



# Medical Conditions and Allergies Policy



<b>Policy Number</b>	QA 2/11	<b>Title</b>	Medical Conditions and Allergies Policy
<b>Revision</b>	2.0	<b>Written By</b>	EHOOSH Management Committee
<b>Reviewed By</b>	EHOOSH Management Committee	<b>Approved By</b>	EHOOSH Management Committee
<b>Supersedes</b>	Version 1.3	<b>Effective Date</b>	May 2024

## 1. Policy Statement

Eastwood Heights OOSH (the Service) will work closely with children, families and (where relevant) schools and health professionals to manage the medical conditions and allergies of children attending the Service. We will assist and support all children to enable them to participate as fully as possible in the Service’s day-to-day activities in order to promote their sense of wellbeing, connectedness and belonging. At all times educators and staff will act in the best interests of the children and ensure the health, safety and wellbeing of all children being educated and cared for at the service. Our educators and staff will be fully aware of the nature and management of all children’s medical needs and allergies and will respect the child and the family’s confidentiality. This policy will be provided to parents/guardians who identify that their child has a medical condition or allergy, and a Risk Minimisation Plan (See Section 2.1) will be formulated for each child so identified.

The Education and Care Services National Regulations require approved providers to ensure the service has policies and procedures in place for dealing with medical conditions in children.

## 2. Procedure

Families will be asked to inform the Service of any medical conditions or allergies the child may have at the time of enrolment. This allows for the service to identify children's needs. The service may need time to develop a process and timeline for enrolment in collaboration with families to enable orientation or training of educators before the child commences care. Families will be asked to provide the following information:

- Details of the diagnosed health care need, allergy or relevant medical condition including the severity of the condition
- Any current medication prescribed for the child
- The response required from the service about the emergence of symptoms
- Any medication required to be administered in an emergency
- The response required if the child does not respond to initial treatment
- When to call an ambulance for assistance.

This information will be recorded by the parent/guardian on the child's enrolment form. Upon notification of a child's medical condition or allergy the Service will provide the parent/guardian with a copy of this policy (Regulation 91). Specific or long-term medical conditions will require the completion of a Medical Management Plan (See Section 2.1) by the child's doctor and family.

This policy provides particular advice in relation to anaphylaxis and asthma as they are medical conditions which are commonly experienced by children enrolled in the service. It is noted that children with other medical conditions may be enrolled in the future and which time the policy and procedure may be amended.

## 2.1. Anaphylaxis

- A completed Individual Medical Management Plan/ASCIA Management Plan must be provided to the service on enrolment signed by their child's doctor or nurse practitioner (see Section 2.4 and Appendix A).
- Families are required to provide a prescribed adrenaline injector at all times while their child is in attendance at the service.
- The service will have at least one general use adrenaline injector. Staff will be informed of the location/s of the general use adrenaline injector/s. General use adrenaline injectors will be replaced before they expire.
- As many permanent educators as possible will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors. Where possible, casual staff will also undertake this training.

## 2.2. Asthma

- A completed Individual Medical Management Plan must be provided to the service on enrolment signed by their child's doctor or nurse practitioner (see Section 2.4 and Appendix A).
- If a parent/guardian has informed the service that their child requires reliever medicine from time to time for asthma-like symptoms (i.e., wheezing and coughing), but has not yet been given a confirmed diagnosis of asthma, the Schools and Child Services Action Plan for Asthma Flare-Up will be provided to the family for the child's doctor to complete.

## 2.3. Diabetes

- A completed Individual Injection Plan/Pump Plan must be provided to the service on enrolment signed by their child's doctor (see Appendix A).
- Prior to the children's commencement, staff will undergo diabetes management and response training.

The service acknowledges that students with diabetes can do everything their peers can do, but due to their diabetes they may require:

- Special consideration
- Extra consideration if unwell
- Special provisions when sitting exams

- Special provisions for privacy if testing blood glucose levels and injecting insulin at school
- Close supervision
- To eat at additional times, especially with physical activity

## 2.4. Other Medical Conditions

It is noted that children attending the service may live with a range of conditions, including chronic and life-threatening conditions, of which the service must be aware in order to provide a safe environment for the child. Other medical conditions may include:

- Food allergy or intolerance e.g., gluten; dairy for which an adrenaline autoinjector has not been prescribed
- Environmental allergies e.g., hay fever
- Diabetes
- Epilepsy

The service will work with parents/guardians to determine the severity and risk associated with any other medical condition in order to determine the required response.

Information provided in Section 2.4 below will guide this assessment, with further information contained in Appendix A.

