

# Medical Conditions Management

## OSHC Policy & Procedure

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| Approver: Melissa Cofre             | Effective Date: <b>11/12/2025</b> | Review Date: 11/12/2028    |
| Responsible Manager: Megan Slattery | Controlled version: 1             | Page <b>1</b> of <b>16</b> |

## 1. Policy

### 1.1 Policy Statement

Berry Street Yooralla OSHC Service ('OSHC Service') 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. The OSHC Service applies the following policy principles:

- We involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum.
- We show commitment to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical conditions.
- We ensure staff are informed of any children diagnosed with a medical condition or specific health care need and the risk minimisation procedures in place.
- All staff are informed where medication is stored and/or any specific dietary restrictions relating to their health care need or medical condition.
- All children with diagnosed medical conditions have a current risk minimisation plan and communication plan that is accessible to all staff.
- Staff are trained in the medical support need requirements of each child and the administration of emergency medication.
- Families can expect that educators will act in the best interests of the children in their care at all times and meet the children's individual health care needs.
- We will partner with families of children with diagnosed medical conditions to develop a risk minimisation plan to ensure that the risks relating to the child's specific health care need or relevant medical condition are assessed and minimised.
- In conjunction with the risk minimisation plan, a communication plan will be developed setting out how communication occurs if there are any changes to the medical management plan or risk minimisation plan for the child. The communication plan ensures all staff are informed of the child's medical condition and relevant documentation.
- We will communicate with families about their children's health requirements in a culturally sensitive way.
- Key procedures and strategies must be in place prior to the child commencing at the Service to ensure their individual health, safety and wellbeing are safely managed from commencement.
- 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.

### 1.2 Purpose

The Medical Conditions Policy has been written to facilitate the safe management and care of children with medical conditions attending the Berry Street Yooralla OSHC Service ('OSHC

Service'). The OSHC Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented.

### 1.3 Background

The Education and Care Services National Regulations requires approved providers to ensure services have policies and procedures in place for medical conditions.

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

### 1.4 Scope

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

### 1.5 Legislation & Standards

| <b>QUALITY AREA 2: Children's Health and Safety</b> |                       |  |
|---|-----------------------|--|
| 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.                                  |

| <b>EDUCATION AND CARE SERVICES NATIONAL REGULATIONS</b> |  |
|---|--|
| 85  | Incident, injury, trauma and illness policy  |
| 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) (a)  | The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis |
| 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   |
| 96  | Self-administration of medication  |
| 136   | First Aid qualifications   |

|                |   |
|----------------|---|
| 162(c) and (d) | Health information to be kept in enrolment record   |
| 168(2)(d)      | Policies and procedures are required in relation to dealing with medical conditions in children, including the matters set out in regulation 90   |
| 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 |
| 174            | Time to notify certain circumstances to Regulatory Authority  |

## 1.6 Key Terms

| Term  | Meaning  | Source   |
|---|--|--|
| ACECQA – Australian Children’s Education and Care Quality Authority | The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.  | <a href="http://www.acecqa.gov.au">www.acecqa.gov.au</a> |
| Approved anaphylaxis management training                            | Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.  | National Regulations                                     |
| Approved first aid qualifications                                   | A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Matters are likely to include: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an autoimmune adrenalin device. | National Regulations                                     |
| Communication plan  | A plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families and staff will be informed about risk minimisation plans  |  |

|                         |   |                      |
|-------------------------|---|----------------------|
|                         | and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.  |                      |
| Medication              | Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au). | National Regulations |
| Medical condition       | This may be described as a condition that has been diagnosed by a registered medical practitioner.  | Guide to the NQF     |
| Medical management plan | A document that has been prepared and signed by a registered medical practitioner (or other registered Health Professional) 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.                        |                      |
| Risk minimisation plan  | A document prepared by service staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating to the child's specific health care need, allergy or other relevant medical condition   | Guide to the NQF     |

