Quality Area 2: Children's health and safety
Quality Area 6: Collaborative partnership with families and communities

Review date: March 2021

EDUCATION AND CARE GUIDING PRINCIPLE

Medical Conditions and Medication

Introduction

Cumberland City Council's Education and Care Services is committed to a planned approach to the management of medical conditions to ensure the safety and wellbeing of all children whilst in care in our services.

A child's health is an important part of their wellbeing. At times medication may be necessary to ensure good health. All steps will be taken to ensure that safe practices are maintained when administering medication, in accordance with Sections 93, 94, 95 and 96 of the Education and Care Services National Regulations (the **Regulations**).

Cumberland City Council's Education and Care Services 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.

The management of medical conditions should be viewed as a shared responsibility of the service, educators, family and doctor.

Purpose

Cumberland City Council's Education and Care Services staff will ensure the safety of the children enrolled at the service with medical conditions by adhering to the practices developed in accordance with the Regulations. This Guiding Principle sets out practices in relation to the management of medical conditions, including asthma, diabetes, seizure management or a diagnosis that a child is at risk of anaphylaxis and the administration of medication *[Reg 90]*.

Contents

Definitions

CCFDC:	Cumberland Council Family Day Care
Families/parent:	Parents, guardians and/or caregivers
FDC:	Family Day Care
LDC:	Long Day Care
Medical Management Plan	This is the medical management plan which must be provided by the child's family and signed by the child's medical practitioner
OOSH:	Out of School Hours Care
Regulations:	Education and Care Services National Regulations
SHC:	School Holiday Care

Scope

On enrolment, the Nominated Supervisor must ask families if their child has a medical condition. If it is identified that a child does have a medical condition, then a copy of this Guiding Principle as well as the relevant forms relating to the medical condition must also be given to the family *[Reg 91]*.

The parent must provide the service with a copy of the child's Medical Management Plan. This plan must be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition *[Reg 90(1)]*.

Guiding Principles

All services must develop a Risk Minimisation & Communication Plan in consultation with the parents of the child, ensuring that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised. Consideration may be given to the following points if they are relevant to the child's medical condition *[Reg 90(1)]:*

- Ensure the practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented
- Develop and implement practices and procedures that ensure parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk
- Develop and implement practices and procedures that ensure all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication
- Develop and implement practices and procedures to ensure the child does not attend the service without the medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition.

All staff members, students and volunteers must be informed about this Guiding Principle, the Medical Management Plan, and the Risk Minimisation & Communication Plan for the child. In addition to this, the Risk Minimisation & Communication Plan must also ensure that the parent can communicate any changes to the Medical Management Plan and/or the Risk Minimisation & Communication Plan for the child, and how these changes will be communicated.

Additional considerations when enrolling a child with a medical condition include:

- informing families they will be responsible for any ambulance fees if their child has a medical emergency which requires an ambulance
- ensuring that educators are adequately trained in procedures contained in the Medical Management Plan prior to the child starting at the service
- informing other families enrolled at the service of the need to prohibit any items which may present a hazard to children with diagnosed medical conditions.

In accordance with Regulations 90(2) and 96 a child over preschool age may self-administer medication. A child is only permitted to self-administer medication with the written permission of the parent of the child and is adequately trained to do so. All medication self-administered by a child must be documented on the Medication Record.

Communication and display of medical information

Nominated Supervisor will:

- ensure the Medical Management Plan and Risk Minimisation & Communication Plan (together with declaration signed by all educators) are accessible to all educators
- ensure that all plans are current and kept up to date
- ensure that families are encouraged to communicate any changes to the Medical Management Plan and/or Risk Minimisation & Communication Plan
- delegate the nominated first aid officer to oversee these tasks.

Educators and staff will:

- ensure they are aware of enrolled children with medical conditions and be familiar with the Medical Management Plan and Risk Minimisation & Communication Plan (signed by all educators) of each child diagnosed with a medical condition
- promptly communicate to management and families if they are concerned about the child's medical condition limiting their ability to participate fully in activities.

Documentation and record keeping

Nominated Supervisor will:

- ensure records are confidentially stored for the specified period of time as required by the Regulations
- provide a copy of the Medication Record to medical staff in the event further medical intervention is required.

Educators will:

- refer to relevant guiding principles on specific medical conditions when needed
- complete a Medication Record when a child receives emergency medication
- provide families with a copy of the Medication Record.

Guiding Principle availability

This Guiding Principle will be readily accessible to all educators, families and visitors, and ongoing feedback on this guiding principle will be invited.

Educators will provide families with the relevant forms when needed and ensure all appropriate documentation is completed.

Evaluation

Educators respond in an effective manner to any medical condition incident and documentation is completed, shared, and stored as appropriate.

Plans to effectively manage the medical condition are developed, in consultation with families, and implemented.

Annual review of procedures and guiding principles are implemented.

Staff & educators

Educators with a confirmed medical condition outlined in this Guiding Principle are to provide a Medical Management Plan from their doctor, which is reviewed annually and placed on their personal file at the service. A Risk Minimisation and Communication Plan will be completed also. Confidentiality is to be observed at all times and is on a need to know basis for the health and safety of the worker. This will be documented on the Education and Care staff emergency contact list and held in their file.

Medical conditions

ALLERGY AND ANAPHYLAXIS MANAGEMENT

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. A severe allergic reaction usually occurs within 20 minutes of exposure to the trigger and can rapidly become life threatening. The management of a child's anaphylaxis condition is dependent upon coordination between the service, the child's doctor and family.

On enrolment it is the families' responsibility to inform the service of their child's allergies, triggers and reactions. Families are to receive this Guiding Principle. The following information, forms and equipment are to be supplied, completed and returned prior to the child starting care:

- Anaphylaxis Action Plan
- Medical Management Plan
- EpiPen or EpiPen Jr and Anapen or Anapen Jr
- Long Term Medication Forms
- Emergency contacts (as per enrolment record)
- Risk Minimisation and Communication Plan

Failure to return these forms will result in the child not being allowed into care and fees be charged

The service is to be informed of any changes in medication or the Medical Management Plan of a child immediately.

Details provided in these forms are to be reviewed every 12 months or earlier if required for medical reasons.

It is the families' responsibility to ensure that the EpiPen/Anapen are current and replace them when they expire. Educators are to inform families when the use by date is approaching. If a baby weighs

too little for an EpiPen to be prescribed but a specialist prescribes adrenaline/epinephrine ampoules, needles and syringe for use in an emergency, education and care staff cannot administer them. In these circumstances, families will need to discuss with specialist whether child could attend child care or day care.

