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# 1A Communicating health needs

Each organisation must communicate well with families about their health needs. Organisations may have different expectations regarding educator responsibilities. Some expect all educators to communicate details of the child's needs, whereas others allocate this responsibility to a particular educator.

All information communicated must be treated as confidential, whether it is written or verbal. When information is confidential, it means it is secret or private.



Your organisation will have policies and procedures that relate to maintaining the confidentiality of information. These are written according to the following regulations and standards.

Document	Example of how it relates to sharing information with families
Education and Care Services National Regulations <a href="http://aspirelr.link/education-and-care-national-regulations">http://aspirelr.link/education-and-care-national-regulations</a>	<ul style="list-style-type: none"> <li>▶ Regulations 181–184 — Confidentiality and storage of records</li> <li>▶ Regulation 90 — Medical conditions policy: parents must provide a medical management plan, and a risk minimisation plan needs to be developed in consultation with parents</li> </ul>
National Quality Standard (NQS) <a href="http://aspirelr.link/nationalqualityframeworkresourcekit">http://aspirelr.link/nationalqualityframeworkresourcekit</a>	<ul style="list-style-type: none"> <li>▶ Quality area 6 — Collaborative partnerships enhance children's inclusion, learning and wellbeing</li> <li>▶ Quality area 7, Element 7.1.2 — Systems are in place to manage risk and enable the effective management and operation of a quality service</li> </ul>

Your organisation's guidelines should advise you to never discuss private information. This includes details of families, staff and others; for example, their:

- ▶ medical support and health needs
- ▶ phone number
- ▶ address
- ▶ family values or beliefs
- ▶ issues
- ▶ preferences
- ▶ developmental information
- ▶ financial situation.

You must always seek permission before passing on information that has been shared with you. Remember to ask the person you talk with if you can tell relevant people prior to finishing any discussion.

## Administering medication

Your service may have strategies for reminding staff about medication that is to be administered. This strategy might use a timer, whiteboard or other idea. Be sure the method observes the confidentiality of the child, as it is not appropriate to publicly display information that connects children to medication or illness. One exception to this is a child who has a severe allergy (such as the risk of anaphylactic shock), as this child's condition needs to be clearly communicated to everyone. Be aware that parental permission is required in this situation.

Medication documentation begins with the development of appropriate recording materials or forms based on regulations and standards. This is often a medication sheet that may be in a standard format or specific to the organisation.

### Example

#### Medical documentation

Prue is a child at the centre who has an ear infection. Her medication record looks like this.

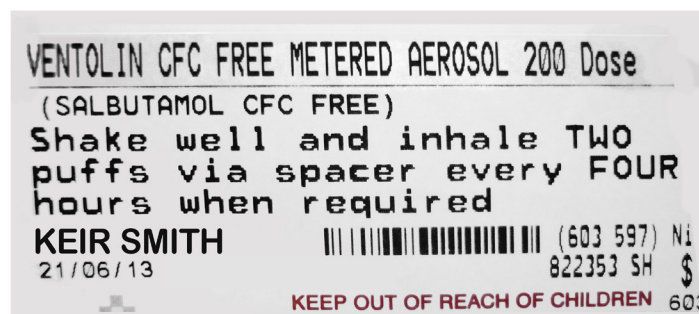
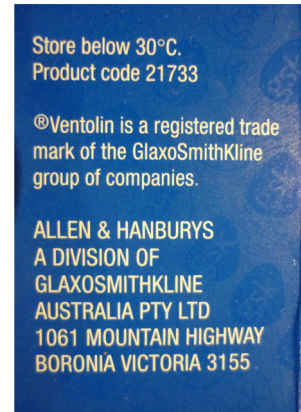
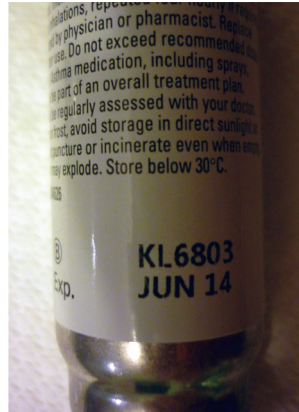
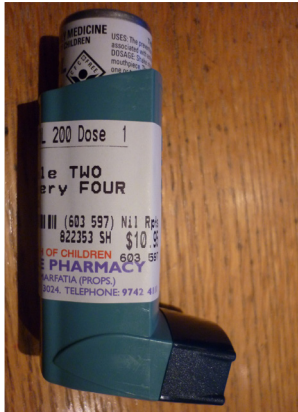
Medication record			
Child's name: Prue Kennedy		Date of birth: 12.4.2015	
<b>To be completed by the parent/guardian</b>			
Name of medication:		Cefaclor	
Dosage to be administered:		5 ml	
Reason medication is required:		Tonsillitis	
Method of administration:		Medicine syringe	
<b>Last administered</b>		<b>To be administered</b>	
Time	Date	Time	Date
8 am	15.01.18	4 pm	15.01.18
Name of parent:		Una Kennedy	
Signature of parent:		U. Kennedy	
Date:		15.1.18	
<b>To be completed by the educator when administered</b>			
Medication administered		Dosage administered	Method of administration
Time	Date		
4.02 pm	15.01.18	5 ml	Medical syringe
Name of educator administering:		Kaleah Tu	
Signature of educator administering:		K.T	
Name of witness:		Aviva Spring	
Signature of witness:		A. Spring	
Name of parent:		Una Kennedy	
Signature of parent:		U. Kennedy	

