



DEALING WITH MEDICAL CONDITIONS POLICY

PURPOSE

This policy provides guidelines for Kensington Community Children's Cooperative (KCCC) to ensure that:

- Clear procedures exist to support the safety, health, wellbeing and inclusion of all children enrolled at the KCCC
- 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 plans are developed in conjunction with Kensington Community Children's Co-operative and families

VALUES

Kensington Community Children's Co-operative (KCCC) 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 KCCC 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 Kensington Community Children's Cooperative Limited as the Approved Provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of KCCC, 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

IMPLEMENTATION

THE APPROVED PROVIDER, PERSONS WITH MANAGEMENT OR CONTROL, NOMINATED SUPERVISORS AND PERSONS IN DAY-TO-DAY CHARGE ARE RESPONSIBLE FOR:

- 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
- 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



- 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
- 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*)
- Ensuring a new risk assessment is completed and implemented when circumstances change for the child's specific medical condition
- 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
- Ensuring a copy of the child's medical management plan is visible and known to staff in the service. 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
- Informing management and the approved provider of any issues that impact on the implementation of this policy
- 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.
- Ensuring all staff are trained in the administration of emergency medication
- 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 is in attendance and immediately available at all times that children are being educated and cared for by the service. This can be the same person who has anaphylaxis management training and emergency asthma management training
- Ensuring all ECT/educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using adrenaline auto-injectors (e.g. EpiPens)
- Ensuring that if a child is diagnosed as being at risk of anaphylaxis, that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service
- 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
- 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 *Administration of Medication Policy*
- 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 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.
- Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* 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
- Ensuring that the Ambulance Victoria How to Call Card is displayed near all telephones
- Ensuring children do not swap or share food, drink, eating 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
- Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service

EARLY CHILDHOOD TEACHERS, EDUCATORS AND OTHER STAFF ARE RESPONSIBLE FOR:

- 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*)
- 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
- Informing the approved provider and management of any issues that impact on the implementation of this policy
- 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.
- 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 all ECT/educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using adrenaline auto-injectors (e.g. EpiPens)
- 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
- 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 *Administration of Medication Policy*
- 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 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.
- Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* 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
- Ensuring children do not swap or share food, drink, eating 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

FAMILIES ARE RESPONSIBLE FOR:

- Providing information on their child's health, medications, allergies, their registered medical practitioner's name, address and phone number, emergency contact names and phone numbers
- Providing a medical management plan (if possible, in consultation their registered medical practitioner), following enrolment and prior to the child commencing at the service
- Participating in the development of a risk minimisation plan in consultation with management and educators 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*)



- Participating in the development and implementation of 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
- Informing management and the approved provider of any issues that impact on the implementation of this policy
- Ensuring all medications, including adrenaline auto-injectors and asthma reliever medications, are within their expiry date and must promptly replace any expired items upon request when informed by staff

CONTRACTORS, VOLUNTEERS AND STUDENTS ARE RESPONSIBLE FOR:

- Informing management and the approved provider of any issues that impact on the implementation of this policy
- Knowing where medication is stored and/or any specific dietary restrictions relating to the child's health care need or medical condition.
- Being aware of and follow the risk minimisation procedures for the children, including emergency procedures for using adrenaline auto-injectors (e.g. EpiPens)
- Supporting educators to ensure each child's health is monitored closely and being aware of any symptoms and signs of ill health, with families contacted as changes occur
- Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* 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
- Ensuring children do not swap or share food, drink, food utensils or food containers
- Being aware 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

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
- 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



- o 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.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
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.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
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 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 LEGISLATION

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011
Health Records Act 2001 (Vic)
National Quality Standards
Occupational Health and Safety Act 2004 (Vic)
Public Health and Wellbeing Act 2008 (Vic)
Public Health and Wellbeing Regulations 2009 (Vic)

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Anaphylaxis and Allergic Reactions Policy Asthma Management Policy Dealing with Infectious Diseases Policy	Epilepsy and Seizures Policy Incident, Injury, Trauma and Illness Policy Privacy and Confidentiality Policy Supervision of Children Policy
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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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CONTINUOUS IMPROVEMENT/REFLECTION

Our *Dealing with Medical Conditions Policy* will be reviewed every 3 years or earlier if there are changes to legislation or ACECQA guidance, in consultation with approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children.

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 2011: 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

ATTACHMENTS

- Attachment 1: Risk Management and Communication Guidelines

REVIEW

POLICY REVIEWED BY	Megan Newton	Business Support Manager	APRIL 2026
POLICY REVIEWED	MAY 2026	NEXT REVIEW DATE	MAY 2026
ENDORSED BY	KCCC Board	ENDORSEMENT DATE	23/06/2026
VERSION NUMBER	V4.02.26		
MODIFICATIONS	<ul style="list-style-type: none"> ● Policy has been reviewed as per schedule 		



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.

ECT/educators are required to ensure any child's prescribed medication, medical management plan and/or individual action plans are taken on all excursions. Responsibility for carrying and monitoring these items must be clearly assigned prior to departure and maintained for the duration of the excursion.

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.



MEDICAL MANAGEMENT PLAN

This form is to be completed by the child’s medical practitioner and provides a description of the health condition and first aid requirements for a child with specific healthcare needs. This information will assist Kensington Community Children’s Co-operative (KCCC) in developing a Risk Minimisation Plan, which outlines how educators and staff will support the child’s medical needs.

