



P-2.19 Dealing with Medical Conditions

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 should they arise.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

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

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS

S. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
S.172	Failure to display prescribed information
S.174	Offence to fail to notify certain circumstances to Regulatory Authority
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical Conditions Policy
90(1)(iv)	Medical Conditions Communication Plan
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
136	First Aid qualifications
162	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

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Acceptance and Refusal of Authorisations Policy	Excursion/ Incursion Policy
Administration of Medication Policy	Health and Safety Policy
Asthma Management Policy	Incident, Injury, Trauma and Illness Policy
Anaphylaxis Management Policy	Nutrition Food Safety Policy
Child Safe Environment Policy	Privacy and Confidentiality Policy
Dealing with Infectious Diseases Policy	Record Keeping and Retention Policy
Diabetes Management Policy	Supervision Policy
Enrolment Policy	Work Health and Safety Policy
Epilepsy Management Policy	

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
WHS	Workplace Health and Safety
DPIE	Department of Planning, Industry and Environment
CPR	Cardiopulmonary Resuscitation
DEBASCA	Denistone East Before and After School Care Association

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

SCOPE
This policy applies to all DEBASCA stakeholders.

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

DUTY OF CARE

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

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

IMPLEMENTATION

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

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

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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.

PROCEDURE

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/RESPONSIBLE PERSON WILL:

1. ensure obligations under the *Education and Care Services National Law and National Regulations* are met
2. all staff, educators, students, visitors and volunteers have knowledge of and adhere to this policy and relevant health management policies (*Asthma Management Policy/ Anaphylaxis Management Policy/Diabetes Management Policy*)
3. all enrolment forms are reviewed to identify any specific health care need, allergy or medical condition
4. existing enrolment forms are reviewed annually (at time of re-enrolment), 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
5. parents/guardians are provided with access to a copy of the service's *Medical Conditions Policy* and any other relevant medical conditions policy
6. a child's enrolment will not be accepted, nor will an already enrolled child be permitted to attend the Service, without a medical management plan and prescribed medication by their medical practitioner. 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]
7. all medication provided to the OSHC 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
8. 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
9. new staff members are provided with induction and ongoing training to assist managers, educators and other staff effectively and children with medical management plans are clearly identified
10. all aspects of operation of the Service must be considered to ensure inclusion of each child into the program, where safe to do so
11. a communication plan is developed in collaboration with the nominated supervisor and lead educators to ensure communication between families and educators is ongoing and effective
12. communication regarding children's health requirements is delivered to families in a culturally sensitive and respectful manner
13. staff are provided with annual ASCIA anaphylaxis e-training to provide consistent and evidence-based approaches to prevention, recognition and emergency treatment of anaphylaxis
14. 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 qualification, emergency asthma management and emergency anaphylaxis management training
15. 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
16. families provide required information on their child's health care need, allergy or relevant medical condition, including:
 - 16.1. medication requirements
 - 16.2. allergies
 - 16.3. medical practitioner's contact details
 - 16.4. medical management plan
17. a medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the service and/or
 - 17.1. 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
 - 17.2. an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner
18. a risk minimisation plan and communication plan has been developed in consultation with parents and management prior to the child commencing at the Service
19. educators and staff will be informed immediately about any changes to a child's medical management plan and risk management plan
20. to record any prescribed health information and retain copies of a medical management plan, anaphylaxis management

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- plan or asthma management plan and risk minimisation plan in the child's enrolment folder
21. educators have access to emergency contact information for the child
 22. 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
 23. a copy of the child's medical condition is visibly displayed (in an area not generally available to families and visitors) but known to staff in the service with authorisation to display obtained from parent/guardian
 24. risk minimisation plans and communication plans for individual children are accessible to all staff
 25. procedures are adhered to regarding the storage and administration of medication at all times as per the Administration of Medication Policy
 26. educators are informed of specific medication requirements for children with medical management plans, including where medication is stored and/or any specific dietary requirements
 27. administration of medication record is accurately completed and signed by the educator and witness
 28. medication self-administered is only permitted with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication
 29. copies of children's medical management plans and medication are taken on any excursion or emergency evacuation from the service
 30. 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 (Reg.173)
 31. 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 NSW legislation

FOLLOWING AN INCIDENT – EDUCATORS WILL ENSURE:

32. 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 Reg. 90(1)(c)(ii):
 - 32.1. the first aid responder will commence first aid measures immediately as per the child's medical management plan
 - 32.2. an ambulance is called by dialing 000 if the child does not respond to initial treatment
 - 32.3. the nominated supervisor or responsible person will contact the child's parent/guardian or emergency contact when practicable, but as soon as possible
 - 32.4. the nominated supervisor will ensure the Incident, Injury, Trauma and Illness Record is completed in its entirety, and provided to the parent/guardian and regulatory authority (within 24 hours)
 - 32.5. the approved provider/nominated supervisor will notify the regulatory authority (within 24 hours) in the event of a serious incident (Reg 12)
 - 32.6. the approved provider/nominated supervisor will conduct a review of practices following a medical emergency at the OSHC Service, including an assessment of areas for improvement.

