

MEDICAL CONDITIONS POLICY

To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical conditions, our Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency situation should they arise.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical Conditions Policy
90 (1) (a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
90(1)(iv)	Medical Conditions Communication Plan
90 (2)	The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication

94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
136	First Aid qualifications
162(c) and (d)	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of Medication Policy Asthma Management Policy Anaphylaxis Management Policy Child Safe Environment Policy Enrolment Policy	Epilepsy Management Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy Nutrition Food Safety Policy Privacy and Confidentiality Policy Supervision Policy Work Health and Safety Policy
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TERMS

Communication plan

A plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.

Medical condition

This may be described as a condition that has been diagnosed by a registered medical practitioner.

Medical management plan

A document that has been prepared and signed by a registered medical practitioner that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child.

Risk minimisation plan

A document prepared by service staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating to the child's specific health care need, allergy or other relevant medical condition.

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions. We aim to efficiently respond to and manage the medical conditions, health care needs or allergies of children and staff ensuring the safety and wellbeing of all children, staff, families, and visitors at our Service.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, coordinator and visitors of the Service.

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

- a. a safe environment for children free of foreseeable harm *and*
- b. adequate supervision of children at all times.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Our Service is committed to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical conditions including having families provide written permission to display the child's medical management plan in prominent positions within the Service.

There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled at the service. Key procedures and strategies must be in place prior to the child commencing at the service to ensure their individual health, safety and wellbeing. It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

THE APPROVED PROVIDER / NOMINATED SUPERVISOR/MANAGEMENT WILL ENSURE

- all enrolment forms are reviewed to identify any specific health care need, allergy or medical condition
- existing enrolment forms are reviewed, and parents contacted to confirm if the existing diagnosed health care need, allergy or relevant medical condition still applies and whether any new needs have been diagnosed
- parents are provided with a copy of the Service's *Medical Conditions Policy* and any other relevant medical conditions policy
- a child is not enrolled at, and will not attend the Service without a medical management plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma, anaphylaxis or diabetes must be provided at the service each day [e.g. asthma inhalers, adrenaline auto injection devices or insulin]
- educators, staff and volunteers have knowledge and access to this policy and relevant health management policies (*Asthma Management Policy/ Anaphylaxis Management Policy/Diabetes Management Policy*)
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition that may be ongoing or acute/short term in nature
- new educators/staff are provided with induction and ongoing training to assist managers, educators and other staff effectively and children with medical management plans are clearly identified
- all aspects of operation of the Service must be considered to ensure inclusion of each child into the program
- a communication plan is developed in collaboration with the Nominated Supervisor/Responsible Person and lead educators to ensure communication between families and educators is on-going and effective
- at least one staff member or nominated supervisor is in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA)
- educators and staff have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy or relevant medical condition
- families provide required information on their child's health care need, allergy or relevant medical condition, including:
 - medication requirements
 - allergies
 - medical practitioner contact details

- medical management plan
- a medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the service and/or
 - an individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner e.g: (ASCIA) or National Asthma Council of Australia
 - an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner
- a risk minimisation plan has been developed in consultation with parents and management prior to the child commencing at the service
- educators and staff will be informed immediately about any changes to a child's medical management plan and risk management plan
- to record any prescribed health information and retain copies of a medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's file /enrolment.
- educators have access to emergency contact information for the child
- casual educators/ educator assistant are informed of children and staff who have specific medical conditions, food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis
- a copy of the child's medical management plan is visibly displayed (in an area not generally available to families and visitors) but known to all staff and volunteers in the Service
- procedures are adhered to regarding the administration of medication at all times
- administration of medication record is accurately completed and signed by the educator(FDC)
- administration of medication record is accurately completed and signed by the educator and witness(OOSH)
- copies of children's medical management plans and medication are taken on any excursion or emergency evacuation from the service
- a notice is displayed prominently in the main entrance of the Service (Service details) stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173)
- Information sharing under Chapter 16A -Exchanging information relating to the safety, welfare and wellbeing of children in NSW.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/RESPONSIBLE PERSON/EDUCATORS WILL ENSURE:

- in the event that of a high-risk scenario where a child suffers from an allergic reaction, incident, situation, or event related to a medical condition the Service and staff will follow the child's emergency medical management plan as per Regulation 90(1)(c)(ii)
- the first aid responder will commence first aid measures immediately as per the child's medical management plan
- urgent medical attention from a registered medical practitioner is contacted if required
- an ambulance is called by dialling 000 if the child does not respond to initial treatment
- the nominated supervisor/ educator will contact the child's parent/guardian or emergency contact when practicable, but as soon as possible
- the Nominated Supervisor/ educator will ensure the *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- the Nominated Supervisor educator will notify the regulatory authority (within 24 hours) in the event of a serious incident.

