accessible for the disposal of the used Epi-Pen/Anapen.
- * All staff are aware of the child with the anaphylactic reaction and where the Epi-Pen/Anapen is kept and who is to administer it.
- * A photo of the child with the allergy and a description of the allergy is displayed in the rooms.
- * All parents of children with anaphylaxis must ensure that the centre has an Epi- pen/Anapen which is in date and that signed permission has been given to administer Epi-pen/Anapen in case of emergency.
- * Epi pen/Anapen can only be administered to the child that it has been prescribed for.
- * For Centres that provide food:
 - no food is to be kept on the premises that contains nuts. [In relation to nuts and nut products, commercial food processing practices mean it is not possible to eliminate nuts and nut products entirely from our service e.g. there will be traces of nuts in many products. **For this reason we are a nut aware service rather than a nut free service.**]
 - families do not bring in any food into the Centre.

* For Centres where children bring in their own food:

- No nuts, peanut butter, Nutella, chocolate, muesli bars.
- Education given to children regarding no sharing of food.
- Education on allergen food (other than peanuts) given to families at the centre.

How to use the EpiPen:- (with blue safety release and orange needle end)

1. Carefully slide the Epi-Pen out of its protective tube and check the contents through the “viewing window”. Make sure the solution is clear, colourless and sediment free.
2. Make a fist around the Epi-Pen with your thumb nearest to the blue safety cap.
3. Activate the Epi-Pen by removing the blue safety cap with your other hand. This triggers the Epi-Pen and it is now ready to use. **After you remove the blue safety cap do not touch the orange tip. The hidden needle comes out of the orange tip.**
4. Hold the Epi-Pen at a 90° angle (right angle) **about 5cm away** from the **fleshy upper outer part** of the **child's thigh**.
5. Firmly jab the orange tip into the upper outer part of the child's thigh until you hear a click sound. **Keep pressing the Epi-Pen firmly against the thigh for 10 seconds.** It injects the measured dose of adrenalin into the child's thigh muscle.
6. Carefully take the Epi-Pen away from the thigh, massage the injection site for 10 seconds. Do not touch the needle which now sticks out of the orange tip. Dispose of in sharps bin to take to hospital.
7. Record the time the Epi-Pen was given on an S16 (accident/ illness/ injury form) and call an ambulance and advise that the EpiPen has been administered.

How to use an ANAPEN:

1. **Pull off black needle shield**
2. **Pull off grey safety cap from red button**
3. **Place needle end firmly against outer mid-thigh at 90° angle (with or without clothing)**
4. **Press red button so it clicks and hold for 10 seconds. Remove Anapen and DO NOT touch needle. Massage injection site for 10 seconds. Replace needle sheath and dispose of in sharps bin to take to hospital.**

Medical Conditions - Diabetes Management

Diabetes Management

Introduction

The management of a child's diabetic condition is dependent upon co-ordination between our service, the child's family and the child's doctor. Our centre 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; and
- 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 Apply First Aid training.

Staff will also be encouraged to attend specific Diabetes training from the child's paediatric endocrine team through the hospital ie RNSH

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 accredited Apply First Aid 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 request Diabetes Action plan from Child's Doctor upon enrolment or diagnosis; (a *Diabetes Action Plan* template can be downloaded from <https://as1diabetes.com.au/schools/diabetes-schools-action-management-plans/>);
- Ensure that *Diabetes Action Plans* received for any child are with a diagnosis of diabetes that contain information for the child's *Diabetic Management* and outline what to 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 display in the child's room and staff communal areas;
- 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; and
- 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 and 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; and
- 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 that they comply with all requirements and procedures in relation to the Medications Record;
- Communicate all relevant information and concerns to educators as the need arises; and
- 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: 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.

Type 1 diabetes develops when the pancreas stops producing insulin. Insulin is the hormone which transports glucose from the blood stream to the cells around the body where it is used for energy. Without insulin, glucose builds up in the blood stream (see section 'Hyperglycaemia') and can make a person extremely unwell. If someone is diagnosed with type 1 diabetes they must give insulin and check BGLs for life. Insulin is a lifesaving medication.

Type 1 diabetes usually develops before 40 years of age. It is the most common type of diabetes found in children and young people. It is one of the main types of diabetes. The other type of diabetes is type 2. Type 1 and type 2 diabetes are not the same, however both are lifelong health conditions. There is no known cure. The information in this booklet is specifically about young people with type 1 diabetes.