## 2.5. Individual Action Plan / Medical Management Plan

All parents/guardians of children with known immediately life-threatening conditions, attending the service must provide an ASCIA Action Plan or other appropriate Medical Management Plan completed and signed by their child's doctor or nurse practitioner.

The plan must be updated in accordance with the date specified by the child's doctor and recorded by the service.

In many cases parents/guardians will advise that a child has a condition which is not known to be immediately life-threatening e.g. mild allergy (i.e dust mites, grass) and no Action Plan or Medical Management Plan is available. In such instances, the family may be asked to supply information from their doctor explaining the effects of the child's exposure to the allergen and ways the educators can assist the child if they do become exposed or in the case of a specific health care need, or relevant medical condition, the ways the service can support the child.

The Individual Action Plan or Medical Management Plan will be followed in the event of any incident relating to the child's specific health care need, asthma, allergy, or relevant medical condition. All educators, staff and adult volunteers will be informed of any special medical conditions affecting children and instructed in the necessary management. In some cases, specific training may be provided to educators to ensure that they are able to effectively implement the relevant Plan.

## 2.6. Risk Minimisation Plan

In order to meet its regulatory obligations, it is requirement of the Service that a Risk Minimisation Plan (which incorporates a communication plan) is developed in consultation with the family of a child affected by a medical condition or allergy. In order to do so, the Nominated Supervisor or Team Leader will meet with the parents and, if relevant, any health professionals, prior to the child's attendance at the Service. This will determine the content of the plan and assist in the smooth and safe transition of the child into the Service. Additional information is provided in Appendix B.

The Risk Minimisation Plan will consider and document:

- That the child is not to attend the Service without any medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy, or relevant medical condition.
- It is the parent's/guardian's responsibility to keep a record of the use-by date of the child's medication and replace as necessary.
- Whether the child is able to self-administer medication (see Administration and Storage of Medicine Policy).
- The identification of any risks to the child or others by their attendance at the Service.
- The identification of any practices or procedures that need adjustment at the Service to minimise risk to the child, e.g., food preparation procedures.
- The development of a process and timeline for orientation or training of educators.
- The best methods of communication between the family and educators to monitor, review, and evaluate the condition, or in the event of an incident relating to the child's condition, or if changes need to be made to the child's plan.

## 2.7. Minimising the Risk of Exposure to Food Allergens

The Service will minimise the number of common allergens that children with food allergies are exposed to at the Service, whilst still providing core foods such as wheat, dairy and egg for the majority of children. The Service will not serve food containing peanuts and tree nuts as they are not considered core foods and for children without food allergies, can be eaten at home as part of a broad ranging diet.

It is not possible for the Service to guarantee that children will not be exposed to new or existing allergens. Advice will be provided to families regarding the foods which will not be allowed at Vacation Care prior to the commencement of each vacation care session, recognising that changing enrollments result in different discouraged foods each session.

During regular OOSH and on catered days during vacation care, families of children with an allergy may be asked to supply additional, safe foods if the Service considers it necessary. If a child has multiple or complex food allergies it may be decided that the child will only eat food brought from home. This should be discussed with the parent/guardian when the child is enrolled. All medical conditions, including food allergies, will be listed out of sight of general visitors and children. It is the responsibility of every educator at the Service to regularly read and refer to that list.

All staff will be informed of the list on initial employment and provided with orientation on what action to take in the event of a medical emergency, including which educators are responsible for implementing the Individual Action Plan or Medical Management Plan based on training and experience.

Whenever food is served (outside of the kitchen), a list of allergy information of a particular child will be available visible only to the staff (privacy of each child will be protected).

When families provide food for their own children it is reasonable for the service to request that food provided by parents does not contain peanuts or tree nuts as an ingredient. Families will also be requested not to supply food containing other particular allergens as listed from time to time. Where required children will be separated during mealtimes to reduce any risk of contamination and/or food sharing.

All children's individual needs and allergies will be addressed when planning menus.

Parents of children with special dietary requirements will be informed of the menu via the service website so they can provide an alternative if required.