# Learning checkpoint 1

## Supporting each child's health needs

### Part A

1. Look at the labels on asthma medication and answer the following questions.



- a. Where should this medication be stored and why?

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- b. What is the use-by date of this medication?

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- c. What indicates that this medication is in its original packaging?

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## 2A Providing opportunities for rest, sleep and relaxation

Rest and sleep are an important part of a child's routine. Every child is different; the age at which their needs change is individual. Children will move from needing daily sleeps to having a rest period or even just a quiet play to wind down. Their needs will change over time. Both the Education and Care Services National Regulations and the National Quality Standard (NQS) acknowledge the different needs of children. The standards set out what you should be encouraging children to do.



<b>Regulation 81 of the Education and Care Services National Regulations</b>	Take reasonable steps to ensure the sleep and rest needs of children are met, with regard to the children's ages, stages of development and individual needs.
<b>Element 2.1.1 of the NQS</b>	<p>Concept: Wellbeing and comfort</p> <p>Descriptor: Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.</p>

Providing high-quality rest, sleep and relaxation time for children in your care requires you to:

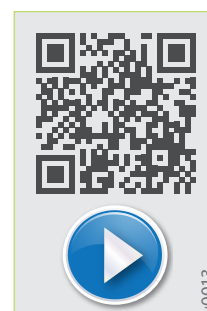
- ▶ share rest and sleep information with parents
- ▶ meet individual needs for rest and sleep
- ▶ provide healthy rest and sleep environments
- ▶ support children to develop skills to assess their rest and sleep needs
- ▶ provide quiet activities for children who do not need to sleep during the day.

### Sharing rest and sleep information

So that you can provide for children's individual needs, you need to share information about rest and sleep with parents. This sharing of information will be two-way:

- ▶ Parents can provide you with important information about settling their child, the quantity of rest/sleep required and other relevant needs.
- ▶ In turn, you should give feedback to parents about:
  - the routines you provide
  - the options for sleep preparation, timing and activities – including rest and relaxation time
  - how their child participates in rest and sleep times throughout the day.

Watch this video about sharing children's sleep routines with parents.



2. Describe the clothing that this child is wearing today.

a. Does it seem to match what the parent has described? Explain.

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b. Is the clothing safe and appropriate for the day's activities? Why or why not?

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c. List the times of the day that children dress or undress in your organisation. For each of these times, identify one way you could provide children with privacy.

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## Summary

- ▶ Individual children require different amounts of sleep and rest at different times of the day.
- ▶ Not all children require sleep or rest during the day; quiet play activities also allow for relaxation.
- ▶ Children's changing needs for sleep, rest and relaxation should be discussed with parents.
- ▶ Families and children will have a range of ideas about appropriate clothing choices.
- ▶ Clothing choices may be led by parents, or may be led partly or fully by the child as they become more autonomous.
- ▶ Clothing choices often reflect a person's development of identity.
- ▶ Children may require privacy when undressing or using the toilet.
- ▶ Children should never be made to undress unless their clothing is badly soiled.





## Topic 3

In this topic you will learn about:

**3A** Maintaining hygiene and cleanliness

**3B** Recognising and responding to illness

## Implementing effective hygiene and health practices

You need to understand how infection spreads and what your role is to ensure you protect yourself and others using good hygiene and health practices. Infection is an ongoing concern whenever people are together in small areas for large amounts of time. Infection occurs as a result of coming into contact with germs that cause disease. Cleaning and disinfecting are vital steps for infection control.

