

# Medical Conditions

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This information does not take the place of advice from a medical professional.

Always:

- Follow the directions in the individual child's *Medical Management (Action) Plan*.
- Call for help if in doubt.
- Keep parents informed.
- Be prepared when on excursions or journeys.
- Keep records.
- Report incidents.

## 1. CHRONIC CONDITIONS (ONGOING)

For medical conditions such as Asthma, Anaphylaxis, or Diabetes, refer to the Managing Medical Conditions Procedure. When medication for the treatment of long-term conditions such as epilepsy, ADHD, or other chronic medical conditions is required, the parent must provide a *Medical Management (Action) Plan* and complete a Risk Minimisation and Communication Plan with the FDC Educator.

### 1 ALLERGY

Children with allergies require a *Risk Minimisation and Communication Plan* and a *Medical Management (Action) Plan* containing information from their medical practitioner which:

- Explains the allergen.
- Describes the child's likely reaction.
- Outlines the actions staff should take if an allergic reaction occurs.

If a child enrolled has a diagnosed allergy, the parent must provide a *Medical Management (Action) Plan* signed by a medical practitioner prior to the commencement of care.

#### 1.1 Communication

The FDC Educator will ensure the *Medical Management (Action) Plan* is displayed in a private, easily accessible area. The educator will advise assistants, volunteers, and students of the requirements of the *Medical Management (Action) Plan*.

## 1.2 Excursion Requirements

When an enrolled child diagnosed with an allergy attends an excursion, the FDC Educator will ensure the relevant medication and management plan are transported with the child.

## 1.3 Managing an Allergic Reaction

If an enrolled child diagnosed with an allergy has an allergic reaction, the qualified FDC Educator will:

- Follow the *Medical Management (Action) Plan*.
- Implement immediate first aid.
- Stay with the child at all times.
- Notify the parent of the child's condition.
- Continue to monitor the child's condition and administer treatment according to the *Medical Management (Action) Plan*.
- Contact the Y WA FDC Service and follow the Critical Incident Reporting Procedure.

## 2 ANAPHYLAXIS

Prior to commencement of care for a child with a diagnosed risk of Anaphylaxis: • the parent will be required to provide a *Medical Management (Action) Plan* signed by a medical practitioner.

The service must have Educator in attendance who has undertaken approved Anaphylaxis Management training and who is immediately available in case of an anaphylaxis emergency.

A child cannot be accepted on any day without the required auto-injection device.

### 2.1 Communication

Effective communication between families and staff is essential to for the safety of children at risk of anaphylaxis. The FDC Educator will ensure:

A notice is prominently displayed in the main entrance stating an enrolled child is at risk of anaphylaxis.

Parents can communicate any changes to the medical management plan and risk minimisation plan for the child by speaking with or emailing the Educator.

Parents are provided with the Medical Conditions and Medications Policy and Procedure.

### 2.2 Adrenaline Auto-injection Device

The parent is responsible for:

Providing an adrenaline auto-injection device anytime their child attends FDC.

Transporting the device to and from the FDC Educator at the service.

The adrenaline auto-injection device will be stored:

In a location known to all staff and easily accessible to adults but inaccessible to children.

Away from direct sources of heat.

With a copy of the *Medical Management (Action) Plan* for each child at risk of anaphylaxis.

### **2.3 Allergic/Anaphylactic Reaction**

In the event of an allergic/anaphylactic reaction, the FDC Educator trained in Anaphylaxis Management will:

- Follow the *Medical Management (Action) Plan* and implement First Aid.
- Stay with the child at all times.
- Immediately call an ambulance (dial 000).

The FDC Educator will contact:

- The child's parent or emergency contact.
- The service per the Critical Incident Reporting Procedure.

### **2.4 Excursion and Regular Journey Requirements**

When an enrolled child at risk of anaphylaxis attends an excursion or a regular journey, the FDC Educator will transport the adrenaline auto-injection device and *Medical Management (Action) Plan* with the child.

## **3 ASTHMA**

### **3.1 Communication**

The parent will be required to provide an Asthma Medical Management (Action) Plan signed by a medical practitioner.

### **3.2 Medication**

It is the parent's responsibility to ensure the correct medication is available for the child whenever the child attends the FDC.

