



## Dealing with Medical Conditions and Medication Administration

### POLICY STATEMENT:

St Patrick's OSHC will work closely with children, families and where relevant schools and other health professionals to manage medical conditions of children attending the service. We will support children with medical conditions to participate fully in the day to day program in order to promote their sense of well being, connection and belonging to the service (*"My Time, Our Place"* 1.2, 3.1). Our educators will be fully aware of the nature and management of any child's medical condition and will respect the child and the family's confidentiality (*"My Time, Our Place"* 1.4). Medications will only be administered to children in accordance with the National Law and Regulations.

### PROCEDURE:

#### a) Dealing with medical conditions

- Families will be asked to inform the service of any medical conditions the child may have at the time of enrolment. This information will be recorded on the child's enrolment form.
- Upon notification of a child's medical condition, the service will provide the family with a copy of this policy and appropriate appendix in accordance with regulation 91.
- Specific or long term medical conditions will require the completion of a medical management plan developed in conjunction with the child's doctor and family.
- It is a requirement of the service that a risk minimisation plan and communication plan is developed in consultation with the child's family. The Coordinator will meet with the family and relevant health professionals as soon as possible prior to the child's attendance to discuss the content of the plan to assist in a smooth and safe transition of the child into the service.
- Content of the management plan can include:

- Identification of any risks to the child or others by their attendance at the service.
- Identification of any practices or procedures that need adjustment at the service to minimise risk e.g. food preparation procedures.
- Process and time line for orientation or training requirements of educators.
- Methods for communicating between the family and educators if there are any changes to the child's medical management plan.
- The medical management plan will be followed in the event of any incident relating to the child's specific health care need, allergy or relevant medical condition. All educators including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated regarding the necessary management. In some cases specific training will be provided to educators to ensure that they are able to effectively implement the medical management plan.
- The management of medical conditions such as asthma, diabetes or epilepsy is outlined in the relevant appendix attached to this policy.
- Where a child has an allergy, the family will be asked to supply information from their doctor explaining the effects if the child is exposed to whatever they are allergic to and to explain ways the educators can help the child if they do become exposed.
- Where possible the service will endeavour to not have that allergen accessible in the service.
- All medical conditions including food allergies will be placed in a medical conditions folder in the OSHC office. A list of children with anaphylaxis and allergies will be available on the office wall away from visitors. It is deemed the responsibility of every educator at the service to regularly read and refer to the list.
- All relief educators will be informed of the list on initial employment and provided orientation on what action to take in the event of a medical emergency involving that child.
- 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 when the child is in attendance and families will be advised not to supply that allergen for their own children. Families of children with an allergy may be

asked to supply a particular diet if required (e.g. soy milk, gluten free bread).

- Where it is necessary for other children to consume the particular food allergen (e.g. milk or other dairy foods) the child with a food allergy will be seated separately during meal times and all children will wash their hands before and after eating.
- Where medication for treatment of long term conditions such as asthma, diabetes, epilepsy or anaphylaxis is required, the service will require an individual medical management plan from the child's medical practitioner or specialist detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition is to be managed in the service environment.
- In the event of a child having permission to self medicate this must be detailed in an individual medical management plan including recommended procedures for recording that the medication has been administered. The doctor must provide this plan. In one off circumstances the service will not make an exception to this rule and will require the families to complete the procedure for the educators to administer the medication.

#### **b) Administration of Medication**

- Prescription medication will only be administered to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication will not be administered at the service unless authorised by a doctor.
- Educators will only administer medication during services operating hours.
- Permission for a child to self medicate will be allowed with the families written permission only, or with the verbal approval of a medical practitioner or parent in the case of an emergency.
- In the event that a case of emergency requires verbal consent to approve the administration of medication, the service will provide written notice to the family as soon as practical after administration of the medication.
- An authorisation is not required in the event of an asthma or anaphylaxis emergency however the authorisation must be sought

as soon as possible after the time the parent and emergency services are notified

