DEALING WITH MEDICAL CONDITIONS

QUALITY AREA 2 | ELAA version 1.2

PURPOSE

This policy provides guidelines for Hazel Glen College Children's Programs to ensure that:

- clear procedures exist to support the safety, health, wellbeing and inclusion of all children enrolled at the service
- service practices support the enrolment of children and families with specific health care requirements
- information is provided to staff and volunteers about managing individual children's medical conditions
- requirements for medical management plans are provided by families for the child
- risk-minimisation and communication plan are developed in conjunction with Hazel Glen College Children's Programs. and families.

POLICY STATEMENT

The safety, health, wellbeing, rights and best interests of every child are the paramount consideration and must guide all decisions, actions and practices of educators within the education and care service.

VALUES

Hazel Glen College Children's Programs is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements. This will be achieved through:

- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004, the Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved in the programs and activities of Hazel Glen College Children's programs are protected from harm
- informing teachers, educators, staff, volunteers, children and families of the importance of adhering to the *Dealing with Medical Conditions Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service
- ensuring that teachers and educators have the skills and expertise necessary to support the inclusion of children with specific health care needs, allergy or relevant conditions.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers [ECT], educators, staff, students, volunteers, families, children, and others attending the programs and activities of Hazel Glen College Children's Programs, including during offsite excursions and activities.

This policy should be read in conjunction with but limited to the following policies:

- Anaphylaxis and Allergic Reactions
- Asthma Management
- Diabetes
- Epilepsy and Seizures

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Families	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
1. Ensuring that families who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies *(Regulation 91, 168)*	**R**	√			
2. Ensuring families provide information on their child's health, medications, allergies, their registered medical practitioner's name, address and phone number, emergency contact names and phone numbers *(Regulation 162)*,	**R**	√		√	
3. Ensuring families provide a medical management plan (if possible, in consultation their registered medical practitioner), following enrolment and prior to the child commencing at the service *(Regulation 90)*	**R**	√		√	
4. Ensuring that a risk minimisation plan is developed in consultation with families to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised, and that the plan is reviewed at least annually *(refer to Attachment 1)* *(Regulation 90 (iii))*	**R**	√	√	√	
5. Ensuring a new risk assessment is completed and implemented when circumstances change for the child's specific medical condition	**R**	√			
6. Developing and implementing a communication plan and encouraging ongoing communication between families 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 *(Regulation 90 (c) (iii))*	**R**	√	√	√	
7. Ensuring a copy of the child's medical management plan is visible and known to staff in the service. *(Regulation 90 (iii)(D))*. Prior to displaying the medical management plan, the nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent *(refer to Privacy and Confidentiality Policy)*	**R**	√			
8. Informing the approved provider of any issues that impact on the implementation of this policy		√	√	√	√

9. Ensuring all staff are informed where medication is stored and/or any specific dietary restrictions relating to the child's health care need or medical condition.	R	√	√		√
10. Ensuring staff are trained in the administration of emergency medication	R	√			
11. Ensuring families and ECT/educators/staff understand and acknowledge each other's responsibilities under these guidelines	√	√			
12. Ensuring ECT/educators/staff undertake regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be carried out for the child's wellbeing and specific medical conditions	√	√	√		
13. Ensuring that at least one ECT/educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service *(Regulation 136(1)(a)).* This can be the same person who has anaphylaxis management training and emergency asthma management training	**R**	√			
14. Ensuring all ECT/educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens.	**R**	√	√		√
15. Ensuring that if a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service *(refer to Anaphylaxis and Allergic Reactions Policy)*	**R**	√	√		
16. Displaying, with consideration for the children's privacy and confidentiality, their medical management plan and ensure that all educators and staff are aware of and follow the risk minimisation plans for each child	**R**	√			
17. Ensuring each child's health is monitored closely and being aware of any symptoms and signs of ill health, with families contacted as changes occur		√	√		√
18. Administering medications as required, in accordance with the procedures outlined in the *Administration of Medication Policy (Regulation 93)*	**R**	R	√		
19. Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan	√	√	√		
20. Maintaining ongoing communication between ECT/educators/staff and families in accordance with the strategies identified in the communication plan *(refer to Attachment 1)*, to ensure current information is shared about specific medical conditions within the service.	**R**	√	√		
21. Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a	**R**	√	√		√

child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma					
22. Ensuring that the Ambulance Victoria How to Call Card is displayed near all telephones	√	√			
23. Ensuring children do not swap or share food, drink, food utensils or food containers	√	√	√		√
24. 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 *(Regulation 90 (iii)(B))*	R	√	√		√

BACKGROUND AND LEGISLATION

BACKGROUND

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- in the management of medical conditions
- when parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition
- when developing a risk minimisation plan in consultation with the child's families
- when developing a communication plan for staff members and families.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, families must be provided with a copy of this and other relevant policies.

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 medication is in its original container bearing the child's name, dose, and frequency of administration.

Refer to the *Administration of Medication Policy* for more information.