MANAGEMENT OF ASTHMA, ANAPHYLAXIS AND DIABETES:

33. For the management of Asthma, Anaphylaxis and Diabetes see individual Service policies and procedures which include procedures to follow on the administration medication following an anaphylaxis or asthma emergency.

COOK AND FOOD HANDLERS WILL ENSURE:

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

EDUCATORS WILL:

37. follow this policy and associated medical policies and procedures
38. inform the approved provider/nominated supervisor of communication from families that may impact changes and updates to the individual medical management plan
39. notify the approved provider or nominated supervisor of any issues implementing this policy or procedure
40. ensure medication is stored and administered in accordance with the Administration of Medication Policy and Procedure, including ensuring 2 educators are present during the administration of medication
41. follow medical management plans at all times, including in the event of a medical emergency

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42. closely monitor children and ensure any symptoms or signs of illness are responded to immediately, including notifying families as soon as possible
43. participate in the review of risk assessments and implement changes as required
44. ensure medication and medical management plans are taken on all excursions and during emergency evacuations
45. maintain current accredited first aid qualification, emergency asthma management and emergency anaphylaxis management training (as required)
46. undertake specific training as required for individual medical conditions.

FAMILIES WILL ENSURE:

47. the OSHC Service enrolment form is completed in its entirety providing specific details about the child's medical condition during the enrolment process
48. they acknowledge they have received/or are provided access to the *Service's policies and procedures including all medical management policies at the time of enrolment*
49. they provide management with accurate information about their child's health needs, allergies, medical conditions and medication requirements on the enrolment form
50. they provide the Service with a medical management plan prior to enrolment of their child and/or
 - 50.1. an individual Asthma or Anaphylaxis Action Plan
 - 50.2. an individual Diabetes Management Plan and /or any other Medical Management Plans as required
51. they consult with management to develop a risk minimisation plan and communication plan
52. they provide adequate supplies of the required medication, and medical authorisation on *Administration of Medication Record*
53. medication must be within expiry date. Parents will be reminded when to renew their medication prior to expiry. If a parent fails to replace medication before its expiry date, the child will not be allowed to attend care, or may be sent home until in-date medication is provided.
54. they provide any updated information relating to the nature of, or management of their child's diagnosed medical condition and associated health care provided by a medical practitioner. This is to be provided in written form which will be updated in the child's risk minimisation and communication plan
55. they provide written authorisation for their child's name, photograph and medical condition to be displayed for educators to see, as well as the child's medical management plan to be accessible in the Service at all times
56. that should any details to a child's medical condition change, for example. new allergens added, families will provide an updated Medical Management Plan and Risk Minimisation Plan, and updated Communication Plan. This is to be signed and dated by the parent/carer, Nominated Supervisor and educators.
57. they notify the service in writing when children are taking any short-term medications AND whether or not these medications may be self-administered, or to be administered by the service. In such case, Administration of Medication procedure should be followed
58. they provide written authorisation for their child's medical management condition to be displayed in the OSHC Service, and management plan, risk minimisation plan and communication plan easily accessible at all times.

SELF-ADMINISTRATION OF MEDICATION

59. A child over preschool age may self-administer medication under the following circumstances:
 - 59.1. a parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication
 - 59.2. medication is stored safely by an educator, who will provide it to the child when required
 - 59.3. supervision is provided by an educator whilst the child is self-administering medication
 - 59.4. an accurate record is made in the medication record for the child that the medication has been self-administered.