## 2. Procedure

### 2.1 Documentation & Medical Management Plans

- Medical condition documentation is essential for the safe management of children with medical conditions and/or high medical support needs.
- Medical condition documentation will form part of the child's record and form part of the basis for safely supporting the child attending the OHSC service.
- Medical documentation will take the form of specific medication condition plans which are individualized to the child's support needs and provide instructions for emergency management of the medical condition.
- All medical management plans are to be developed and/or endorsed by the child's medical practitioner or other health professional e.g. Diabetes Nurse Educator, HEN nurse etc.
- Any Medical Management Plan provided by a child's parents and/or registered medical practitioner should include the following:
  - specific details of the diagnosed health care need, allergy or relevant medication condition
  - supporting documentation (if required)
  - a recent photo of the child
  - current medication and dosage prescribed for the child
  - if relevant, state what triggers the allergy or medical condition
  - first aid/emergency response that may be required
  - any medication that may be required to be administered in case of an emergency ( a Medication Authority Form is also required)
  - further treatment or response if the child does not respond to the initial treatment
  - when to contact an ambulance for assistance
  - contact details of the medical practitioner who signed the plan
  - the date of when the plan should be reviewed (all plans must be reviewed and/or a new plan provided every 12 months)
- The OHSC Service have preferred templates to be used for medical management plans as these templates provide a standardized format and consistency across our services and our educators receive training relating to the use of these templates.
- The OHSC Service preferred templates are available from the following peak bodies:
  - Allergy and Anaphylaxis Australia: <https://allergyfacts.org.au/ascia-action-plans-what-are-they/>
  - Epilepsy Foundation: <https://epilepsyfoundation.org.au/understanding-epilepsy/epilepsy-and-seizure-management-tools/epilepsy-plans/>
  - Asthma Australia: <https://asthma.org.au/kids/ongoing-care/asthma-action-plans/>
  - Diabetes Victoria: <https://www.diabetesvic.org.au/support-services/diabetes-in-youth/diabetes-action-and-management-plans/>
- A copy of the medical management plan will be displayed in areas for educators and staff to view easily but are harder for the public to view to ensure privacy, safety and wellbeing of the child, whilst.

- The OSHC Service must ensure the medical management plan remains current all times

## 2.2 Risk Minimisation Plans

- 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))
- The Approved Provider/Nominated Supervisor will arrange a meeting with the parents/guardian as soon as the OSHC 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:
  - that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimized
  - that practices and procedures in relation to the safe handling, preparation, serving, and consumption of food are developed and implemented
  - 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
  - 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
  - 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
  - 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
  - appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the Dealing with Infectious Diseases Policy.
- 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
- All relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by educators

## 2.3 Communication Plan

- The 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:

- 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
- that 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.
- Parents are required to notify the Service if any changes are to occur to the medical management plan or risk minimisation plan through the Notification of Changed Medical Status form, email, communication plan and/or meetings with the nominated supervisor.
- At all times, families who have a child attending the OSHC 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.

## 2.4 Self-administration of Medication

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

## 2.5 Roles and Responsibilities

| Role  | Responsibilities  |
|---|---|
| <p><b>Approved Prover/Nominated Supervisor / Manager</b> will ensure:</p> | <ul style="list-style-type: none"> <li>● Obligations under the Education and Care Services National Law and National Regulations are met</li> <li>● 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)</li> <li>● all enrolment forms are reviewed to identify any specific health care need, allergy or medical condition. Identified children are colour coded to ensure quick access to enrolment forms of identified children. For Example; enrolment forms of children with allergies are filed in a red display book, dietary requirements and disabilities are in black display books and asthmatics are in blue display books. The child's condition is also printed on the spine of their enrolment pack for easy identification.</li> <li>● 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</li> </ul> |

diagnosed. This occurs on an annual basis using the short enrolment form at the end of each year for the next year.

- parents are provided with a copy of the Service's Medical Conditions Policy and/or have access to the policy on the website.
- a child is not enrolled at, nor will attend the OSHC 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 to the service on enrolment [e.g., asthma inhalers, adrenaline auto injection devices or insulin] and remain at the service until the child leaves the service and does not require any more care. Expiry dates of medications are recorded and checked at least once a term.
- 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
- new staff members are provided with induction and ongoing training to assist managers, educators and other staff effectively
- all aspects of operation of the service must be considered to ensure inclusion of each child into the program
- a communication plan is developed in collaboration with the Nominated Supervisor/Responsible Person and lead educators to ensure communication between families and educators is on-going and effective
- staff are provided with annual ASCIA anaphylaxis e-training to provide consistent and evidence-based approaches to prevention, recognition and emergency treatment of anaphylaxis in conjunction with the annual CPR refresher course recognition and emergency treatment of anaphylaxis in conjunction with the annual CPR refresher course
- all educators and the nominated supervisor in attendance have a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) and any other health related training specific to the medical supports of the children attending the service
- 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
- families provide required information on their child's health care need, allergy or relevant medical condition, including:
  - medication requirements
  - allergies
  - medical practitioners contact details
  - medical management plan
- a medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the service
- a risk minimisation plan has been developed in consultation with parents and management prior to the child commencing at the service

- educators and staff will be informed immediately about any changes to a child's medical management plan, risk management plan
- to record any prescribed health information and retain copies of medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- educators have access to emergency contact information for the child
- 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
- a copy of the child's medical management plan is visibly displayed (in an area not generally available to families and visitors) but known to staff in the OSHC Service
- procedures are adhered to regarding the administration of medication at all times
- administration of medication record is accurately completed and signed by the educator and witnesses
- medication self-administered by a child over preschool aged, 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
- 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).
- 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.)
- the nominated supervisor or responsible person will contact the child's parent/guardian or emergency contact when practicable, but as soon as possible
- The Approved Provider/Nominated Supervisor/Manager will in the event of a high risk scenario will:
  - ensure the Incident Report (RiskMan) is completed in its entirety
  - notify the regulatory authority (within 24 hours) in the event of a serious incident (REG 12)
  - conduct a review of practices following a medical emergency at the OSHC Service, including an assessment of areas for improvement