- Families who wish for medication to be administered to their child or have their child self administer the medication at the service must complete a medication form providing the following information;
  - Name of child
  - Name of medication
  - Details of the date, time and dosage to be administered. (General time, e.g. lunchtime will not be accepted.)
  - Where required, indicate if the child is allowed to administer the medication themselves or have an educator do it.
  - Signature of family member
- Medication must be given directly to an educator and not left in the child's bag, with the exception of asthma medication. Educators will store the medication in the office filing cabinet or in the fridge if required. Medication must be clearly labelled and kept out of reach of children at all times.
- If anyone other than the parent is bringing the child to the service, a written permission note from the parent, including the above information, must accompany the medication.
- An exception to the procedure is applied for asthma medication for severe asthmatics in which case the child may carry their own medication on their person with parental permission. Where a child carries their own asthma medication, they should be encouraged to report to an educator their use of the puffer as soon as possible after administering and the service maintain a record of this medication administration including time, educator advised and if the symptoms were relieved.
- Before medication is given to a child, the educator (with current First Aid Certificate) who is administering the medication will verify the correct dosage for the correct child with another educator who will also witness the administration of the medication.
- After the medication is given, the educator will record the following details on the medication form: Name of medication, date, time, dosage, name and signature of person who administered and name and signature of person who verified and witnessed.

- Where a medical practitioner's approval is given, educators will complete the medication form and write the name of the medical practitioner for the authorisation.

**(C) Management of medical conditions:**

Information regarding the management of medical conditions is contained in the following appendixes;

**Appendix 1: Allergy Management**

**Appendix 2: Asthma Management**

**Appendix 3: Anaphylaxis Management**

**Appendix 4: Diabetes Management**

**Appendix 5: Epilepsy Management**

**CONSIDERATIONS:**

Education and Care Services National Law & Regulations	National Quality Standards and Elements	Links to other Service Policies	Other Documentation/Evidence
r90-96, 178, 181-184  s167	Standards 2.1 and 2.2  Elements 2.1.2 and 2.2.1	<ul style="list-style-type: none"> <li>- Enrolment and Orientation Policy</li> <li>- Providing a Child Safe Environment Policy</li> <li>- Management of Incident, Injury, Illness and Trauma policy</li> <li>- Administration of First Aid policy</li> <li>- Supervision Policy</li> </ul>	<ul style="list-style-type: none"> <li>- Disability Discrimination Act 1975</li> <li>- NSW Anti-discrimination Act 1977</li> <li>- Work Health and Safety Act 2011</li> <li>- Individual Medical Management Plans and corresponding resources.</li> <li>- My Time, Our Place.</li> <li>- Service Handbook</li> <li>- Child Enrolment Forms</li> <li>- Medication records</li> </ul>

ENDORSEMENT BY THE SERVICE:

Approval date: \_\_\_\_\_

Date for Review: \_\_\_\_\_

## **Appendix 1: Management of Allergies**

St Patrick's OSHC will provide safe and effective care of children by ensuring that educators are fully aware of reactions to, and management of, any child's allergies.

### **Procedure:**

- Parents are required to inform the centre of any allergies the child may have at the time of enrolment and update this information as necessary.
- Information regarding allergies is to be recorded on the enrolment form.
- Where a child has an allergy, the family will be required to provide written details of the allergy from a medical practitioner that highlights the trigger, reaction and management of the allergy.
- The family will work with staff to complete a risk minimisation plan.
- If a food allergy exists, parents may be asked to supply a particular diet if required.
- All allergies will be recorded on a list situated on the OSHC office wall to remind educators. Educators will be informed of this list on employment and will be required to regularly check the list for changes.
- The Responsible Person working each day will be trained in how to administer an epipen.
- Where possible, families will be encouraged to not include particular foods in their child's lunchbox if there is a child attending with an allergy eg. nut allergy.
- Children are not permitted to share food.
- Where it is necessary for children to consume the particular food allergen (eg. dairy foods) the child with the allergy will be seated separately during consumption. All children will wash their hands after eating the food allergen.