See <http://as1diabetes.com.au> for more information & teacher training webinars on diabetes.

Our service will implement procedures to ensure where possible children with diabetes do not suffer any adverse effects from their condition while at the service. These include careful monitoring of Blood Glucose levels (BGL) to lessen the chance of getting to hypoglycaemic levels.

Hypoglycaemia (hypo)

Hypoglycaemia (low blood glucose) happens when BGLs fall below 4.0 mmol/L. This requires immediate treatment. If left untreated, the BGLs may continue to fall and the person could become unconscious or have a seizure. Most young people and their families will call this a 'hypo'. All people with type 1 diabetes are likely to have mild hypos from time to time and they can come on very quickly.

Some reasons hypoglycaemia occurs are because:

- Too much insulin has been given
- Not enough carbohydrate has been eaten at a meal or snack
- A meal or snack has been delayed or missed
- Insulin has been given for a meal but the meal has not been eaten
- There has been unplanned physical activity
- The young person has been more stressed or excited than usual; this happens particularly in younger children.

Sometimes there is no obvious cause. It is useful to inform all staff of the signs of a hypo and what needs to happen should a young person with type 1 diabetes have one.

How to recognise a hypo

Most people with type 1 diabetes will have warning signs and symptoms of a hypo. These will vary between individuals, may change over time or be lacking altogether (hypo unawareness). These warning signs and symptoms can include:

Change in behaviour

- Angry
- Quiet
- Crying

Looks or feels like they are frightened

- Appears pale
- Feels shaky (trembling/dizzy/headache)
- Palpitations (heart racing)

Feels hungry

There may be no obvious signs or symptoms

- BGL check shows the level is below 4.mmol/L

Symptoms can vary between each young person with type 1 diabetes, and their family can tell

you what their child's warning signs are. They will also be detailed in the individual management plan. Symptoms can sometimes change when the young person is having a change in treatment; for example, moving from injections to an insulin pump.

Treating a hypo

Hypos need to be treated as a medical emergency – left untreated, the BGLs may continue to fall and the young person could become unconscious or have a seizure. Please refer to the individual management plan for details of the treatment of severe hypoglycaemia (hypo).

How to respond to hypoglycaemia:

- Provide adult supervision at all times (until the young person has recovered).
- Bring all hypo recovery treatment to the young person and treat on the spot; don't move them to another area.
- Check the BGL if possible, to confirm it is low.
- If no meter available, treat as a hypo if symptoms are present.
- Give them 10-15 grams of fast-acting carbohydrate (e.g. five Glucojel jelly beans or the treatment supplied by the family).
- Check the BGL 10-15 minutes after the fast-acting carbohydrate has been consumed to check that the BGL has risen
- Continue to repeat the last two steps until the BGL is over 4.0 mmol/L.
- Check the management plan to see if a slow-acting follow up carbohydrate also needs to be given (e.g. half a sandwich or the treatment supplied by the family).

The management plan will give individualised treatment advice.

Once a hypo has been treated and the blood glucose is above 4.0mmol/L, the young person could continue with what they were doing. However it can take 45 minutes to recover and it's important to note that their concentration & mental function may be reduced during this time.

Some young people will know when they are having a hypo and will treat it themselves. Others, especially if they are younger, newly diagnosed or have learning difficulties, might need help. It is important for staff to observe the young person and record changes in behaviour that may be indicative of a hypo.

Young people need to have easy access to their hypo treatments and be allowed to eat or drink whenever they need to prevent or treat a hypo.

Seizures and unconsciousness

In the unlikely event a young person has a seizure or loses consciousness, initiate DRSABCD (Danger, Response, Send for help, Airway, Breathing, CPR, Defibrillation).

To help prevent airway blockage:

- Do not give anything by mouth
- Place them in the recovery position (on their side).
- Ring an ambulance and tell them the person has type 1 diabetes.
- Contact their family.

All families have access to an injection of glucagon which can be given if their child becomes unconscious due to a severe hypo. Glucagon is a natural hormone created in the liver and is generally safe to administer. In some cases this will be available in preschools and schools. The diabetes team will advise on whether this is necessary and if so training will need to be provided to staff.