The child's medication will be stored with the *Medical Management (Action) Plan* appropriately in accordance with the Medication Procedure. A *Risk Management Minimisation and Communication Plan* is to be completed by the FDC Educator in conjunction with the parent. The FDC Educator will forward a copy of the *Medical Management (Action) Plan* and *Risk Minimisation and Communication Plan* to the Y WA

and advise assistants, volunteers and students of the requirements of the Medical Management (Action) Plan.

### **3.3 Asthma Excursion Requirements**

When an enrolled child diagnosed with Asthma is attending an excursion the FDC Educator will ensure the relevant medication and management plan is transported with the child.

If an enrolled child has an asthma attack, the suitably qualified FDC Educator trained in Asthma Management will

- follow the *Medical Management (Action) Plan* and
- implement immediate first aid
- administer treatment as per the asthma management plan.
- always stay with the child
- continue to monitor the child's condition
- call an ambulance (dial 000) immediately as indicated on the medical management (Action) plan
- notify the parent of the child's condition
- contact the Y WA FDC Service per the Critical Incident Reporting Procedure.

### **3.4 Asthma Excursion Requirements**

When an enrolled child diagnosed with asthma attends an excursion, the FDC Educator will transport the relevant medication and management plan with the child. If the child has an asthma attack, the qualified FDC Educator trained in Asthma Management will follow the *Medical Management (Action) Plan* and:

- Implement immediate first aid.
- Administer treatment as per the asthma management plan.
- Stay with the child at all times.
- Continue to monitor the child's condition.
- Call an ambulance (dial 000) immediately if indicated on the *Medical Management (Action) Plan*.
- Notify the parent of the child's condition.
- Contact the Y WA FDC Service per the Critical Incident Reporting Procedure.

## **4 DIABETES MANAGEMENT**

Always refer first to the child's *Medical Management (Action) Plan* for testing and administration of medication details.

Older children and young people may perform their own BGL testing and insulin injections. BGLs are usually more variable in young children.

It is best to manage diabetic triggers (e.g., missed or late meals and snacks, overexertion, excessive carbohydrate/sugar intake, teething, illness) rather than waiting for symptoms to occur.

#### **4.1 Communication**

The FDC Educator will:

- Meet with parents prior to the commencement of care to discuss how the child's diabetes is managed at home.
- Complete a *Medical Management (Action) Plan* and Risk Management Minimisation and Communication Plan in collaboration with parents.
- Forward copies of the *Medical Management (Action) Plan* and Risk Minimisation and Communication Plan to the CS Senior Management Team.
- Advise assistants, volunteers, and students of the requirements of the *Medical Management (Action) Plan*.

Parents are required to provide a *Medical Management (Action) Plan* signed by a medical practitioner prior to the commencement of care for a child diagnosed with diabetes. This plan will include all information on managing the child's diabetes daily and during emergencies, such as:

- Blood glucose testing - BG meter and acceptable levels.
- Insulin administration.
- Food, carbohydrate counting.
- Timing of meals and snacks.
- Proper storage of insulin.
- Method of insulin delivery (injection or insulin pump/Continuous Glucose Monitoring CGM).
- Oral medications prescribed.
- Management during physical activities and excursions.
- Treatment for high and low BGL.
- When to call an ambulance.
- Communication of information about the child's condition and any changes.

Parents must supply all necessary blood glucose monitoring and management equipment, and any prescribed medications before the child's enrolment. Emergency foods or drinks must be available with the child's medications.

#### **4.2 Low Blood Glucose Level (BGL) – Hypoglycaemia**

Low blood sugar is usually due to excessive insulin, which may result from:

- Too much insulin or other medication.
- Insufficient carbohydrate or correct food intake.
- Missing or delaying a meal or snack.
- Exertion or unplanned physical exercise.
- Increased stress or excitement.

If a child wears a Continuous Glucose Monitoring (CGM) device, it will alert when they are below their target range.

- Consult the child's *Medical Management (Action) Plan*.
- Seek medical advice (Call 000) if the child does not respond or symptoms worsen.

#### **4.3 High Blood Glucose Level (BGL) – Hyperglycaemia**

Hyperglycaemia usually results from insufficient insulin.