A prompt response to a suspected illness reduces the risk of infection spreading, and offers support to a child and their family. While you are not expected to provide medical advice, you must be aware of the symptoms and signs that indicate a child is unwell. You must also be prepared to take action if this occurs.

The following table maps this topic to the National Quality Standard and both national learning frameworks.

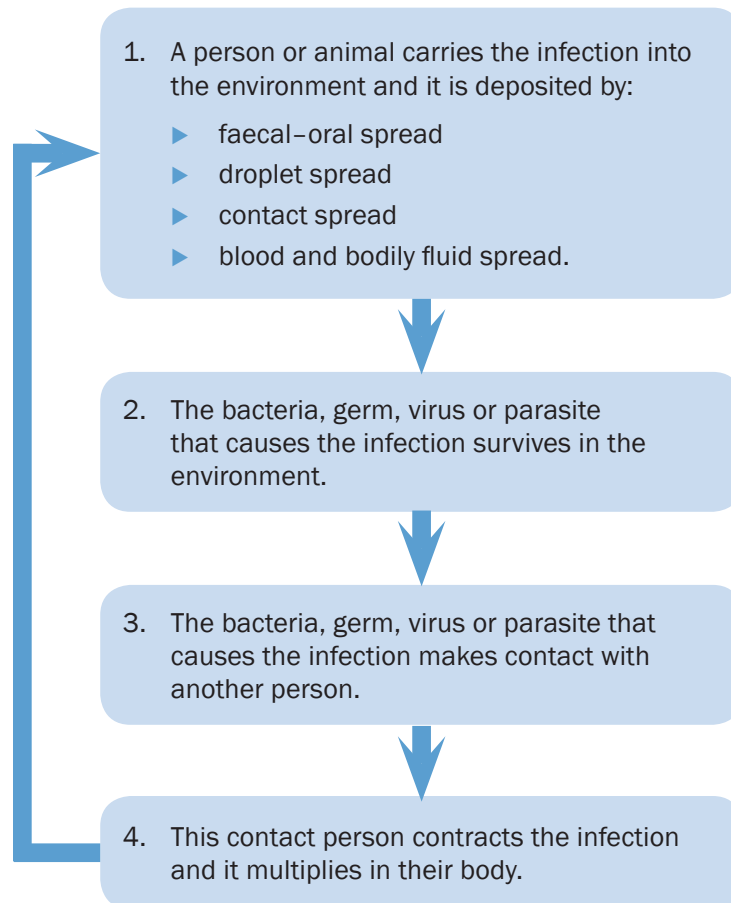
National Quality Standard		
	Quality Area 1: Educational program and practice	
✓	Quality Area 2: Children’s health and safety	
✓	Quality Area 3: Physical environment	
	Quality Area 4: Staffing arrangements	
	Quality Area 5: Relationships with children	
	Quality Area 6: Collaborative partnerships with families and communities	
	Quality Area 7: Governance and leadership	
Early Years Learning Framework		My Time, Our Place
Principles		
✓	Secure, respectful and reciprocal relationships	
	Partnerships	
	High expectations and equity	
✓	Respect for diversity	
✓	Ongoing learning and reflective practice	
Practice		
	Holistic approaches	Holistic approaches
✓	Responsiveness to children	Collaboration with children
	Learning through play	Learning through play
✓	Intentional teaching	Intentionality
	Learning environments	Environments
	Cultural competence	Cultural competence
✓	Continuity of learning and transitions	Continuity and transitions
	Assessment for learning	Evaluation for wellbeing and learning
Outcomes		
	Children have a strong sense of identity	
	Children are connected to and contribute to their world	
✓	Children have a strong sense of wellbeing	
	Children are confident and involved learners	
	Children are effective communicators	



## How infection spreads

It is common for children commencing care to pick up mild infectious diseases while their immune systems adjust to the situation. For example, infants attending an organisation that implements appropriate hygiene practices are expected to contract up to eight illnesses in their first year of care. If your service hygiene practices are less strict, this number may increase. After a time, when children become exposed to common infections, their immune systems are better able to resist these.

Infection spreads in four stages.



## Faecal-oral spread

Faecal-oral spread is the transfer of germs that are present in faeces or bowel movements onto the hands, fingers or surfaces and then onto other people. The infections most likely to circulate through faecal-oral spread include:

- ▶ gastroenteritis (gastro) – diarrhoea and/or vomiting
- ▶ hepatitis A
- ▶ threadworm.

Diarrhoea is more common in children who attend an education and care service than in children who are cared for at home.

The following everyday products can also be used for disinfecting.

