ELTHAM Foundation

Medical Conditions Policy

Policy first issued	2 August 2016
Current review date	17 August 2026
Personnel responsible	Childcare Operations

NQS 2 Children's Health and Safety

PURPOSE AND BACKGROUND

(1) To set out how we manage medical conditions in children, including asthma, diabetes, epilepsy and the diagnosed risk of anaphylaxis, and ensure that their individual health care needs are met

(2) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for dealing with medical conditions in children (reg 168), and that those policies and procedures address specific requirements (reg 90)

(3) The approved provider must ensure that a copy of this *Medical Conditions Policy* is provided to the parent of a child who has a diagnosed health care need, allergy or other relevant medical condition (*National Regulations* reg 91). The nominated supervisor will provide this policy and other relevant policies and procedures at the time of the child's enrolment, on request and when it is updated

SCOPE

(4) This policy applies to:

- 'Staff': the approved provider, persons with management or control, nominated supervisor, paid workers, volunteers, work placement students, and third parties who carry out child-related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
- Children in our care, their parents, families and care providers

(5) This policy only applies to children's medical conditions, not to staff medical conditions

(6) Refer to our separate schedules for allergies and anaphylaxis, asthma, type 1 diabetes and epilepsy for further details on how we manage these specific medical conditions

DEFINITIONS

(7) The following definitions apply to this policy and related procedures:

- 'Action plan' a plan which contains details of the actions required to manage a child's medical condition. This forms part of the child's Medical Management Plan and may be, for example, an ASCIA Anaphylaxis Action Plan or Asthma Australia Action Plan
- 'Authorised emergency contact' is a person who has been nominated by the child's parent or legal guardian to be notified in case of an emergency

- ‘Child’s plans’ refers to the child’s medical management plan, risk minimisation and communications plan
- ‘Medication’ is medicine as defined by the *Therapeutic Goods Act 1989* of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines.
- ‘Medical condition’ is a condition that has been diagnosed by a registered medical practitioner. In this policy, the term medical condition is sometimes used as shorthand for ‘diagnosed health care need, allergy or relevant medical condition’
- ‘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.
- ‘Medical practitioner’ means a person registered under the Health Practitioner Regulation National Law to practise in the medical profession, other than as a student.
- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court.
- ‘Staff’, unless otherwise indicated, refers to approved provider, persons with management or control, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy. Includes relief/temporary staff

POLICY STATEMENT

Critical information – emergency response

(8) The approved provider will ensure that staff are trained to know the signs of an emergency involving a child’s diagnosed medical condition

(9) In the event of such an emergency, appropriately trained staff must:

- Call 000 if the child’s symptoms are not improving, serious or life threatening
- Follow the child’s medical management plan
- Provide first aid and administer emergency medication according to training and the child’s medical management plan (if one exists)
- Notify parents as soon as possible
- Stay with the child at all times, calmly monitoring, reassuring and comforting them
- Implement our procedure for medical emergencies (in *Incident, Injury, Trauma and Illness Policy*), which covers the steps for record-keeping and notifications

(10) In the event of anaphylaxis or asthma emergency where medication has been administered without authorisation (*National Regulations* reg 94), even if the child is improving after being administered medication, parents and emergency services must be notified.

Duty of care

(11) The safety, rights and best interests of all children is our paramount consideration in all decisions and actions taken when providing care and education for children (the paramount consideration) (National Law s 2A). The rights and best interests of each child must prevail over all our other interests or obligations.

(12) The approved provider must ensure that nominated supervisors and staff members (including volunteers) are informed about how to manage medical conditions (*National Regulations* reg 90(1)(b)).

(13) The approved provider must carry out risk assessments to ensure the safety, health and well-being of the children in our care. Our risk assessments will consider any health needs, allergies or relevant medical conditions of children, including for activities held off-site.

(14) The approved provider and nominated supervisor must ensure that appropriately trained and resourced staff are present and available at all times to manage children's medical conditions and emergencies, including during off-site activities.

(15) Staff must monitor and support children's health, safety and wellbeing by following this *Medical Conditions Policy* and the other related policies and procedures referenced in this document

Access and inclusion

(16) Staff must not unlawfully discriminate against – either directly or indirectly – any child who has a medical condition.

(17) The nominated supervisor (or a nominee) will coordinate each child's transition to our service, including planning for any reasonable adjustments that need to be made so that children with medical conditions can meaningfully participate in our spaces and activities.

(18) Staff will listen and take into account the individual views, needs and preferences of children with medical conditions and their families.

(19) Where appropriate, the nominated supervisor and the child's family will pursue funding for extra staff support to care for the child.

See Access and Inclusion Policy

Identifying medical conditions at enrolment or at diagnosis

(20) The approved provider must ensure that we keep and maintain the required relevant health information in the enrolment record for each child enrolled at our service (*National Regulations* regs 160 - 162)

See Enrolment and Orientation Policy and *Record Keeping Policy*

(21) At enrolment, we will prompt parents to disclose whether their child has a diagnosed health care need, allergy or relevant medical condition

(22) The nominated supervisor will also send out regular reminders to current families to promptly notify our service if their child has developed a diagnosed medical condition since their enrolment

(23) The nominated supervisor must record information on the enrolment record about a child's health needs, including whether they have a diagnosed medical condition and any adjustments we need to make for their access and inclusion

(24) The nominated supervisor must notify the approved provider in writing of any diagnosed medical conditions of children in our care as soon as possible after diagnosis or enrolment

(25) Food preferences or dietary restrictions that are not imposed by a medical practitioner (e.g., vegan, gluten-free by choice) will not be considered a diagnosed health care need. We will record food preferences and restrictions on the child's enrolment record and manage them in line with our *Nutrition and Dietary Requirements Policy*

(26) Failure to identify a child's health need, allergy or relevant medical condition, without adequate reason, on their enrolment form or upon diagnosis may result in the termination or suspension of the child's enrolment

Preparing for a child with a medical condition

(27) If we enrol a child with a diagnosed medical condition, or if a currently enrolled child is newly diagnosed, the approved provider must ensure that before the child attends our service:

- We obtain a **medical management plan** for the child from the parent (*National Regulations* reg 90(1)(c)(i)), and the relevant authorisations for the administration of any medication (*National Regulations* reg 93)
- We develop and implement a **risk minimisation plan** and **communications plan** for the child in consultation with their parent (*National Regulations* reg 90(1)(c)(iii, iv))
- We provide the parents with a copy of this *Medical Conditions Policy* and any other relevant policies and procedures
- Nominated supervisors, staff members (including volunteers) are informed about how to manage the child's medical condition (*National Regulations* reg 90(1)(b))
- We display a notice stating that a child who is at risk of anaphylaxis is enrolled at the service (*National Regulations* reg 173(2)(f)(i)) – if applicable. The notice must be in a prominent position that is clearly visible from the main entrance, but must not identify the child

(28) The nominated supervisor will ensure that, before a child with a medical condition comes under their care, educators and other relevant staff (including volunteers and students) are aware of:

- The child's identity and room
- The location(s) of the child's plans
- The location of the child's medication and specialist equipment (if any)

- How to manage the child's medical condition, including how to administer any required medication, and implement their risk minimisation strategies and emergency procedures

(29) If staff need specialist training or we need to make changes to our program or spaces to support a child, the child can only attend our service once the training and changes are complete

Medical management plans

(30) If a child has a medically diagnosed health care need, medical condition or allergy, their parent must provide our service with a medical management plan (and an anaphylaxis medical management plan if the child is at risk of anaphylaxis)

(31) Staff must follow the child's medical management plan, including in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition (*National Regulations* reg 90(1)(c)(ii))

(32) Medical management plans must be endorsed by the child's registered medical practitioner and should include:

- 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 (name, brand, dosage)
- The response required from our service in relation to 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
- A recent photo of the child
- Emergency contact information
- A review date
- The name and signature/stamp of the medical practitioner who completed the plan

(33) In the case of new enrolments, families must provide their child's medical management plan, before the child's first day

(34) In the case of new diagnoses for already enrolled children, families must provide the child's medical management plan

(35) If a child's medical management plan is not up-to-date, legible, complete or signed, we cannot accept it, and the child may not be allowed to attend our service until a satisfactory plan is provided

(36) If the nominated supervisor or other relevant staff are concerned that the child's plan may be outdated, inaccurate or does not adequately address how to manage the child's condition or treatment (e.g., not detailed enough, changes to symptoms, medication or emergency procedures), we will ask the parent to provide an updated plan

(37) Any changes to a medical management plan related to clinical instructions or medication must be made by a medical practitioner. Staff or families can change administrative content such as updating

contact details, medication storage location, communication arrangements or risk minimisations strategies.