For further information on glucagon injections:

Novo Nordisk Glucagen HypoKit Australia

Hyperglycaemia

Hyperglycaemia happens when BGLs rise too high. This level is determined by the diabetes team on an individual basis but a BGL over 15 mmol/L is usually considered too high. Sustained high BGLs can have an impact on long-term health so it is important to avoid this where possible. However, all people with type 1 diabetes are likely to have transient high BGLs at times.

Some of the reasons why hyperglycaemia may occur include:

- Insulin not being given in the appropriate amounts (not enough insulin or a missed dose)
- Too much carbohydrate eaten without taking extra insulin (e.g. a bigger meal or extra food)
- Reduced activity levels
- An illness or infection
- Stress or emotions
- As a side effect of some other medications.

How to recognise hyperglycaemia

The symptoms of hyperglycaemia don't come on quickly. They generally build up over a period of hours. They can include:

- Increased thirst
- Need to go to the toilet more often (to urinate)
- Fatigue and lethargy
- Feeling sick
- Stomach ache
- Lack of concentration
- Irritability
- Blurred vision.

If a young person starts to develop these symptoms, it means that something has changed in the insulin-glucose balance. Transient high BGLs are common and generally quite easy to resolve. However if BGLs remain high this can be a sign of illness or infection, or that the young person's insulin needs have changed (for example, due to a growth spurt) and need reviewing by their diabetes team.

Recognising and treating hyperglycaemia is important because if a young person with type 1 diabetes doesn't have enough insulin, their body starts to break down its fat stores as an alternative energy source. This produces acid by-products called ketones, which are harmful to the body when they build up. The body then tries to get rid of them through urine and the lungs, so you might smell ketones on their breath – it smells like nail polish remover. It's recommended that the family provides equipment to check blood or urine ketone levels. Please refer to their management plan for further instruction.

Treating hyperglycaemia

If BGLs are high only for a short time, treatment may not be needed. But if their BGL has been high for longer than two to four hours, treatment will most likely be required to reduce the risk of ketoacidosis.

How to respond to hyperglycaemia

- Give extra doses of insulin (refer to management plan for individualised treatment advice)
- Give plenty of water, especially if the BGL is over 15.0 mmol/L

- Allow the young person to use the toilet whenever they need to
- Do not encourage extra exercise to lower BGLs
- Consider checking the blood or urine for ketones if the BGL is over 15.0 mmol/L

Small levels of ketones can be normal in all people. If ketones are present in either the blood or urine, refer to their diabetes management plan for further instruction. Urine ketone levels above 6.0 mmol/L and blood ketone levels above 0.6 mmol/L can indicate serious problems developing. ***If you cannot get in contact with the young person's family or diabetes team you need to ring an ambulance.***

NB: Both hypos and hypers can affect a person's behaviour. If a young person with type 1 diabetes is behaving out of character, it's important to check their BGLs.

Administration of Insulin:

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.

Educators in the child's room will also receive this training.

Insulin cannot be swallowed like a tablet. It has to be injected or given via an insulin pump. Many young people with type 1 diabetes will need to have an injection of insulin at lunch time; this will likely be delivered using an insulin pen. Some young people will be able to do this for themselves. Others may need supervision or assistance. It is important that this injection is taken on time prior to food if it is recommended at this time of the day.

Some people will use an insulin pump. This is an expensive, small computerised device that looks like a pager. It delivers insulin automatically and continuously 24 hours a day. This occurs via a small cannula that sits under the skin and through a thin tube that runs from this site to the pump device. Extra doses of insulin are given at meal times and when BGLs are high by entering information into the pump. Young people may need assistance or supervision with this task depending on their age and developmental stage.

Sharps Safety

As insulin injections and Blood Glucose testing requires the use of needles (insulin pen injection) and finger prick lancet (BGL testing) extreme caution must be taken when handling and disposing of these items. Educators will ensure that all sharps are kept out of reach of children at all times. When disposing of used needles/lancets these will be carefully removed and disposed of in a Sharps container. See www.safesharps.org.au for disposal centres to use when sharps container is full.

Sourced: Education and Care Services National Regulations 2011
 National Quality Standard
 Asthma Australia
 National Asthma Organisation
 Australasian Society of Clinical Immunology and Allergy
www.allergy.org.au
 Diabetes Australia
 Community Child Care Op-Operative Ltd (NSW)
 Mastering Diabetes in Preschools and Schools <https://as1disbetes.com.au>

Dated: May 2019

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EIKOH SEMINAR AUSTRALIA PTY LTD

Medical Conditions Communication Plan

All children enrolled at the centre with a diagnosed medical condition i.e. Asthma, Allergy, Anaphylaxis, Diabetes etc will have a Medical Management and Risk minimisation plan completed with the child's family based on the Medical Action Plan completed by the child's treating doctor.