- Staff may need additional information from a medical practitioner where the child requires:
- multiple medications simultaneously
- a specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Families and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

Self-administration by a child over preschool age

Services who provide education and care to a child over preschool age (as defined in the Education and Care Services National Regulations 2011) may allow a child over preschool age to self-administer medication. The approved provider must consider their duty of care when determining under what circumstances such permission would be granted:

- Where a child over preschool age can self-administer medication/medical procedures, written authorisation must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications
- Authorisation for the child to self-administer medication is recorded in the medication record for the child under Regulation 92 and
- The medical conditions policy (this policy) includes practices for self-administration of medication (Regulations 96).

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Section 173
- Education and Care Services National Regulations 2011: Regulations 90, 91, 96
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- National Quality Standard, Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004 (Vic)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Medical condition: In accordance with the Education and Care Services National Regulations 2011, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

Medical management plan: 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. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

SOURCES AND RELATED POLICIES

SOURCES

- Staying Healthy: Preventing infectious diseases in early childhood education and care services (6th edition, 2024) National Health and Medical Research Council: https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2020: www.acecqa.gov.au
- Ambulance Victoria: www.ambulance.vic.gov.au
- Dealing with medical conditions in children policy and procedure guidelines - www.acecqa.gov.au
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RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Asthma Management
- Dealing with Infectious Diseases
- Diabetes
- Epilepsy and Seizures
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality
- Supervision of Children

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from educators, staff, families, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to families regarding the management of medical conditions is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk *(Regulation 172 (2))*.

ATTACHMENTS

- Attachment 1: Risk Assessment and Communication Plan Guideline

AUTHORISATION

This policy was adopted by the approved provider of Hazel Glen College Children's Programs on 26th October 2026.

REVIEW DATE: 2029

ATTACHMENT 1. RISK MANAGEMENT AND COMMUNICATION PLAN GUIDELINES

When developing a risk minimisation plan ensure:

- that risks relating to the child's specific health care needs, allergy or relevant medical condition are assessed and minimised;
- if relevant, policies and procedures in relation to safe handling, preparation, consumption, and service of food, are developed and implemented;
- if relevant, policies and procedures to ensure parents are notified of any known allergens posing a risk to a child, and strategies for minimising risks, are developed and implemented;
- policies and procedures ensuring all ECT/educators/staff members and volunteers can identify the child, the child's medical management plan, and the locations of the child's medication, are developed and implemented;
- if relevant, policies and procedures to ensure 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;

When developing a communication plan ensure:

- ECT/educators/staff members and volunteers are informed about the *Dealing with Medical Conditions policy*, and the medical management plans, and risk minimisation plans for the child;
- ECT/educators/staff members must sign the Risk Minimisation and Communication Plan to indicate they understand the triggers, allergens and risk involved;
- the child's families can communicate any changes to the medical management plan, and risk minimisation plan for the child, and set out how that communication can occur;
- to advise families when a medical management plan has been implemented in response to a child's medical condition;
- the medication and incident, injury, illness and trauma records are completed as soon as practicable after a medical management plan has been implemented and medication was administered;
- that the nominated supervisor is notified when a medical action plan has been implemented;
- families provide permission for their child's medical management plan (with photo), allergens, food restrictions, condition triggers, and any other relevant information, to be displayed in the service. Dated handwritten permission should be recorded on the back of the child's plan, and the relevant sections in the Acknowledgments and Consents Form as part the *Confidentiality and Privacy Policy*
- all relevant children's medical management plans (with photo), allergens, food restrictions, condition triggers, and any other relevant information, are displayed and visible to all ECT/educators/staff and volunteers at the service;
- relief ECT/educators and staff are informed of the children who have current medical management plans and shown the location of these plans and medication that has been prescribed for use.

Ensure that all medications prescribed for children with medical management plans are:

- stored in a location that is known and easily accessible to all staff;
- a copy of the medical management plan is with the medication;
- not locked away;
- inaccessible to children; and
- away from a direct source of heat.

Ensure all ECT/educators, including relief staff, have knowledge of the regular medications and method of administration of these for all children with medical management plans. These may include, but is not limited to asthma puffers, spacers, and adrenaline auto injection devices such as EpiPen®

ECT/Educators, regardless of whether they have a child diagnosed at risk of anaphylaxis, are to complete training in the administration of the auto injection device, asthma and CPR every 12 months, and record this in the staff records.

ECT/educators are also required to undertake quarterly practise with an auto injection device trainer, and record this in the staff records. If a child is enrolled with Anaphylaxis at the service, all ECT/educators at the service must undertake quarterly practice with an adrenaline auto injection device.

Display a list of children with medical conditions, including known triggers or allergens, doctor's contact details, and emergency contact details. This list also needs to be included in the Evacuation Backpacks.

Maximise, in consultation with the parents, the health and safety of their child through supervised management of the child's medical condition.

Promptly communicate to families any concerns, should it be considered that a child's medical condition is impacting on his/her ability to participate fully in all activities.

Implement the Protection from Allergen procedures to support children's health and safety.