If a child displays symptoms of an anaphylaxis reaction, the educator will contact the child's family and follow the child's Medical Management Plan.

In the event that an educator feels that emergency treatment is required, an ambulance will be called and the educators will follow the child's Medical Management Plan. Note: under Regulation 94, in the case of an anaphylaxis or asthma emergency, medication may be administered without an authorisation. However, the child's parent and emergency services must be notified as soon as possible.

Educators will attend approved training in anaphylaxis management every 3 years (which is included as part of the First Aid training).

First aid treatment for anaphylaxis in other languages can be found at ACIA website www.allergy.org.au.

Services must display a sign to families stating that they are allergy aware.

Services will display a notice to families stating that a child is enrolled at the service with a risk of anaphylaxis allergy *[Reg 173(2)(f)]*.

The services will work with families to meet the needs of the child and ensure allergies are catered for within menu planning and environments (LDC, OOSH, approved food providers FDC).

Children may suffer from food intolerances and this information will be provided by families and documented with details of the foods the child must avoid (refer to Record of Food Intolerances form attached). Food intolerances are not allergies. Food intolerances may occur in response to a wide range of food components both natural and artificial.

Procedure

- Provide families with this Guiding Principle which includes all forms.
- All food allergies need to have written documentation from a doctor including lactose, gluten etc and updated every 12 months.
- Discuss completed forms with families. During orientation the family is encouraged to disclose as much information about the allergy as possible.
- No child who has been prescribed an adrenalin auto-injector is permitted to attend the service or its programs without that adrenalin auto-injector.
- Inform all relevant educators of the child's information and where it is kept and the location of the child's Epipen/Anapen.
- All casual educators will be informed of the children's food and/or environmental allergies and which educator will be responsible for implementing the medical emergency plan if required.
- The Epipen/Anapen are to be stored in a designated signed area, out of reach of children, yet easily accessible to educators.
- Epipens/Anapens are required to be taken on excursions or if leaving the service for any reason e.g. an evacuation.

- All educators are to be aware of children's food and environmental allergies. In centre based care children's allergies are to be displayed in the staff room.
- The child's Anaphylaxis Action Plan must be displayed on appropriate noticeboards for all educators to access and update annually or if changes are necessary.
- Action plans are attached and are also available from www.allergy.org.au, although other formats may be accepted if provided by a medical practitioner or hospital. These are to be displayed at all centres.
- Long Term Medication form and Medical Management Plan must be completed for any medication to be administered. These forms must be completed by the child's doctor and parent.
- Where possible the service will endeavour to not have the allergen accessible in the service and will follow all Risk Minimisation & Communication Plan.
- Where a child has a life threatening food allergy and the service provides food, the service will endeavour not to serve the particular food allergen in the service and families in the service will be advised not to supply that allergen. If the food can be sourced from the service's regular supplier, the service will supply the food; if not the family of children with an allergy may be asked to supply a particular diet (e.g. gluten free bread).
- SHC and FDC are the only services where children bring their own food from home to the service. The service will inform parents not to bring the particular food allergen. They will inform families of what is acceptable and not acceptable in the form of a food list and to reduce the risk of these foods being brought into the service and possibly triggering children at risk of allergens.
- The child with the food allergy will need to be supervised closely at meal times to ensure that they do not come in contact with any possible food that could trigger a reaction. The food allergen or child will move to another table and all children will wash their hands before and after eating.
- Medication may be administered to a child without authorisation in case of anaphylaxis or asthma emergency *[Reg 94]*.
- Children with allergies must complete the attached Action Plan for Allergic Reactions on enrolment or updated medical condition.
- Risk Minimisation & Communication Plan must be completed in addition to the Medical Management Plan. This must be reviewed annually and as required.

ASTHMA

The management of a child's asthma condition is dependent upon coordination between the service, the child's doctor and family.

Prevalence of asthma in Australian children is amongst the highest in the world.

Aim

- Identify children with asthma during enrolment process.
- Families are provided with this Guiding Principle upon enrolment and requested to provide an asthma plan.
- To raise awareness of asthma amongst those involved within Education and Care services.
- Provide an environment in which children with asthma can participate in all activities to their full potential.
- Provide a clear set of guidelines and expectations to be allowed with regard to the management of children with asthma.

- For the service to respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack or difficulty breathing at the service.
- Educators to monitor puffer usage in OOSH services by school aged children. Records of the usage are provided to families on a monthly basis. This chart is to be kept in the child's file.

Procedure

- Families are required to complete and return prior to the child starting care:
    - Asthma records
    - Medical Management Plan signed by the treating doctor
    - Emergency Medication Authorisation
    - Long Term Medication Authorisation
    - Risk Minimisation & Communication Plan
- Educators are to discuss completed forms with families.
- Families must notify educators of any changes in their child's asthma management.
- Details provided in these forms are to be reviewed by medical practitioner every 12 months or seasonal, if required, and updated as details change.
- The service is to be informed in writing of any changes in medication or the asthma action plan. A letter is required from the medical practitioner if the asthma plan is no longer required.
- This medication is to be provided, clearly dated, in the original labelled container and stored in accordance with this Guiding Principle.
- Families are to ensure that their child has an adequate supply of appropriate medication and spacer device or mask, as required. These must be supplied by the family and clearly labelled with the child's name and expiry dates.
- Families are to communicate all relevant information and concerns with educators as the need arises e.g. if asthma symptoms were present during the night.
- If the child displays symptoms of an asthma attack, educators will follow the child's asthma plan and contact their family.
- In the event that educators feel emergency treatment is required an ambulance will be called.
- Educators will follow child's asthma action plan, however, as they are not medical professionals and therefore unable to diagnose, they will seek further advice if they feel it is necessary.
- Asthma is a condition with self-administered medication by children over pre-school age that have been trained and will be supervised when administering the medication. Authorisation for the child to self-administer medication is recorded in the medication record for the child.
- Asthma medication and individual child asthma plans are to be taken on all excursions and transportation of children, during evacuations and fire drills. Educators are to be aware of each child's asthma plan.
- Asthma emergency kits will be kept on site and taken on all offsite excursions in case a child who is not diagnosed with asthma displays asthma symptoms.
- Asthma First Aid posters will be displayed at each service.
- Asthma related information is provided and readily available to families and children within the service.
- At least one educator from each service must be on the premises at all times who has a current First Aid Certificate approved by ACECQA inclusive of asthma first aid. All FDC educators must

hold a current First Aid Certificate approved by ACECQA inclusive of asthma first aid and update it every three years.

