Early Learning Education & Outside School Hours

Policy Document

Medical Conditions

Policy Hierarchy link	Education and Care Services National Law Act 2010: Education and Care Services National Regulations 2011: Sections – 168(2) Policies and procedures. 90: Medical conditions policy 91: Medical conditions policy to be provided to parents 92: Medication record 93: Administration of medication 94: Exception to authorisation requirement—anaphylaxis or asthma emergency 95: Procedure for administration of medication 96: Self-administration of medication National Quality Standard: Quality Area 2: Children's Health and Safety – Standards 2.1.1 Each child's health needs are supported 2.1.4 Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines. 2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury. EYLF – Learning Outcome 3 Children are happy, healthy, safe and connected to others. Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.

Version	Authorised by	Effective Date	Revision Date
6	SCECS Management	August 2026	August 2029

1. BACKGROUND

Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening. Sydney Catholic Early Childhood Services (SCECS) is committed to a planned approach to the management of medical conditions to ensure the safety and well-being of all children at SCEC services. Our services are also committed to ensuring our educators are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are always considered. Providing families with ongoing information about medical conditions and the management conditions is a key priority.

Our service has a moral and legal responsibility to ensure that children's safety, rights and best interests are paramount in all decisions and actions.

2. POLICY STATEMENT

SCECS recognises its responsibility to ensure that:

- Children are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.
- Families can expect that educators will act in the best interests of the children in their care; meet the children's individual health care needs; maintain continuity of medication for their children when the need arises.
- Educators feel competent to perform their duties; understand their liabilities and duty of care requirements; are provided with sufficient information and training regarding the administration of medication and other appropriate treatments.
- Collaboration with families of children with diagnosed medical conditions to develop a Risk Minimisation Plan for their child;
- All staff, including casual staff, educators and volunteers, are informed of all children diagnosed with a medical condition and the risk minimisation procedures for these;
- All families are provided with current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the Risk Minimisation Plan;
- All children with diagnosed medical conditions have relevant medication stored at the service and a current Risk Minimisation Plan that is accessible to all staff;
- All staff are adequately trained in the administration of emergency medication

3. HOW THE POLICY WILL BE IMPLEMENTED

3.1 Enrolment

The following things must be in place prior to the child attending and must remain up to date for attendance to continue:

- On application for enrolment families will be required to complete full details about their child's medical needs. We will assess whether educators are appropriately trained to manage the child's special health needs at that time.
- Where children require medication or have special medical needs for long term conditions, the child's doctor or allied health professional must complete a Medical Management Plan (Action Plan). Such a plan will detail the child's special health support needs including administration of medication and other actions required to manage the child's condition. The child's family/carer will provide the relevant medication to be stored at the service and replace the medication at the time of expiry.
- The Nominated Supervisor will also consult with the child's family to develop a Risk Minimisation Plan. This plan will assess the risks relating to the child's specific health care needs, allergy or medical condition; any requirements for safe handling, preparation and consumption of food; notification procedures that inform other families about allergens that pose a risk; procedures for ensuring educators/students/volunteers can identify the child, their medication.
- Children with specific medical needs must be reassessed in regard to the child's needs and our service's continuing ability to manage the child's special needs, on a regular basis, depending on the specific child's medical condition.
- If a child's medical, physical, emotional or cognitive state changes, the family will need to provide a new Medical Management Plan (Action Plan) and our service will re-assess its ability to care for the child, including whether educators are appropriately trained to manage the child's ongoing special needs.

3.2 Administration of Prescribed Medication

Prescribed medication, authorised medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will

witness the procedure
- if the prescribed medication is in its original container bearing the child's name, dose and frequency of administration.

3.3 Children self-administering medication

- In all instances of children self-administering medication, the relevant authority form will be completed by the parent/guardian prior to the child administering the medication. For children who require regular asthma medication, an Asthma Form will need to be completed by the parent/guardian to advise the service whether their child will be responsible for administering their own medication or will require supervision and full details of how, when (ie at what intervals) and by whom all such treatment is to be administered. For diabetes or other similar ongoing medications, parents will be required to advise in writing whether their child will be responsible for administering their own medication or will require supervision and full details of how, when (ie at what intervals) and by whom all such treatment is to be administered.