### 3. Roles and Responsibilities

#### Approved Provider

- Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures.
- Ensure all educators and staff have training as part of the induction process and ongoing training for the management of medical conditions (e.g., asthma, anaphylaxis and specific requirements for the enrolled child in the service).
- Ensure inclusion of all children in the service.
- Notify families at least 14 days before changing the policy or procedures if the changes will:
  - Significantly impact the service’s education and care of children or
  - Significantly impact the family’s ability to utilise the service

#### Nominated Supervisor

- Notify the approved provider if there are any issues with implementing the policy and procedures.
- Ensure the *Medical Conditions and Allergies Policy* and procedures are met, the appropriate medical management plans and risk assessments are completed, and all relevant actions are managed to minimise the risks to the child’s health (regulation 90).
- Ensure families of children that have a specific medical condition have been given a copy of the *Medical Conditions and Allergies Policy* (regulation 91) and any other relevant policies.
- In consultation with families, develop risk minimisation plans for children with medical conditions or specific health care needs.
- Ensure a written plan for ongoing communication between families and educators is developed as part of the Risk Minimisation Plan, relating to the medical condition and any changes or specific needs. It should be in place before a child commences at the service, or as soon as possible after diagnosis for children already attending.
- If a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service.
- Ensure any changes to the policy and procedures or individual child’s medical condition or specific health care need and medical



	<p>management plan are updated in the Risk Minimisation Plan and communicated to all educators and staff.</p> <ul style="list-style-type: none"> <li>• Display, with consideration for the children’s privacy and confidentiality, their medical management plan (from the doctor) and ensure that all educators and staff are aware of and follow the risk minimisation plans (developed by the service) for each child.</li> <li>• Ensure communication is ongoing with families and there are regular updates as to the management of the child’s medical condition or specific health care need.</li> <li>• Ensure a new Risk Minimisation Plan is completed and implemented when circumstances change for the child’s specific medical condition.</li> <li>• Ensure all educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens (adrenaline autoinjectors) and asthma medication.</li> <li>• Ensure this is part of the induction for new educators and staff and any changes are covered in ongoing training.</li> <li>• Conduct regular staff meetings to ensure timely and accurate information about the medical condition, any updates, and the management of the medical condition, is provided to all educators and staff.</li> </ul>
<p><b>Vacation Care Co-ordinator</b></p>	<ul style="list-style-type: none"> <li>• Ensure all children’s health and medical needs are taken into consideration on excursions (first aid kit, personal medication, management plans, etc.)</li> </ul>
<p><b>Responsible Person in Charge</b></p>	<ul style="list-style-type: none"> <li>• Maintain current approved first aid, CPR, asthma and anaphylaxis training.</li> <li>• Undertake specific training (and keep it updated if required) to ensure appropriate management of a child’s specific medical condition.</li> </ul>
<p><b>All Educators and Staff</b></p>	<ul style="list-style-type: none"> <li>• Continuously check ingredient labels for food and play substances and have adequate knowledge of allergens.</li> <li>• Ensure all the action plans are carried out in line with the <i>Medical Conditions and Allergies Policy</i> and procedures.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure close monitoring of the child’s health and identification of symptoms and signs of ill health, with families contacted as changes occur.</li> <li>• Ensure that two people are present any time medication is administered to children.</li> <li>• Ensure communication with families is regular and all educators and staff (including the nominated supervisor) are informed of any changes to a child’s medical condition.</li> <li>• Understand the individual needs of and action plans for the children with specific medical conditions.</li> <li>• Regularly reflect on supervision plans and monitoring children’s health.</li> <li>• Attend staff meetings.</li> </ul>
<p><b>Cook and Kitchen Staff</b></p>	<ul style="list-style-type: none"> <li>• Ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are adhered to.</li> <li>• Provide food which meets individual children’s health care needs, ensuring no child is served food that contain, or may contain, food they are allergic/anaphylactic to.</li> <li>• Ensure all changes to child’s medical management plan or risk minimisation plan are implemented immediately within the menu preparation.</li> <li>• Continuously check ingredient labels for food substances and have adequate knowledge of allergens.</li> </ul>
<p><b>Families</b></p>	<ul style="list-style-type: none"> <li>• Advise the service of the child’s medical condition and their specific needs as part of this condition.</li> <li>• Provide regular updates to the service on the child’s medical condition including any changes, and ensure all information required is up-to-date.</li> <li>• Provide a medical management plan from a doctor on enrolment or diagnosis of the medical conditions and provide an updated plan as required.</li> <li>• Provide the required medication each day the child attends the</li> </ul>

service.

- Collaborate with the service staff to develop a Risk Minimisation Plan.