- Regularly maintain all asthma components of the first aid kit to ensure all medications are current. The National Health and Medical Research Council (NHMRC) recommends that all spacers and masks are single person use only. A spacer or mask can be given to that child to reuse or can be labelled and stored at the service for that child to use only. Spacers and masks are replaced in the kits after each use. Each person has their own spacer that should not be shared. Spacers should be cleaned after each use and at least once a month.
- Plastic spacers and masks can be used by the same person for up to 12 months.
- The spacer should be inspected by a pharmacist, nurse or asthma educator every 6-12 months to check the structure is intact (e.g. no cracks) and the valve is working properly.
- Where possible, educators are to identify and minimise asthma triggers, following the Risk Minimisation & Communication Plan.
- All educators are provided orientation on recognising and maintaining an asthma emergency kit using the four steps in the first aid plan.
- If a child with asthma arrives at the centre without the appropriate medication they can be excluded until appropriate medication is provided to the centre. However, if the child has an asthma attack whilst on the premises, educators will administer centre medication.

Administration of medication

- 0-5 years: Educators to administer.
- 5-12 years: Children may self-administer their own puffers unless the service is otherwise advised by a doctor or family, in which case an educator will administer the medication. For a child to self-administer medication, written authorisation must be recorded in the child's medical record. Puffers are to be labelled with the child's name and dosage. Children may have access to their puffers at all times, however they must inform an educator when they require it and the educator will give them the puffer and supervise their self-administration. Families will be informed on usage of the puffer at the service. If Ventolin is required families will be contacted. If a child in Before School Care has Ventolin administered, the school and family will be notified.

Asthma First Aid

- All services will have an asthma emergency kit available for use in the event of:
    - an emergency where a child has difficulty breathing
    - a child's first attack of asthma
    - a child's own asthma reliever puffer is unavailable, expired or empty.
- All educators should be aware of how to deliver the asthma first aid plan.
- Each kit should contain a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin), 2 spacers (FDC educators only 1) and mask which are single person use only, and instructions for use. Log book documentation after each use is required.
- If a child has difficulty breathing or their asthma deteriorates, administer asthma first aid according to either:
    - the child's Medical Management Plan as signed by the child's doctor

    OR

    - the Asthma First Aid Action Plan

THEN

- notify the family of action taken.

If a child has difficulty breathing and there is no notification on any written communication from the family about the child having asthma, call an ambulance immediately, follow the Asthma First Aid Action Plan using the service's asthma emergency kit and contact the family immediately.

No harm is likely to result from giving a reliever puffer to a child or adult without asthma.

Medication may be administered to a child without an authorisation in case of anaphylaxis or asthma emergency *[Reg 94]*.

Asthma First Aid Action Plan

Refer to attached Asthma First Aid Action Plan.

Asthma severity

There are some key indicators which can be used to assess the severity of an asthma attack.

INDICATOR	MILD	MODERATE	SEVERE
Wheeze	Soft	Loud	Maybe no audible wheeze
Breathing	Minor difficulty	Obvious difficulty	Gasping
Cough	Occasional	Persistent	Persistent or none
Speaking	Full sentences	Short sentences	Words
Skin	Pale	Pale and sweaty	Blue-ish

If the child's condition suddenly deteriorates, or you are very concerned, call an ambulance immediately. In an emergency the blue/grey reliever puffer can be accessed from the asthma emergency kit or borrowed from another child.

In the event of an emergency, if a child has had three cycles of asthma medication in one day an ambulance must be called.

Record any asthma incident and file the completed form with all incident reports.

If an ambulance is called notify the family and relevant supervisor of service i.e. Centre Director and Senior Coordinator, Education and Care as soon as possible.

Asthma Plan forms are attached and also available at www.asthma.org.au.

DIABETIC MANAGEMENT

The management of a child's diabetic condition is dependent upon coordination between the service, the child's doctor and family.

On enrolment it is the family's responsibility to inform the service of their child's diabetic condition. In doing so, the attached forms are to be completed and returned.

Families' responsibilities

- Details provided in these forms are to be reviewed every twelve (12) months or earlier if required for medical reasons.
- The service is to be informed of any changes in medication or the action plan immediately.
- It is the family's responsibility to ensure that a store of current blood glucose testing kit is maintained at the service. The kit is to be provided and stored in accordance with this Guiding Principle. The kit is to be labelled with the child's name.
- It is the family's responsibility to monitor the kit and keep it stocked with the current "hypopack energy" food.
- If the child displays symptoms of a diabetic attack, too low – i.e. below 4, too high – i.e. above 18 or more, the service will contact the child's family and the child's action plan followed.
- In the event that a service feels emergency treatment is required an ambulance will be called.

PLEASE NOTE: Educators will not be responsible to adjust/recalibrate children's pumps. If adjustment/recalibration is required, the family is responsible and documentation must be in the child's Medical Management Plan, forms of which are attached to this Guiding Principle. Medical Management Plans supplied by families and completed by their medical professional are also accepted provided the plans contain the same information as set out on the attached forms.

Educators' responsibilities

- Educators will follow the child's Diabetic Action Plan. Educators are not medical professionals and are therefore unable to diagnose. However, they will seek further professional advice if they feel it is necessary.
- Educators will administer blood glucose test as instructed on Medical Management Plan.
- Educators will attend diabetic management training with a credentialed diabetes educator, arranged by the parent if required, to administer insulin. The educator must be competent in this training before the child starts at the service. Insulin may be given as an insulin syringe, insulin pen or via an insulin pump.

Procedure

- Provide families with diabetic forms to complete and return prior to the child starting care.
- Provide families with this Guiding Principle, including all forms.
- Discuss completed forms with family and complete the Risk Minimisation & Communication Plan.
- Inform all relevant educators of information and where it is filed, location of child's testing kit and hypo pack.
- Review the information with family/doctor every twelve months or earlier if required for medical reasons.
- Follow child's Diabetic Management Plan. This must be displayed on appropriate noticeboards - follow confidential guidelines.
- In the event of low glucose level or high glucose level, follow the Diabetic Emergency Plan and complete emergency record.
- Document blood glucose levels and disposal of tissues containing blood etc in the correct manner. Refer to Immunisation, Infectious Diseases & Illness Exclusion Guiding Principle.

