



## The Meeting House Inc

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### Medical Conditions Asthma, Anaphylaxis, Diabetes and other Medical Conditions

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#### Aims:

- To facilitate the effective care and health management of children with asthma, allergies, anaphylaxis, diabetes and other medical conditions.
- To provide, as far as practical, an environment where a child with asthma, allergies, anaphylaxis, diabetes or other medical conditions is able to participate equally in all aspects of the program.
- To minimise the risk of exposure of children identified with asthma, allergies and anaphylaxis to “known” allergens.
- To ensure that staff are aware of medical management plans and treatments for children who may require emergency medication.

**Background Information:** Serious medical conditions including asthma, anaphylaxis and diabetes need to be effectively managed to ensure that staff are able to adequately care for the needs of children. The management of such medical conditions needs to include the child, the parents, the staff and medical professionals. With effective management of medical conditions children will be able to participate in all aspect of quality care and education.

**Relevant Legislation:** Children (Education and Care Services National Law) 2010. Education and Care Services National Regulations, Work Health and Safety Act, 2011 and Regulation 2011.

**Resources:** Guidelines for Children Services 2007, NSW Health. Australian Society of Clinical Immunology and Allergy @ [www.allergy.org.au](http://www.allergy.org.au) Anaphylaxis Australia @ [www.allergyfacts.org.au](http://www.allergyfacts.org.au) NSW Asthma Foundation [www.asthmafoundation.org.au](http://www.asthmafoundation.org.au)

In this policy “staff” refers to staff employed by The Meeting House Inc.

#### Practices:

##### Identifying children with medical conditions:

- At time of enrolment parents will be asked to identify if their child has a medical condition, including the diagnosis of asthma, anaphylaxis or diabetes.
- Where the parent indicates a medical condition the parents will be required to work with the preschool to develop an Emergency Action Plan from a medical professional).
- Parents will be provided with a copy of the services Medical Conditions Policy.
- Where the details of known allergens change or there is a change in the medical condition parents will be required to notify these changes to the Preschool Director/Educator as soon as practical, using methods identified in the communication plan.
- Where a child already enrolled in a service subsequently falls into this category then the parents will also be required to follow these procedures as details above.

### **Expectations:**

Parents need to be aware that whilst all care is taken to reduce a child's exposure to any asthma triggers, allergens or potential allergens the preschool cannot guarantee that exposure will not occur.

Whilst the preschool will implement a range of specific procedures and risk minimization strategies to reduce the likelihood of common allergens within the service, staff and parents need to be aware that it is not possible for the preschool to remain totally allergen free considering the nature of such a service and the involvement with a number of children, parents, staff and community members.

Parents of children at the preschool are asked not to bring food containing peanuts or traces of peanuts into the centre. This is to reduce the risk of exposure to peanut products.

Common allergens and triggers to asthma and anaphylaxis:

peanuts, eggs, cow's milk, fish and shellfish, wheat, soy, sesame, tree nuts (cashews), emotions, exercise, dust mites, chemicals, perfumes, air pollution and some insect bites.

### **Practices:**

The preschool will:

1. Display each affected child's Emergency Action Plan where staff can view readily.
2. Ensure that all staff are aware of any child enrolled in the preschool who has been identified as having an allergy or has anaphylaxis, a diagnosis of asthma, diabetes or any other medical condition. This will occur during induction.
3. Ensure that staff are trained in food handling and hygiene practices.
4. Ensure that staff have received training in anaphylaxis, including the administration of an Epi-Pen and emergency asthma treatment where appropriate.
5. Where a child is enrolled with other medical conditions the centre will endeavour to have staff trained in any emergency response first aid that may be relevant and appropriate.
6. Ensure that all staff are aware of where any medication for the treatment of allergies, such as antihistamine or an Epi-Pen is stored, asthma medication or other emergency medication.
7. Ensure that a child's medication or Epi-Pen is taken with the child should the child leave the centre for an excursion.
8. Ensure that there is signage to indicate where each child's medication is stored.
9. Implement the Emergency Action Plan in the event of a medical emergency.

**Parents of a child with known allergens and of children with an anaphylaxis, asthma, diabetes or other medical conditions must provide the following information.** This is a legal requirement under the Education and Care Services National Regulation and parents are required to complete and update this as requested.

1. Inform the Preschool Director/Educator on enrolment of the child's "known" medical condition.
2. Obtain an Emergency Action Plan for the child in consultation with the child's Doctor and provide this to the Preschool Director/Educator.
3. The parent will assist in the completion of a **risk minimisation plan** that will be conducted in consultation with the Preschool Director/Educator to identify any perceived risk and determined strategies to reduce this risk.
4. Develop a **communication plan** with the Preschool Director/Educator to determine the most appropriate means of communicating about the child's medical condition.
5. Provide any medication including an Epi-Pen (if required), asthma relieving medication and spacer to the preschool.
6. Regularly check the expiration date on any medication.
7. Inform staff of any changes to the status of the child's medical condition.

