

Medical Conditions Policy		 Longreach Regional Council Ilfracombe Isisford Longreach Yarakka
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Policy Category:	Childcare Centre	
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OBJECTIVE

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

SCOPE

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

LEGISLATION

Education and Care Services National Law Act 2010. (Amended 2024)

Education and Care Services National Regulations. (Amended 2025)

DEFINITIONS

Department of Education - Early Childhood Education and Care (ECEC) – Regulatory Authority responsible for the approval, monitoring and quality assessment of services in their jurisdiction in accordance with the national legislative framework and in relation to the National Quality Standard.

Educator – early childhood or school age practitioner who works directly with children in early childhood or school age care settings.

National Quality Framework (NQF) – provides a national approach to regulation, assessment and quality improvement for early childhood education and care and outside school hours care services across Australia.

National Quality Standard (NQS) – sets a high national benchmark for early childhood education and care and outside school hours care services in Australia. The NQS includes seven quality areas that are important outcomes for children. Services are assessed and rated by their regulatory authority against the NQS, and given a rating for each of the 7 quality areas and an overall rating based on these results.

Parents/Guardians – a person who has parental responsibility for the child.

Staff – employee of Longreach Regional Council based at the Longreach Childcare Centre.

Nominated Supervisor – a person with responsibility for the day to day management of an approved service.

Leadership Team – an internal group of leaders within the Childcare Centre comprising of the Childcare Services Director, the Childcare Services Assistant Director and the Staff Engagement and Development Officer.

OWNA – the digital platform utilised by the Longreach Childcare Services for the recording of information.

POLICY STATEMENT

To support children’s wellbeing and manage specific healthcare needs, allergy or relevant medical condition, our Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children’s health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency situation should they arise. For children with medical conditions including Asthma, Anaphylaxis and/or Diabetes, this *Medical Conditions Policy* is to be used in conjunction with the correlating Policies, *Asthma Management Policy*, *Anaphylaxis Management Policy* and *Diabetes Management Policy*.

DUTY OF CARE

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

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

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

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

POLICY STATEMENT

Medical Management Plan

A medical management plan is a document that has been prepared and signed by a doctor 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.

- 1) Any medical management plan provided by a child’s parents and/or registered medical practitioner should include the following:
 - 1.1 specific details of the diagnosed health care need, allergy or relevant medication condition.
 - 1.2 supporting documentation (if required)
 - 1.3 a recent photo of the child

- 1.4 current medication and dosage prescribed for the child
- 1.5 if relevant, state what triggers the allergy or medical condition
- 1.6 first aid/emergency response that may be required from the Service
- 1.7 any medication that may be required to be administered in case of an emergency
- 1.8 further treatment or response if the child does not respond to the initial treatment
- 1.9 when to contact an ambulance for assistance
- 1.10 contact details of the medical practitioner who signed the plan
- 1.11 the date of when the plan should be reviewed
- 2) A copy of the medical management plan will be displayed for educators and staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of the Service.
- 3) The Service must ensure the medical management plan remains current at all times.
- 4) Educators and staff are updated immediately about any changes to a child's medical management plan.

Risk Minimisation Plan

A risk minimisation plan is a service-specific plan that details each child's medical condition and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies.

- 1) All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. (regulation 90(1)(c))
- 2) The Leadership Team/Educators will arrange a meeting with the parents/guardian as soon as the Service has been advised of the diagnosed health care allergy or medical condition. During this meeting, a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:
 - 2.1 that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised
 - 2.2 that practices and procedures in relation to the safe handling, preparation, serving and consumption of food are developed and implemented
 - 2.3 that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
 - 2.4 practices are developed and implemented to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication
 - 2.5 that the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or medical condition
 - 2.6 risk minimisation plan(s) are reviewed at least annually and/or revised with each change in the medical management plan in conjunction with parents/guardians
 - 2.7 all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by educators
 - 2.8 parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed
 - 2.9 appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the *Control of Infectious Diseases Policy*.

Communication Plan

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

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

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

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

The Nominated Supervisor will ensure:

- 1) all enrolment forms are reviewed regularly to identify any specific health care need, allergy or medical condition
- 2) existing enrolment forms are reviewed, and parents contacted to confirm if the existing diagnosed health care need, allergy or relevant medical condition still applies and whether any new needs have been diagnosed
- 3) parents/guardians have access if required to a copy of the Service's *Medical Conditions Policy and Administration of Medication Policy*
- 4) a child is not enrolled at, nor will attend the Service without a medical management plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma, anaphylaxis or diabetes must be provided at the service each day [e.g. asthma inhalers, adrenaline auto injection devices or insulin]
- 5) all medication provided to the Service, including over the counter medication that forms part of the child's medical management plan, must be clearly labelled with the child's name and prescribed dosage
- 6) educators, staff and volunteers have knowledge and access to this policy and relevant health management policies (*Asthma Management Policy/Anaphylaxis Management Policy/Diabetes Management Policy*)
- 7) educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition that may be ongoing or acute/short term in nature
- 8) new staff members are provided with induction and ongoing training to assist leadership team, educators and other staff effectively and children with medical management plans are clearly identified
- 9) all aspects of operation of the Service must be considered to ensure inclusion of each child into the program
- 10) a communication plan is developed in collaboration with the Leadership Team and Educators to ensure communication between families and educators is on-going and effective
- 11) communication regarding children's health requirements is delivered to families in a culturally sensitive and respectful manner
- 12) staff are provided with regular anaphylaxis training to provide consistent and evidence-based approaches to prevention, recognition and emergency treatment of anaphylaxis.
- 13) at least one staff member or nominated supervisor is in attendance at all times and is available immediately in an emergency with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA)