(38) If a child no longer requires a medical management plan because their diagnosed condition has resolved or is no longer clinically relevant, the parent must provide written confirmation from the child's registered medical practitioner. The nominated supervisor will review the confirmation, update the child's enrolment and risk-minimisation information, and advise relevant staff. Previous plans will be retained in accordance with record-keeping requirements.

Risk minimisation plans

(39) If a child has a diagnosed health care need, allergy or relevant medical condition, we must develop a risk minimisation plan in consultation with the child's parent (*National Regulations* reg. 90(1)(c)(iii)).

(40) The nominated supervisor (or a nominee) will lead the development and implementation of the risk minimisation plan

(41) The risk minimisation plan must ensure:

- The risks relating to the health need, allergy or medical condition are assessed and minimised
- Practices and procedures for the safe handling, preparation, consumption and service of food are developed and implemented (if relevant)
- Practices and procedures to notify parents of any known allergens that pose a risk to a child and ways for minimising the risk are developed and implemented (if relevant)
- Practices and procedures to ensure that all staff (including volunteers and students) can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented
- Practices and procedures to ensure that the child does not attend our service without their medication are developed and implemented (if relevant)

(42) Risk minimisation strategies will be informed by:

- The child's medical management plan
- Consultation with the parent, relevant staff (e.g., room leaders, kitchen staff, educators), and – where appropriate - the child's medical team
- Best practice guidelines from recognised bodies (e.g., ASCIA, Asthma Australia, Diabetes Australia, Epilepsy Foundation, state/territory health departments)

(43) Risk minimisation plans will cover all relevant aspects of our operations and environment, and emergency situations, both on-site and off-site

(44) If a child's condition will affect their ability to respond in an emergency evacuation, the nominated supervisor will also develop and implement a Personal Emergency Evacuation Plan (PEEP), in consultation with the child's parent and relevant staff

(45) Relevant staff will regularly review all risk minimisation plans in place to familiarise themselves with the steps we need to take to keep children safe

Communications plan

(46) If a child has a diagnosed health care need, allergy or relevant medical condition, we must develop a communications plan (*National Regulations* reg. 90(1)(c)(iv)).

(47) The nominated supervisor (or a nominee) will lead the development and implementation of the communications plan, in consultation with the child's parent and relevant staff

(48) The communications plan must set out how:

- The relevant staff members (and volunteers) are informed about our *Medical Conditions Policy* and the child's medical management plan and risk minimisation plan, and
- The parent can communicate any changes to their child's medical management plan and risk minimisation plan, and how that communication can occur

Location of plans

(49) We must keep an up-to-date copy of any medical management plans, risk minimisation plans or anaphylaxis medical management plan in the child's enrolment record (*National Regulations* reg 162(d)) – and we will also keep a copy of the child's communications plan in the record

(50) Staff must have easy access to children's plans and know where they are located:

- At induction and at regular intervals, the nominated supervisor will show educators and other relevant staff (including volunteers and students) where to find the plans
- Copies of plans with a recent photo of the child will be kept securely in the child's medication bag and in their room, in the kitchen, Family Grouping room and the office.
- Plans will be at hand wherever the child is being cared for (including inside, outside, off-site, e.g., excursions, transport, travel)

(51) If we have written permission from the child's parent, the nominated supervisor will also display the child's medical management plan and the child's photograph on the wall in appropriate locations (e.g., staff room, kitchen, meal service area, children's room), with consideration given to the child's privacy

Updates and reviews of plans

(52) Parents must notify the nominated supervisor or their child's educator as soon as possible if their child's health needs, allergy or medical condition or treatment changes

(53) Medical management plans should be reviewed by a review date specified on the plan

(54) Risk minimisation and communications plans will be reviewed in consultation with the child's parent if:

- If the child's medical condition, treatment or related risk of health or safety changes

- If there is an incident at the service relating to the child's medical condition
- If there is a relevant change to our service's governance or operations
- If the parent or a staff member raises a concern about the child's current medical management plan or the effectiveness of a risk minimisation or communication strategy

(55) The nominated supervisor will keep track of the review dates of plans and regularly remind families through our usual communication channels to keep their child's health information up to date

(56) The nominated supervisor will update our records, and communicate verbally and in writing to all relevant staff (including temporary staff, volunteers and students) about any changes to a child's health need, allergy or medical condition, treatment or plans

Staff induction, training and supervision

(57) The approved provider must ensure that staff (including casual staff, volunteers and students) are inducted, and receive ongoing training, support and supervision to manage children's medical conditions

(58) Relevant staff must have access to, understand and follow:

- All medical management plans, risk minimisation plans, communications plans in place for children
- This *Medical Conditions Policy*, including its separate schedules for managing for allergies and anaphylaxis, asthma, diabetes and epilepsy
- Our procedures (attached) for preparing for a child with a medical condition and caring for a child with a medical condition
- Related policies and procedures, such as for enrolment and orientation; authorisations; the administration of medication; incident, injury, trauma and illness; first aid; medical emergencies; food safety; health, hygiene and cleaning; emergencies and evacuations; privacy and confidentiality; record keeping; and access and inclusion

(59) The approved provider must ensure that we meet the requirements for current approved first aid trained staff, including current approved anaphylaxis management training and emergency asthma management training (*National Regulations* reg 136(1))

(60) If a child's medical or health care needs are not covered by general first aid training, staff who are directly caring for the child will be provided with specialised support and training from recognised authorities, and/or the child's parent or medical team

(61) The nominated supervisor and lead staff will monitor and evaluate the performance of staff and provide extra support where there are gaps in knowledge or skills

(62) Relevant staff will regularly examine the child's plans to refresh their knowledge of the symptoms and treatment of children's medical conditions

(63) Refer also to below section titled 'Policy Communication, Training and Monitoring', our *First Aid Policy* and our separate schedules for allergies and anaphylaxis, asthma, diabetes and epilepsy for further details about training

Administration of medication

(64) The approved provider must ensure that any medication that is administered to a child with a medical condition is done so in line with:

- The child's medical management plan, and
- Our *Administration of Medication Policy* and procedure, which sets out how we meet our obligations under the *National Regulations* regs 92-96, including for safe and accessible storage, authorisations, independent double checking, and medical records

(65) If a child's medical management plan includes a requirement for medication to be administered at the service, the child will not be allowed to attend without the medication prescribed as part of that medical management plan (*National Regulations* reg 90(1)(c)(iii)(E))

(66) The medication must be in date, in its original container and with its original label bearing the child's name

(67) We do not allow children to self-administer medication

(68) In the case of an anaphylaxis or asthma emergency, staff may administer medication to a child without an authorisation (*National Regulations* reg 94)

(69) Staff must follow our procedures for emergency medication storage, use, notification and reporting set out in our *First Aid Policy, Administration of Medication Policy* and *Incident, Injury, Trauma and Illness Policy*

Identifying and minimising triggers and allergens

(70) Some medical conditions have known triggers that can bring on symptoms and may cause a medical emergency. These may include foods, activities, environmental factors or illness/infectious diseases

(71) As a rule, we do not rely on banning food, items or activities because this can create a false sense of security that an allergy or trigger has been eliminated from the environment when this is not possible to achieve. Instead, we take an 'allergy aware' and 'trigger aware' approach

(72) Staff will be aware of the most common triggers and allergens, and trained to implement our procedures (e.g., for safe food handling, environmental safety checks, hygiene and cleaning) to reduce children's exposure to these

(73) Staff and families will also work together to identify specific triggers for a child with a diagnosed medical condition and the known allergens at our service. The child's risk minimisation plan will address these, and staff will follow the plan's specific strategies

(74) We will regularly communicate our allergy aware approach and relevant policies and practices to children, families, staff and visitors

(75) We will display allergy awareness posters at the main entrance and in the staff and children's rooms

Excursions, non-routine activities and special events

(76) The nominated supervisor, relevant staff and the child's parent will develop specific risk minimisation strategies and emergency response plans for children with medical conditions for non-routine activities and environments (e.g., excursions, incursions, special events, travel, transport, or outings)