3.4 Medical Management Plans

Medical Management Plans (or Action Plans) are required if a child enrolled at our service has a specific health care need, allergy or relevant medical condition. This involves:

- requiring a parent of the child to provide a medical management plan for the child. The medical management plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs
- requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.

3.5 Risk Minimisation Plans

Risk Minimisation Plans are required to be developed in consultation with the parents of a child:

- to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.
- if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented.
- if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.

- to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented.
- if relevant, to ensure that practices and procedures ensuring 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 care need, allergy or relevant medical condition are developed and implemented.

3.6 Communication Strategies

Our service will maintain the review and development of communication strategies to ensure that:

- Relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and Risk Minimisation Plan for the child.
- A child's parent can communicate any changes to the medical management plan and Risk Minimisation Plan for the child, setting out how that communication can occur.

3.7 Asthma

- Whenever a child with asthma is enrolled at our service, or newly diagnosed as having a asthma, communication strategies will be developed to inform all relevant Educators, including students and volunteers, of:
    - the child's name, and room they are educated and cared for (in the child's Risk Minimisation Plan)
    - where the child's Medical Management Plan will be located and where the child's preventer/reliever medication etc. will be stored
    - which Educators will be responsible for administering treatment.
- Asthma reliever medications will be stored out of reach of children, in an easily accessible central location.
- Reliever medications together with a spacer will be included in our service's First Aid kit in case of an emergency situation where a child not yet diagnosed suffers from Asthma.
- Asthma Australia provides training in Emergency Asthma Management (EAM) which instructs on all aspects of asthma management and administration of asthma reliever medications. Educators who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care, will attend or have attended an Asthma EAM course. It is a requirement that at least one Educator or other person that is trained in EAM is at the service at all times children are present.

3.8 Asthma Emergencies

In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.
The National Asthma Council (NAC), recommends that should a child not known to have asthma appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately. The following steps are recommended:

- If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma;
    - Give 4 puffs of a reliever medication and repeat if no improvement;
    - Keep giving 4 puffs every 4 minutes until the ambulance arrives;
    - No harm is likely to result from giving reliever medication to someone who does not have asthma;

3.9 Anaphylaxis

- Whenever a child with severe allergies is enrolled at our service, or is newly diagnosed as having a severe allergy, a communications plan will be developed to inform all relevant educators, including students and volunteers, of:

    - the child's name and room they are educated and cared for in;
    - the child's Risk Minimisation Plan;
    - where the child's Medical Management Plan will be located;
    - where the child's anaphylaxis medication is located; and
    - which educators/staff will be responsible for administering the medication.

- In accordance with the Education and Care Services National Regulations, our service will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Notices will be posted at the entrance. The notice will advise which foods are allergens and therefore not to be brought to the service.
- It is required that the child at risk of anaphylaxis will have a Medical Management Plan. (The Australian Society for Clinical Immunology and Allergy (ASCIA) has a plan format). Educators will become familiar with the child's plan and also develop a Risk Minimisation Plan for the child in consultation with the child's parents/guardians and appropriate health professionals.
- A communication strategy will be developed with parents/guardians to

ensure any changes to a child's health care needs are discussed and the health care plan updated as required.

* See Appendix 2 Anaphylaxis Policy for information on how the risk of anaphylaxis will be minimised at the centre, and how the centre will respond to children at risk, including first aid and the administration of an adrenaline auto-injector.

3.10 Anaphylaxis Emergencies

- In the case of an anaphylaxis emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.
- For anaphylaxis emergencies, educators will follow the child's Emergency Action Plan. If a child does not have anaphylaxis adrenalin medication and appears to be having a reaction, the educator will only administer adrenaline if the service has an additional adrenaline medication for general use. Staff administering the adrenaline will follow the instructions stored with the device. An ambulance will always be called. The used adrenalin device will be given to ambulance officers on their arrival. Another child's adrenaline medication will NOT be used.

