

**Dealing with Medical Conditions**

**Policy Statement**

Meruka Child Care Cooperative will facilitate effective care and health management of children with asthma, diabetes, epilepsy and children whom are at risk of anaphylaxis.

**Rationale**

The prevalence of asthma in children in Australia is about 25%, however only 16% have asthma that requires regular treatment. Many of these will have mild asthma, which is controlled with a sulbutamol inhaler. There is some evidence that children in care who have asthma are more likely to have symptoms from their asthma which may be related to increased incidence of respiratory infections or to exposure to indoor allergens.

Diabetes is one of the most common chronic disorders of childhood and affects 1-2 per 1000 children under 20 years. Appropriate diabetes care in the child care setting is important for the immediate and long term welfare of the child and to optimise their behavioural and academic development.

The prevalence of epilepsy in children under 14 years is 4-8 per 1000 children. It is important to provide appropriate care for children with epilepsy in the child care setting to minimise risks to their health and safety and optimise their behavioural and academic development.

**Strategies and Practices**

**Asthma**

See Meruka Child Care Co-operatives Policy: Asthma Management

**Diabetes**

To facilitate effective care for a child with diabetes it is necessary to form a partnership between Meruka Child Care Co-operative and the child’s family with responsibilities for both, Meruka Child Care Co-operative will:

Ensure the parents provide Meruka with:

1. Details of the child’s health problem, treatment, medications and allergies
2. Their doctor’s name, address and phone number, and a phone number for contact in case of an emergency
3. A diabetes care plan following enrolment and prior to the child starting at the centre, this should include:
* When, how and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
* What meals and snacks 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
1. A Diabetes Medical Plan that should include:
* What symptoms and signs to look for that might indicate hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose)
* What action to take including emergency contacts for the child’s doctor and family and what first aid to give.
* In any medical emergency involving a child with diabetes, the centre staff will immediately dial 000 for an ambulance and notify the family as soon as possible. A first aid trained staff member will administer first aid according to the child’s Diabetes Medical Plan or take appropriate first aid measures
* Ensure all educators hold a current first aid certificate
* Ensure the family and centre educator’s know it is not the responsibility of the centre staff to administer a child’s insulin, or to administer parental injections of glucose or glucagon in an emergency. Ensure the family understands that a child’s insulin should be administered before or after care in the centre
* Ensure there is an educator who is appropriately trained to perform finger prick blood glucose or urinalysis monitoring and knows what action to take if these are abnormal
* Ensure there are glucose foods or sweetened drinks readily available to treat hypoglycemia (low blood glucose) e.g. Glucose tablets, glucose jelly beans, Lucozade
* If a child has had an episode of hypoglycemia and needed glucose food or drink, also provide the child with a slow-acting carbohydrate food to help maintain blood glucose levels e.g. Milk, raison toast, yoghurt, fruit
* Ensure a location in the centre for privacy for the child to do their own glucose monitoring or insulin administration if the child is able
* Ensure availability of meals, snacks and drinks that are appropriate for the child and are in accordance with the child’s Diabetes Care Plan
* Ensure opportunity for the child to participate in any activity, exercise or excursion that appropriate and in accordance with their Diabetes Care Plan.

**Epilepsy**

To facilitate effective care of a child with epilepsy, Meruka Child Care Co-operative will:

* Ensure families provide information on the child’s health, medications, allergies, their doctors name, address, phone number, emergency contact names and phone numbers, and an Epilepsy Medical Plan approved by their doctor
* In any circumstance when a child has had a convulsion and even if it stops Meruka Child Care Co-operative will call 000 for an ambulance and notify the family as soon as possible
* If emergency treatment is required for a child having a convulsion or an epileptic fit, administer first aid according to the child’s Epilepsy Medical Plan or take appropriate first aid measures.

**Anaphylaxis**

See Meruka Child Care Co-operatives Policy: Anaphylaxis Management.

**Links to other Meruka Child Care Co-operative Policies and Procedures**

* Anaphylaxis Management
* Asthma Management
* Health Policy

## References

## Asthma foundation. Asthma first aid. Accessed 25 November 2011 from [www.asthmafoundation.org.au](http://www.asthmafoundation.org.au)

## Royal Children’s Hospital. Asthma. Accessed 25 November 2011 from [www.rch.org.au/kidsinfo/factsheets.cfm](http://www.rch.org.au/kidsinfo/factsheets.cfm)

## Royal Children’s Hospital. Diabetes. Accessed 25 November 2011 from [www.rch.org.au/kidsinfo/factsheets.cfm](http://www.rch.org.au/kidsinfo/factsheets.cfm)

## Royal Children’s Hospital. Epilepsy. Accessed 25 November 2011 from [www.rch.org.au/kidsinfo/factsheets.cfm](http://www.rch.org.au/kidsinfo/factsheets.cfm)

## Related Legislation

Education and Care Services National Law 2010

Education and Care Services National Regulations 2011
Occupational Health and Safety Act 2004

**Referenced National Quality Standards**

* **Quality Area 2 – Children’s Health & Safety**
	+ **2.1** Each child’s health is promoted.
	+ **2.3** Each child is protected.
* **Quality Area 4 – Staffing arrangements**
	+ **4.1** Staffing arrangements enhance children’s learning and development and

 ensure their safety and wellbeing.

* + **4.2** Educators, coordinators and staff have the skills and knowledge to support

 children’s learning, health, safety and wellbeing.

* **Quality Area 6 – Collaborative partnerships with families and communities**
	+ **6.1** Respectful supportive relations with families are developed and

 Maintained.

* + **6.2** Families are supported in their parenting role and their values and beliefs

 about child rearing are respected.

* **Quality Area 7 – Leadership & Service Management**
	+ **7.2** There is a commitment to continual improvement.
	+ **7.3** Management & administrative systems enable the effective provision of a

quality service.

* + **7.5** Grievances & Complaints are managed effectively.
	+ **7.6** Information is exchanged with families on a regular basis.