FOOD HANDLERS WILL ENSURE

- to keep up to date with professional training to help manage food allergies in ECEC services
- practices and procedures are in place, and adhered to, in relation to safe food handling, preparation and consumption of food
- any changes to children's medical management plans or risk minimisation plans are implemented immediately

FAMILIES WILL ENSURE

- they provide management with accurate information about their child's health needs, allergies, medical conditions and medication requirements on the enrolment form
- the Service enrolment form is completed in its entirety providing specific details about the child's medical condition
- they acknowledge they have received/or are provided access to the Service's *Medical Conditions Policy and Administration of Medication Policy* at time of enrolment
- they provide the Service with a medical management plan prior to enrolment of their child
- they consult with management to develop a risk minimisation plan and communication plan

- they notify the Service if any changes are to occur to the medical management plan through the communication plan and/or meetings with the nominated supervisor
- they provide adequate supplies of the required medication and medical authorisation on *Administration of Medication Record*
- they provide an updated copy of the child's medical management plan annually or evidence from a medical practitioner to confirm the plan remains unchanged
- they provide enrolment documentation of any medical condition annually
- they provide written consent for their child's medical management plan to be displayed in the Service.

SELF-ADMINISTRATION OF MEDICATION

A child over preschool age may self-administer medication under the following circumstances:

- a parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication
- medication is stored safely by the educator, who will provide it to the child when required
- supervision is provided by the educator whilst the child is self-administering medication
- a recording is made in the medication record for the child that the medication has been self-administered
- parents will acknowledge the details in the medication record upon collection of their child with a signature and date

(See *Administration of Medication Policy* for further information)

MEDICAL MANAGEMENT PLAN

Any medical management plan provided by a child's parents and/or registered medical practitioner should include the following:

- specific details of the diagnosed health care need, allergy or relevant medication condition
- supporting documentation (if required)
- a recent photo of the child
- current medication and dosage prescribed for the child
- if relevant, state what triggers the allergy or medical condition
- first aid/emergency response that may be required from the Service
- any medication that may be required to be administered in case of an emergency
- further treatment or response if the child does not respond to the initial treatment
- when to contact an ambulance for assistance

- contact details of the medical practitioner who signed the plan
 - the date of when the plan should be reviewed
- a copy of the medical management plan will be displayed for educators and staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of the Service
- the Service must ensure the medical management plan remains current at all times
- educators and staff are updated immediately about any changes to a child's medical management plan

RISK MINIMISATION PLAN

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. (regulation 90(1)(c))

The Educator will arrange a meeting with the parents/guardian as soon as the Service has been advised of the diagnosed health care need, allergy or medical condition. During this meeting, a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:

- that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised
- that practices and procedures in relation to the safe handling, preparation, serving and consumption of food are developed and implemented
- that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- practices are developed and implemented to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication
- that the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or medical condition
- risk minimisation plan(s) are reviewed at least annually and/or revised with each change in the medical management plan in conjunction with parents/guardians
- all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by educators
- parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed
- appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the *Control of Infectious Diseases Policy*.

COMMUNICATION PLAN

The communication plan explains how relevant staff members and volunteers are informed about the medical management and risk management plans and how the parent of the child can communicate any changes to the diagnosed health care need, allergy or medical condition.

A communication plan will be created after the meeting with the parents/guardian to ensure:

- all relevant staff members and volunteers are informed about the *Medical Conditions Policy*, the medical management plan and risk minimisation plan for the child; and
- an individual child communication book/document is created so that a parent can communicate any changes to the medical management plan and risk management plan for the child in writing.

At all times, families who have a child attending the Service who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child's health management and communication plans.

RESOURCES

[ASCIA anaphylaxis e-training for schools and early childhood education/care](#)

[ASCIA plans for Anaphylaxis](#)

[Coeliac Australia](#)

[Cystic Fibrosis Australia](#)

[Diabetes Australia](#)

[Epilepsy Foundation](#)

[National Asthma Australia](#)

[National Allergy Strategy](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Medical Conditions Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority (ACECQA). 20201. Policy and Procedure Guidelines.

Dealing with Medicals in Children Policy Guidelines.

Australian society of clinical immunology and allergy. ASCIA. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Early Childhood Australia Code of Ethics. (2016).
 Education and Care Services National Law Act 2010. (Amended 2023).
Education and Care Services National Regulations. (Amended 2023).
 Federal Register of Legislation *Privacy Act 1988*.
 Guide to the National Quality Framework. (2017). (Amended 2023).
 National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).
Occupational Health and Safety Act 2004.
 Revised National Quality Standard. (2018).

REVIEW

POLICY REVIEWED BY:	Jessica Bourke	FDC Coordinator	May 2024
POLICY REVIEWED	May 2024	NEXT REVIEW DATE	May 2025
VERSION NUMBER	V12.06.23		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • hyperlinks checked and repaired as required • minor formatting edits within text • continuous improvement/reflection section added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JUNE 2022	<ul style="list-style-type: none"> • policy maintenance • minor formatting edits within text • hyperlinks checked and repaired as required 		JUNE 2023
OCTOBER 2021	<ul style="list-style-type: none"> • Policy reviewed and included suggested guidelines from ACECQA Dealing with Medical Conditions in Children (June 2021) • National Allergy Strategy link added 		JUNE 2022