



DAME NELLIE MELBA  
KINDERGARTEN  
EST 1915

# **Dealing with Medical Conditions Policy**

## **Mandatory – Quality Area 2**



## PURPOSE

This policy provides guidelines for DNMK 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 parents/guardians for the child
  - risk-minimisation and communication plan are developed in conjunction with DNMK. and parents/guardians.
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## POLICY STATEMENT

### VALUES

DNMK 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 DNMK are protected from harm
- informing 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 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, parents/guardians, children, and others attending the programs and activities of DNMK, 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
- Diabetes
- Epilepsy

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	Parents/guardians	Contractors, volunteers and students
<b>R</b> indicates legislation requirement, and should not be deleted					
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 ( <i>Regulation 91, 168</i> )	<b>R</b>	√			
Ensuring families provide information on their child’s health, medications, allergies, their medical practitioner’s name, address and phone number, emergency contact names and phone numbers ( <i>Regulations 162</i> ), and a medical management plan signed by their medical practitioner, following enrolment and prior to the child commencing at the service ( <i>Regulation 90</i> )	<b>R</b>	√	√	√	
Ensuring that a risk minimisation plan ( <i>refer to Definitions</i> ) is developed in consultation with parents/guardians 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 ( <i>refer to Attachment 1</i> ) ( <i>Regulation 90 (iii)</i> )	<b>R</b>	√	√	√	
Developing and implementing a communication plan ( <i>refer to Definitions</i> ) 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 ( <i>Regulation 90 (c) (iii)</i> )	<b>R</b>	√	√	√	
Ensuring a copy of the child’s medical management plan is visible and known to staff in the service. ( <i>Regulations 90 (iii)(D)</i> ). Prior to displaying the medical management plan, the nominated supervisor must explain to parents/guardians the need to display the plan for the purpose of the child’s safety and obtain their consent ( <i>refer to Privacy and Confidentiality Policy</i> )	<b>R</b>	√			
Informing the approved provider of any issues that impact on the implementation of this policy		√	√	√	√
Ensuring families and ECT/educators/staff understand and acknowledge each other’s responsibilities under these guidelines	√	√	√		
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	√	√	√		

Ensuring that at least one ECT/educator with current approved first aid qualifications ( <i>refer to Definitions</i> ) is in attendance and immediately available at all times that children are being educated and cared for by the service ( <i>Regulation 136(1) (a)</i> ). This can be the same person who has anaphylaxis management training and emergency asthma management training	R	√			
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 ( <i>refer to Anaphylaxis and Allergic Reactions Policy</i> )	R	√	√		
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		√	√		
Administering medications as required, in accordance with the procedures outlined in the <i>Administration of Medication Policy (Regulation 93)</i>	R	R	√		
Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan	√	√	√		
Maintaining ongoing communication between ECT/educators/staff and parents/guardians in accordance with the strategies identified in the communication plan ( <i>refer to Attachment 1</i> ), to ensure current information is shared about specific medical conditions within the service.	R	√	√		
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	√	√		√
Ensuring that the Ambulance Victoria How to Call Card ( <i>refer to Sources</i> ) is displayed near all telephones	√	√			
Ensuring children do not swap or share food, drink, 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 ( <i>Regulation 90 (iii)(B)</i> )	R	√	√		√
Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service	√	√			

## 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 parents/guardians
- when developing a communication plan for staff members and parents/guardians.

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, parents/guardians 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. Parents/guardians 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.

## 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)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

## 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 Attachment 2: General Policy Definitions

**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 (ASCI) Action Plan.

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## SOURCES AND RELATED POLICIES

### SOURCES

- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) 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](http://www.acecqa.gov.au)
- Ambulance Victoria: How to call card: <https://www.ambulance.vic.gov.au/wp-content/uploads/2019/08/How-To-Call-Card.pdf>
- Dealing with medical conditions in children policy and procedure guidelines - [www.acecqa.gov.au](http://www.acecqa.gov.au)

### RELATED POLICIES

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

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## 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, 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
- ensure that all information on display and supplied to parents/guardians 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)*).
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## ATTACHMENTS

- Attachment 1: Risk Assessment and Communication Plan Guideline
  - Attachment 2: General Policy Definitions
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## AUTHORISATION

This policy was adopted by the approved provider of DNМК on May 23

**REVIEW DATE:** May 24

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## 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 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 parents/guardians 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 parents/guardians 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;
- parents/guardians 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 parents/guardians 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.