## Appendix 2: Epilepsy Management

Epilepsy refers to recurrent seizures where there is a disruption of normal electrical activity in the brain that can cause disturbance of consciousness and/or body movements. The effects of epilepsy can vary. Some children will suffer no adverse effects while others may be impacted greatly. Our service will implement inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

### Procedure:

- All staff will be made aware of the medical conditions policy including epilepsy management on employment and when updated.
- All educators working as a Responsible Person will maintain a current first aid certificate.
- When a child with epilepsy is enrolled at the service, educators will attend epilepsy management training when appropriate. Educators will be trained to identify the symptoms of a seizure and locate the required medication and the child's epilepsy management plan.
- A medical conditions risk minimisation plan is completed for each child attending with epilepsy. The plan will include the known triggers and procedures to minimise the incidence and effect of the child's epilepsy.
- All children enrolled at the service with epilepsy must have an epilepsy management plan. This record will be updated regularly by the child's medical practitioner and will not be more than 12 months old. This plan will be kept with the child's risk minimisation plan.
- A copy of the medical conditions policy including this appendix will be provided to the parent or guardian of any child diagnosed with epilepsy.
- Ensure that no child who has been prescribed epilepsy medication attends the service without the relevant medication.
- Implement a communication strategy and encourage ongoing communication between families and educators regarding the current status of the child's medical condition.
- Ensure that a staff member accompanying children outside the service carries the prescribed medication and a copy of the epi-



lepsy management plan and risk minimisation plan for any child diagnosed with epilepsy attending an excursion.

**Educators responsible for the child diagnosed with epilepsy will:**

- Ensure a copy of the child's epilepsy management plan is available and known to all educators.
- Follow the child's epilepsy management plan in the event of a seizure.
- Record all epileptic seizures according to the epilepsy management plan.
- Ensure all relevant medication and medical records are taken on excursions.
- A suitably trained and qualified educator will administer prescribed medication when required, as outlined in the management plan.
- Identify and treat the symptoms of a seizure by referring to the epilepsy management plan.
- Where possible educators will aim to minimise the possible seizure triggers as outlined in the risk minimisation plan.
- Consult with the parents/guardians of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy.
- Ensure that children with epilepsy can participate in all activities safely and to their full potential.
- Increase supervision of a child diagnosed with epilepsy when required on occasions such as excursions.
- Regularly check and record the expiry date of the prescribed epilepsy medication.
- Provide information to the service community about resources and support for managing epilepsy.
- If a child who is not diagnosed with epilepsy has a seizure, a suitably trained and qualified educator will:
  - Protect the child from injury - Remove any hazards that the child could come into contact with
  - Not restrain the child or put anything in their mouth,
  - Gently roll them on to the side in the recovery position as soon as possible (not required if, for example, the child is in a wheelchair and airway is clear)
  - Monitor the airway

- Call an ambulance; this may include when:
  - A seizure continues for more than three minutes
  - Another seizure quickly follows the first
  - It is the child's first seizure
  - The child is having more seizures than is usual for them
  - Certain medication has been administered
  - They suspect breathing difficulty or injury

**Parents or guardians of a child diagnosed with epilepsy will:**

- Inform educators at enrolment or on diagnosis of their child's medical condition - epilepsy.
- Develop a risk minimisation plan with service staff.
- Provide the service with an epilepsy management plan and an emergency medication management plan developed and signed by a registered medical practitioner for implementation within the service.
- Provide educators with the prescribed medications included in the emergency medication management plan, providing an adequate supply of emergency medication for their child at all times.
- Regularly check the expiry date of the prescribed medications kept at the service.
- Assist educators by offering information and answering any questions regarding their child's medical condition.
- Notify the educators of any changes to their child's medical condition and provide a new epilepsy management plan in accordance with these changes.
- Communicate all relevant information and concerns to educators, for example, any matter relating to the health of the child.
- Comply with the service's policy that no child who has been prescribed medication for epilepsy is permitted to attend the service without that medication.
- Bring relevant issues to the attention of educators.

### **Appendix 3: Anaphylaxis Management**

Anaphylaxis is a severe allergic reaction which is potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen to which they are allergic, usually a food, insect sting or medication.

The aim of this policy is to minimise the risk of anaphylactic reaction occurring at the service and to ensure educators respond appropriately to any anaphylactic reaction.

#### **Procedure:**

- Educators in charge will hold current first aid and anaphylaxis management training, approved by the Education and Care Services National Regulations. Training will be completed at least every three years and the certificate will be kept on file at the service.
- All educators will be aware of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and location of their epi pen.
- A copy of this policy will be provided to each new staff member.
- A copy of this policy will be provided to the parent/guardian of a child diagnosed at risk of anaphylaxis on enrolment or at time of diagnosis.
- Updated information, resources and support will be regularly given to families for managing allergies and anaphylaxis.