- Follow the child's *Medical Management (Action) Plan*.
- Provide adult supervision at all times.
- If the child does not respond to steps within the *Medical Management (Action) Plan*, call an ambulance (000).
- Do not put anything in the mouth of an unconscious child.
- Continue first aid measures and follow instructions provided by emergency services. Contact the parent as soon as practicable.
- Notify the FDC Service Staff, who will follow reporting procedures and contact the regulatory authority within 24 hours.

#### **4.4 Excursions**

When an enrolled child diagnosed with diabetes attends an excursion, regular journey, or any event outside the service, the FDC Educator will ensure the appropriate monitoring equipment, any prescribed medication, and a copy of the diabetes *Medical Management (Action) Plan* are transported with the child. Possible triggers for diabetic events will be considered in the Excursion Risk Assessment.

#### **4.5 Diabetes *Medical Management (Action) Plan***

The plan, signed by a medical practitioner, should include:

- Blood glucose testing - BG meter and acceptable levels.
- Insulin administration.
- Food, carbohydrate counting.
- Timing of meals and snacks.
- Proper storage of insulin.
- Method of insulin delivery (injection or insulin pump/CGM).
- Oral medications prescribed.
- Management during physical activities and excursions.
- Treatment for high and low BGL.
- When to call an ambulance.
- How the parent will communicate information about the child's condition and any changes.

#### **4.6 Medication**

Parents must supply all necessary blood glucose monitoring and management equipment, and any prescribed medications before the child's enrolment. Emergency foods or drinks must be available with the child's medications.

### **5 EPILEPSY**

Epilepsy is more than just seizures. There are over 60 types of epilepsy and everyone's experience with the condition is different.

The child's or young person's *Medical Management (Action) Plan* should detail:

The child's seizure types (may be more than one)

Seizure triggers

How to support the child or young person during seizures

Emergency procedures that should be followed in the event of a seizure.

See [Epilepsy Management Plans - Epilepsy Smart Australia](#)

### **6 TEMPERATURE AND FEVER**

Thermometers

Make sure the thermometer is clean.

Digital thermometers are most appropriate for taking the temperatures of children.

Aural (tympanic. in the ear) temperatures or infrared forehead thermometers are recommended

Each thermometer method measures temperature in a different way, and the results can vary depending on the type of thermometer used.

Check the manufacturer's instructions to find out how to use the thermometer. Mercury thermometers are no longer to be used with children and plastic tape thermometers used on the forehead are not reliable.

### Normal Body Temperature

Body temperature is usually lowest in the early hours of the morning and highest in the late afternoon and early evening.

The average body temperature for children is about 37°C depending on age, time of day, the individual child, what they have been doing, and how the temperature is taken. A fever is a temperature of 38°C or higher.

Approximate normal body temperature	Age
1 and younger	37.5°C - 37.7°C.
2 - 5 years	37.0°C - 37.2°C
5 to adult	36.5°C to 38°C

## 6.1 Higher than Normal Temperature

If a child has a higher-than-normal temperature and is also displaying signs of ill health such as drowsiness, paleness, breathing difficulty, less urine than usual or any of the symptoms listed in the exclusion criteria below, notify the parent to collect the child.

### High temperature indicator guidelines

When a child's temperature is between 37.7°C – 38°C while at the Centre, the Educators will:

take physical steps to try to reduce the child's temperature i.e. removing excess clothing, laying child in a cool place, encouraging the child to drink cool water etc.

Monitor the child's temperature and general condition every ½ hour, or more frequently if the condition worsens;

Record observations on a *Monitoring an Unwell child or young person Chart (Appendix 6)* for the parent's information on collection of their child;

Provide the child with plentiful amounts of water or fluid to drink;

NOT administer over the counter (OTC) medication to a child with a temperature without formal advice from a medical professional.

The parent will be notified that their child needs to be collected from the centre as soon as possible if the child:

requires one-to-one attention for a lengthy period, or  
is too unwell to continue to participate in the program, or  
continues to deteriorate, and/or  
their temperature continues to increase above 38°C.

Should the temperature continue to rise (above 40 °C) contact parent and inform them that the temperature has gone up and establish how far away from the Centre they are. If the parent cannot attend to collect the child, call and ambulance (000).