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|-------------------------------------|---|
|                                     | <ul style="list-style-type: none"> <li>• The Director/Nominated Supervisor will notify the regulatory authority (within 24 hours) in the event of a serious incident</li> </ul>   |
| <p><b>Educators</b> will:</p>       | <ul style="list-style-type: none"> <li>• follow this policy and associated medical policies and procedures</li> <li>• inform the approved provider/nominated supervisor of communication from families that may impact changes and updates to the individual medical management plan</li> <li>• notify the approved provider or nominated supervisor of any issues implementing this policy or procedure</li> <li>• 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</li> <li>• follow medical management plans at all times, including in the event of a medical emergency</li> <li>• closely monitor children and ensure any symptoms or signs of illness are responded to immediately, including notifying families as soon as possible</li> <li>• participate in the review of risk assessments and implement changes as required</li> <li>• ensure medication and medical management plans are taken on all excursions and during emergency evacuations</li> <li>• maintain current accredited first aid qualification, emergency asthma management and emergency anaphylaxis management training (as required)</li> <li>• undertake specific training as required for individual medical conditions.</li> <li>• in the event that a high-risk scenario where a child suffers from a reaction, incident, situation, or event related to a medical condition educators and staff will follow the child’s emergency medical management plan as per Regulation 90(1)(c)(ii)             <ul style="list-style-type: none"> <li>○ educators will commence first aid measures immediately as per the child’s medical management plan</li> <li>○ urgent medical attention from a registered medical practitioner is contacted if required</li> <li>○ an ambulance is called by dialling 000 if the child does not respond to initial treatment</li> <li>○ contact the child’s family, once safe to do so</li> <li>○ complete an incident report</li> <li>○ document what occurred and the first aid or medical treatment provided in the child’s notes.</li> </ul> </li> <li>• Staff involved in food preparation and handling will ensure:             <ul style="list-style-type: none"> <li>○ to keep up to date with professional training to help manage food allergies in our OSHC</li> <li>○ practices and procedures are in place, and adhered to, in relation to safe food handling, preparation and consumption of food</li> <li>○ any changes to children’s medical management plans or risk minimisation plans are implemented immediately</li> </ul> </li> </ul> |
| <p><b>Families</b> will ensure:</p> | <ul style="list-style-type: none"> <li>• the OSHC Service enrolment form is completed in its entirety providing</li> </ul>  |

|  |  |
|--|--|
|  | <p>specific details about the child’s medical condition</p> <ul style="list-style-type: none"> <li>• they provide management with information about their child’s health needs, allergies, medical conditions, and medication requirements on the enrolment form and through verbal communication/meetings</li> <li>• they provide the OSHC Service with a medical management plan prior to enrolment of their child</li> <li>• they consult with management to develop a risk minimisation plan</li> <li>• 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</li> <li>• they notify the OSHC Service if any changes are to occur to the medical management plan</li> <li>• notify the OSHC Service, verbally when children are taking any short-term medications AND whether or not these medications may be self-administered (only applicable for a child over preschool age)</li> <li>• they provide adequate supplies of the required medication and medication authorisation on an Administration of Medication Record</li> <li>• 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</li> <li>• they provide written consent for their child’s medical management plan to be displayed in the OSHC service</li> </ul> |
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## 2.6 References & Resources

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>

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.*

*Occupational Health and Safety Act 2004.*

Allergy and Anaphylaxis Australia [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

Australasian Society of Clinical Immunology and Allergy – ASCIA Action Plans for Anaphylaxis [www.allergy.org.au/hp/ascia-action-plan-anaphylxis](http://www.allergy.org.au/hp/ascia-action-plan-anaphylxis)

Diabetes Australia [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)

Epilepsy Foundation Australia [www.epilepsyfoundation.org.au](http://www.epilepsyfoundation.org.au)

National Asthma Council Australia [www.nationalasthma.org.au](http://www.nationalasthma.org.au)

## 2.7 Related Policies and Procedures

|   |  |
|---|--|
| Acceptance and Refusal of Authorisations Policy<br>Child Safe Environment Policy<br>Enrolment & Orientation Policy<br>Epilepsy Management Policy<br>Incident, Injury, Trauma and Illness Policy | Infection Prevention and Control Policy<br>Nutrition Food Safety Policy<br>Privacy Policy<br>Occupational Health and Safety Policy |
|---|--|

## 3. Policy & Procedure Review

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

- Regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- Monitor the implementation, compliance, complaints and incidents in relation to this policy.
- 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.
- Notify 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)).

The ongoing monitoring and compliance to this policy and procedure will be overseen by the OSHC Manager, Nominated Supervisor and Yooralla Quality, Risk and Safeguarding team.

All Yooralla OSHC policies and procedures will be reviewed every 12 months.