## 4. References

### 4.1. Statutory Authority

National Quality Standard QA2: 2.1, 2.1.2/ QA3: 3.1.1, 3.2.1/ QA6: 6.2.2/ QA7: 7.1.3

QA2: 2.1	Each child's health and physical activity is supported and promoted.
2.12	Effective illness and injury management and hygiene practices are promoted and implemented.
QA3: 3.1.1	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose including supporting the access of every child.
3.2.1	Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.
QA6: 6.2.2	Effective partnerships support children's access, inclusion and participation in the program.
QA7: 7.1.3	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

### 4.2. Legislation

- Early Childhood Education Directorate, NSW Department of Education
- Disability Discrimination Act 1992
- Anti-discrimination Act 1977 (NSW)
- Work Health and Safety Act 2011
- Best Practice Guidelines for anaphylaxis prevention and management in Children's education and Care services (including outside school hours care)

### 4.3. Relevant Service Policies

- *Administration and Storage of Medication Policy*
- *Enrolment and Orientation Policy*
- *Food and Nutrition Policy*
- *Confidentiality and Privacy Policy*
- *Illness and Infectious Diseases Policy*
- *Incident Injury trauma and Illness Policy*
- *Providing a Child Safe Environment Policy*
- *Emergency and Evacuation Policy*
- *Governance and Management Policy*

### 4.4. National Frameworks

Framework for School Age Care in Australia, 'My Time, Our Place' (1.2, 1.4, 3.1), <https://www.acecqa.gov.au/sites/default/files/2023-02/MTOP-2022-V2.0.pdf>

## 5. Legislative Requirements

Regulation 167	Offence relating to protection of children from harm and hazards
Regulation 85	Incident, injury, trauma and illness policy and procedures
Regulation 86	Notification to parent of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 89	First Aid Kits
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement-anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 96	Self-administration of medication
Regulation 136	First aid qualifications
Regulation 162(c) and (d)	<p>Health information to be kept in enrolment record</p> <p>(c) details of any –</p> <p>(i) specific healthcare needs of the child, including any medical condition; and</p> <p>(ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis (any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c).</p>
Regulation 168	Education and care services must have policies and procedures

Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies and procedures
Regulation 173	Prescribed information to be displayed (i) in the case of a centre-based service, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service

## Appendix A

### Medical Management Plans for Anaphylaxis and Allergic Reactions

**ascia**  
www.allergy.org.au

ACTION PLAN FOR  
Anaphylaxis

**For use with EpiPen® adrenaline (epinephrine) autoinjectors**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Confirmed allergic reactions:

Family/emergency contact names:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

The treating doctor or his/her authorised representative specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.  
While this plan does not expire, review is recommended by \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**How to give EpiPen®**

1. **STEP 1: HOLD THE EPIPEN® AT AN ANGLE TO YOUR ARM. SAFETY RELEASE**
2. **STEP 2: PRESS THE GREEN PLASTIC BUTTON ON THE SIDE OF THE AUTOJECTOR TO RELEASE THE ADRENALINE**
3. **STEP 3: RUB DOWN THE JET WITH YOUR FINGER TO REMOVE ANY ADRENALINE REMAINING ON THE SKIN**

EpiPen® is prescribed as follows:  
• EpiPen in 0.3mg mg for children 7.5-20kg  
• EpiPen 300 mg for children over 20kg and adults

**SIGNS OF MILD TO MODERATE ALLERGIC REACTION**

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

**ACTION FOR MILD TO MODERATE ALLERGIC REACTION**

- For insect allergy - flick out stinging if visible
- For tick allergy - seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (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 or noisy breathing
- Swelling of tongue
- Wheeze or persistent cough
- Difficulty talking 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 or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2. **GIVE ADRENALINE AUTOJECTOR**
3. **Phone ambulance - 000 (AU) or 111 (NZ)**
4. **Phone family/emergency contact**
5. **Further adrenaline 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 AUTOJECTOR**

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

**ALWAYS GIVE ADRENALINE AUTOJECTOR FIRST, and then asthma reliever/puffert** if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) when there are no skin symptoms

Set up severe medication as follows: \_\_\_\_\_

Note: If adrenaline is available (e.g. with a child), phone your local poison information centre. Continue to follow this action plan for the person with the allergic reaction.

**ascia**  
www.allergy.org.au

ACTION PLAN FOR  
Allergic Reactions

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Confirmed allergic reactions:

Family/emergency contact names:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

The treating doctor or his/her authorised representative specified on this plan to be given according to the plan, as consented by the patient or parent/guardian, including use of adrenaline if available.  
While this plan does not expire, review is recommended by \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**SIGNS OF MILD TO MODERATE ALLERGIC REACTION**

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

**ACTION FOR MILD TO MODERATE ALLERGIC REACTION**

- For insect allergy - flick out stinging if visible
- For tick allergy - seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Give antihistamine (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 or noisy breathing
- Swelling of tongue
- Wheeze or persistent cough
- Difficulty talking 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 or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2. **GIVE ADRENALINE INJECTOR 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 INJECTOR**

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

**ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever/puffert** 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

Set up severe medication as follows: \_\_\_\_\_

Note: If adrenaline is available (e.g. with a child), phone your local poison information centre. Continue to follow this action plan for the person with the allergic reaction.