- The service is to have 2 sharps containers, 1 container marked diabetes that is replaced when they are 75% full or at manufacturer's instructions and the other is for sharps that are onsite that needs to be replaced after every syringe. Educators are to notify Centre Director when containers need replacing.
- Remind families to keep testing kits well stocked and in good condition.
- Self-administering medication for children over pre-school age will be permitted if the children have been trained, family consent obtained and medication must be administered under the supervision of an educator at all times. Authorisation for the child to self-administer medication is recorded in the medication record for the child.
- Educators will not be responsible to adjust/recalibrate children's pumps. If adjustment/ recalibration is required, the family is responsible and documentation must be in the child's Medical Management Plan.

SEIZURE MANAGEMENT

An Individual Seizure Management Plan must be completed if a child has epilepsy or febrile convulsions. The successful management of a child's seizure condition is dependent upon coordination between the service, the child's doctor and family.

On enrolment, it is the family's responsibility to inform the service of their child's seizure/ epilepsy condition. The service must issue the Seizure Management Plan for family to complete and return prior to their child starting care.

If a seizure occurs after the commencement of care, the service and family must meet to discuss and complete a management plan.

The service is to be informed of any changes in medication or the Medical Management Plan immediately. Details provided in these forms are to be reviewed every 12 months or earlier if required for medical reasons.

Families' responsibilities

It is the family's responsibility to ensure that any medication that is to be provided is stored in accordance with this Guiding Principle. Medication is to be labelled with the child's name and within the use by date of the medication. Educators need to be trained on how to administer medication in an emergency when/ if a child goes into status epileptics. Educators to check how medication is to be given. Medication that is ingested via spray or syringe through the nose/mouth is acceptable (e.g. Bucal, Mucosa, Medasalin, Midazolam).

Educators are to be informed of possible triggers. If a child has a specific health care need or medical condition, parents are required to provide a Medical Management Plan.

Educators' responsibilities

If the child displays symptoms of seizure attack, educators will contact the child's family and follow the Medical Management Plan.

Educators will follow the child's Individual Seizure Management Plan, however educators are not medical professionals and are unable to diagnose. They will seek further professional advice if they feel it is necessary.

In the event that an educator feels that emergency treatment is required, an ambulance will be called and the child's enrolment form and Medical Management Plan is to be taken with the educator to

hospital. FDC educators are to contact FDC office if emergency treatment is required to organise relocation etc.

All services are required to have current stock of age appropriate paracetamol.

Procedure

- Provide family with seizure/epilepsy forms.
- Provide families with a copy of this Guiding Principle.
- Provide families with a Risk Minimisation & Communication Plan.
- Discuss completed forms with families and complete the Risk Minimisation & Communication Plan with the family.
- Ensure all forms are completed and returned prior to the child starting care.
- Inform all relevant educators of plans and information and where they are filed in the child's personal file, as well as the location of child's medication.
- Follow the child's Individual Seizure Management Plan. This must be displayed on appropriate notice boards.
- During a seizure a child may:
  - become stiff or floppy
  - become unconscious or unaware of their surroundings
  - display jerking or twitching movements
  - have difficulty breathing.

What should I do if a child has a seizure?

- Refer to the child's Individual Seizure Management Plan.
- For a child with no Individual Seizure Management Plan, follow Seizure Epilepsy Action Plan.

INFECTIOUS DISEASES

Refer to Immunisation, Infectious Diseases & Illness Exclusion Guiding Principle.

Medication

If a child needs to have medication, the parent must:

- complete the Medication Record form for daily permission to administer, and provide the medication with the completed form to an educator at the time the child comes into care. *(Please note all forms must be completed in blue/black pen - not pencil.) [Reg 92]*
- ensure the medication is prescribed by a doctor, has original label details and in the original bottle. Ensure medicine has the child's name and prescribed dosage on the printed label and is 'in date' *[Reg 95]*
- sign and date the Medication Record form *[Reg 92 & 93]*
- indicate the manner in which the medication is to be administered *[Reg 92]*
- ensure an educator has signed the form *[Reg 92]*

- provide a doctor's letter if the amount of medication required is above what is prescribed on the bottle or for the child's age group
- provide written instructions regarding dosage from a health professional providing any homeopathic, naturopathic, over the counter or non-prescribed medications e.g. paracetamol to relieve pain to a sore hand or foot that has an injury
- keep the child at home for the first 24 hours of the prescribed antibiotics course.

PLEASE NOTE: If a parent has administered paracetamol to their child to reduce a fever or otherwise mask a condition that could lead to other children becoming sick or infection control being compromised, the chid must not attend a service. Individual special circumstances will be considered at the discretion of the centre director.

IF THIS PROCEDURE IS NOT FOLLOWED EXACTLY, THEN EDUCATORS WILL BE UNABLE TO ADMINISTER ANY MEDICATION

Educators to check all areas of the form/s are complete, medication matches form/s and instructions are clear prior to the parent leaving

IMPORTANT: Medication in any form must NEVER be left in the child's bag

If a child needs to have medication, educators must ensure:

- the Medication Record form is signed and dated *[Reg 92 & 93]*;
- a witness is present when administering medication (not FDC); and
- required medication is taken on excursions.

PLEASE NOTE:

1. If at any time educators are concerned about persistent or prolonged use of medication they will contact Council's doctor for advice. Families may be required to visit this doctor for a consultation.

2. Paracetamol can only be administered in emergency situations if the family has signed the appropriate authorisation on the enrolment form.

3. All services are required to be equipped with paracetamol appropriate to child's age with a current use by date for emergency situations as authorised by family on the enrolment forms.

Children on permanent medication

If a child is on a permanent medication program (ADD/ADHD, allergies, anaphylaxis etc.):

- child's doctor/specialist is to complete the service's Long Term Medication Authorisation by doctor/specialist form
- families are to complete the service's Long Term Medication form for the medication to be administered
- records need to be reviewed every 12 months or when medication is adjusted
- doctor and family must agree to inform the service of any changes in the medication program
- only the required dose for the week or day is to be left at the service (especially ADD/ADHD medication).

Self-administering medication

The approved provider of an education and care service may permit a child over preschool age to self-administer medication if an authorisation for the child to self-administer medication is recorded on the medication record of the child and the child is trained in this self-administration and is supervised.