(77) For activities held off-site and special events, staff must ensure they have at hand:

- The child's plans and, if applicable, medication bag with emergency medication
- First aid kit
- Mobile phone and child's emergency contacts
- Information about the nearest hospital/medical centre and emergency response plans

(78) At least one educator with approved first aid training, including for anaphylaxis and emergency asthma management, must be present and immediately available

(79) Depending on the child's medical condition, we may also require at least one educator who has child-specific medical condition management training to be present and available

(80) Educators check for mobile phone coverage, weather forecasts, pollen count and other possible triggers in the environment before the activity or excursion

(81) Refer to *Excursion Policy* for more detail on how we manage risk, planning, authorisations, supervision, first aid and communication during excursions

Supporting children and families

(82) Educators will be respectful, empathetic and sensitive when they are dealing with matters related to a child's medical condition. They will understand that, because of their medical condition, some children may feel anxious, isolated, stigmatised or may experience a range of learning, social, emotional and behavioural challenges

(83) Educators will help children with diagnosed medical conditions and their families feel safe and supported by taking seriously and addressing any worries or concerns they may have

(84) Educators will talk to the child about how to recognise signs and symptoms of the medical condition and what to do if they feel them developing

(85) Educators will promote health and safety for children, including by sharing the following information with children, families and the community:

- How to keep each other safe by practicing good hand hygiene, not sharing food and helping to stop the spread of infectious diseases
- Inclusion and empathy for each other
- Visual resources (e.g., how to read allergy symbols, visual safety cues, posters)
- Safety rules during higher risk times, such as at special events, excursions, transitions, travel, transport, outdoor play and mealtimes

- Information about allergens or other known risks at our service
- Fact sheets from recognised authorities (e.g., ASCIA, Asthma Australia, Diabetes Australia, Epilepsy Foundation)

(86) We share this information as part of our educational program and through our usual communication channels for families and the community

Record keeping, privacy and incident reporting

(87) Staff must document and report incidents, injuries, traumas or illnesses relating to the child's medical condition – including serious incidents and the administration of medication without authorisation - in line with our *Incident, Injury, Trauma and Illness Policy*

(88) Medication records must be made and stored in line with our *Administration of Medication Policy*

(89) Children's enrolment, health and medical records must be collected and managed according to our obligations under the *National Law and Regulations*, which are set out in our record keeping, privacy and confidentiality policies

(90) The process for a parent to access to their child's medical, medication records and incident reports is contained in our *Privacy and Confidentiality Policy*

(91) Personal information will be protected in line with the *Privacy Act 1988*

(92) Staff will respect a family's decision about whether to disclose the child's medical condition to friends and peers at the service. They will support those children who disclose their condition and protect the privacy of those children who do not disclose

PRINCIPLES

(93) The safety and wellbeing of children in our care is our number one priority, so we take every reasonable measure to minimise the risks associated with children's health needs and medical conditions

(94) We identify any children who have a diagnosed health need, allergy or relevant medical condition and partner with their family to develop and implement risk minimisation and communications plans

(95) All staff are inducted, trained, supervised and supported to safely and confidently manage children's medical conditions

(96) We all work together to ensure risks, including triggers and allergens, are minimised in our environment, including in food handling

(97) We support families to keep updated on their child's medical condition and have clear procedures in place to ensure that all staff have the latest information and documentation for a child's medical condition and treatment

(98) Children with medical conditions are supported to participate fully and safely in our program. We make reasonable adjustments to remove barriers to participation, uphold each child's dignity and

privacy, and work in partnership with families and professionals to promote each child's wellbeing, inclusion and sense of belonging

(99) Our policies and procedures are based on the latest guidelines and recommendations from recognised authorities, and we comply with the relevant laws, regulations and standards

(100) We regularly review and update our policies, procedures, risk minimisation plans and communications plans to make sure they still reflect current best practices and address emerging and changed risks

POLICY COMMUNICATION, TRAINING AND MONITORING

(101) This policy and related documents can be found via QR Code in foyer and on Teams

(102) All staff (including temporary staff, volunteers and students) are formally inducted. They are given access to this *Medical Conditions Policy* and related documents, which they must review, understand and formally acknowledge

(103) The approved provider and nominated supervisor provide information, ongoing professional development and other resources and support regarding the *Medical Conditions Policy* and related documents (including procedures and individual risk minimisation plans and communications plans)

(104) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

(105) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member

(106) All families are given access to our *Medical Conditions Policy* and related documents (including – where applicable – relevant procedures, and individual risk minimisation plans and communications plans). If an enrolled child has a diagnosed medical condition, by law we must give their parent a copy of this policy

(107) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Law	Description
2A	Paramount consideration
165	Offence to inadequately supervise children
167	Offence relating to protection of children from harm and hazards
169	Offence relating to staffing arrangements
172	Offence to fail to display prescribed information
174	Offence to fail to notify certain information to Regulatory Authority

175	Offence relating to requirement to keep enrolment and other documents
Regulations	
77	Health, safety and safe food practices
78	Food and beverages
79	Service providing food and beverages
85 - 89	Incidents, injury, trauma and illness
90 - 91	Medical conditions policy
92 - 96	Administration of medication
136	First aid qualifications
160	Child enrolment records to be kept by approved provider and family day care educator
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures
173	Prescribed information to be displayed
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to the Regulatory Authority
177	Prescribed enrolment and other documents to be kept by the approved provider
181, 183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Name	Description
Occupational Health and Safety Act 2004	Describes the primary duty of care to people in the workplace
Privacy Act 1988	Principal act governing the handling of personal information
Drugs, Poisons and Controlled Substances Act 1981 (Vic) *Therapeutic Goods Act 1989 (Cth)*	Legislation and regulations governing the possession, storage, administration, labelling, recording and supply of medicines and therapeutic goods in Victoria.
Disability Discrimination Act 1992 (Cth) *Disability Act 2006 (Vic)* *Equal Opportunity Act 2010 (Vic)*	Commonwealth and Victorian legislation prohibiting unlawful discrimination on the basis of disability and supporting equal access and participation

National Quality Standard

Standard / Element	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in the service and contribute to service decisions
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing

Standard / Element	Concept	Description
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing

Early Years Learning Framework (EYLF) V2.0

Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	• Children become strong in their physical learning and wellbeing • Children are aware of and develop strategies to support their own mental and physical health and personal safety

Outcome	Key component
3: CHILDREN AND YOUNG PEOPLE HAVE A STRONG SENSE OF WELLBEING	• Children and young people become strong in their physical learning and wellbeing • Children and young people are aware of and develop strategies to support their own mental and physical health, and personal safety

Victorian Child Safe Standards

Most relevant principles
Child safety and wellbeing is embedded in organisational leadership, governance and culture
Families and communities are informed and involved in promoting child safety and wellbeing
Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed
Policies and procedures document how the organisation is safe for children and young people

RELATED DOCUMENTS

Schedules	Medical Conditions Policy - Schedule 1 – Anaphylaxis and Allergy | Medical Conditions Policy - Schedule 2 – Asthma | Medical Conditions Policy - Schedule 3 – Diabetes (Type 1) | Medical Conditions Policy - Schedule 4 – Epilepsy (all separate documents)
Key Policies	Child Safe Environment Policy | Immunisation Policy | Cleaning, Health and Hygiene Policy | | Incident, Injury, Trauma and Illness Policy | Physical Environment Policy | Work Health and Safety Policy | Enrolment Policy | Orientation Policy | Food Safety Policy | Animal and Pet Policy | Nutrition and Dietary Requirements Policy | Recruitment, Induction and Training Policy | Access and Inclusion Policy | Administration of First Aid Policy | Administration of Medication Policy | Authorisations Policy | Dealing with Infectious Diseases Policy
Procedures	Roles and Responsibilities – Medical Conditions (attached) Health, Hygiene and Cleaning, Procedures (in Health, Hygiene and Cleaning Policy) | Food Safety Procedures (in Food Safety Procedures) | Incident, Injury, Trauma and Illness Procedures (in Incident, Injury, Trauma and Illness Policy) | Administration of Medication Procedure (in Administration of Medication Policy) | Enrolment and Orientation Procedures (in Enrolment and Orientation Policies) | Dealing with Infectious Diseases Procedures (in Dealing with Infectious Diseases Policy)