**When a child diagnosed at risk of anaphylaxis enrolls at the service, educators will:**

- Assess the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are attending the service and develop a risk minimisation plan for the child/children, in consultation with staff and the families of the child/children.
- Ensure that no child who has been prescribed an Epi Pen is permitted to attend the service without the device.
- Display an ASCIA Anaphylaxis Action Plan poster in a visible location for educators to refer to.
- Ensure that a child's anaphylaxis management action plan is signed by a registered medical practitioner and kept on file. 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 educators are aware of the food that pose an anaphylaxis risk, especially those educators preparing food.
- Ensure that a notice is displayed prominently stating that a child at risk of anaphylaxis attend the service.
- Implement a communication strategy and encourage ongoing communication between parents/guardians and educators regarding the current status of the child's allergies, this policy and its implementation.
- Ensure that all educators know the location of the anaphylaxis medical management plan and that a copy is kept with the Epi Pen.

**Educators responsible for the child at risk of anaphylaxis will:**

- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to all educators.
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- In the event 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 parent/guardian
  - Contact the emergency contact if the parents or guardians can't be contacted.
- In the event that a child at risk of anaphylaxis has an anaphylactic reaction:
  - Follow the child's anaphylaxis action plan
  - Call an ambulance immediately by dialling 000
  - Commence first aid measures
  - Contact the parent/guardian
  - Contact the emergency contact if the parent/guardian can't be contacted.
- Ensure the child at risk of anaphylaxis will only eat food that has been prepared according to the parents or guardians instructions.
- Ensure tables and bench tops are washed down effectively after eating.

- Ensure hand washing for all children upon arrival at the service and before and after eating.
- Increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties.
- 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 the parent/guardian for the child, while attending the service provides an Epi Pen.
- Ensure that the Epi Pen is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Ensure that the Epi Pen and the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the service e.g. on excursions.
- Regularly check and record the Epi Pens expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.

**Parents/guardians of children at risk of anaphylaxis will:**

- Inform educators on enrolment of their child's allergies.
- Develop an anaphylaxis risk minimisation plan with educators.
- Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to an Epi Pen, in line with this action plan.
- Provide the service with an Epi Pen and check expiry date regularly.
- Assist educators by offering information and answering questions regarding their child's allergies.

- Notify the educators 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 educators, for example, any matter relating to the health of the child.
- Comply with the service's policy that no child who has been prescribed an Epi Pen is permitted to attend the service without the device.
- Read and be familiar with this policy.
- Bring relevant information to the attention of educators.

#### **Appendix 4: Asthma management**

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. Community education and correct asthma management will assist to minimise the impact of asthma. It is generally accepted that children under the age of six do not have the skills or ability to recognise and manage their own asthma effectively. With this in mind, our service recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

#### **Procedure:**

- Educators in charge will hold current first aid certificates including specific training in asthma management. This training will be approved by the Education and Care Services National Regulations and will be completed at least every three years. Certificates will be held on file.
- All staff will be aware of the symptoms of an asthma attack, the child/children with this diagnosed medical condition in the service and the Asthma Action Plan to be followed in the event of an emergency.
- A copy of this policy is provided to each new staff member during the induction process.
- A copy of this policy will be provided to parents/guardians of children attending the service that have been diagnosed with asthma.
- Updated information, resources and support will be regularly given to families managing asthma.
- At least one educator on the premises at all times will hold the required asthma training, as per the regulations.

- Educators ensure families provide an asthma action plan completed by a registered medical practitioner before enrolment commences.
- Educators ensure that children diagnosed with asthma have a current action plan as well as prescribed medication on site at all times, without these, the child must not attend.
- Asthma first aid posters are displayed in visible locations.