Procedure – Administering Paracetamol for fevers

In case of fever, educators are to:

- check the child's temperature which can be measured under the arm or on the forehead, following the thermometer's directions for use. A normal temperature is up to 38°C. Thermometers used in the ear are not to be used as they are not accurate for children;
- check the enrolment form for appropriate authorisation to administer paracetamol. Educators are to gain permission from families prior to administering medication. Centre based services are to have medication checked by another educator prior to administration (not FDC);
- administer paracetamol if a child over 6 months of age has a fever exceeding 38.5°C (note: Staying Healthy in Child Care Recommendation), is unhappy and appears to be in discomfort and/or pain. Treatment is needed to comfort them. Give clear fluids. Temperature management is noted on the illness record (refer to Immunisation, Infectious Diseases & Illness Exclusion Guiding Principle). If a child cannot have paracetamol, the alternate medication must be supplied by the family;
- manage as an emergency and contact family to collect the child as soon as possible, advising them to take the child to the doctor;
- in the event that the child has a convulsion/seizure, immediately dial 000 for an ambulance and notify the parent, except in the case where a child has been diagnosed with epilepsy and has an Action Plan; and
- ensure paracetamol is not administered to children under the age of 6 months whilst in care at the service.

Procedure – Administering any medication

To administer **any** medication, staff/educators must:

- use single dose medication applicators, only once per child;
- check the label, use-by-date and completed Medication Record form (by 2 educators – centre based care) *[Reg 95(c)]*;
- discuss any differences with the family regarding their child's medication, highlighting the guiding principle;
- store medication according to instructions on bottle. Medication that needs to be stored in the refrigerator must be placed in a locked container first;
- ensure medication is in a locked container, with the exception of epipens and asthma medication and ensure it is not accessible to children. Senior educators/FDC educators are to be responsible for medication container key. Medication is not to be left in a child's bag;
- ensure epipens are stored in the anaphylaxis station. Asthma medication must be stored in the asthma station – they are not to be stored in a locked cupboard as they must be accessible to all educators at all times but not accessible to children. FDC educators are to store epipens and asthma medication in an unlocked cupboard inaccessible to children;

- always check the use-by-date on epipens when completing regular first aid kit checks. Educators are to inform parents when the use-by-date is approaching;
- ensure medication is administered by the most senior staff member rostered with a group of children and will be checked and witnessed by another educator (not FDC);
- check the child's name and prescribed dosage on the printed label and compare these details with the Medication Record form. Both educators must then sign the Medication Record form agreeing they have checked the medication and saw it was administered (centre based). FDC educators to sign the medication form *[Reg 95]*;
- complete a separate Medication Record sheet for each child to maintain confidentiality
- record the administration of medication and the amount on child's individual record which parents are to sign each day after medication is administered *[Reg 92]*;
- store completed records in child's file at the centre and scan and trim to file;
- forward FDC medication forms to the Coordination Unit to be kept on file. Forms should be sent in once completed and when a child leaves care;
- monitor child, record and discuss any concerns with family; and
- return service's unwanted medication and out-of-date medications to local pharmacy for disposal.

Procedure – Administration of medication in an emergency

In accordance with section 92(2) of the Regulations, in the event of an emergency, medication will be given under authorisation referred to in section 93(5)(b) of the Regulations. If parents are not able to be contacted and medication is to be given, a person named on the enrolment form will be contacted to give consent. If either parent or person named on the enrolment form cannot reasonably be contacted, a registered medical practitioner or an emergency service may administer this.

In the event of an anaphylaxis or asthma emergency, medication will be administered without an authorisation *[Reg 94(1)]*. If medication is administered in an emergency, the approved provider, nominated supervisor or FDC educator will ensure a parent of the child will be notified and emergency services will be notified *[Reg 94(2)]*.

Families should communicate with educators if their child is on any medication at home, the main purpose of the medication, and any possible side effects it may have on the child.

Procedure – Administration of creams and ointments

The nominated supervisor is responsible for deeming creams and ointments safe for administration and is able to make the decision about whether a cream or an ointment is deemed medication. Guidelines to make this decision are as follows:

- The Australian Register of Therapeutic Goods include products on their register and 'list' or 'register' products according to their risk rating. Each product is given a number starting with AUST L or AUST R, depending on their rating.
- Creams and ointments with an AUST R number are considered higher risk and may be deemed medication. In this case, families and educators may be required to follow the medication procedure ensuring all required documentation is provided (refer to Procedure – Administering any medication).
- Creams and ointments with an AUST L number are deemed low risk and may be administered as required, however written permission from families may be required for administration (refer

to Authorisation to Administer low risk cream or ointment form). Staff are to be mindful of prolonged use of the product and be guided by the instructions on the product regarding usage.

Attachments

Page No.

Related Legislation and Online Resources

- Children (Education and Care Services) National Law (NSW): Sections 167 & 173
- Education and Care Services National Regulations: Sections 85-96, 168 & 173
- Australian Children's Education and Care Quality Authority (ACECQA), National Quality Standards: Quality Areas 2, 6.1.1 & 6.2.1
- Work Health and Safety Act 2011: Section 19
- National Health and Medical Research Council: Staying Healthy - Preventing infectious diseases in early childhood education and care services (5th Edition)
- National Health and Medical Research Council www.nhmrc.gov.au
- Australian Register of Therapeutic Goods www.tga.gov.au
- The Sydney Children's Hospital Network: CMV Fact Sheet
- Allergy & Anaphylaxis Australia www.allergyfacts.org.au
- Asthma Australia www.asthma.org.au
- Asthma Fact Sheets www.asthma.org.au/further-information/factsheets
- Diabetes Australia www.diabetesaustralia.com.au
- National Diabetes Service Scheme www.ndss.com.au
- Epilepsy Action Australia www.epilepsy.org.au
- Epilepsy Australia www.epilepsyaustralia.net/
- Paediatric Epilepsy Network NSW www.pennsw.com.au
- Health & safety in family day care: model policies & practices (2nd edition) *(J Frith, N Kambouris, O O'Grady)*

Related Documents and Council Policies

- Cumberland City Council Education and Care Guiding Principle:
  - Immunisation, Infectious Diseases & Illness Exclusion

Authorisation & Version Control

Guiding Principle owner	*Manager Children, Youth and Families*
Authorised by	*Children Youth & Families Leadership Team*
ECM no.	*7969465*
Implementation date	*August 2021*

Educator Declaration

I have read and understood the Medical Conditions and Medication Guiding Principle and agree to adhere to the requirements, procedures, action and management plans as outlined in the Guiding Principle ensuring the children's safety and wellbeing is maintained at all times.

Name	Signature	Date

CUMBERLAND CITY COUNCIL

RISK MINIMISATION & COMMUNICATION PLAN

To be completed by the Centre Director/Family Day Care educator in consultation with the family and based on information provided by the medical practitioner

Education and Care Centre:	Phone:

Child's name: .....

Date of birth: .....

Date of plan: .....

Date to be reviewed: .....