Environmentally friendly product	How to use it
Eucalyptus oil	<ul style="list-style-type: none"> <li>▶ Use a solution of 50ml eucalyptus oil to 1 litre of water.</li> <li>▶ Shake well before use.</li> <li>▶ Store in an opaque container in a cool place.</li> </ul>
Hydrogen peroxide	<ul style="list-style-type: none"> <li>▶ Mix 30ml of hydrogen peroxide with 1 litre of water. This solution ensures a full range of bacteria is killed.</li> <li>▶ Clean the surface with a vinegar solution, then immediately spray with the hydrogen peroxide solution and leave to dry.</li> <li>▶ Store in a dark-coloured bottle.</li> </ul>

## Cleaning and infection control

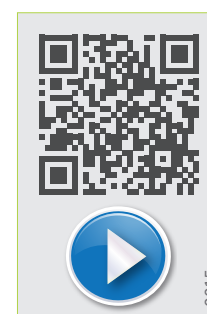
Studies have shown that children and adults are 50 per cent less likely to contract diarrhoea if their hand-washing, cleaning and disinfecting practices are adequate.

Obviously, the disinfection method chosen should suit the equipment, item and environment. For example, you should only use chemicals when children are not close by. Children can inhale chemicals that are sprayed on surfaces close to them or their skin may make contact with these chemicals.

Your organisational policies and procedures should take these types of health risks into consideration. You regularly need to clean and disinfect the following:

- ▶ toys and equipment
- ▶ nappy-change and toileting areas
- ▶ beds and bedding
- ▶ food preparation, handling and storage areas.

Watch this video about cleaning and disinfection techniques.



## Cleaning toys and equipment

Toys need to be continually cleaned and disinfected, particularly if they come into contact with children's mouths. If possible, you should clean and disinfect any toy seen being mouthed before another child places it in their own mouth.

In an infant room, mouthing is common due to the children's need to explore using their senses; it is a good idea to have two sets of toys and to rotate these, so that while you clean and disinfect one set, the children play with the other set.

Children's play clothes also require regular washing. Water play equipment must also be attended to daily, as troughs quickly become dirty by many unhygienic hands. Clean, fresh equipment and water should be provided each day.

## Practice task 5

Access the National Quality Standard and the approved learning frameworks from the ACECQA website: <http://aspirelr.link/explaining-nqf>

1. Read organisational policies and procedures regarding hygiene practices. Element 2.1.2 of the NQS – Health practices and procedures – requires that ‘effective illness and injury management and hygiene practices are promoted and implemented’. How do the organisational policies and procedures promote and implement hygiene practices?

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2. Read the EYLF or MTOP sub-category ‘Children take increasing responsibility for their own health and physical wellbeing’. What is one action you could take to increase the health responsibilities of a child?

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3. Read the case study, then answer the questions that follow.

### Case study

Xander uses the toilet and goes to the basin to wash his hands. He reaches the tap, with some difficulty, and turns on the water. The soap is too far for him to reach, so he doesn't use it. The water runs down Xander's arms to his elbows and drenches his shirt sleeves. The educator is very cross with Xander for getting wet.

- a. How could you change the environment to allow Xander to wash his hands more effectively?

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Encourage parents to tell you when anyone in their family is sick. If someone in the family is ill, watch for signs of illness in the child. If you touch a child who is sick, wash your hands before touching other children or equipment.

## Reporting responsibilities for illness

When any child has contracted an infectious disease, it is your responsibility to advise parents of other children who attend the service. By advising parents, you are assisting them to take notice of symptoms that may affect their child and to take precautions to prevent further infection.

When notifying parents, you must provide them with details of the infectious disease, such as:

- ▶ what symptoms may be noticed
- ▶ what to do if symptoms are displayed
- ▶ how long the child must be excluded from care.

An exclusion time is the time that a person with an infectious disease is contagious and should therefore stay away. When reporting an illness, ensure the identity of the child with the disease is kept confidential.

The following is an example of a notice informing parents of illness in the organisation. This should be placed on a noticeboard, at an entry point or provided to parents individually.

### Example

#### Notice of illness

There have been two cases of chickenpox reported in the service.

If you suspect your child has chickenpox, they must be taken to a doctor for diagnosis.

**Symptoms:** Fever, runny nose, cough, tiredness, itchy spots and/or rash

**Treatment:** Follow your doctor's guidelines

**Warnings:** Pregnant women should avoid contact with chickenpox.

To control the spread of infection you must keep the child away from the service until all blisters have crusted or formed scabs and the child feels well.