**Educators responsible for a child diagnosed with asthma will:**

- Ensure a copy of the child's emergency management plan is visible and known to educators in the service.
- Follow the child's asthma action plan in the event of an asthma attack.
- Increase supervision of a child at risk of an asthma attack on special occasions such as excursions, incursions, parties.
- Ensure that an asthma action plan signed by the child's Registered Medical Practitioner and the parent/guardian for the child while at the service provides prescribed medications, such as a reliever each day that they attend.
- Ensure that the medication is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
- Regularly check and record the medication expiry date- request new medication from families when needed.
- Provide information, resources and support to families managing asthma in children.
- In the event that a child suffers from an asthma attack, educators will:
  - Follow the child's asthma action plan
  - Commence first aid measures
  - Contact the parent/guardian
  - Contact the emergency contacts if parents/guardians can not be contacted
  - Call 000 for an ambulance if needed.
- In the event of a severe asthma attack, the ambulance service will be contacted on 000 immediately and the 4 step asthma action plan will be implemented until the ambulance officers arrive.

**Parents/Guardians of children diagnosed with asthma will:**

- Inform educators on enrolment or on diagnosis, of their child's asthma/medical condition.
- Provide educators with an asthma action plan signed by a registered medical practitioner.
- Provide educators with all prescribed medications relating to this medical condition
- Assist educators by offering information and answering any questions regarding their child's medical condition.
- Notify educators of any changes to their child's medical condition and provide a new action plan in accordance with these changes.
- Communicate all relevant information and concerns to educators, for example, all relevant medical information.
- Bring relevant issues to the attention of educators.



## **Appendix 5: Diabetes Management**

Diabetes in children can be a diagnosis that has a significant impact on families. The family needs others caring for their child to understand the responsibilities of diabetes management. Most children will require additional support from education and care service staff members to manage their diabetes while in attendance. It is important that communication is open between families and educators so that management of diabetes is effective. Children diagnosed with Diabetes will not be enrolled into the service until the child's medical plan is completed and signed by their health team or Medical Practitioner and the relevant staff members have been trained on how to manage the individual child's diabetes.

Type-1 Diabetes is an autoimmune condition, which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type-1 diabetes is life threatening.

Type-2 Diabetes occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type-2 diabetes affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old.

### **Procedure:**

- Parents/guardians of an enrolled child who is diagnosed with diabetes will be provided with a copy of the Dealing with Medical Conditions Policy including Diabetes Management.
- All educators will be provided with a copy of the Medical Conditions Policy including Diabetes Management as part of their induction.
- Educators in charge will hold first aid training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each staff members' certificate held on the Service's premises.
- When a child diagnosed with diabetes is enrolled, all staff attend regular training on the management of diabetes and, where appropriate, emergency management of diabetes. Educators will be trained to identify children displaying the symptoms of a diabetic

emergency and location of the Diabetic Management Plan as well as the Emergency Management Plan.

- At least one educator who has completed accredited training in emergency diabetes first aid is present in the centre at all times whenever children with diabetes are being cared for in the service. The educator will be appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and will know what action to take if these are abnormal
- The family is to supply all necessary glucose monitoring and management equipment
- A Medical Conditions Risk Minimisation plan is to be completed for each child diagnosed, outlining procedures to minimise the risks involved. The plan will cover the child's known triggers and where relevant other common triggers which may lead to a Diabetic emergency
- Each child with type-1 diabetes requires a current individual Diabetes Management Plan prepared by the individual child's diabetes medical specialist team, at or prior to enrolment
- The child's Diabetes Management Plan is to be signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will describe any prescribed medication for that child as well as the emergency management of the child's medical condition
- Before the child's enrolment commences, the family will meet with the service and its educators to begin the communication process for managing the child's medical condition in consultation with the registered medical practitioners instructions
- A communication plan is developed for staff and parents/guardians encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition, the current status of the child's medical condition, this policy and its implementation within the service
- A staff member accompanying children outside the service carries the appropriate monitoring equipment, any prescribed medication, a copy of the Diabetes Management and Emergency Medical Management Plan for children diagnosed with diabetes, attending excursions and other events

- The programs delivered at the service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in all activities safely and to their full potential
- Updated information, resources and support will be regularly given to families for managing childhood diabetes
- Ensure that no child diagnosed with diabetes attends the service without the appropriate monitoring equipment and any prescribed medications
- Ensure availability of meals, snacks and drinks that are appropriate for the child and are in accordance with the child's Diabetes Management plan at all times