Resources	Medical Conditions Management, Risk Minimisation and Communications Plan Template (attached) |Example general risk minimisation strategies for medical conditions (attached)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Staying Healthy 6th edition NHMRC | Occupational Health and Safety Act 2004 | Occupational Health and Safety Regulations 2017 | Public Health and Wellbeing Act 2008 | Child Wellbeing and Safety Act 2005 | Children, Youth and Families Act 2005 | ASCIA resources – including Best Practice Guidelines for Anaphylaxis Prevention and Management in Children's Education and Care Services (including OSHC) 2026 | Diabetes Australia resources, including Mastering Diabetes in Preschools and Schools | National Asthma Council Australia fact sheets | Epilepsy Foundation resources | Epilepsy Action Australia resources | ACECQA policy and procedure guidelines for managing medical conditions | Regulatory Authority resources for managing medical conditions |

POLICY INFORMATION

Approval	**Operations Team**
Review	Reviewed annually and when there are changes that may affect this policy or related procedures. The review will include checks to ensure the document reflects current legislation, continues to be effective, or whether any changes and additional training are required **Reviewed:** 17 August 2026 **Date for next review:** August 2027

APPENDIX A

ROLES AND RESPONSIBILITIES – Managing medical conditions (including allergies and anaphylaxis, asthma, diabetes)

Approved provider responsibilities (not limited to)
Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations,* including to take every reasonable precaution to protect children from harm and hazards likely to cause injury. Ensure that the safety, welfare, wellbeing, rights and best interests of each child is the paramount consideration in all our actions and decisions
Ensure that our service's governance, management, operations, policies, plans, systems, practices and procedures for medical conditions are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Ensure the health needs, allergies or relevant medical conditions are considered in our service's risk assessments (e.g., risk assessments for work health and safety, excursions, sleep and rest, transportation, travel between schools or other services)
Ensure this *Medical Conditions Policy* and related procedures are in place and available for inspection
Take reasonable steps to ensure our *Medical Conditions Policy*, related schedules, procedures and any medical management plans, risk minimisation plans and communications plans are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
Ensure the parent of a child with a diagnosed medical condition is given a copy of the *Medical Conditions Policy,* any other relevant schedules, policies, procedures, and the child's risk minimisation plan and communications plan
Ensure that all staff (including volunteers and students) receive our *Medical Conditions Policy* and relevant staff have ready access to current versions of procedures and any medical management plans, risk minimisation plans or communications plans
Ensure our systems identify children with a diagnosed health need, allergy or relevant medical condition
Ensure children's enrolment records, health and medical records are kept with all the prescribed information, in accordance with the *Regulations,* our policies and other obligations, including for privacy and confidentiality
Ensure the appropriate medical management plans, risk minimisation plans and communications plans are in place for any child who has a medical condition
Ensure plans are readily accessible to, and followed by, nominated supervisors, educators and other relevant staff
Ensure staff have the training and resources to effectively implement the plans

Ensure that all plans are reviewed, updated and communicated regularly and according to *Medical Conditions Policy*
Ensure that parents are: • Consulted on the plans for their child • Know how to communicate to our service any changes to the child's condition, treatment or plans • Given a copy of their child's plans and other information that is relevant to the safety of the child
Ensure that emergency medication and first aid kits are in-date, stored safely in a readily accessible location that is known to staff
If a child at the service is diagnosed as at risk of anaphylaxis, ensure a notice is displayed in a prominent position (do not identify the child)
Ensure that the minimum number of first aid (including in managing anaphylaxis and emergency asthma) staff are present and immediately available at all times
In the event of an incident, injury, trauma or illness – including those that relate to a child's medical condition – take reasonable steps to ensure that staff follow policies and procedures for administering first aid and emergency medication, record keeping and notifying parents and the regulatory authority (where required)
Regularly review this *Medical Conditions Policy* and related procedures in consultation with children, families, communities and staff
Notify families at least 14 days before changing this Medical Conditions Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)
Take every reasonable precaution to protect children from harm and hazards likely to cause injury and ensure children are adequately supervised at all times
Support the approved provider to ensure that our service's management, operations, policies, plans, systems, practices and procedures for dealing with medical conditions in children are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
Support the approved provider to ensure that the health needs, allergies or relevant medical conditions are considered in our service's risk assessments (e.g., risk assessments for work health and safety, excursions, sleep and rest, transportation, travel between schools or other services). Report any new or changed risks to the approved provider
Implement this *Medical Conditions Policy* and related schedules and procedures, including those related to enrolment, the administration of medication, dealing with infectious diseases, health and hygiene, food safety and risk management

Provide staff with clear and accessible communication, systemised inductions and training. Monitor staff compliance and performance
At enrolment or on diagnosis, give the parent of a child with a diagnosed medical condition a copy of the *Medical Conditions Policy,* any other relevant schedules, policies or procedures
Give all staff a copy of our *Medical Conditions Policy* and other relevant schedules, policies and procedures
Identify children with a diagnosed health need, allergy or relevant medical condition at enrolment or at the time of diagnosis. Notify the approved provider and coordinate any reasonable adjustments that need to be made for inclusion and access
Keep children's enrolment records and medical records in accordance with the *Regulations* and with all the prescribed information, our policies and obligations (including for privacy and confidentiality)
Ensure we have all the relevant authorisations on the child's enrolment record, including relating to the administration of medications and seeking medical treatment
Issue regular reminders to all families to update medical condition information, including emergency contact details
If a child has a medical condition, ensure we have a satisfactory medical management plan in place for them
Develop, in consultation with the parent and relevant staff, a risk minimisation plan and communications plan for the child
Give all relevant staff (including temporary staff, students and volunteers) access to children's latest plans and instruct them on how to implement them. Monitor staff compliance
Monitor and diarise review dates for plans and request updates routinely and when required
Communicate any updates to relevant staff and parents according to *Medical Conditions Policy* and children's communications plans
Give the parent a copy of their child's plans and any other information that is relevant to the safety of the child, including the known allergens at our service
Ensure that children's individual medication, our service's emergency medication and first aid is stored and administered according to our policies and procedures. Monitor staff compliance. Audit medication bags and general emergency kits every quarter
Roster on the minimum number of first aid (including in managing anaphylaxis and emergency asthma) trained staff to be present and immediately available at all times
Promote our service's 'allergy aware' approach to families and staff. Reduce allergens and triggers in our environment by implementing our procedures for hygiene, cleaning, food safety practices, monitoring of air quality and weather events, and dealing with infectious diseases
In the event of an incident, injury, trauma or illness – including those that relate to a child's medical condition – follow our policies and procedures for administering emergency medication, first aid, record keeping and reporting

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)
Follow this *Medical Conditions Policy* and related schedules and procedures, including for the administration of medication, medical emergencies, incidents and illnesses, record keeping and reporting, food handling, hygiene and cleaning, safety checks, risk management, supervision
Follow children's *latest* medical management plans, risk minimisation plans and communications plans - including in the event there is an incident related to their medical condition
Know which children have medical management plans in place, and where you can find their plans and medication (if applicable). Make sure you have ready access to plans and medication in whichever location the child is (including off-site, outside, during travel and transport)
Regularly review children's plan so that you are familiar with signs, symptoms, treatment and emergency responses
Report any new or changed health or safety risks related to a child's medical condition to the room leader, the approved provider or nominated supervisor. Risks might be in our daily routines, non-routine activities or in our physical environment
If a parent tells you there has been a change to the child's condition or their treatment, notify the room leader or nominated supervisor. The parent may need to provide updated plans
If you believe there is a change in the child's condition, or a plan or procedure is outdated, inaccurate or not effectively reducing risk, raise this with the room leader or nominated supervisor. We may need to review the child's plans or our procedures, or report new symptoms to the parent
Communicate regularly with each other and families about children's health needs and medical conditions/plans (if any)
Monitor children's health closely and be aware of any signs or symptoms of ill-health – communicate any to the parent, and the room leader or nominated supervisor
If it is your job to administer medication, strictly follow the child's medical management plan and our procedures (e.g., two people checking dosage, checking expiry and child's name, completing medical record)
Promote our service's 'allergy aware' approach to families. Reduce allergens and triggers in our environment by following our procedures for hygiene, cleaning, food safety practices, monitoring of air quality and weather events, and dealing with infectious diseases
Participate in all the training identified in your program of professional development, including first aid, anaphylaxis management and emergency asthma management (if applicable). Tell the room leader or nominated supervisor if you don't feel confident or need more support in managing a child's medical condition