You must tell the service staff if your child shows symptoms of chickenpox.



## Illness reports

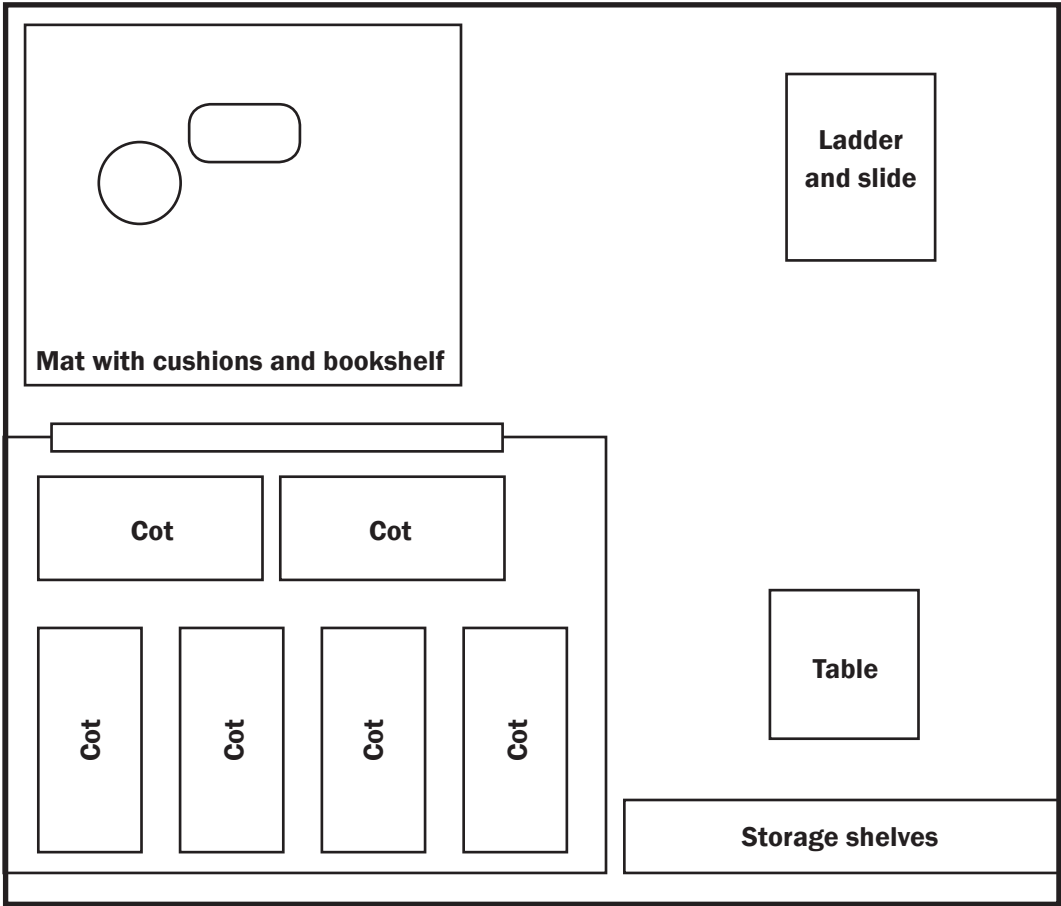
It is recommended that you complete an illness report that outlines when you notice changes or make observations regarding a child's health. This provides a record of your actions and observations, and allows you to provide parents with a copy of the details to inform a medical practitioner if required.

Most services have guidelines in place that clearly indicate when you need to contact a child's parents. For example, if a young child experiences a bout of vomiting or diarrhoea, but looks quite well, it may be a random response. However, if the child is feeling unwell, or is listless and has a bout of diarrhoea or vomiting, you must implement infectious disease practices immediately.

# Learning checkpoint 4

## Supervising children

Use the floor plan to answer the questions that follow. There are six children in this space and they are aged between four months and two years old. There are eight educators available.



1. Put crosses on the floor plan showing three positions that enable you to see the children clearly during supervision.
2. Write down an activity indicated by the floor plan that would need close supervision and explain why.

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3. If you were providing close supervision at the activity you chose, and a relief educator came to relieve you for your morning tea break, what would you need to tell the educator and any other educators in the room?

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## Managing hazards and risks

You need to determine which situations are most likely to cause injury or harm to people in the environment and how serious this is likely to be. The situations likely to cause the most or the worst injuries or harm to health should have high priority. If something is high-risk, do something about it immediately.