- 14) educators and staff have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy or relevant medical condition
- 15) families provide required information on their child's health care need, allergy or relevant medical condition, including:
 - 15.1 medication requirements
 - 15.2 allergies
 - 15.3 medical practitioner contact details
 - 15.4 medical management plan
- 16) a medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the service and/or
 - 16.1 an individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner e.g.: (ASCIA) or National Asthma Council of Australia
 - 16.2 an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner
- 17) a risk minimisation plan and communication plan has been developed in consultation with parents/educators prior to the child commencing at the service
- 18) educators and staff will be informed immediately about any changes to a child's medical management plan and risk management plan
- 19) to record any prescribed health information and retain copies of a medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's documentation folder via OWNA and in the child's file via MAGIQ
- 20) educators have access to emergency contact information for the child via OWNA
- 21) casual staff are informed of children and staff members who have specific medical conditions, food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis
- 22) a copy of the child's medical management plan is visibly displayed in the blue Medical Folders in the staffroom, playground and in the child's room for quick access by all staff and volunteers in the Service
- 23) procedures are adhered to regarding the storage and administration of medication at all times as per *the Administration of Medication Policy and Procedure*
- 24) educators are informed of specific medication requirements for children with medical management plans, including where medication is stored and/or any specific dietary requirements
- 25) administration of medication record is accurately completed and signed by the educator and witness via OWNA at each instance of medication being required to be given whilst in the Centre
- 26) copies of children's medical management plans and medication are taken on any excursion or emergency evacuation from the service
- 27) a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173)
- 28) information regarding the health and wellbeing of a child or staff member is not shared with others unless consent is provided in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation (including Victoria- Child Information Sharing Scheme (CISS) or the Family Violence Information Sharing Scheme

(FVISS). See *Child Protection Policy* for further information regarding legal obligations to sharing of information as per CISS or FIVSS schemes.)

- 29) When provided with a doctor's certificate the child will be excluded until the inclusive dates listed on the certificate are completed. If the condition of the child has changed and they are fit to return to care while they are excluded, Parents are required to supply a new certificate.

Please note: it is not always possible to obtain a doctor's certificate or clearance for suspected cases of an illness. The decision to approve a child's return is up to the nominated supervisor

The Nominated Supervisor/Leadership Team/Educators will ensure:

- 1) in the event that of a high-risk scenario where a child suffers from an allergic reaction, incident, situation, or event related to a medical condition the Service and staff will follow the child's emergency medical management plan as per Regulation 90(1)(c)(ii)
- 2) the first aid responder will commence first aid measures immediately as per the child's medical management plan
- 3) urgent medical attention from a registered medical practitioner is contacted if required
- 4) an ambulance is called by dialling 000 if the child does not respond to initial treatment
- 5) the Leadership Team/Administration Officer will contact the child's parent/guardian or emergency contact when practicable, but as soon as possible
- 6) the Leadership Team will ensure the *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- 7) the Nominated Supervisor will notify the regulatory authority (within 24 hours) in the event of a serious incident.
- 8) to keep up to date with professional training to help manage food allergies in ECEC services
- 9) practices and procedures are in place, and adhered to, in relation to safe food handling, preparation and consumption of food
- 10) any changes to children's medical management plans or risk minimisation plans are implemented immediately and documented in the child's medical communication plan

Parents/Guardians will ensure:

- 1) they provide management with accurate information about their child's health needs, allergies, medical conditions and medication requirements on the enrolment form
- 2) the Service enrolment form is completed in its entirety providing specific details about the child's medical condition/s
- 3) they acknowledge they have received/or are provided access to the Service's Medical Conditions Policy and Administration of Medication Policy at time of enrolment
- 4) they provide the Service with a medical management plan prior to enrolment of their child
- 5) they consult with management/Educators to develop a medical risk minimisation plan and communication plan
- 6) they notify the Service if any changes are to occur to the medical management plan through the communication plan and/or meetings with the Leadership Team
- 7) they provide adequate supplies of the required medication and medical authorisation on the child's enrolment form
- 8) they provide an updated copy of the child's medical management plan annually or evidence from a medical practitioner to confirm the plan remains unchanged
- 9) they provide enrolment documentation of any medical condition annually
- 10) they provide written consent for their child's medical management plan to be displayed in the Service.

- 11) They follow the inclusive dates listed on a supplied medical certificate, during this time their child is to be excluded from care until the inclusive dates are completed following specialist recommendations.

Self-Administration of Medication:

Longreach Childcare Services does not permit self-administration of any medication by children, including children over preschool age enrolled in the Outside School Hours Care program (Regulation 90(2)).

RESOURCES

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

[ASCIA plans for Anaphylaxis](#)

[Coeliac Australia](#)

[Cystic Fibrosis Australia](#)

[Diabetes Australia](#)

[Epilepsy Foundation](#)

[National Asthma Australia](#)

[National Allergy Strategy](#)

CONTINUOUS IMPROVEMENT/REFLECTION

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

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of Medication Procedure	Medical Management Plan
Administration of Medication Form	Medical Risk Minimisation Plan
Managing a Medical Condition Procedure	Notification of Changed Medication Status
Medication Communication Plan	Permission to Display Medication Action Plan

Authorised by resolution as at 19/06/2025:



Brett Walsh
Chief Executive Officer