# Medical Management Plans for Asthma

## ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

<b>NAME</b> DATE	<b>DOCTOR'S CONTACT DETAILS</b> Name Phone Hospital	<b>EMERGENCY CONTACT DETAILS</b> Name Phone Hospital
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**WHEN WELL** Asthma under control (fewest or no symptoms) ALWAYS CARRY YOUR RELIEVER WITH YOU

**Your preventer is:**  Inhaled corticosteroid  Long acting beta2 agonist  Combination inhaler  Other: \_\_\_\_\_

**Your reliever is:**  SABA  LABA  LAMA  Other: \_\_\_\_\_

**Other instructions:** \_\_\_\_\_

**WHEN NOT WELL** Asthma getting worse (wheezing once or twice that usual, waking up with asthma, asthma is not being well controlled)

**Keep taking preventer:**  Yes  No

**Your reliever is:**  SABA  LABA  LAMA  Other: \_\_\_\_\_

**Other instructions:**  Contact your doctor  Other: \_\_\_\_\_

**IF SYMPTOMS GET WORSE** Severe asthma flare-up (back wheezing returns again within 7 hours, increasing asthma symptoms making it difficult to control symptoms)

**Keep taking preventer:**  Yes  No

**Your reliever is:**  SABA  LABA  LAMA  Other: \_\_\_\_\_

**Other instructions:**  Contact your doctor  Other: \_\_\_\_\_

**DANGER SIGNS** Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)

**DIAL 000 FOR AMBULANCE**

**Call an ambulance immediately**  
Say that this is an asthma emergency  
Keep taking reliever as often as needed  
Use your oral/inhaled inhaler (if puffs or Anapax)

**National Asthma Council Australia**  
nationalasthma.org.au

## Schools and Child Services ACTION PLAN FOR ASTHMA FLARE-UP

**Note for Medical or Nurse Practitioner:** This form has been developed as a guide for use in schools and child services. It is not intended to replace a medical or nurse practitioner's duty of care. Schools and child services should refer to the relevant legislation and policies for their jurisdiction. This form is provided as a guide only and should not be used as a substitute for professional medical advice.

**SIGNS OF A MILD TO MODERATE ASTHMA FLARE-UP\***

- Waking up at night with asthma symptoms
- Wheezing, coughing or shortness of breath
- Using preventer more often than usual
- Using reliever more often than usual
- Feeling tired or unwell

**ACTION FOR A MILD TO MODERATE ASTHMA FLARE-UP**

Use preventer and reliever as directed. If symptoms do not improve, contact your doctor.

**SIGNS OF A SEVERE / LIFE-THREATENING ASTHMA FLARE-UP\***

- Extreme difficulty breathing
- Waking up at night with asthma symptoms
- Using preventer more often than usual
- Using reliever more often than usual
- Feeling very unwell

**ACTION FOR A SEVERE / LIFE-THREATENING ASTHMA FLARE-UP**

Use preventer and reliever as directed. If symptoms do not improve, call an ambulance.

**CALL AN AMBULANCE - DIAL 000**

Use preventer and reliever as directed. If symptoms do not improve, call an ambulance.

**Attention Parents / Guardian**

Please provide the below information to the school or child services.

**Emergency contact details:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Other contact person (if available): \_\_\_\_\_

**Other information:** \_\_\_\_\_



# Injection Management Plan

injection management plan

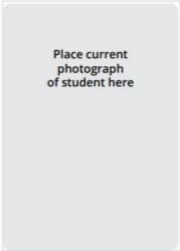


## Student details

Name \_\_\_\_\_

DOB \_\_\_\_\_ Grade / Year \_\_\_\_\_

School \_\_\_\_\_



## Planning for Events, Camps and Excursions

All planning should be undertaken in consultation with parents/carers.

Notify parents/carers as early as possible of upcoming events to ensure additional planning can be done.

The diabetes management and action plans are adjusted by student's parents/carers and the diabetes healthcare team depending on activity and duration of the event, camp or excursion.

## Key contact details

Name \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Relationship \_\_\_\_\_

## Insulin Administration

Insulin can be administered in multiple ways. An insulin injection (bolus) is given at a meal times.