Child's photo

Medical Condition:

☐ Asthma ☐ Anaphylaxis ☐ Diabetes ☐ Epilepsy ☐ Other: ……..
(please specify)

Medical Action Plan provided by parent/carer: Yes / No Date due for renewal:

Identified triggers:

Identified warning signs:

Other known allergies or health conditions (if any):

Is medication prescribed for allergy/health condition? ☐ Yes ☐ No

If yes, has Long Term Medication form been completed by child's doctor? ☐ Yes ☐ No

Name of medication and how it is to be administered:

Emergency care to be provided at centre:

Storage location for medication (e.g. adrenaline autoinjector (EpiPen)):

All children requiring medication must have this with them <u>at all times</u> while they are at the service.
Failure to bring the required medication with them will result in the child not being able to stay in care.

Emergency contact details

Parent/Carer information 1	**Parent/Carer information 2**
Name:	Name:
Relationship:	Relationship:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:
Address:	Address:

Other emergency contacts if parent/guardian/carer not available)	
Name:	Name:
Relationship:	Relationship:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:
Medical practitioner contact	
Name:	
Phone:	Address:

Strategies to avoid triggers / allergens

Identified risks (Triggers, food, environment, weather, activities (e.g. climbing, swimming) etc)	**Strategy** (Actions required to minimise the risk and/or assist with the child's recovery)	**Who is responsible?**

Communication strategies

- The service will keep a copy of the Risk Management & Communication Plan with the medication as well as in the child file.
- The Centre Director/educators will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students as part of the induction process and ensure they know the location of the child's Medical Management Plan, Risk Management & Communication Plan, as well as their medication. Updates can be discussed during staff meetings.
- The Centre Director/educators will remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child's Medical Management Plan, risk minimisation information and medication information annually or when there are changes required.
- Parents must provide written communication about any changes to the child's medical condition.

- Educators must communicate either verbally or via email about any concerns they have about the child's medical condition limiting their ability to participate fully in activities at the service.

Additional communication notes: .....

.....

.....

Parent/Carer Declaration

This Risk Management & Communication Plan has been developed with my knowledge and input, and will be reviewed on (date): ..... I understand I am required to communicate written changes about my child's medical conditions to the service as information becomes available.	
Name of Parent/Carer:	Date:
Signature of Parent/Carer:	Date:
Signature of Centre Director:	Date:

Educator/Staff/Volunteer Declaration

I have read and understood the Medical Management Plan, Risk Management & Communication Plan for ..... (child's name) and will communicate any changes or provide feedback that relates to the child's condition.

I am aware of where these plans are stored and I am also aware of and understand Cumberland City Council's Education and Care Medical Conditions and Medication Guiding Principle.

Educator's Name	Signature	Date

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

_____

_____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

_____

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Use of adrenaline autoinjector if available.
- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors.

Instructions are on the device label.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult/noisy breathing**
- **Swelling of tongue**
- **Swelling/tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking and/or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- **If unconscious, place in recovery position**
- **If breathing is difficult allow them to sit**

2 Give adrenaline (epinephrine) autoinjector if available

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

- *If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.*
- *Continue to follow this action plan for the person with the allergic reaction.*

CUMBERLAND
CITY COUNCIL

RECORD OF FOOD INTOLERANCES

To be completed by the child's health care professional

Please note medical documentation will be needed for all food intolerances or health conditions that require modification to meals/meal plans. Once this form is completed by your child's health care professional, please submit to the Centre Director.

Child's name: ..... DOB: .....

Food Intolerance/health condition that requires a special diet: .....

.....

.....

.....

Reaction: .....

.....

.....

.....

Does the child require an Epipen? Yes / No - if yes please complete the Anaphylaxis Action Plan

Dietary need/recommendation: .....

.....

.....

.....

Doctor's name: .....

Doctor's signature: .....

Date: .....

Family (parent, guardian, caregiver) name: .....

Family signature:.....

Date: .....

Doctor's stamp and Provider No.: .....

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

_____

_____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

_____

The treating doctor or np hereby authorises:

- **Medications specified on this plan to be administered according to the plan.**
- **Prescription of 2 adrenaline autoinjectors.**
- **Review of this plan is due by the date below.**

Date: _____

Signed: _____

Date: _____

Refer to the device label for instructions on how to give an adrenaline (epinephrine) autoinjector.

Instructions are also on the ASCIA website www.allergy.org.au/anaphylaxis

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult/noisy breathing**
- **Swelling of tongue**
- **Swelling/tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking and/or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- **If unconscious, place in recovery position**
- **If breathing is difficult allow them to sit**

2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

- ***If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.***
- ***Continue to follow this action plan for the person with the allergic reaction.***

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

_____

_____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

_____

The treating doctor or np hereby authorises:

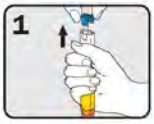
- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

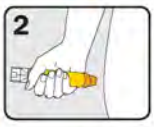
Signed: _____

Date: _____

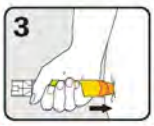
How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds

REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen®Jr is prescribed for children 7.5-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult/noisy breathing**
- **Swelling of tongue**
- **Swelling/tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking and/or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- **If unconscious, place in recovery position**
- **If breathing is difficult allow them to sit**

2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

- *If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.*
- *Continue to follow this action plan for the person with the allergic reaction.*

ASTHMA FIRST AID

1 SIT THE PERSON UPRIGHT

- Be **calm** and reassuring
- **Do not leave** them alone

2 GIVE 4 SEPARATE PUFFS OF BLUE/ GREY RELIEVER PUFFER

- **Shake** puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer
  - **Repeat** until **4 puffs** have been taken

OR give 2 separate inhalations of Bricanyl (6 years or older)
OR give 1 inhalation of Symbicort Turbuhaler (12 years or older)
OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

If no spacer available: Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3 WAIT 4 MINUTES

- If there is no improvement, **give 4 more separate puffs of blue/grey reliever** as above

OR give 1 more inhalation of Bricanyl
OR give 1 more inhalation of Symbicort Turbuhaler
OR give 2 puffs of Symbicort Rapihaler through a spacer

IF THERE IS STILL NO IMPROVEMENT

4 DIAL TRIPLE ZERO (000)

- Say **'ambulance'** and that someone is having an asthma attack
- Keep giving **4 separate puffs** every **4 minutes** until emergency assistance arrives

OR give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes – up to a max of 4 more inhalations of Symbicort Turbuhaler
OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes – up to a max of 8 more puffs of Symbicort Rapihaler

CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- **the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid**

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.