In the event of an incident, injury, trauma or illness – including those that relate to a child's medical condition – follow our policies and procedures for emergencies, administering first aid, record keeping and reporting. If the situation is serious, call 000 immediately

Contribute to policy and procedure reviews, risk assessments, risk minimisation and communications plans as required

Cook and kitchen staff (not limited to)

Strictly follow all policies and procedures for safe handling, preparation, consumption and service of food (see *Food Safety Policy* and procedures)

Implement children's medical management plans and risk minimisation plans, where required. This may include ensuring food and drinks do not contain allergens or catering to dietary requirements

Notify the nominated supervisor of any new risks or concerns you have in planning or delivering the weekly menu

Participate in all the training identified in your program of professional development, such as food safety training. Tell the room leader or nominated supervisor if you don't feel confident or need more support in managing a child's food restrictions or dietary requirements

Families responsibilities (not limited to)

Familiarise yourself with our service's practices for managing medical conditions and ask any questions or raise any concerns at any time

If your child has diagnosed health need, allergy or relevant medical condition**:**

- Advise the nominated supervisor at the time of enrolment or on diagnosis if your child is already enrolled
- Provide a medical management plan that meets our requirements
- Work with us to identify triggers for your child's condition, and develop and implement a risk minimisation plan and communications plan for them
- Participate in regular reviews of your child's risk minimisation and communications plans, and respond promptly to our service's requests for updated plans or information
- Provide us with any required prescribed medication for your child. Medication must be in-date and in its original container with its original label bearing the child's name. If we don't have your child's medication, they cannot attend the service

Provide us with all the necessary authorisations to help us keep your child safe and well. These may include authorisation to administer the child's medication and to seek medical treatment or an ambulance.

Provide us with up-to-date personal contact and emergency contact details

If your child has a medical management plan in place, notify our service as soon as you can if there are any changes:

- In the condition of the child's health or condition, or recent illnesses, accidents or incidents that may be relevant to the child's care
- To the medical management plan, risk minimisation plan or communications plan
- To your emergency contact list

Discuss with staff anything that is relevant to your children's health needs and medical conditions/plans (if any)

All families should notify our service as soon as practicable if your child has a diagnosed infectious disease or needs to exclude because they are a contact of someone with an infectious disease. Some infectious diseases can worsen symptoms in children who have medical conditions

Notify our service if medication has been administered to your child in the past 48 hours to treat symptoms of a suspected or diagnosed infectious disease; and of the cause of the symptoms, if known. This should be communicated the first time the child attends the service after the medication has been administered

Be aware of our 'allergy aware' approach and follow our services rules for food and drinks. Support your child to practice good hand and respiratory hygiene

APPENDIX B

PROCEDURE – Preparing for a child with a medical condition

When to use this procedure

The approved provider, nominated supervisor or a suitable nominee is responsible for implementing this procedure once we become aware that a child has a diagnosed health need, allergy or relevant medical condition, either at the time of enrolment or diagnosis, if the child is already enrolled

NOTE: THIS PROCEDURE SHOULD BE IMPLEMENTED BEFORE THE CHILD ATTENDS THE SERVICE (I.E., BEFORE THEIR FIRST DAY OR BEFORE THEY RETURN AFTER A DIAGNOSIS) – UNLESS OTHERWISE AGREED BY THE APPROVED PROVIDER

Identify medical condition(s)

1. Discuss with parents about their child's health needs at the time of enrolment or at diagnosis (if the child is already attending)
2. Record in writing on the child's enrolment information about the diagnosed health need, allergy or relevant medical condition
3. If an educator or other staff member becomes aware that a child in our care has a diagnosed health condition, they should notify the nominated supervisor as soon as possible
4. The nominated supervisor must notify the approved provider in writing as soon as practicable if an enrolled child has a medical condition

Give parents relevant policies and procedures

1. Give parent our *Medical Conditions Policy* (requirement)
2. Give parent the separate schedule that relates the child's medical condition (e.g., asthma, anaphylaxis and allergy, diabetes, epilepsy), if applicable
3. Give parent our *Administration of Medication Policy* and procedures
4. Provide translations, accessible formats as required

Obtain medical management plan and authorisations

1. Advise parents to provide a current medical management plan (and an anaphylaxis medical management plan if applicable) completed by the child's registered medical practitioner containing:
    - 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 (generic name, dosage, details of administration)
    - The response required from our service in relation to 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
- A recent photo of the child
- Emergency contact information
- A review/expiry date
- The name and signature/stamp of the medical practitioner who completed the plan

2. Advise parents to complete our authorisation forms for administering medication and seeking medical treatment
3. In the case of new enrolments, ask families to provide their child's medical management plan and authorisation forms *before* the child's first day
4. In the case of new diagnoses for already enrolled children, families should provide the child's medical management plan and authorisations as soon as they can, keeping in mind that we may have to suspend attendance until we have the required documentation

Develop and implement risk minimisation plan and communications plan

1. Carry out and review all necessary risk assessments for on-site and off-site environments and activities, including for workplace health and safety in consultation with staff
2. Develop, in consultation with the parent and relevant staff (e.g., educators, kitchen staff, cleaning team), an individualised risk minimisation plan and a communications plan for the child
3. Make sure risk minimisation and communications plan meets the individual needs of the child and regulatory requirements

Develop other plans and make adjustments

1. Develop a Personal Emergency Evacuation Plan (PEEP), if necessary for the condition
2. Identify and arrange any training staff may need to care for the child, including to administer medication, first aid refresher training or specialised training or guidance for using medical devices or managing a child's specific medical conditions
3. Identify and make any adjustments that need to be made to include the child (e.g., inclusion support, grouping, supervision, learning or behaviour support, additional equipment, weekly menu) – see also *Access and Inclusion Policy*
4. Identify and make any adjustments to relevant procedures as identified in risk assessments (e.g., for emergencies, lockdowns, evacuations, food safety, allergen training, physical environment checks, excursions, sleep and rest, transport, travel, workplace health and safety). Communicate changes to staff and parents
5. If relevant to the condition, give parent access to the weekly menu to review and make any necessary changes to cater to child's dietary requirements

Obtain any required medication, treatment, specialist equipment, instructions and store securely

1. Advise the parent that:
    - That medication must in-date, and packaged in its original container with original label attached bearing the child's name
    - Children cannot attend the service unless they have the medication prescribed on the medical management plan
    - We record the administration of medication in a medication record
2. Store medication in a waterproof and dust-proof bag:
    - Along with the child's plans
    - According to medication storage instructions (e.g., in fridge, out direct sunlight, below a specific temperature etc)
    - In a location near where the child is and which is readily accessible to staff, including when the child is outside their usual room (e.g., outside, in a different area inside, off-site on excursion)
    - Unlocked, but inaccessible to children (e.g., on a higher shelf, in a bag held by an educator)
    - In the location that staff, including casual staff, volunteers and students, have been told the medication will be stored
3. Ensure staff and families know that medications/equipment must be signed in and out (including by parents who may take them home during the holidays)
4. Store general use emergency medication kits (e.g., service's EpiPens, asthma kits) in unlocked, easily accessible place for adults (not children), away from direct sunlight and heat, along with instructions and plans for use

Check documents and medication

1. Carefully check that all documents and medication provided by the parent satisfy our requirements. If not, request amendments or extra information
2. If you believe that the medical management plan does not sufficiently or clearly address the child's needs, request more information. Staff must be given enough information to care for the child. In some cases, this may mean that a medical management plan needs to be prepared by the child's specialist, rather than their GP
3. Check service's emergency anaphylaxis and asthma medication kits still in-date every 3 months

Make and store copies of plans and procedures

1. Give the child's parents a copy of the child's plans
2. Place a copy of the child's plans:
    - On their enrolment record
    - With the child's medication bag

- On display where it is readily accessible to staff, but not visible to parents or visitors OR on display for everyone to see in the child's room (if you have permission from the child's parent)
- With first aid kit/s and emergency evacuation bags.

3. Give relevant staff access to files with the plans
4. Record child's medical condition in the medical summary register

Share and display important information

1. Add the child to our list of all children with medical conditions and store it along with each child's plans in a secure, yet readily accessible location for staff - in the child's room, the family grouping room, the office and in the kitchen.