## **General risk minimisation strategies for children with allergies or at risk of anaphylaxis.**

1. Children will be taught not to share food.
2. Children will wash their hands at designated times throughout the day and prior to and after meal times.
3. Children with like allergies may sit together to reduce the risk of contact allergy if so determined in consultation with the parents.
4. Staff will supervise meal times to reduce the risk of ingestion or cross-contamination of foods.
5. The preschool will continue to remind parents that no food containing peanuts or traces of peanuts should be brought into the centre.
6. The Preschool Director/Educator in consultation with other staff will discuss and inform parents of any observable change to any individual child's reaction or perceived allergic response to a possible or known allergen in order for them to review or develop a specific health management strategy or Emergency Action Plan.

The preschool will endeavour to ensure all children have access to the daily experiences and activities within the centre bearing in mind the potential risk that such an activity may present to children with identified allergies and anaphylaxis. In the event a particular activity may present the risk of an allergic reaction to any identified child consideration will be given to its overall developmental merit. If still determined to be beneficial and deemed as able to be contained that child may be provided with an alternative experience hereupon all would be closely monitors.

Details on how the preschool will manage Emergency First Aid for asthma refer to the Incident, Injury, Trauma, Illness and First Aid Policy.

## **General Information**

**Anaphylaxis** is a severe allergic reaction that can be potentially life threatening. Some children have allergies to food that are not life threatening, however, the foods need to be avoided and medication, such as antihistamine, may be required to control the reaction.

An allergy is when someone has a reaction to something (an allergen) that is either ingested, inhaled, injected or has come in contact with the skin. The symptoms of an allergic reaction can range from mild and uncomfortable through to dangerous and life threatening.

An allergic reaction can affect many organs in the body, including the skin, nose, throat and mouth (respiratory system), gastrointestinal system and the cardiovascular system.

Where an allergic reaction involves the respiratory and/or cardiovascular system it is then called anaphylaxis. Anaphylaxis is a severe, life threatening reaction to an allergen. A reaction can occur within minutes of a person coming into contact with an allergen.

**Note:** To be read in conjunction with the Food Safety Policy.

## **Emergency First Aid for Anaphylaxis**

When a child is known to have an allergic reaction and is anaphylactic and is having a severe allergic reaction, we follow these steps:

- Lay person flat
- Do not allow them to stand or walk. If conscious, place in recovery position. If breathing is difficult allow them to sit.
- Give adrenaline autoinjector
- Phone ambulance **000**
- Phone parents first and if not available contact emergency contact
- Further adrenaline doses may be given if no response after 5 minutes

- Transfer person to hospital for at least 4 hours of observation.

If in doubt give adrenaline autoinjector and 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.

## **Asthma**

Asthma affects more than 1 in 9 children in Australia and many of these children attend care services or schools every day. People with asthma have sensitive airways in their lungs. When they are exposed to certain triggers their airways narrow, making it harder for them to breathe.

Many children experience intermittent asthma. This is where a child may have symptoms of asthma occasionally after exposure to a trigger. Intermittent asthma can usually be controlled with a reliever medication. Around 70% of children have infrequent intermittent asthma, which means they have short, isolated episodes of asthma, usually in response to a respiratory infection or environmental allergen.

([http://www.asthmafoundation.org.au/What is asthma.aspx](http://www.asthmafoundation.org.au/What%20is%20asthma.aspx))

Persistent asthma is where a person experiences frequent asthma attacks, which are classed as either mild, moderate or severe. In these situations the child is usually on preventer medication to control the number of and severity of any asthma attack. Children or adults that only experience intermittent asthma can still have a severe asthma attack.

## **Emergency First Aid for Asthma**

Where a child is known to be asthmatic follow the individual asthma management plan, **including** the 4 Step Emergency Action Plan for asthma attacks.

Where a child appears to be showing signs of asthma and has not been diagnosed as asthmatic staff are to:

Contact 000 for assistance whilst they follow the steps below. Follow instructions from Ambulance personnel where instructed to do so.

1. Sit the child upright, remain calm and provide reassurance. Do not leave child alone.
2. Collect the preschool's blue Ventolin puffer and spacer.
3. Give 4 puffs of a blue reliever puffer one puff at a time preferably through a spacer device. Ask the child to take 4 breaths from the spacer after each puff.
4. Wait 4 minutes.
5. Continue to repeat steps 2 and 3 while waiting for the ambulance instruction or arrival.

\* Use a blue reliever puffer on its own if no spacer is available.

Staff are able to administer Ventolin to a child without the permission of parents where there is a suspected asthma attack.

More information on asthma can be found at: [www.asthmafoundation.org.au](http://www.asthmafoundation.org.au)