Child’s Name:		D.O.B:	
Plan Implementation Date:		Review Date:	

Diagnosed medical condition:	Details, symptoms and triggers of medical condition:
Photo of Child	
	Step by step action to be taken:
Parent/Guardian (1) contact details:	Medication to be administered (name of medication, dose and method of application, frequency of application, further instructions.)
Name: Mobile: Work Phone: Home: Signature: Date:	
Parent/Guardian (2) contact details:	Steps to take if symptoms do not improve



Name:	
Mobile:	
Work Phone:	Home:
Signature:	
Date:	

Name of Medical Practitioner		Phone	
Signature of Medical Practitioner		Date	
Name Nominated Supervisor			
Nominated Supervisor signature		Date	



MEDICAL COMMUNICATION PLAN

This communication plan has been developed to ensure that relevant staff members and educators are informed about the *Medical Conditions Policy*, the *Medical Management Plan* and *Risk Minimisation Plan* for individual children and to outline avenues of communication between families and the Service (Reg. 90 (1)(iv)).

Section 1: Communication strategies

Section 2: Communication Plan – Families and employees are to document any changes to the child’s medical management plan

Section 3: Medical Management Plan Staff Acknowledgement – Evidence of staff and educator awareness and adherence to individual medical management plans.

COMMUNICATION STRATEGIES				
PROVIDED TO	DETAILS	TIMEFRAME	PERSON RESPONSIBLE	RESOURCES
New Families	Families are verbally informed about the Service’s management of the <i>Medical Conditions Policy</i> Families are provided a copy of, or directed to a copy of the <i>Medical Conditions Policy</i> and other relevant policies including <i>Anaphylaxis Management Policy</i> , <i>Asthma Management Policy</i> , etc	On enrolment	Nominated supervisor Families to notify nominated supervisor	<ul style="list-style-type: none"> <i>Medical Conditions Policy</i>
Service staff and educators	Staff and educators are informed about the Service’s procedures and policies during induction and orientation programs in relation to managing children with diagnosed health care needs, allergies and medical conditions. Staff and educators are informed of individual <i>medical management plans</i> and <i>risk minimisation plans</i> for all children	Induction and orientation process	Nominated supervisor	<ul style="list-style-type: none"> <i>Medical Management Plan</i> <i>Risk Minimisation Plan</i> <i>Communication Plan</i>

Medical Communication Plan

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	enrolled at the Service and understand strategies and practices in relation to managing diagnosed health care needs, allergies and medical conditions All staff and educators are informed of and are familiar with <i>medical management plans</i> and <i>risk minimisation plans</i> through displays within staff only areas. Staff and educators are required to sign acknowledgement they have been provided with information relating to individual <i>medical management plans</i> and <i>risk minimisation plans</i> relating to children's health care needs, allergies, and medical conditions. See <i>Medical Management Plan Staff Acknowledgement (located on the Communication Plan)</i> All stakeholders are informed of and are familiar with any <i>Medical Management Plans</i> and <i>Risk Minimisation Plans</i>	Ongoing as relevant and upon enrolment of new children		
Service staff and educators		Ongoing as relevant and upon enrolment of new children	Nominated supervisor, staff and educators	<ul style="list-style-type: none"> • <i>Medical Management Plan</i> • <i>Risk Minimisation Plan</i> • <i>Communication Plan</i>
Relief Staff, Students, Volunteers, Early Intervention Specialists	Relief Staff and educators are required to sign acknowledgement they have been provided with information relating to individual <i>medical management plans</i> and <i>risk minimisation plans</i> relating to children's health care needs, allergies, and medical conditions. See <i>Medical Management Plan Staff Acknowledgement (located on the Communication Plan)</i>	Initial contact with the Service. E.g. orientation process, first visit	Nominated supervisor, relief staff, educators	<ul style="list-style-type: none"> • <i>Medical Management Plan</i> • <i>Risk Minimisation Plan</i> • <i>Communication Plan</i>
Families of children who have been diagnosed with a medical condition	Families are requested to complete a <i>Notification of Changed Medical Status</i> form upon new diagnosis of new health care need, allergy, or medical condition	Upon learning that the child has a diagnosed medical condition	Families to notify nominated supervisor, staff and educators	<ul style="list-style-type: none"> • <i>Notification of Changed Medical Status</i>



Kensington Community Children’s Co-operative

<p>Ongoing Communication for existing Medical Conditions</p>	<p>Implement all strategies identified in the <i>Medical Conditions Policy</i> Families must comply with the <i>Medical Conditions Policy</i> and communicate with educators about their child’s individual needs and any changes to the <i>medical management plan</i>. (complete <i>communication plan</i> below)</p>	<p>Regularly as required</p>	<p>Families to notify nominated supervisor/ lead educator</p>	<ul style="list-style-type: none"> • <i>Medical Conditions Policy</i> • <i>Communication Plan</i>
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Medical Communication Plan

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MEDICAL COMMUNICATION PLAN

Families must communicate with staff and educators about their child's individual needs and any changes to the *medical management plan* or *risk minimisation plan*, record any changes to the child's individual needs below.

CHILD'S NAME	DATE	ROOM NAME
NOTES:		
PARENT/ GUARDIAN NAME	SIGNATURE	
EDUCATOR NAME	SIGNATURE	

CHILD'S NAME	DATE	ROOM NAME
NOTES:		
PARENT/ GUARDIAN NAME	SIGNATURE	
EDUCATOR NAME	SIGNATURE	