2. Display child's picture, first name, medication held and location, and brief description of allergy/triggers/condition displayed on a poster in children's rooms, meal prep/service areas, and in office to alert all staff, volunteers and students (note, it is necessary to get parents approval for this or the information must be displayed so it is not visible to other families and visitors to protect the child's privacy)

3. If child at risk of anaphylaxis display notice displayed in prominent location at the entrance to indicate that one or more children has been diagnosed at risk of anaphylaxis at our service, ensuring not to identify the child/children but can identify the allergen/s.

4. Display signs and provide routine communication reminding families that we are an allergy aware service, but that we request they don't bring peanuts or tree nuts into the service.

5. Display first aid posters (including for emergency asthma and anaphylaxis management), action plans and information that are relevant to the medical condition

6. Follow first aid kit procedure (in *First Aid Policy*) to ensure first aid kits are properly signposted

Prepare staff to manage the child's medical conditions and plans

1. Arrange meeting(s) with all relevant staff (e.g., room leaders, educators, kitchen staff, cleaning team) to tell them that a child with a medical condition is starting/has been diagnosed
2. Discuss the child's medical needs and the risk minimisation strategies we need to implement
3. Discuss the signs and symptoms of the medical condition, and what to do in an emergency
4. Physically show staff where the child's plans and medication, specialist equipment and general use emergency kits are stored
5. Arrange any necessary training staff that staff will need to care for the child – including refresher training
6. Instruct staff on all relevant procedures (e.g., dietary requirements, food handling, administration of medication, emergency procedures, evacuation procedures, cleaning and hygiene, excursions and special events, incidents etc)

7. Instruct staff on the child's communications plan and what they are responsible for
8. Remind staff of our obligations to uphold privacy and confidentiality
9. If the child has just enrolled, introduce them to staff so they can identify the child
10. If any staff are absent during the briefing, diarise a catch-up meeting with them
11. When a new staff member, casual/temp/relief staff, volunteer or student starts at our service, provide all the above information and introduce them to the child during their induction BEFORE they start their shift

Diarise important future dates

1. Expiry dates of medical management plans
2. Dates to send the parent a reminder parent to supply a new medical management plan for the child before the old one expires (if the plan includes an expiry date)
3. Future routine review dates of risk minimisation and communications plans
4. Regular briefing sessions for staff (e.g., team meeting, all staff meeting agendas)
5. Reminders for educators to regularly review each child's medical management, risk minimisation and communications plans
6. Staff training due dates e.g., first aid, medication administration, food safety etc
7. First aid and emergency medication audits
8. Emergency medical response rehearsal/drill training
9. Any follow up meetings with staff or the parent

APPENDIX C

PROCEDURE – Caring for a child with a medical condition

When to use this procedure

All relevant staff (including the nominated supervisor, educators, kitchen staff, cleaning staff) are responsible for following this procedure when there is child enrolled who has a diagnosed health need, allergy or relevant medical condition

NOTE: Staff must follow our separate procedure for administering medication

Critical information

1. Keep your first aid training (including asthma and anaphylaxis) up to date
2. Regularly review children's plans to ensure you know the signs and symptoms of any medical conditions and how to keep the child safe
3. If you suspect something is wrong, check the child's medical management plan and risk minimisation plan, trace back the child's activities and put their plans into action
4. Always follow first aid practices and call 000 if necessary
5. Contact the child's parent/emergency contact as soon as possible and tell them exactly what has happened
6. Implement additional steps set out in our procedure for medical emergencies (in *Incident, Injury, Trauma and Illness Policy*)

Follow relevant procedures

1. Always follow the child's medical management plan, risk minimisation plan and communications plan
2. Follow any specific procedures in place relating to the child's day-to-day care and emergency response (e.g., see separate schedules and procedures for the management of asthma, epilepsy, diabetes, allergies/anaphylaxis, dietary requirements, food handling, physical environment checks, emergency first aid, excursions, transport and travel)
3. If administering medication to the child (or supervising the child self-administering medication), follow the child's medical management plan and our procedures for administering medication (see *Administration of Medication Policy*)
4. Follow emergency evacuation plans, including any Personal Emergency Evacuation Plans (PEEPs) in place for individual children
5. Do routine safety checks and monitoring of indoor and outdoor environments and activities for possible triggers

Keep the child's plans up to date

1. Alert the parent to any necessary reviews of the child's plans – both routine reviews and triggered reviews
2. Send out general reminders to all families to update medical management plans, medication information, emergency contact details or treatment details if these have changed. Reminders via email, verbal discussions or newsletters.
3. Review and update risk minimisation and communications plans with parent and other relevant staff members at least once a year, or sooner if there is a relevant change, incident or near miss

Communicate updated plans and procedures

1. Follow the child's communications plan to update parents and relevant staff about changes to a child's medical management plan, risk minimisation and communications plans, or relevant changes to our service's operations (incl. policies, procedures and plans) or environment (e.g., new allergens)
2. If urgent, tell parents (and, if applicable, the child's medical team) and staff verbally first and then follow up in writing
3. Arrange for any new informal or formal training for staff
4. Circulate new versions of plans to relevant staff, and replace copies of old versions with new versions in all locations (but keep a copy of old version on the child's enrolment form)
5. Give a copy of the child's plans to the parent
6. If storage locations for medication, plans, emergency kits etc have changed, physically show staff the new locations and update signage
7. How: verbal briefings; informal and formal training (as identified by the staff member or staff leaders); staff meetings; paper and electronic resources

Keep communication open between staff and families

1. Educators should regularly discuss the child's medical condition and raise any issues with each other that may be relevant to the child's medical condition (e.g., weather forecasts, illnesses, new equipment, new menu items, events, excursions etc)
2. Educators and lead staff must tell parents about any changes to the child's symptoms or details of symptoms (e.g., frequency, severity, use of medication)
3. Educators notify parents as soon as possible when child's medication needs to be replenished or equipment replaced by email, direct messaging via Storypark or phone call.
4. Nominated supervisor regularly remind families that children can't attend the service unless they have their medication e.g., through newsletters, re-enrolment process
5. Educators should remind families notify them if medication has been administered to the child in the past 24 hours to treat the symptoms of what might be an infectious disease or a known medical condition and the cause of the symptoms, if it is known. May remind verbally at drop off or in writing via email, messaging app

Respond appropriately to any incidents

1. In the event of an incident involving the child's medical condition, follow the child's medical management plan.
2. Implement procedure for medical emergencies (in *Incident, Illness, Trauma and Injury Policy)*, including:
    - Call 000 if the situation is serious
    - Notify the parent/emergency contact as soon as practicable
    - Make an incident, injury, trauma and illness record and give a copy to the parent
    - Report to regulatory authority any notifiable incidents or illnesses in line with our incident, injury, trauma and illness procedure via NQA IT System. If required, notify work health and safety authority
6. Incidents or near misses should trigger a review of the child's plans and related service policies and procedures
7. Note, incidents include the administration of medication at time or in a way that was not previously authorised (e.g., additional insulin, Ventolin for an asthma attack/different time)

Maintain knowledge, awareness and skills

1. Regularly review medical management plans to understand the signs and symptoms of children's medical conditions
2. Relevant staff to maintain current first aid, asthma and anaphylaxis training
3. Room leaders/other staff leaders and staff work together to identify any further training or professional development needed to effectively implement our policies, procedures and plans for managing medical conditions
4. Team briefings and staff meetings to cover information about managing medical conditions generally and individual child's medical management, risk minimisation and communications plan
5. The nominated supervisor:
    - Oversees each staff member's program of professional development
    - Arranges relevant training for staff (e.g., refreshers, first aid, food handling, administering medication, specialised training to manage specific medical conditions)
    - Keeps a register of training and qualification and records on staff file
    - Diarises training due dates for training and other professional development activities

Supervise and support staff

1. Nominated supervisor to use our performance appraisal process to regularly evaluate the staff member's ability to carry out their role and responsibilities, including carrying out emergency procedures related to the child's medical condition. If not, provide extra training or support

2. Staff leaders to monitor other staff, volunteers and students for compliance with policies and procedures – e.g., spot checks, audits, during team meetings

Manage higher risk and non-routine activities (e.g., special events, excursions, transport, sleep and rest, mealtimes, physical play, evacuations)