Educators will:

- Complete the appropriate medication forms and advise you when your child requires medication where this has not previously been authorised (for a specific day or time).
- Enquire about the child's health to check if there have been any changes in their condition or treatment.
- Advise parents if the child's medication needs to be replenished.

The Nominated Supervisor will:

- Advise all educators, volunteers and students about the location of the child's medical action plan, risk minimisation plan and medication as part of their induction and ensure they are familiar with the medical conditions policy.
- Review the child's medical action plan, risk minimisation plan and medication regularly at staff meetings, and seek feedback from educators about any issues or concerns they may have in relation to the child's medical condition.
- Regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child's medical action plan, risk minimisation information and medication information through newsletters and information through the centre.
- Update a child's enrolment and medical information as soon as possible after parents update the information.

Parents will:

- Advise the nominated supervisor (centre director) of changes in the medical action plan or medication as soon as possible after the change, and immediately provide an updated medical action plan, medication and medication authorisation (if relevant).
- Provide an updated medical action plan annually, whenever it is updated and prior to its expiry.
- Provide details annually in enrolment documentation of any medical condition.
- Advise educators on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of symptoms if known.
- Ensure the centre has adequate supplies of the child's medication at all times and understand that if the appropriate medication is not on the premises that the child may not attend until the medication is provided.

Centre Director Name:

Parent Name:

Centre Director Signature:

Parent Signature:

Date:

Date:

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EIKOH SEMINAR AUSTRALIA PTY LTD

Medical Management Plan and Risk Minimisation

Child's Name: _____

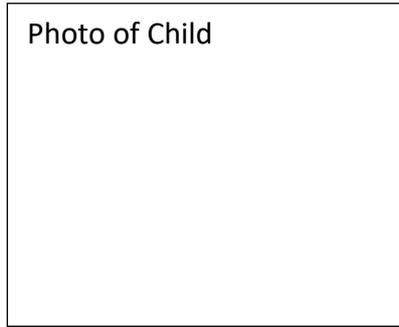
Date of Birth: _____

Does this child have a medical action plan: _____

Plan date: _____ Review date: _____

Child's Room: _____

Child's Medical Condition: _____



Triggers for allergy or medical condition:

First Aid/ Medication Required:

Where is this child's medication stored:

Steps to be taken to minimise triggers for allergy or medical condition (add extra pages as required):

Parent:

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to educators and emergency medical personnel. I will notify the educators in writing if there are any changes to these instructions. I will ensure that at all times any medication required for my child's medical condition will be on the centre premises, kept in date and if at any time I cannot adhere to this and my child's medication is not at the centre I understand that my child may not be able to attend until I can provide the medication prescribed as outlined in my child's medical action plan.

Name: _____

Signature: _____

Date: _____

Centre Director:

I have completed this form with the child's parents and agree to update any changes received by the parent. I acknowledge that all educators working directly with this child will be shown this document and asked to sign it. This document will be kept in a prominent place and updated as needed while the child remains in our care.

Name: _____

Signature: _____

Date: _____

Educators working with the child are to read this document and sign their name and signature with the date below acknowledging that they have read and understood this document.

Reference: Centre Support 2018

Administration of Medication for Children with Asthma, Anaphylaxis and Allergy Action Plans

Child's Name: _____ DOB: _____

Medical Condition: _____

Triggers: _____

Medical conditions plan to be followed at all times (this includes Anaphylaxis, Asthma and Allergy Action Plans). Please refer to medication plan as instructed by Doctor and Family prior to administering any medication.

I, _____ (parent/ guardian) give permission for the educators at _____ (Centre Name) to administer the following medication as required by my child _____ as outlined in their _____ (type of plan) completed by their Doctor _____

Medication Name(s) and dosage:

I have also provided the centre with a current Action plan for my child's medical condition and will ensure that this is updated at least yearly or earlier if there are changes to my child's medical condition. I understand that the centre educator's will notify me if medication is required to be given to my child in response to their medical condition.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Centre Director Signature: _____ Date: _____

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