## Attachment 2

### General Policy Definitions

**Approved Provider:** An individual or organisation that has completed an application and been approved by the Regulatory Authority as fit and proper (in accordance with Sections 12, 13 and 14 of the National Law) to operate one or more education and care services. Where the applicant is an organisation, each person with management and control (see definition below) of that organisation must complete a separate application form. (Note: Under the Education and Care Services National Law Act 2010, Section 5, Definitions: "person with management or control, in relation to an education and care service, means – (b) if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service".)

**Australian Children's Education and Care Quality Authority (ACECQA):** The national authority established to oversee the National Quality Framework and guide its implementation in a consistent way throughout Australia.

**Department of Education and Training (DET):** The Victorian State Government department with Primary responsibility for the approval, monitoring and quality assessment of services in Victoria in accordance with the national legislative framework and in relation to the *National Quality Standards*

**Early childhood teacher:** A person with an approved early childhood teaching qualification as listed on the ACECQA website [www.acecqa.gov.au](http://www.acecqa.gov.au)

**Educational Leader:** The Approved Provider of an education and care service must designate, in writing, a suitably qualified and experienced educator, coordinator or other individual to lead the development and implementation of education programs at the service (Regulation 118). This person must have a thorough understanding of the Early Years Learning Framework (or other approved learning framework), be able to guide other educators in their planning and reflection, and mentor colleagues in their implementation practices.

**Educator:** An individual who is qualified to provide education and care for children as part of an education and care service.

**Learning frameworks:** Under the National Quality Framework (NQF), education and care services are required to ensure that the program delivered to all children being cared for and educated by the

service is based on and delivered in a manner that accords with an approved learning framework. In Victoria, the approved frameworks are:

- ☐ *Early Years Learning Framework (EYLF)*
- ☐ *Victorian Early Years Learning and Development Framework (VEYLDF)*
- ☐ *My Time, Our Place: Framework for School Age Care in Australia.*

**National Law:** Refers to the *Education and Care Services National Law Act 2010*: the national law regulating education and care services for children.

**National Quality Framework (NQF):** This framework for the early childhood education and care sector helps providers to improve the quality of services in areas that impact on a child's development. The framework includes:

- ☐ a National Law – the Education and Care Services National Law Act 2010
- ☐ National Regulations – the Education and Care Services National Regulations 2011 (please check online to ensure the most current version is being used)

☐ the National Quality Standard

☐ an assessment and rating system

☐ a Regulatory Authority in each state and territory with primary responsibility for the approval, monitoring and quality assessment of services in their jurisdiction in accordance with the national legislative framework and in relation to the National Quality Standard

☐ the Australian Children's Education and Care Quality Authority (ACECQA). The national body responsible for providing oversight of the system and ensuring consistency of approach.

**National Quality Standard (NQS):** The NQS sets a National benchmark for the quality of children's education and care services. The NQS is comprised of guiding principles, quality areas, standards and elements. There are seven quality areas which capture aspects critical to the provision of quality education and care.

**National Regulations:** Refers to the *Education and Care Services National Regulations 2011*: the regulations or rules under which education and care services must operate. The regulations are the way in which the law is applied.

**Nominated Supervisor:** A person who has been nominated by the Approved Provider of the service under Part 3 of the Act and who has consented to that nomination in writing can be the Nominated Supervisor. All services must have a Nominated Supervisor with responsibility for the service in accordance with the National Regulations. The Approved Provider must take reasonable steps to ensure that the Nominated Supervisor is a fit and proper person (in accordance with Sections 12, 13 and 14 of the National Law), with suitable skills, qualifications and experience. The Regulatory Authority must be notified if the Nominated Supervisor for the service changes, or is no longer employed at the service.