1. Complete required risk assessment for the activity, taking into account the child's health needs and any applicable risk minimisation strategies in their plan
2. Create a separate emergency response plan for children with medical conditions
3. If applicable, update checklists and procedures for the activity
4. Discuss and resolve any concerns about the child's participation with the child's family
5. Follow procedures and checklists for communication and supervision (refer to child's individual risk minimisation plan and relevant policy e.g., transport, travel, special events, excursions, transport, rest and sleep, safe arrival of children)
6. Educators to check for mobile phone coverage, weather forecasts, pollen count and possible triggers in the environment before the event or excursion
7. If activity is occurring off-site, make sure to bring the child's medication and plans, emergency kits and medication, mobile phone, emergency contacts, devices and equipment (educators to go through checklist before excursion)
8. At least one educator with approved first aid training, including for anaphylaxis and asthma must be rostered on at the special event or the excursion
9. May require at least one educator with child-specific medical management training to be rostered on at the special event or the excursion

APPENDIX D

ELTHAM Foundation

Medical Condition Management
Risk Minimisation & Communication Plan

Insert Child's Photo

Child's full name:		DOB:	Room:
Parent 1 name:		**Parent 1 phone:**	
Parent 2 name:		**Parent 2 phone:**	
Emergency contact name:		**Emergency contact number:**	
Medical practitioner name:		**Medical practitioner contact:**	

Date plan created:	Review date:

Medical Condition Management Details

The following information should be completed by the nominated supervisor (or a nominee) and the child's parent. It is designed to *supplement* the child's medical management plan, which must be completed and endorsed by a registered medical practitioner AND attached to this document.

Child's health care need, allergy or medical condition/s, including severity:

Causes / triggers:

Symptoms:

Medication or treatment to be administered and/ or specialist equipment:

Name/s:	Expiry date/s:	Timing for medication or testing:	Location stored:

Actions to take if child is experiencing symptoms (including any medication to be administered):

Actions to take if symptoms do not resolve after initial treatment (including when to call an ambulance):

Risk Minimisation Plan

Child Name:	Date:	Room:
Specific health care needs or medical condition:		
Known allergens/triggers:		
Additional relevant details:		

This plan outlines how we will ensure the risks relating to the child are identified, assessed and minimised in line with the *Education and Care National Regulations* reg 90. It must be developed in partnership with the child's parent, and informed: by the child's medical management plan; consultation with the parent, relevant staff (e.g., room leaders, kitchen staff, educators), and – where appropriate - the child's medical team; and best practice guidelines from recognised bodies.

Risk	Risk minimisation strategy	Who is responsible?

Additional comments:

Communications Plan

Child's full name:	Date:	Room:
Specific health care need or medical condition:		

This plan outlines how we communicate with families and staff about the child's diagnosed medical condition, to ensure that (1) relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child; and (2) the child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child (*Education and Care National Regulations* reg 90)

The parent will:

- ❑ Provide the **nominated supervisor** with the child's current medical management plan, written authorisations, up-to-date emergency contact details and any required medication, treatment, or specialist equipment and instructions for use at the time of enrolment or at diagnosis or before it expires
- ❑ If the child's medical condition, risks, needs or treatment changes, notify the **nominated supervisor and educators** verbally and/or in writing, and provide an updated medical management plan (and, if required, new authorisations, medication or specialist equipment) as soon as possible
- ❑ Notify **educators and other relevant staff** as soon as possible verbally at drop off and/or in writing of important information about the child's health, including if medication has been administered to the child in the past **24 hours** to treat the symptoms of what might be an infectious disease or a known medical condition, and the cause of the symptoms, if it is known

Educators and relevant staff will:

- ❑ Notify **the parent** as soon as possible (and within 24 hours) verbally and in writing of important information about the child's health, including:
    - When the child's medication needs to be replenished or equipment cleaned or replaced
    - New or changed symptoms
    - In the event the child is involved in an incident, injury, trauma and illness (including the administration of medication at time or in a way that was not previously authorised - e.g. different dose/time)
- ❑ Enquire about the child's medical condition to check if there have been any changes, as necessary

The nominated supervisor (or a nominee) will:

- ❑ Provide our Medical Conditions Policy, and related policies and procedures to:
    - **The parent** at the time of the child's enrolment or diagnosis, and after updates
    - **Educators and relevant staff** at induction, during their ongoing professional development program and after updates
- ❑ Provide the child's plans and emergency procedures to **the approved provider, educators, relevant staff, and the parent** at the child's enrolment or diagnosis, and after updates
- ❑ Physically show all new **educators and relevant staff** at their induction the location of the child's plans and any required medication or specialist equipment
- ❑ Brief **educators and relevant staff** on the child's plans, and our related policies and procedures, as part of the ongoing professional development programs, and regularly at other times via: staff meetings and team briefings; written internal communication (e.g., emails, notice boards); and electronic and paper resources

- ❑ Regularly remind **the parent** in writing (e.g., emails, newsletters, notice boards, management apps) to communicate any relevant changes to their child's medical condition, risks, needs or treatment, and to update their child's medical management plan as required
- ❑ If there are any relevant changes to the child's plans our service's operations (incl. policies, procedures and plans) or environment (e.g., new known allergens present) alert **the parent, the approved provider** and **educators and other relevant staff** verbally (if urgent) and circulate updated documents as soon as possible
- ❑ Ensure the child's plans are readily accessible wherever the child is being cared for (including inside, outside, off-site, e.g., excursions, transport, travel)

Educators and relevant staff and families will:

- ❑ Regularly discuss the child's health and wellbeing and raise any issues with each other that may be relevant to the child's medical condition, risks, needs or treatment (e.g., frequency of symptoms, severity of symptoms, changes in symptoms, new triggers, attendance patterns/changes, weather forecasts, illnesses, new equipment, new menu items, special events, excursions etc)

Notes:

- 'Parent' in this plan refers to the parent of a child who has a diagnosed health need, allergy or relevant medical condition - includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Staff' includes the temporary/relief staff, volunteers, students and staff members who are returning after a long absence. 'Relevant staff' will usually include management, room leaders, coordinators, educators and food handlers
- 'Child's plans' means the child's medical management plan, anaphylaxis medical management plan, risk minimisation plan and communications plan, unless otherwise specified
- Communication may occur via email, verbal discussion, direct messaging, written correspondence, and access to shared documents, unless otherwise specified

Reviews

Medical management plans should be reviewed by a review date specified on the plan and as soon as practicable if there has been a change or an incident related to the child's medical condition (e.g., an emergency, a worsening of symptoms, new triggers, new medication)

The risk minimisation and communications plan will be reviewed by the nominated supervisor and relevant staff members in consultation with the child's parents in all of the following circumstances:

- As soon as practicable if the child's medical condition, treatment or related risk of health or safety changes
- As soon as practicable if there is an incident at the service relating to the child's medical condition
- As soon as practicable if there are any relevant changes to our service's governance or operations
- As soon as practicable if the parent or staff member raises a concern about the child's current medical management plan or the effectiveness of a risk minimisation or communication strategy

Approvals:

I give permission for the service to display my child's plans, and a poster with their picture, first name, medication, and a brief description of their health need/medical condition. Understand these will be displayed in suitable locations at the service (e.g., children's rooms, kitchen) to alert all staff, volunteers and students to my child's needs/medical condition.

Parent/Guardian:	**Signature:**	**Date:**

I agree to the arrangements set out in these plans. They have been developed in consultation with the child's parent/guardian and relevant staff.