Insulin injection required at school  Yes  No

Type of device  Insulin Pen  Syringe

### Student can self-administer injection

Yes  Supervised  No

### Nominated staff to supervise

Injection times \_\_\_\_\_

## Diabetes health care team

Hospital/Clinic \_\_\_\_\_

Phone number \_\_\_\_\_

Endocrinologist / Specialist \_\_\_\_\_

Diabetes Educator \_\_\_\_\_

diabetesaustralia.com.au

Version: 240130 | Injection action plan | 1 of 4

injection management plan



## Glucose level checking

Type to be used  Finger prick /lancet

Continuous Glucose Monitoring

Flash Monitoring

Is student able to check their own glucose levels?  Yes  No

Yes nominated staff member needs to:

Remind  Observe  Assist  No assistance

No, a nominated staff member needs to check glucose levels.

Nominated staff name/s \_\_\_\_\_

Glucose levels need to be checked: (Please select all that apply)

When student feels unwell  Prior to recess or snack

Prior to lunch  When hypo suspected

Prior to physical activity  Prior to exam/tests

Other \_\_\_\_\_

Additional glucose checks may be needed in addition to those scheduled if staff or the student are concerned about levels.

## Ketone level checking

Ketone level checking may be needed for some students if glucose levels are above target or they are unwell. Not all students will need ketone checks.

Ketone checks required:  No  Yes when glucose levels are > \_\_\_\_\_

Notify parents if ketone levels are > \_\_\_\_\_

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## Physical Activity

All students should be encouraged to participate in physical activities, including students living with diabetes.

Some students will require a glucose check before sport.

Glucose check before sport  Yes  No

The students BGL needs to be above \_\_\_\_\_ before sport.

If the BGLs are between \_\_\_\_\_ and \_\_\_\_\_, student can participate immediately.

If below \_\_\_\_\_ student to have \_\_\_\_\_ of carbohydrate.

Check \_\_\_\_\_ minutes later and if within their target range then student can participate as per usual.

If above \_\_\_\_\_ refer to hyperglycaemia action plan

Check \_\_\_\_\_ minutes later and if within their target range then student can participate as per usual.

Physical education instructors and sports coaches must have a copy of the action plan and be able to recognise and assist with the treatment of low glucose levels.

## Additional management notes

## Roles and Responsibilities Agreement

### Parent/Guardian:

- Inform the school of the student's condition upon enrolment. If the student is already enrolled, they should inform the school as soon as possible after diagnosis
- Contribute to the development of the school-based diabetes management /action plans
- Ensure the school has the current diabetes management plan
- Provide all the equipment the student needs to be safely supported which may include medication, blood glucose meter with test strips, insulin pump consumables and hypo treatment foods/drinks
- Provide guidance and support to school staff when concerns or issues arise
- Provide consent for the school to contact the appropriately qualified health professionals about the student's condition

### The Student:

- Bring diabetes supplies to school and allowed to carry hypo treatment and BGL equipment with them at all times
- Be permitted to have immediate access to water by keeping a water bottle on their desk
- Be permitted to use the bathroom without restriction
- Have open communication with their teachers
- Notify their teachers when they are low or feel unwell
- Engage in glucose checks and insulin administration documented in this plan

### Diabetes Healthcare Team:

- Assist in developing the student's individual management plan
- Provide relevant contact details in case specific questions arise from parents/schools and Diabetes Australia

### School Principals:

- Co-ordinate a encouraging and safe and school environment that:
  - Recognises the student and their family are covered under the Disability Discrimination Act and Disability Standard of Education
  - Involve all students with health conditions in school activities
  - Support students who need supervision or assistance in administering medication
- Ensures this management plan is adhered to in the school setting
- Ensure that all staff, including casual staff, are aware of the signs and symptoms of low glucose levels and the location of medication including the hypo kit.
- Communicate with parent/carer and health care teams in regards to the student's diabetes management plan in an agreed manner

### School Staff:

- Have a comprehensive understanding of the requirements of the student with diabetes
- Support the student in the access and care of their diabetes devices, equipment and supplies
- Understand the signs and symptoms of a hypoglycaemic (hypo) and hyperglycaemic (hyper) episode
- Assist the student with diabetes if a hypo or hyper episode occurs and what treatment is needed according to the Action Plan
- Support the student in management of their condition when the student is unable to do so. This may include glucose checking and/or administering insulin

Parent	Student	Healthcare Staff	Principal
Name _____	Name _____	Name _____	Name _____
Date _____	Date _____	Date _____	Date _____
Signed _____	Signed _____	Signed _____	Signed _____

### HYPOGLYCAEMIA

**LOW** if Blood Glucose Level is below: \_\_\_\_\_  
**TREAT IMMEDIATELY**

**Signs and symptoms**  
Note: Symptoms may not always be obvious

Pale                       Headache  
 Shaky / sweaty         Drowsy  
 Angry or irritable     