If the likelihood of the hazard occurring is low, but the consequence is death or serious injury, this is still a high risk and should be given high priority.

All hazards should be assessed and reported, and the level of risk attached to them should be highlighted to determine the priority in which they are controlled. The way you report the risks is determined by organisational policies and procedures.

### Example

#### Risk assessment

Macy Brown wants to take the four-year-old children on an excursion to the library. She conducts a risk assessment and records the following details.

Risk assessment		
Where is the hazard?	Location	Who may be at risk?
On the way to the library	12 Simpson Lane, Flemington	All children and adults

Hazard	Risk	Level of risk	Control methods
1. Power points in foyer	Electrical shock	Low	Ensure safety plugs in sockets and close supervision of children.
2. Front door does not have a plastic hinge cover	Children being hurt by door	Medium	Adult to stand and hold the door until all children are out.
3. Crossing a road	Person being hit by a car	High	Higher than required adult-to-child ratio using pedestrian crossing, adults evenly spread between children, including one at the front of the group and one at the rear.

Risk assessment	
<b>Who conducted the assessment?</b> Name: Macy Brown Signature: Date: 01.02.18	<b>Who conducted the assessment?</b> Name: Libby Grey Signature: Date: 01.02.18

## Removing hazards and securing areas

Once you have conducted a safety check or risk assessment, you will need to identify what action is needed to solve the problem. Some hazards can be removed either by disposing of the item, removing it from the area, replacing it or having repairs made.



Dangers	Suggestions for keeping children safe
<b>School-age children</b>	
<p>Falls and other injuries from climbing and attempting more challenging activities: Children may undertake competitive games like basketball, football, soccer and tennis, and other activities that involve heights and physical challenges.</p> <p>They may also be at risk from equipment such as bikes, scooters, roller blades, hammers and hot glue.</p>	<ul style="list-style-type: none"> <li>▶ Check soft fall areas.</li> <li>▶ Create environments that are suited to particular activities.</li> <li>▶ Insist on helmets for children riding bikes, etc.</li> <li>▶ Discuss safety with the children and have them help you identify hazards and create a safer environment.</li> </ul>

## Providing a safe environment

Further ways to provide a safe environment for children are outlined in the following list.

### Steps to provide a safe environment for children:

- ▶ Make sure the organisation's safety policy is being put into practice.
- ▶ Have a checklist of all areas in the organisation that need to be regularly assessed for safety.
- ▶ Regularly check that all equipment is maintained and that repairs are carried out when necessary. Bolts and screws on climbing equipment may become loose and protrude, causing lacerations. The eyes in teddy bears and soft toys may also become loose and detach, risking inhalation, choking and swallowing.
- ▶ Choose equipment with safety in mind. This includes all types of equipment, from the design of fences and gates, to the utensils used for eating and drinking.
- ▶ Plan the program taking safety into account in all activities, learning experiences and routines.
- ▶ Choose locations and set up activities with safety in mind.
- ▶ Ensure there is constant supervision of children at all times. Position yourself where you can talk to a child or small group while still being able to observe and supervise the rest of the children.
- ▶ Encourage staff and children to act safely to prevent accidents. You are an important role model for children; when children see you acting safely, this provides safety education.
- ▶ Never leave children on their own, including children who are sleeping.
- ▶ Make sure there is adequate planning and preparation for activities and routines.

The following examples outline what may happen if these considerations are not taken seriously.

<b>Example 1</b>	John, an educator, is in a hurry to prepare the children to eat their lunch. He sends too many children to the bathroom at once. The children start pushing and spill water, and James slips over on the floor and hurts his arm.
<b>Example 2</b>	Sarah, a toddler, sits at the table before the meal is ready. None of the educators notice, but she becomes restless with nothing to do and climbs onto the table. She falls off, knocking a chair into Thomas's pathway and he falls over too.