Parent/Guardian:	**Signature:**	**Date:**
Nominated supervisor name:	**Signature:**	**Date:**

Attachments, storage and access

Attached to this plan are:

☐ The child's current medical management plan/action plan, complete and signed by a registered medical practitioner

☐ A recent photo of the child

A copy of child's plan and attachments are securely stored:

☐ In the child's enrolment record

☐ With the child's medication bag

☐ With the service's emergency evacuation kit, first aid kit,

☐ Other? _____

A copy of the child's plan and attachments are on display:

☐ In child's room

☐ In 'Family Grouping' room

☐ In kitchen

A copy of the child's plan and attachments and our Medical Conditions Policy provided to:

☐ The child's parent/s (requirement)

☐ Relevant educators and other staff members (including casual staff, volunteers and students)

Office use only

Enrolment form pages have been reviewed and completed
☐ Yes ☐ No

The child's parent consulted on risk minimisation plan
☐ Yes ☐ No

The risks relating to the health need, allergy or medical condition are assessed and minimised
☐ Yes ☐ No

Practices and procedures for the safe handling, preparation, consumption and service of food developed and implemented
☐ Yes ☐ No ☐ N/A

The child's parent advised of known allergens at our service that pose a risk to the child
☐ Yes ☐ No ☐ N/A

Risk minimisation strategies for known allergens developed and implemented
☐ Yes ☐ No ☐ N/A

Practices and procedures to ensure that all staff (inc. volunteers and students) can identify the child, the child's medical management plan and the location of the child's medication developed and implemented

☐ Yes ☐ No

Practices and procedures to ensure that the child does not attend the service without medication prescribed by their medical practitioner developed and implemented

☐ Yes ☐ No ☐ N/A

Nominated supervisor name:

Signature:

Date:

Communication log

Communication description	Date	Staff signature	Parent signature

APPENDIX F

RESOURCE – Example general risk minimisation strategies for medical conditions

This resource provides example strategies to minimise risks for a child's medical condition. Services must conduct their own risk assessments and implement their own control measures according to their specific setting, activities AND the child's individual needs and risks.

Some of these strategies are for a service's broader risk assessment, but some may also be relevant for a child's individual risk minimisation plan.

See also example risk minimisation strategies set out in the Schedules for allergies and anaphylaxis, asthma, type 1 diabetes, and epilepsy.

Example strategies for the service risk minimisation plan for managing children's medical conditions	
Accessible and up-to-date documentation	• Policies, procedures and risk minimisation and communications plans reviewed at least once a year, or sooner if there is a relevant change, incident or near miss. • Changes are communicated to staff and parents • Policies and procedures provided in accessible formats • Nominated supervisor to remind families at the beginning of the year to update the child's medical management plan and to inform our service immediately if their child has a newly diagnosed medical condition
Identifying and communicating medical conditions	• Nominated supervisor informs approved provider and staff leaders of the medical condition • Nominated supervisor/staff leaders inform educators/kitchen staff of the medical condition before child's start date or next attendance • The child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in children's rooms, staff rooms, and kitchen to alert all staff, volunteers and students • Notice that one or more children has been diagnosed at risk of anaphylaxis at our service, identifying the allergen/s but not the child, if applicable
Staff awareness, training and supervision	• Nominated supervisor checks that staff have necessary current training and qualifications (including first aid, food safety) • Relevant staff given child-specific training from recognised training institutions and/or the child's medical team on how to manage the medical condition, including administration of medication and emergency procedures • Nominated supervisor/nominee inducts new staff (including temporary staff, volunteers and students and briefs current staff on: identifying the child, their medical condition and the location/s of their medical management plan, risk minimisation plan, communications plan, emergency procedures and medication • Staff, volunteers and students monitored for compliance by staff leaders (e.g., spot checks, audits, performance reviews) • Emergency medical response procedures are rehearsed regularly (at least once a year) reviewed through scenario-based drills • Educators to regularly review children's plans • Regular team briefings and staff meetings to cover information about managing medical conditions generally and individual child's medical management, risk minimisation and communications plan • During performance reviews, the nominated supervisor checks that relevant staff are confident in carrying out emergency procedures related to the child's medical condition. If not, extra training will be provided • First aid posters (including for emergency asthma and anaphylaxis management) displayed in prominent locations
Medication accessible, administered and stored	• Approved provider to regularly review the layout of rooms and play areas to ensure quick access to first aid and medication in all environments • Nominated supervisor to induct, train and monitor staff to ensure that medication is administered to the child according to the child's medical management plan and service procedures

safely and correctly	• On their first day, staff, including relief staff, volunteers and students are shown where the medications, devices, equipment and first aid kits are stored
	• The child's medication to be clearly labelled with the child's name and its use (distinguishable from other children's medication)
	• Medication to be stored:
	  ○ Along with the child's medical management plan
	  ○ In a location near where the child is and which is readily accessible to staff, including when the child is outside their usual room (e.g., outside, in a different area inside, off-site on excursion)
	  ○ Unlocked, but inaccessible to children (e.g., on a higher shelf, in a bag held by an educator)
	  ○ In the location that staff, including casual staff, volunteers and students, have been told the medication will be stored
	  ○ According to the medical management plan (e.g., may need to be stored in the fridge or just in a cool, dark location)
	• Medications/equipment to be signed in and out (including by parents who may take them home during the holidays)
	• Educators to keep accurate medication records and communicate these to child's parent
	• Educators to inform parent within 24 hours if the child's medication is running low, due to expire or if the child's equipment needs to be cleaned or replaced
	• Service's first aid kits, emergency evacuation kits and emergency medication (e.g., service's EpiPens, asthma kits) to be located in unlocked, easily accessible place for adults (not children), away from direct sunlight and heat, along with instructions and plans for use. Nominated supervisor to check quantities and expiry dates of medications every 3 months
	• First aid kit to be brought on excursions, travel, transport etc along with child's medical management plan, risk minimisation plan, communications plan, mobile phone, emergency contacts, individual medications, devices and equipment (educators to go through checklist)
	• Parent to supply child's own skin creams, sunscreens, soaps etc or we ask them to check the ingredients of the ones we supply
	• First aid kits to have non-latex sticking plasters and non-latex gloves available
	• Educators to have anaphylaxis refresher training and hands on practice with injectors every 6 months, even when there are no children known to have anaphylaxis (recommended)
	• Educators to have regular hands-on practice in the administration of medication for specific medical conditions (e.g., insulin, emergency epileptic or diabetic medication)

Dietary and food safety requirements are met	• Room leaders/nominated supervisor have checklist to go through with new staff, relief staff, volunteers and students to identify each child with allergies or other medical conditions that has food protocols/restrictions • Names and photo of child with food allergies/restrictions/requirements displayed in kitchen and children's room • Parent given access to weekly menu for review • Cook and kitchen staff informed of medical condition and plans and trained to implement them • Kitchen staff, educators (inc. volunteers and students) formally trained in safe food handling, and in our service's food handling procedures to prevent the risk of cross contamination of allergen and non-allergen foods • Staff supervision during mealtimes • At least one (preferably two) educator checks dietary lists before serving food • Meals for child to be labelled • Educators remind children not to share food at mealtimes • Educators to be sensitive to children feeling excluded, different or isolated during mealtimes or food activities • When cooking or doing activities containing food, educators talk to parents well in advance • Educators to discuss food safety with children and how to stay safe and look after friends at mealtimes • Specific risk minimisation strategies implemented according to the child's medical management plan

Indoor and outdoor environments are monitored for triggers and safety	• Room leaders/staff leaders to monitor indoor environment and activities for any possible triggers or safety risks for medical condition • Staff follow routine safety checks, cleaning, hygiene and infectious diseases procedures to reduce triggers in our environment • Specific risk minimisation strategies implemented according to the child's medical management plan • Educators to have ready access to first aid kit and child's emergency medication while outside • Children supervised adequately at all times
Activities that are non-routine activities and/or held off-site are well planned	• The specific risk minimisation plans for the activity or location considers specific risks and minimisation strategies for the child with medical condition • Nominated supervisor to develop specific medical emergency response plans for non-routine events or off-site activities (e.g,. excursions, transport, travel, open days, special events or activities) • First aid kit to be brought/available along with child's medical management plan, risk minimisation plan, communications plan, mobile phone, emergency contacts (educators to go through checklist before excursion/special events) • At least one educator with approved first aid training, including for anaphylaxis and asthma, must be present • Educators check for mobile phone coverage, weather forecasts, pollen count and possible triggers in the environment before the event or excursion • Educators aware of location of nearest medical clinic or hospital • If a child has specific medical needs and they have been assigned a specific educator or educators to care for them, this educator or educators must be present
Families, children and communities are involved	• Educators to discuss medical conditions with children in a general way, how to stay safe and look after friends • If appropriate and allowed by the child and their families, educators to discuss individual children's medical condition with the child and their peers (with consideration given to privacy and the rights and dignity of the child) • Allergy aware posters displayed in prominent locations • Individual communications plans for children are accessible, communicated and kept up to date • Regular communication between families and staff about managing medical conditions • Educators and nominated supervisor to check with families if they have any concerns about a child's medical condition or their current treatment