**Person with management or control:** Means— (a) if the provider or intended provider of the service is a body corporate, an officer of the body corporate within the meaning of the Corporations Act 2001 of the Commonwealth who is responsible for managing the delivery of the education and care service; or (b) if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service; or (c) if the provider of the service is a partnership, each partner who has the responsibility, alone or with others, for managing the delivery of the education and care service; or (d) in any other case, a person who has the responsibility, alone or with others, for managing the delivery of the education and care service (Note: Under the *Education and Care Services National Law Act 2010*, Section 5).

**Person in day-to-day charge:** A person is in day-to-day charge if (a) the person is placed in day-to-day charge by the approved provider or a nominated supervisor of the education and care service after meeting the definition for a service supervisor certificate: and (b) the person consents to the placement in writing (Regulation 54)

**Policy:** A formal statement of principles which provides a framework for decision-making and indicates the course of action to be taken in specific circumstances. Policies provide services with an approved way of operating in relation to particular matters and improve the management of risk. They reflect the values and beliefs of a service, current thinking, national standards and community expectations, and are relevant in terms of current laws and regulations.

**Procedures:** The steps required to implement and comply with a policy. Procedures specify how to achieve the necessary result by outlining who does what and when. Procedures are succinct, factual and to the point, and are generally expressed as a list.

**Program:** The group/activity in which a child is enrolled and which has specific hours of attendance.

**Regulatory Authority:** see definition for the Department of Education and Training.

**Responsible Person:** The Approved Provider (if that person is an individual, and in any other case the person with management or control of the service operated by the Approved Provider) or a Nominated Supervisor or person who has been placed in day-to-day charge of the service in accordance with the National Regulations.

**Service Supervisor Certificates:** On 1st November 2016 the National Regulations were amended to expand the classes of people who may be covered by a prescribed class supervisor certificate.

The new prescribed classes are set out in regulation 238A, and include a person who is:

- ☐ *responsible for day to day management of the service, or*
- ☐ *exercising supervisory and leadership responsibilities for part of the service, or*
- ☐ *a family day care coordinator*

Certificates issued for people working in one of these roles are referred to as “*service supervisor certificates*”.

Service supervisor certificates will not be issued to a particular person. Instead they may apply to any person working at the service who has been identified by the approved provider as working in one of the above roles.

For example, if the service director is responsible for day to day management of the service, they can be covered under the service supervisor certificate. Similarly, a room leader who is responsible for supervising part of the service can also be covered by the service supervisor certificate.

With this new flexibility, most individuals do not need to apply to the regulatory authority for a supervisor certificate.

Under these arrangements, a person is covered under the service supervisor certificate and may be a nominated supervisor if:

- ☐ the approved provider identifies that they meet the definition for a service supervisor certificate and
- ☐ they give their written consent to be the nominated supervisor (required under sections 35, 44 and regulation 56).

Nominated supervisors have specific obligations under the National Law (See Nominated Supervisors above).

A person is covered and may be placed in day to day charge of the service if:

- ☐ the approved provider or the nominated supervisor identifies that they meet the definition for a service supervisor certificate and
- ☐ they give their written consent to be placed in day to day charge of the service (required under regulation 54).

These arrangements apply for centre based and family day care services, and make it easier for providers to meet the requirements to ensure that:

- ☐ for centre based services, either the approved provider, nominated supervisor or certified supervisor in day to day charge is present at the service at all times the service is educating and caring for children (section 162) and
- ☐ for family day care services, either the approved provider, nominated supervisor or a certified supervisor in day to day charge is available at all times to support family day care educators

**Staff:** Any individual (other than the Nominated Supervisor or a volunteer) employed, appointed or engaged to work in or as part of an education and care service.