Potential hazard	What you need to be aware of
Fire	<ul style="list-style-type: none"> <li>▶ If you work in a family day care centre, you should add basic home fire safety to your hazard and risk concerns.</li> <li>▶ Groups with a high risk of death due to fire include children under five years, people with disabilities and those in low socioeconomic groups.</li> <li>▶ Common behaviours that contribute to fire injury and/or fatality include: <ul style="list-style-type: none"> <li>– lack of supervision around fires and ignition sources (such as heaters, stoves, matches and cigarette lighters)</li> <li>– alcohol consumption</li> <li>– forgetting to do something like turning off a stove.</li> </ul> </li> <li>▶ A working smoke alarm is essential to ensure that children and adults are safe. You will be required to ensure you have correctly installed these and they should be cleaned and checked regularly. All educators can provide support to families by encouraging them to install smoke alarms in their own homes and reminding them to maintain them.</li> <li>▶ There are many types of smoke alarms available, including: <ul style="list-style-type: none"> <li>– hard-wired smoke alarms that are connected to a home's electrical system and have a battery back-up in place</li> <li>– battery-operated smoke alarms that require batteries; the batteries should be checked regularly to ensure the alarm will work when needed</li> <li>– ionisation smoke alarms that 'smell' smoke</li> <li>– photo electric smoke alarms that 'see' smoke.</li> </ul> </li> <li>▶ Whichever smoke alarm you have, to be effective it must be placed: <ul style="list-style-type: none"> <li>– on the ceiling</li> <li>– between bedrooms and the rest of the house.</li> </ul> </li> </ul>

## Dangerous products

Cleaning and waste materials have a high safety risk. These items require you to follow policies to ensure they are stored and labelled correctly.

Your organisation will have policies on what types of cleaning materials are to be used (natural or chemical), what types of waste will be generated, and which items parents must manage disposal of themselves. For example, some services will not dispose of nappies.

As your day is busy, lapses in care may put you and those you work with in hazardous situations.

Always follow procedures to ensure the safest possible outcomes, and label and store items as suggested. Even natural materials can be dangerous.

# 6A Understanding allergies

An allergy occurs when a usually harmless substance causes an immune reaction in someone's body. The body thinks the substance is dangerous, so it produces antibodies, which try to fight and remove the substance.

Some common allergens (causes of allergy) are:

- ▶ certain types of food
- ▶ pollen
- ▶ dust mites
- ▶ moulds
- ▶ pet hair
- ▶ bee and wasp stings
- ▶ chemicals
- ▶ medicines
- ▶ certain materials, such as latex and nylon.



## Recognising an allergy

When a person with an allergy comes into contact with an allergen, their body has a reaction and they may show the following signs and symptoms:

- ▶ hives
- ▶ cramps/vomiting (this could be a sign of anaphylaxis in relation to insect allergies)
- ▶ distress
- ▶ sneezing/runny nose
- ▶ itchy eyes and ears, and itchy skin at the site of contact
- ▶ wheezing/asthma
- ▶ eczema
- ▶ headache
- ▶ lethargy
- ▶ loss of concentration
- ▶ coughing
- ▶ shortness of breath
- ▶ shock
- ▶ rash
- ▶ swelling (oedema)
- ▶ anaphylaxis.



Some of the signs and symptoms of allergy are localised and occur only where the allergen has made contact; for example, a child may develop a rash after brushing past a plant. Other signs and symptoms are generalised and affect parts of the body that have not been directly exposed to the allergen; for example, a child may eat strawberries and develop hives all over their body.

# LIFE – THREATENING ALLERGIC REACTIONS

## Could **you** save a life?

A life-threatening allergic reaction (anaphylaxis) can occur after eating, being stung by an insect, taking medication, contact with latex, exercise or other. A person who is known to have a potentially life-threatening allergy (anaphylaxis) may have any one or any combination of these symptoms.

### think **F.A.S.T...**

#### **FACE**

Rash, hives or welts  
swelling of lips, eyes  
and face, tingling in  
the mouth

#### **AIRWAY**

Swelling of the tongue,  
difficulty breathing,  
swallowing or speaking

#### **STOMACH**

Abdominal pain,  
vomiting, diarrhoea

#### **TOTAL BODY**

Rash, redness, swelling,  
weakness, paleness, sense  
of doom, collapse or loss  
of consciousness

### then **ACT...**

#### **Give Adrenaline**

- Give EpiPen® – an auto-injector containing adrenaline
- The first signs may be mild, but symptoms can get worse quickly
- Further adrenaline dose can be given if no response after 5 minutes

#### **Call 000**

- Alert them the patient is having a life-threatening allergic reaction
- Stay with the patient
- Go by ambulance to the nearest hospital even if the symptoms are mild or have stopped
- Stay at the hospital for at least 4 hours

Visit: [www.allergyfacts.org.au](http://www.allergyfacts.org.au) or call 1300 728 000  
to see how you can make your community safer for friends living with anaphylaxis  
based on the original Think FAST poster created by Anaphylaxis Canada, [www.anaphylaxis.ca](http://www.anaphylaxis.ca)  
[www.allergyfacts.org.au](http://www.allergyfacts.org.au)



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## Action plans

For children with allergies, you must receive an action plan from the child's doctor prior to the child commencing care. This plan must be updated regularly depending on the child's circumstances, and reviewed at least once a year. An action plan outlines guidelines for:

- ▶ reducing an allergic reaction that occurs
- ▶ involving medical resources as needed, including doctors, paramedics, medication and other emergency contacts
- ▶ providing information on recurring symptoms or stages of the reaction.