Translating and Interpreting Service
131 450

ASTHMA AUSTRALIA

1800 ASTHMA
(1800 278 462)

asthma.org.au

CUMBERLAND CITY COUNCIL

EMERGENCY ASTHMA MANAGEMENT RECORD

(To be completed by an educator)

Emergency management of asthma was carried out as follows:

Child's name: ..... DOB: .....

Date & time	Symptoms before	Treatment	Symptoms after	Given by (name and signature) including child if applicable	Comments	Witness name and signature (not FDC)	Parent or authorised person signature	Centre Director signature

CUMBERLAND
CITY COUNCIL

EMERGENCY ASTHMA MEDICATION

Family Authorisation

If the family (parent/guardian/caregiver) cannot be contacted and your child has an asthma attack, the service will administer an appropriate dose of emergency medication via a Breath-a-Tech spacer or disposable spacer and mask as specified by the service's emergency plan. If your child has an medical management plan, then this will be followed.

I give permission for Ventolin or other appropriate asthma reliever medication to be administered to my child if he/she is suffering from an asthma attack.

I understand I will be notified after medication is administered to my child.

Child's name: ..... DOB: .....

Parent/caregiver/guardian's name: .....

Parent/caregiver/guardian's signature: .....

Date: .....

Witness name: .....

Witness signature: .....

CUMBERLAND CITY COUNCIL

DIABETIC EMERGENCY PLAN

To be followed by Educators where no Medical Management Plan is in place

Note: If a Medical Management Plan has been provided for the child, that Plan must be followed.

SIGNS & SYMPTOMS OF HYPOGLYCAEMIA

Note: Symptoms may not always be obvious.

- Shaking, trembling or weakness
- Sweating
- Paleness
- Hunger
- Light headedness
- Headache
- Dizziness
- Pins and needles around mouth
- Mood change

Give food containing sugar or drink

SIGNS & SYMPTOMS OF HYPERGLYCAEMIA

Note: There may be no recognisable signs or symptoms but could include:

- Feeling excessively thirsty
- Frequently passing large volumes of urine
- Poor concentration
- Feeling tired / lethargic
- Irritability
- Blurred vision
- Infections (e.g. thrush, cystitis, wound infections)
- Weight loss

Give nothing

- **Be calm and reassuring**
- **Sit child comfortably**
- **Do not leave child alone**
- **Contact family and/or child's doctor**
- **Monitor symptoms**
- **If no improvement or in doubt, call Ambulance (000)**
  - Inform the operator that you suspect a diabetic emergency
  - FDC Educators to contact Coordination Unit if emergency care is required
- **If child's condition becomes severe, administer first aid principles:**
  - Lie child on one side and protect from injury
  - Check the airway, breathing and circulation (ABC of first aid)
  - Check the mouth is clear to allow unobstructed breathing

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CITY COUNCIL

DIABETIC LONG TERM TESTING AUTHORISATION

To be completed by child's doctor/specialist

Child's name: ..... DOB: .....

Test:.....

Instructions: Time: .....

Time: .....

Time: .....

Reason for test: .....

Special instructions: .....

.....

.....

Additional information (i.e. side effects):.....

.....

.....

Period of validity: .....

Can you be contacted if required? Yes / No

I agree to notify the service if any changes occur to the above information, and understand that this information will be reviewed every twelve (12) months.

Doctor's signature: ..... Date: .....

Doctor's name:.....

Phone: .....

Address: .....

Hours available: .....

Doctor's stamp

CUMBERLAND CITY COUNCIL

LONG TERM DIABETIC TESTING RECORD

Child's name: ..... DOB: ..... Tester name/s: .....

Times to be tested: .....

Special instructions: .....

Date	Time tested	Educator administering test (please print name)	Blood glucose level	Reason for test	Any action taken	Time next test needed	Family signature
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

I give permission for the above test to be given to my child, according to the listed instructions.

Family name and signature: ..... Date: .....

action plan **injection**

diabetes nsw & act

HYPOGLYCAEMIA

LOW if Blood Glucose Level is below:
TREAT IMMEDIATELY

Signs and symptoms
Note: Symptoms may not always be obvious

DO NOT LEAVE STUDENT UNATTENDED
DO NOT DELAY TREATMENT

Student conscious & cooperative
Able to eat hypo food

Hypo treatment or fast acting carb:
As supplied or listed on management plan

Recheck BGL after mins
If BGL
repeat fast acting carb

Student unconscious or drowsy
Risk of choking or unable to swallow

First aid
Place student on their side and stay with the student

CALL AN AMBULANCE DIAL 000

Contact parent or guardian when safe to do so

To be used in conjunction with management plan

Student's name

DOB

Grade/Year

Key contacts

Name

Phone

Relationship

Name

Phone

Relationship

Injection
Will an injection will be required at school:

☐ no ☐ yes ☐ with supervision

In room/location

☐ Continuous Glucose Monitoring (CGM)

Routine BGL checking times

- Anytime, anywhere in the school
- Prior to lunch/other times as per management plan
- Any time hypo is suspected or student feels unwell
- Prior to activity
- Prior to exams or tests

HYPERGLYCAEMIA

HIGH if Blood Glucose Level is above
(High BGLs are not uncommon)

Signs and symptoms
Note: Symptoms may not always be obvious

Student well
Re-check BGL in 2 hours

Encourage student to drink water and return to class

Student unwell
e.g. vomiting

Check ketones
(Refer to plan)

Call key contact(s)
to collect student ASAP

In 2 hours, if BGL still above call key contacts for advice

Clinic:

Clinic contact:

Contact No:

as1diabetes

action plan **pump**

diabetes nsw & act

HYPOGLYCAEMIA

LOW if Blood Glucose Level is below:
TREAT IMMEDIATELY

Signs and symptoms
Note: Symptoms may not always be obvious

DO NOT LEAVE STUDENT UNATTENDED
DO NOT DELAY TREATMENT

Student conscious & cooperative
Able to eat hypo food

Hypo treatment or fast acting carb:
As supplied or listed on management plan

Recheck BGL after mins
If BGL
repeat fast acting carb

Student unconscious or drowsy
Risk of choking or unable to swallow

First aid
Place student on their side and stay with the student

CALL AN AMBULANCE DIAL 000

Contact parent or guardian when safe to do so

To be used in conjunction with management plan

Student's name

DOB

Grade/Year

Key contacts

Name

Phone

Relationship

Name

Phone

Relationship

Pump
The insulin pump continually delivers insulin based on carbohydrate intake and BGL. All BGL results must be entered into pump.