**Educators responsible for a child diagnosed with diabetes will:**

- Read and comply with this Diabetes Management Policy and the Medical Conditions Policy
- Follow the strategies developed for the management of diabetes at the service
- Follow the Risk Minimisation Plan for each enrolled child diagnosed with diabetes
- Ensure a copy of the child's Diabetes Management Plan is visible and known to staff in a service
- Take all personal Diabetes Management Plans, monitoring equipment, medication records, Emergency Management Plans and any prescribed medication on excursions and other events outside the service
- Recognise the symptoms of a diabetic emergency, and treat appropriately by following the Diabetes Management Plan and the Emergency Management Plan
- A suitably trained and qualified Educator will administer prescribed medication if needed according to the Emergency Medication Management Plan in accordance with the service's Administration of Medication Policy
- Identify and where possible minimise possible triggers as outlined in the child's Diabetes Management Plan and Risk Minimisation Plan
- Ensure that children with diabetes can participate in all activities safely and to their full potential
- Increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions and parties

- Regularly check and record the expiry date of the prescribed medication relating to the medical condition
- Provide information to the service community about resources and support for managing childhood diabetes
- Ensure there are glucose foods or sweetened drinks readily available to treat hypoglycaemia at all times (low blood glucose), e.g. glucose tablets, glucose jelly beans, etc.

**Parents/guardians of a child diagnosed with diabetes will:**

- Inform staff at the children's service, either on enrolment or on diagnosis, of their child's medical condition diabetes. Prior to the child commencing care, the following must be communicated with the service and educators;
  - Details of the child's health problem, treatment, medications and allergies
  - Their doctor's name, address and phone number, and a phone number for contact in case of an emergency
  - A Diabetes Care Plan following enrolment and prior to the child starting at the centre which should include: - when, how and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring - what meals and snack are required including food content, amount and timing - what activities and exercise the child can or cannot do - whether the child is able to go on excursions and what provisions are required
  - A Diabetes Emergency Medical Plan following enrolment and prior to the child starting at the centre which should include: - what symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose) - what action to take including emergency contacts for the child's doctor and family or what first aid to give according to the child's Emergency Management Plan
- Develop an individual Medical Conditions Risk Minimisation Plan in conjunction with service staff
- Provide staff with a copy of the child's Diabetes Management Plan and an Emergency Medication Management Plan developed and

signed by a Registered Medical Practitioner for implementation within the service

- Provide staff with the appropriate monitoring equipment needed according to the Diabetes Management Plan
- Provide an adequate supply of emergency medication for the child at all times according to the Emergency Management Plan
- Regularly check the expiry date of the prescribed medications and monitoring equipment kept at the service
- Assist staff by offering information and answering any questions regarding their child's medical condition
- Notify the staff of any changes to their child's medical condition and provide a new Diabetes Management 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
- Comply with the service's policy that no child who has been diagnosed with diabetes is permitted to attend the service or its programs without the appropriate monitoring and emergency management equipment
- Read and be familiar with the policy
- Bring relevant issues to the attention of all staff.

### **Diabetic Emergency**

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency - very low blood sugar (hypoglycaemia, usually due to excessive insulin); or very high blood sugar (hyperglycaemia, due to insufficient insulin).

The more common emergency is hypoglycaemia. This can result from too much insulin or other medication, not having eaten enough of the correct food, unaccustomed exercise or a missed meal.

### **Signs and symptoms:**

If caused by low blood sugar, the person may:

- Feel dizzy, weak, tremble and hungry
- Look pale and have a rapid pulse
- Sweating profusely
- Numb around lips and fingers
- Appear confused or aggressive

- Unconsciousness

If caused by high blood sugar, the person may:

- Feel excessively thirsty
- Have a frequent need to urinate
- Have hot dry skin, a rapid pulse, drowsiness
- Have the smell of acetone (like nail polish remover) on the breath
- Unconsciousness

In any medical emergency involving a child with diabetes, the centre staff should **immediately dial 000** for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures, and administer first aid or emergency medical aid according to the child's Diabetes Management or Emergency Plan.

**Resources:**

The Royal Children's Hospital Melbourne

<https://www.rch.org.au/diabetes/>

Diabetes Australia <https://www.diabetesaustralia.com.au/living-with-diabetes/diabetes-and-daily-life/school/>

National Diabetes Education Program

<https://www.cdc.gov/diabetes/ndep/people-with-diabetes/resources/for-children-teens.html>