



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](#)

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 given copies of relevant policies by email, with a printed copy of the email filed in the child's enrolment record.
7. Families will be reminded that medical management plans must be kept up to date at all times.

STEP 2 – Medical Management Plans

1. Families must provide a medical management plan, completed with their child's registered medical practitioner, before the child can attend the Service.
2. Plans may include ASCIA Anaphylaxis Action Plans, Asthma Action Plans, or diabetes management plans.
3. Families must sign an Authorisation to Display Medical Management Plan form.
4. Plans will be displayed in key areas (main playroom, staff areas, food prep areas) while maintaining privacy.
5. Required medications must be supplied each time the child attends, labelled with the child's name and dosage.
6. Educators will be informed where medications are stored and of any specific requirements.
7. Medications will be stored in line with the Medical Management Plan and Administration of Medication Policy.

8. An Administration of Medication Record will be completed for each dose and signed by families daily.
9. Medical management plans and medications will be taken on excursions and in emergency evacuations.
10. Any medication required to travel to/from school will be transported by an educator.
11. Educators will follow the child's medical management plan in the event of an 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. Plans will be accessible to all educators and 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. Communication plans will be accessible to all educators.
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. (2025). [*Guide to the National Quality Framework*](#)
- Australian Children's Education & Care Quality Authority (ACECQA). 2021. [*Policy and Procedure Guidelines. Dealing with Medicals in Children Policy Guidelines.*](#)
- Australian society of clinical immunology and allergy. ASCIA.
<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>
- Early Childhood Australia Code of Ethics. (2016).
- Education and Care Services National Law Act 2010. (Amended 2023).
- [*Education and Care Services National Regulations.*](#) (Amended 2023).
- Federal Register of Legislation *Privacy Act 1988*.
- National Health and Medical Research Council. (2024). [*Staying Healthy: preventing infectious diseases in early*](#)
- [*childhood education and care services \(6th Ed.\)*](#). NHMRC. Canberra.
- *Occupational Health and Safety Act 2004*.

Date Created: April 2015

Date Reviewed by Fun 4 U: 6/11/2025

Childcare Centre Desktop Procedure Update: June 2025

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