**DO NOT LEAVE STUDENT UNATTENDED  
DO NOT DELAY TREATMENT**

**Student conscious & cooperative**  
Able to eat/drink hypo treatment

**Hypo treatment as listed below**

**Recheck BGL**  
after \_\_\_\_\_ mins  
If level is below \_\_\_\_\_  
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

### HYPERGLYCAEMIA

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

**Signs and symptoms**  
Note: Symptoms may not always be obvious

Thirsty                       Needing the toilet  
 Poor concentration       Drowsy  
 Angry or irritable       

**Student well**  
Re-check BGL in 2 hours

**Encourage student to drink water and return to class.**  
Allow extra toilet privileges.

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

Clinic: \_\_\_\_\_  
Clinic contact: \_\_\_\_\_  
Contact No: \_\_\_\_\_

**Student unwell**  
e.g. vomiting

**Check ketones**  
 Yes (refer to plan)  
 No

**Call key contact(s)**  
to collect student ASAP

**Student** \_\_\_\_\_

DOB \_\_\_\_\_

Grade \_\_\_\_\_

**Key contact details**

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

**Injection**

Student can self-administer insulin injection  
 Yes    With Supervision    No

In room/location \_\_\_\_\_  
Staff supervisor/s \_\_\_\_\_

**Routine glucose level checking times**

Finger Prick/ Lancet    Continuous Glucose Monitoring    Flash Monitoring

When feels unwell    Prior to recess/snack  
 Prior to lunch         When hypo suspected  
 Prior to exam/tests    Prior to physical activity

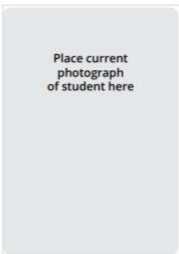


### Student details

Name \_\_\_\_\_

DOB \_\_\_\_\_ Grade / Year \_\_\_\_\_

School \_\_\_\_\_



### Planning for events, camps and excursions

All planning should be undertaken in consultation with parents/carers.

Notify parents/carers as early as possible of upcoming events to ensure additional planning can be done.

The diabetes management and action plans are adjusted by student's parents/carers and the diabetes healthcare team depending on activity and duration of the event, camp or excursion.

### Key contact details

Name \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### Insulin administration

An insulin pump continually delivers insulin and uses a glucose level and/or a carbohydrate amount when entered - to calculate and deliver a dose (bolus) of insulin.

Insulin pump management is required at school:  
 Yes  No

Pump model: \_\_\_\_\_

Student can self-manage their insulin pump:  
 Yes  Supervised  No

Nominated name/s of staff to supervise  
 \_\_\_\_\_

The alternate staff supervisor is:  
 \_\_\_\_\_

### Diabetes health care team

Hospital/Clinic \_\_\_\_\_

Phone number \_\_\_\_\_

Endocrinologist / Specialist \_\_\_\_\_

Diabetes Educator \_\_\_\_\_



### Glucose level checking

Type to be used  Finger prick /lancet

Continuous Glucose Monitoring

Flash Monitoring

Is student able to check their own glucose levels?  Yes  No

Yes nominated staff member needs to:

Remind  Observe  Assist  No assistance

No, a nominated staff member needs to check glucose levels.

Nominated staff name/s \_\_\_\_\_

Glucose levels need to be checked: (Please select all that apply)

When student feels unwell  Prior to recess or snack

Prior to lunch  When hypo suspected

Prior to physical activity  Prior to exam/tests

Other \_\_\_\_\_

Additional glucose checks may be needed in addition to those scheduled if staff or the student are concerned about levels.

### Ketone level checking

Ketone level checking may be needed for some students if glucose levels are above target or they are unwell. Not all students will need ketone checks.

Ketone checks required:  No  Yes when glucose levels are > \_\_\_\_\_

Notify parents if ketone levels are > \_\_\_\_\_

### Physical activity

All students should be encouraged to participate in physical activities, including students living with diabetes.

Some students will require a glucose check before sport.

Glucose check before sport  Yes  No

The students BGL needs to be above \_\_\_\_\_ before sport.

If the BGLs are between \_\_\_\_\_ and \_\_\_\_\_, student can participate immediately.

If below \_\_\_\_\_ student to have \_\_\_\_\_ of carbohydrate.

Check \_\_\_\_\_ minutes later and if within their target range then student can participate as per usual.

If above \_\_\_\_\_ refer to hyperglycaemia action plan

Check \_\_\_\_\_ minutes later and if within their target range then student can participate as per usual.

Physical education instructors and sports coaches must have a copy of the action plan and be able to recognise and assist with the treatment of low glucose levels.