Student able to button push independently:

☐ yes ☐ with supervision ☐ no

☐ Continuous Glucose Monitoring (CGM)

Routine BGL checking times

- Anytime, anywhere in the school
- Prior to lunch/other times as per management plan
- Any time hypo is suspected or student feels unwell
- Prior to activity
- Prior to exams or tests

HYPERGLYCAEMIA

HIGH if Blood Glucose Level is above
(High BGLs are not uncommon)

Signs and symptoms
Note: Symptoms may not always be obvious

Student well
Re-check BGL in 2 hours

Encourage student to drink water and return to class

Student unwell
e.g. vomiting

Check ketones
(Refer to plan)

Call key contact(s)
to collect student ASAP

In 2 hours, if BGL still above call key contacts for advice

Clinic:

Clinic contact:

Contact No:

as1diabetes

CUMBERLAND
CITY COUNCIL

RECORD OF SEIZURE CHART

Name of child: ..... Service: .....

Date	Time	Symptom before	Length of seizure	Description of seizure *(Describe exactly what the child's seizures look like)*	Injury to self (if any) *(Complete an injury/trauma record)*	Educator's signature	Parent/guardian signature

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SEIZURE / EPILEPSY ACTION PLAN

To be followed by educators
for children with no Medical Management Plans

DO:

- Remain calm
- Check safety of child and protect from injury and/or place something soft under child's head to stop their head hitting the floor
- Stay with person
- Time seizure and if possible record (film) the seizure on a Council device for the purposes of assisting medical professionals to determine the type of seizure (NB: families must be informed of the footage taken and will be removed – refer to Governance, Management and Leadership Guiding Principle)
- Roll into recovery position immediately if vomiting OR after jerking movements stops
- Administer medication only if prescribed
- Maintain privacy and dignity
- Observe breathing and reassure until recovered
- Record all seizures on Seizure Chart
- Contact parents

DO NOT:

- Put anything in their mouth
- Restrain the person in any way
- Move person unless in risk of harm
- Apply CPR

If there is STILL NO improvement OR if in doubt,
call an AMBULANCE (000)

Then call FAMILY or CHILD'S DOCTOR while WAITING for the AMBULANCE

Family Day Care educators to contact administrative office if emergency care is required

CALL AN AMBULANCE IF:

- A child's first seizure
- You are in any doubt
- Injury has occurred
- There is food/fluid/vomit in mouth
- Seizure occurs in water
- Person has breathing difficulties after jerking stops
- Another seizure quickly follows
- Seizure lasts longer than 5 mins
- The person is non-responsive for more than 5 mins after the seizure ends

FIRST AID FOR SEIZURES

TONIC CLONIC SEIZURE

Seizures where the body stiffens (tonic phase) followed by general muscle jerking (clonic phase).

DO

- ✓ Stay with the person
- ✓ Time seizure
- ✓ Keep them safe: protect from injury especially the head
- ✓ Roll onto side after jerking stops (immediately if food/fluid/vomit in mouth)
- ✓ Observe and monitor breathing
- ✓ Gently reassure until recovered

DO NOT

- × Put anything in the person's mouth
- × Restrain the person
- × Move person unless in danger

FOCAL SEIZURE

Non-convulsive seizures with possible outward signs of confusion, inappropriate responses or behaviour.

- Stay with the person
- Time seizure
- Gently guide away from harm
- Reassure until recovered
- DO NOT restrain the person unless in danger

CALL 000 FOR AN AMBULANCE IF:

- You are in any doubt
- Injury has occurred
- There is food/fluid/vomit in mouth
- Seizure occurs in water
- Person has breathing difficulties after jerking stops
- Another seizure quickly follows
- Seizure lasts longer than 5 mins
- The person is non-responsive for more than 5 mins after the seizure ends

This is not medical advice nor an exhaustive list of responses to seizures. This is a guide to help you consider your response to seizures. If you are in any doubt about what to do, do not hesitate to call an ambulance.

Epilepsy Action Australia

life changing impact

1300 37 45 37

www.epilepsy.org.au

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LONG TERM MEDICATION AUTHORISATION

To be completed by child's doctor/specialist

Full name of service: .....

Child's name: ..... DOB: .....

Medication: .....

Dosage: ..... Time: .....

Dosage: ..... Time: .....

Dosage: ..... Time: .....

Reason for medication: .....

Method of administration: .....

Special instructions: .....

.....

.....

Additional information (i.e. side effects): .....

.....

.....

Period of validity: .....

Can you be contacted if required? Yes / No

I agree to notify the service if any changes occur to the above information, and understand that this information will be reviewed every twelve (12) months.

Doctor's signature: ..... Date: .....

Doctor's name: .....

Phone: .....

Address: .....

Hours available: .....

Doctor's stamp

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LONG TERM MEDICATION AUTHORISATION

To be completed by child's parent/guardian as per doctor/specialist authorisation

Full name of service:.....

Child's name:.....DOB:.....

Medication:.....Expiry date:.....

Dosage:.....Time:.....

Dosage:.....Time:.....

Dosage:.....Time:.....

Method of administration:.....

I give permission for the above medication to be given to my child, according to the directions provided by my doctor/specialist on the Long Term Medication Authorisation form.

Parent/caregiver/guardian's name:.....

Parent/caregiver/guardian's signature:.....Date:.....

To be completed by service

Date	Time given	Amount given	Method of administration	Given by (name and signature) including child if applicable	Witness name and signature (not FDC)	Parent's or authorised person's signature

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MEDICATION RECORD

Child's name: .....Date of birth: .....

To be completed by the parent/guardian									To be completed by the educator when administered								
Name of medication	Last administered		To be administered (or circumstances to be administered)		Dosage to be administered	Method of administration	Authorisation for child over preschool age to self-administer	Signature of parent/ guardian	Medication administered		Dosage administered	Method of administration	Name of educator/ child administering	Signature of educator/ child administering	Name of witness (educator) (except FDC)	Signature of witness (educator) (except FDC)	Signature of parent/ guardian acknowledging when administered
	Time	Date	Time	Date					Time	Date							

Please keep these records confidential. When sheet is completed, store records in child's file at centre, scan and save in ECM

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AUTHORISATION TO ADMINISTER

LOW RISK CREAM/OINTMENT

To be completed by child's parent/guardian

Full name of service: .....

Child's name: ..... DOB: .....

Name of ointment/cream: .....

Where is ointment/cream to be applied: .....

How often to be applied: .....

I give permission for the above cream/ointment to be given to my child

Parent/caregiver/guardian's name: .....

Parent/caregiver/guardian's signature: ..... Date: .....

To be completed by service

Date	Time applied	Applied where	Given by (name and signature including child if applicable)	Parent's or authorised person's signature