For more information and examples of action plans used in early childhood and schools, visit: <http://aspirelr.link/ascia-action-plan-anaphylaxis>

Depending on the severity of the allergy, a child may also require a medical kit containing specific medications which may include an autoinjector and other emergency supplies. This kit must accompany the child whenever they attend the service. To ensure the child's medical kit is clearly identified, most organisations place a photograph of the child on its lid, along with their name.

Some organisations state in their policy and procedures that the parent must bring the child's medical kit in with the child at arrival, and take the child's medical kit home with them at departure. This is to ensure that:

- ▶ the child has the kit with them while they travel to and from the organisation
- ▶ the parent takes responsibility for ensuring any medication is up to date and in good order.

If your organisation takes this approach, the child cannot be left in your care if they arrive without the kit. You may also be held legally responsible if the medication in the kit is unusable.

## Understanding anaphylaxis action plans

Allergy action plans are a very important part of managing allergies, particularly anaphylaxis. As anaphylaxis progresses rapidly and may have very serious consequences, all staff members must know and understand the action plans that are in place.

An anaphylaxis action plan typically includes the following steps.

- 1

**Lay the person flat**

Lay the person flat. If they find breathing too difficult, they can sit in a supported position on the ground. They should not be allowed to stand or walk.
- 2

**Use an adrenalin auto-injector**

Use the adrenalin auto-injector as described in the action plan. A second auto-injector can be used if there is no response after five minutes.
- 3

**Ambulance**

Call 000 to request an ambulance. The child must be transferred to hospital for ongoing monitoring.



# 7A Following asthma plans

Asthma is a condition in which a person's airways react to certain triggers and become narrow. Three conditions change in the airway, making breathing difficult:

- ▶ The airway becomes inflamed, swells and becomes red.
- ▶ Extra mucus is produced.
- ▶ The muscles of the airway tighten, spasm and constrict.

These conditions cause the signs and symptoms of asthma. Each sign or symptom may present differently in the person with asthma, depending on the severity of the attack and their airway difficulties. Signs and symptoms to look out for include:

- ▶ rapid breathing and shortness of breath
- ▶ difficulty talking
- ▶ anxiety and distress
- ▶ wheezing
- ▶ tight chest
- ▶ persistent cough.

Asthma can be triggered by a number of things, and each sufferer has different triggers.



## Common triggers of asthma are:

- ▶ weather changes
- ▶ dust and dust mites
- ▶ moulds
- ▶ deodorants and perfumes
- ▶ some medications
- ▶ some foods and food additives (for example, preservatives, flavourings, colourings)
- ▶ exercise and activity
- ▶ pollens
- ▶ chemicals
- ▶ emotions or emotional reactions (for example, stress or laughter)
- ▶ pollution, including cigarette smoke
- ▶ colds and flu
- ▶ animal dander (material shed from the skin or body of an animal).



A spacer and reliever medication should be part of your general first-aid kit; however, Asthma Australia states that, to be declared asthma-friendly, each organisation should prepare and maintain an asthma first-aid kit. The asthma kit should contain:

- ▶ reliever medication
- ▶ two spacers (and masks for children under five years)
- ▶ a blank copy of an incident/illness record
- ▶ an asthma first-aid instruction card.

Spacers are items that should only be used by one person, so if you use one from the first-aid kit, it should be discarded or given to the child, and a new one should be sourced to replenish the first-aid kit.

Document the circumstances of the asthma attack using your service incident or illness record, and include:

- ▶ the trigger (if known)
- ▶ the symptoms that occurred
- ▶ the treatment that was given
- ▶ any other relevant information.

## Asthma emergency

If an asthma action plan is not in place, Asthma Australia recommends taking the following steps.

- 1** Sit the child upright.
- 2** Give four puffs of a blue reliever puffer medication in a spacer, if possible.
- 3** Wait four minutes.
- 4** If there is no improvement, give four more puffs.
- 5** If there is still no improvement, call an ambulance and follow the directions. Continue to give four puffs every four minutes.
- 6** Record the incident in an incident/illness record.

A child may have other prescribed medication that may be used in an emergency. You should always check the child's action plan and follow the specific instructions for use of the medication.