While waiting for the parent or ambulance:

continue to offer small, frequent amounts of fluids to drink or an ice block,  
always stay with the child,

document all observations and conversations with parents in the *Monitoring Unwell child or young person Chart (Appendix 5)*.

[HD Fever-in-babies-and-children\\_Infographic\\_Aug-2023.pdf \(healthdirect.org.au\)](https://www.healthdirect.org.au/files/content/infographic/HD_Fever-in-babies-and-children_Infographic_Aug-2023.pdf)

## 7 FEBRILE CONVULSION

Should a child go into febrile convulsion: -

One Educator stays with the child;

Let the convulsion run its course.

Move any dangerous items out of the way.

Monitor the length of convulsion.

Second Educator calls an ambulance 000, and the parent.

If the family cannot arrive in time, ensure:

an appropriate person accompanies the child in the ambulance AND stays with the child until the parent arrives.

the child's file accompanies them to the hospital in case any further information is needed.

The Nominated Supervisor will follow up with any required action and notify the children's Services' Management Team.

## 8 ADHD MANAGEMENT

Attention Deficit Hyperactivity Disorder (ADHD) is classified as a neurodevelopmental disorder with an onset typically before 12 years of age. Symptoms include difficulties with attention and/or hyperactivity and impulsivity, which are incongruent with a person's age and interfere with activities.

Parents and carers should oversee ADHD medication for children and young people. Adolescents should be encouraged to take responsibility for taking their medications. Behaviour management is the most common nonpharmacological approach for treating ADHD and associated impairments.

See child's *Medical Management (Action) Plan*; and *Behaviour Management Plan*.  
[Australian Evidence-Based Clinical Practice ADHD Guideline \(aadpa.com.au\)](http://aadpa.com.au)

## 9 TEETHING

When their child is teething, the parent should let Educators know, so that the child's needs are met. The parent may supply teething rings and rusks.

Children who are teething may present with signs that may mask symptoms of being unwell.

When the child who is teething displays symptoms which include: high temperature, flushed cheeks, loose stools, drooling, the centre will contact the parent who will either: come to the centre to collect the child; or give verbal or written authority by text or e-mail for the centre staff to administer teething serum or gel as per the manufacturer's instructions.

## 10 INFECTIOUS DISEASES

In the event of an outbreak an infectious disease at the centre; educators, families, visitors and the WA Health Department will be notified in accordance with the *Communicable Diseases Guidelines*.

The [Western Australian Department of Health Control of Communicable Diseases Manual](#) and [Childcare centres and schools \(health.wa.gov.au\)](#), provide guidance on infectious periods of specific diseases and exclusion periods for Child Care Services.

A child or staff member who has any of the following symptoms cannot be admitted to the centre:

- ear, eye or discoloured nasal discharge;
- an undiagnosed rash;

high temperature (see High Temperature Management below);  
infectious sores or diseases (child needs medical practitioner clearance before re-admittance);  
vomiting and/or abnormally loose bowel actions for that child (exclude for 24 hours after last bout);  
any obvious signs of ill health e.g. obvious difficulty breathing, barking cough (exception children with diagnosed Cystic Fibrosis, rib retraction etc.).

The [Western Australian Department of Health Control of Communicable Diseases Manual](#) and [Childcare centres and schools \(health.wa.gov.au\)](#), provide guidance on infectious periods of specific diseases and exclusion periods for Child Care Services. Exclusion periods will apply according to these guidelines or latest WA Health Department information.

## 11 EXCLUSION CRITERIA

The [Western Australian Department of Health Control of Communicable Diseases Manual](#) and [Childcare centres and schools \(health.wa.gov.au\)](#), provide guidance on exclusion periods for Child Care Services. Exclusion periods will apply according to these guidelines or latest WA Health Department information..

A child or staff member who has any of the following symptoms cannot be admitted to the centre:

- ear, eye or discoloured nasal discharge;
- an undiagnosed rash;
- high temperature (see High Temperature Management below);
- infectious sores or diseases (child needs medical practitioner clearance before re-admittance);
- vomiting and/or abnormally loose bowel actions for that child (exclude for 24 hours after last bout);
- any obvious signs of ill health e.g. obvious difficulty breathing, barking cough (exception children with diagnosed Cystic Fibrosis, rib retraction etc.).