3.11 Diabetes

- Whenever a child with diabetes is enrolled at our service, or is newly diagnosed as having diabetes, a communications plan will be developed to inform all relevant educators, including students and volunteers, of:
    - the child's name and room they are educated and cared for in;
    - the child's Risk Minimisation Plan;
    - where the child's Emergency Action Plan will be located;
    - where the child's insulin/snack box etc. will be stored;
- Which educators will be responsible for administering treatment. Educators will be aware of the signs and symptoms of low blood sugar including the child presenting pale, hungry, sweating, weak, confused and/or aggressive. Signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath.
- Management of diabetes in children at our service will be supported by the child having in place an Emergency Action Plan which includes:
    - Administration of Insulin, if needed - information on how to give insulin to the child, how much insulin to give, and how to store the insulin. Insulin may be delivered as a shot, an insulin pen, or via an insulin pump.
    - Oral medicine – children may be prescribed with oral medication.
    - Meals and snacks – Including permission to eat a snack anytime the

child needs it.

- Blood sugar testing – information on how often and when a child's blood sugar may need to be tested by educators.
- Symptoms of low or high blood sugar – one child's symptoms of low or high blood sugar may be different from another. The child's Action Plan should detail the child's symptoms of low or high blood sugar and how to treat it. For high blood sugar, low blood sugar, and/or hypoglycemia, educators will follow the child's emergency Action Plan.

- A record of the child's blood glucose reading should be kept at the service.

4. ROLES AND RESPONSIBILITIES

Role	Authority/ responsible for
Approved Provider - SCECS	• Ensuring the development of a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation. • Ensuring relevant staff receives regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs. • Ensuring at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service. • Ensuring that a Risk Minimisation Plan is developed for each child with specific medical conditions on enrolment or upon diagnosis. • Ensuring the Risk Minimisation Plan is reviewed if there is a change to the child's medical condition, medication, treatment, and at least annually in consultation with families. • Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies.

Nominated Supervisor/ Responsible Person	• Implementing this policy at the service and ensuring that all staff adheres to the policy. • Informing the Approved Provider of any issues that impact on the implementation of this policy. • Identifying specific training needs of staff who work with children diagnosed with a medical condition, and ensuring, that staff access appropriate training. • Ensuring children do not swap or share food, food utensils or food containers. • Ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis. • Ensuring a copy of the child's medical management plan is accessible and known to staff in the service. • Ensuring staff follow each child's Risk Minimisation Plan and medical management plan. • Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan. • Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service. • Maintaining ongoing communication between staff and parents/guardians in accordance with the strategies identified in the communication plan to ensure current information is shared about specific medical conditions within the service.
All educators	• Communicating any relevant information provided by parents/guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the service is current. • Being aware of individual requirements of children with specific medical conditions and following their Risk Minimisation Plan and medical management plan. • Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor.

	• Ensure that parents/guardians are contacted when concerns arise regarding a child's health and wellbeing.
Families	• Informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition. • Developing a Risk Minimisation and Communication Plan with the nominated supervisor and/or other relevant staff members at the service. • Providing a medical management plan (Action Plan) signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs. Updated plans must be provided to the service to continue attendances. • Providing relevant medication required to treat the child's medical condition to be stored at the service. Replacement medication to be provided prior to expiry.

5. RESOURCES/REFERENCES

- *Kidsafe NSW* www.kidsafensw.org/water-safety/
- *Kids Alive*: www.kidsalive.com.au
- *Kids Health*: http://kidshealth.org/parent/firstaid_safe/outdoor/water_safety.html
- *Australian Children's Education and Care Quality Authority (ACECQA)* – www.acecqa.gov.au

6. MONITORING, EVALUATION AND REVIEW

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of gaps, the service will review this policy every three years.

In accordance with R. 172 of the *Education and Care Services National Regulations*, the service will ensure that families of children enrolled in the service are notified at least 14 days before making any change to a policy or procedure

that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

The authorisation and amendment history for this document must be listed in the following table:

Version	Authorised by	Approval date	Sections modified
5	COO	June 2026	Paramountcy consideration added. Parent sign off section changed to last page. Reference to anaphylactic medication changed from auto-injector to adrenalin.
6	COO	Aug 2026	Ensuring the Risk Minimisation Plan is reviewed if there is a change to the child's medical condition, medication, treatment, and at least annually in consultation with families.

To be completed by a parent/carer of a child with a medical condition.

I/We confirm that we have sighted the Medical Conditions Policy

Child's Name:	**Medical Condition:**	**Parent/Carer's Name:**
Date:	**Parent/Carer's Signature:**	