

DEALING WITH MEDICAL CONDITIONS PROCEDURE



Statement of Procedure

At Fun 4 U Helensburgh OSHC, we are committed to supporting the safety, inclusion and wellbeing of all children, including those with diagnosed medical conditions, allergies and specific health care needs. We recognise that each child's medical condition is unique, and requires clear communication, careful planning and consistent implementation of agreed management strategies. This procedure outlines the steps educators and staff must follow to ensure that medical management plans, risk minimisation plans and communication plans are in place, understood and upheld at all times. By working in partnership with families, medical professionals and schools, we aim to create a safe environment where children are supported to participate fully in our program and where staff are confident in managing both everyday health needs and emergency medical situations.

In the case of an emergency CALL 000

Education and Care Services National Regulations
Quality Area 2: 2.1, 2.1.1, 2.2, 2.2.1 Regs: S.165, S.167, S.172, S.174, 12, 85, 86, 87, 89, 90, 91, 92, 93, 94, 95, 96, 136, 162, 168, 170, 173, 175

Resources

[ASCIA anaphylaxis e-training for schools and early childhood education/care](#)

[ASCIA plans for Anaphylaxis](#)

[Coeliac Australia](#)

[Cystic Fibrosis Australia](#)

[Diabetes Australia](#)

[Epilepsy Foundation](#)

[National Asthma Australia](#)

[National Allergy Strategy](#)

OVERVIEW

1	The approved provider, nominated supervisor will review and update the Service's <i>Medical Conditions Policy</i> annually in consultation with children, families, staff, educators and management
2	During orientation and induction students, volunteers and educators are informed about the Service's procedures and policies in relation to managing children with diagnosed health care needs, allergies and medical conditions
3	During orientation and induction students, volunteers and educators are made aware of individual medical management plans for each child
4	<i>Medical Management Plans</i> , including <i>Risk Minimisation Plans</i> and <i>Communication Plans</i> are to be stored within the child's enrolment records

STEP 1 – Orientation and Enrolment

1. At enrolment, the Nominated Supervisor will ask families if their child has any health care needs, allergies, or medical conditions.
2. All health details will be recorded on the enrolment form and stored in the child's enrolment record.
3. Families will be informed of our Medical Conditions Policy through the Fun 4 U Helensburgh Family Handbook.
4. The Nominated Supervisor will meet with families to discuss the child's health care needs, allergy or condition, and any required adjustments to ensure the child's safe inclusion in our program.
5. Families will be advised of relevant policies (e.g., Anaphylaxis Management Policy, Asthma Management Policy) and requirements for enrolment, including providing a medical management plan, risk minimisation plan, and communication plan.
6. Families enrolling a child with a health care need, allergy or medical condition will be provided with a copy of the *Medical Conditions Policy* along with any other relevant policies, via email and a hard copy of the email is kept in child's enrolment record
7. The nominated supervisor will ensure families are aware of the obligation to keep medical management plans are to be kept up to date at all times

STEP 2 – Medical Management Plans

1. The family will develop a *medical management plan* in consultation with the child's registered medical practitioner. This MUST be completed before the child can attend the Service.
2. The *medical management plan* may include any ASCIA Anaphylaxis, Asthma Action Plan or diabetes management plan.
3. The nominated supervisor will ensure parents/guardians provide consent to display the child's *medical management plan* by signing the *Authorisation to Display Medical Management Plan*.
4. The nominated supervisor will ensure individual *medical management plans* are displayed in the main room of the service, staff areas and food preparation areas, considering the child's privacy by locating them in an area less prominent to families and children.
5. The nominated supervisor will ensure any medications required as part of the *medical management plan* are available at the service each time the child attends and is clearly labelled with the child's name and prescribed dosage.
6. The nominated supervisor will ensure educators are informed of specific medication requirements for children, including where medication is stored.
7. Educators will ensure medications are stored as per *medical management plan* and *Administration of Medication Policy*
8. Educators will ensure an *Administration of Medication* form is completed each time medication is administered and acknowledged by the parent/guardian each day
9. Educators will ensure *medical management plans* and any medication are taken from the Service in the event of an emergency evacuation or on an excursion.
10. The nominated supervisor will ensure that any medication required to be transported to and from school will be done by a staff member or educator
11. Educators are to ensure the child's *medical management plan* is followed in the event of a health care incident.
12. The Nominated Supervisor will notify the Regulatory Authority within 24 hours if a serious incident occurs.

STEP 3 – Medical Risk Minimisation Plans

1. Using the medical management plan, the Nominated Supervisor and family will develop a Risk Minimisation Plan to:

○ Identify potential risks at the Service ○ Outline strategies to reduce risks and manage emergencies ○ Clarify who is involved in the process 2. Additional training or professional development may be organised if required. 3. Dietary modifications will be recorded where relevant. 4. Risk minimisation plans will be reviewed annually or updated when a medical management plan changes. 5. The nominated supervisor will ensure <i>risk minimisation plans</i> are accessible for all staff.
STEP 4 – Medical Communication Plan
1. The Nominated Supervisor will develop a Communication Plan for each child with a medical condition, ensuring all educators and staff are aware of the child's needs. 2. Families will be consulted on how communication will be maintained. 3. Families must notify the Service of any changes using the Notification of Changed Medical Status Form, email, or meeting with the Nominated Supervisor. 4. Relief staff, students, volunteers, school teachers, and other specialists will be informed of relevant medical needs during orientation or first contact. 5. Kitchen staff will be informed of any dietary restrictions or strategies within the risk minimisation plan. 6. The nominated supervisor will ensure <i>communication plans</i> are accessible for all staff. 7. Educators will be notified of changes by families or the Nominated Supervisor. 8. All staff must sign the Medical Management Staff Acknowledgement Form confirming they understand the child's medical needs and plans. 9. A Medical Conditions Register will be maintained, listing all children with health care needs, allergies, or conditions.
STEP 5 – Self Administration of Medication
1. Families must provide written authorisation for a child to self-administer medication.

2. Educators will assist families to complete a Self-Administration of Medication Record.
3. All medication will be stored securely by educators — never carried by the child. Parents must hand medication directly to staff upon arrival.
4. The Nominated Supervisor will set reminders for scheduled doses.
5. An educator will supervise and witness each self-administration, checking:
 - Child's name on the label
 - Correct dosage
 - Expiry date
6. Both the child and educator will record the details on the Administration of Medication Record.

STEP 6 - Review

1. The Nominated Supervisor will review all medical management, risk minimisation, and communication plans every 6 months.
2. The Medical Conditions Register will also be updated every 6 months.
3. Plans will be reviewed immediately when a child's medical management plan changes.
4. Following a medical emergency, the Service will conduct a review of practices and identify any improvements.

Sources

- Australian Children's Education & Care Quality Authority. (2026). [Guide to the National Quality Framework](#)
- Australian Children's Education & Care Quality Authority (ACECQA). 2021. [Dealing with medical conditions in children](#)
- Australian society of clinical immunology and allergy. ASCIA. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>
- Early Childhood Australia. (2016). *Code of Ethics*
- [Education and Care Services National Law Act 2010](#)
- [Education and Care Services National Regulations 2011](#)
- 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.

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- *Occupational Health and Safety Act 2004.*
 - NHMRC. Canberra.
 - *Occupational Health and Safety Act 2004.*

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This Procedure Follows the ACEQA: [Dealing with medical conditions in children](#)