MEDICAL MANAGEMENT PLAN

60. Any medical management plan provided by a child's parents and/or registered medical practitioner should include the following:
 - 60.1. specific details of the diagnosed health care need, allergy or relevant medication condition
 - 60.2. supporting documentation (if required)
 - 60.3. a recent photo of the child
 - 60.4. current medication and dosage prescribed for the child
 - 60.5. if relevant, state what triggers the allergy or medical condition
 - 60.6. first aid/emergency response that may be required from the Service

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- 60.7. any medication that may be required to be administered in case of an emergency
- 60.8. further treatment or response if the child does not respond to the initial treatment
- 60.9. when to contact an ambulance for assistance
- 60.10. contact details of the medical practitioner who signed the plan
- 60.11. the date of when the plan should be reviewed
- 61. a copy of the medical management plan will be displayed in areas for educators and staff to view see easily but are harder for the public to view to ensure privacy, safety and wellbeing of the child
- 62. the Service must ensure the medical management plan remains current at all times
- 63. educators and staff are updated immediately about any changes to a child's medical management plan

RISK MINIMISATION PLAN

- 64. All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. (Reg. 90(1)(c)).
- 65. The nominated supervisor/lead educators will arrange a meeting with the parents/guardian as soon as the Service has been advised of the diagnosed health care need, allergy or medical condition. During this meeting, a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:
 - 65.1. that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised
 - 65.2. that practices and procedures in relation to the safe handling, preparation, serving and consumption of food are developed and implemented
 - 65.3. 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
 - 65.4. 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
 - 65.5. 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
 - 65.6. risk minimisation plan(s) are reviewed as required, and/or revised with each change in the medical management plan in conjunction with parents/guardians
 - 65.7. all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by educators
 - 65.8. 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
 - 65.9. appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the *Dealing with Infectious Diseases Policy*.

COMMUNICATION PLAN

- 66. The communication plan explains how relevant staff members, students 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.
- 67. A communication plan will be created after the meeting with the parents/guardian to ensure:
 - 67.1. all relevant staff members, students and volunteers are informed about the *Medical Conditions Policy*, the medical management plan and risk minimisation plan for the child; and
 - 67.2. that an individual child communication 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
- 68. Parents are required to notify the Service if any changes are to occur to the medical management plan or risk minimisation plan through email, communication plan and/or meetings with the nominated supervisor.
- 69. The service may request at any time for medical changes listed on the Communication Plan to be supported by evidence from a medical practitioner.
- 70. 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.

CONTINUOUS IMPROVEMENT/EVALUATION

- 71. Our Medical Conditions Policy will be reviewed regularly basis in consultation with children, families, staff, educators and management.

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SOURCES

Australian Children’s Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)

Australian Children’s Education & Care Quality Authority (ACECQA). 2021. [Policy and Procedure Guidelines. Dealing with Medicals in Children Policy Guidelines.](#)

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

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations.](#) (Amended 2023).

Federal Register of Legislation *Privacy Act 1988.*

National Health and Medical Research Council. (2024). [Staying Healthy: preventing infectious diseases in early childhood education and care services \(6th Ed.\).](#) NHMRC. Canberra.

Occupational Health and Safety Act 2004.

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CHANGE HISTORY	Version	Amendment Details	Date Amended		
	New	Reformatted DEBASCA policies	November 2013		
	1	- Added first paragraph under Policy Statement - Added 1.2 - Re-wording 1.3 - Removed 1.5 - Added 1.8, 1.9, 1.10 - Added section 2 - Added section 3	June 2015		
	2	Edited wording in 1.6 Added clause 1.7 Edited wording in 2.2	Aug 2016		
	3	Reformatted Policy number: D-19 to P-2.19	Aug 2017		
	4	Updated to latest revised National Quality Standard Edited 3.4 Edited 3.5	Apr 2018		
	5	Merged polices: 2.17, 2.18 into this policy 2.19	Aug 2020		
	6	Minor changes	Dec 2021		
	7	Adjusted terminology Medical Management Plan/Action Plan to be consistent throughout 2.1 changed 'may not' to 'will not' 3.3 minor wording change 3.9 minor wording change 3.10 minor wording change 3.11 minor wording change 7.2.1 Included additional Note 8.1.2 Added Anapen® throughout the Policy	May 2023		
	8	Adopted NEW DEBASCA policy format Policy Statement re-worded Added National Quality Standard Added Education and Care Services National Law and Regulations Added Related Policies Removed Associated Documents as it has been separated above categories Added Definitions: CPR, DEBASCA Added Purpose Added Implementation Added <i>The Approved Provider/Nominated Supervisor/Responsible Person Will</i> and subsequent clauses 1-51 Removed old policy clauses as embedded within new clauses, or obsolete Created separate Asthma/Anaphylaxis/Diabetes policies Added Continuous Improvement/Evaluation	Jun 2025		
	9	Minor changes Minor update to regulations, related policies Added 'annually' to clause 4 Reword clause 5 Add clause 7, 12 Minor reword clause 14 Add clause 23-26, 28 and 32.6 Minor reword clause 33	Jan 2026		
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		Add clause 47, 48, 57-59.4 Sources updated	
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