During physical activity, pump is to be:  On  Off

### Additional notes



# Pump Management Plan

pump management plan

## Roles and responsibilities agreement

### Parent/Guardian:

- Inform the school of the student's condition upon enrolment. If the student is already enrolled, they should inform the school as soon as possible after diagnosis
- Contribute to the development of the school-based diabetes management /action plans
- Ensure the school has the current diabetes management plan
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- Engage in glucose checks and insulin administration documented in this plan

### Diabetes Healthcare Team:

- Assist in developing the student's individual management plan
- Provide relevant contact details in case specific questions arise from parents/schools and Diabetes Australia

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  - Involve all students with health conditions in school activities
  - Support students who need supervision or assistance in administering medication
  - Ensures this management plan is adhered to in the school setting
- Ensure that all staff, including casual staff, are aware of the signs and symptoms of low glucose levels and the location of medication including the hypo kit.
- Communicate with parent/carer and health care teams in regards to the student's diabetes management plan in an agreed manner

### School Staff:

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- Assist the student with diabetes if a hypo or hyper episode occurs and what treatment is needed according to the Action Plan
- Support the student in management of their condition when the student is unable to do so. This may include glucose checking and/or administering insulin

Parent	Student	Healthcare Staff	Principal
Name _____	Name _____	Name _____	Name _____
Date _____	Date _____	Date _____	Date _____
Signed _____	Signed _____	Signed _____	Signed _____



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pump action plan

### HYPOGLYCAEMIA

**LOW** if Blood Glucose Level is below: \_\_\_\_\_  
**TREAT IMMEDIATELY**

**Signs and symptoms**  
Note: Symptoms may not always be obvious

Pale                       Headache  
 Shaky / sweaty         Drowsy  
 Angry or irritable     

**DO NOT LEAVE STUDENT UNATTENDED  
DO NOT DELAY TREATMENT**

**Student conscious & cooperative**  
able to eat/drink hypo treatment

**Give fast acting carbs as listed below**

**Recheck BGL**  
after \_\_\_\_\_ mins  
If level is below \_\_\_\_\_  
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

### HYPERGLYCAEMIA

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

**Signs and symptoms**  
Note: Symptoms may not always be obvious

Thirsty                       Needing the toilet  
 Poor concentration       Drowsy  
 Angry or irritable       

**Student well**  
Re-check BGL in 2 hours

**Encourage student to drink water and return to class.**  
Allow extra toilet privileges.

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

Clinic: \_\_\_\_\_  
Clinic contact: \_\_\_\_\_  
Contact No: \_\_\_\_\_

**Student unwell**  
e.g. vomiting

**Check ketones**  
 Yes (refer to plan)  
 No

**Call key contact(s)**  
to collect student ASAP

**Student**

\_\_\_\_\_

DOB \_\_\_\_\_

Grade \_\_\_\_\_

**Key contact details**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Insulin Pump Management**

Student can push buttons independently  
 Yes  With Supervision  No

Staff supervisor/s \_\_\_\_\_

**Routine glucose level checking times**

Finger Prick/ Lancet     Continuous Glucose Monitoring     Flash Monitoring

When feels unwell       Prior to recess/snack  
 Prior to lunch             When hypo suspected  
 Prior to exam/tests       Prior to physical activity



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## Medical Management Plans for Other Medical Conditions

Individual Health Care Plan			
<b>Child's Name:</b>		<b>Condition:</b>	
<b>Condition Description:</b>			
<hr/>			
Contact	Number	Relationship	
Parent		Mother	
Parent		Father	
Other		E.g. Grandmother	
Doctor			
What to do	When	Why	By Whom

## Appendix B

### Medical Risk Minimisation Plan

**Medical Risk Minimisation Plan**

This plan has been developed in consultation with the child's parents/guardians and is implemented to help protect the child identified as being at high risk of a medical emergency. It works in conjunction with the 'Medical Management Plan' and is part of the centre's 'Medical Conditions Policy' requirements under Regulation 90. Depending on your child's condition, you may be asked to upload an Action Plan.

Name of child \*

First Name Last Name

Date of birth \*

DD/MM/YYYY

Photograph of child \*

Browse Files  
Drag and drop files here

Please attach a recent photograph of your child, showing head and shoulders only, and without a hat.

[Link to Medical Risk Minimisation Plan](#)

### Revision Chronology

Version Number	Date	Reason for Change
1.0	21 August 2018	Edited and reviewed
1.1	August 2018	Endorsed by OOSH executive committee
1.2	September 2022	Review and evaluation
1.3	October 2022	Endorsed by OOSH executive committee
2.0	May 2024	Updated policy