DEALING WITH MEDICAL CONDITIONS

QUALITY AREA 2

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PURPOSE

This policy provides guidelines for Whittlesea Family Day Care 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 educators 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 Whittlesea Family Day Care and families.

POLICY STATEMENT

The safety, health, wellbeing, rights and best interests of every child are the paramount consideration and must guide all decisions, actions and practices of educators within the education and care service.

VALUES

Whittlesea Family Day Care 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 Whittlesea Family Day Care are protected from harm
- informing educators, 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, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

This policy should be read in conjunction the following policies:

- Anaphylaxis and Allergic Reactions
- Asthma
- Diabetes
- Epilepsy

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RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians	Students and Volenteers
R 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 *(Regulation 91, 168)*	**R**	√	√		
Ensuring families provide a medical management plan in consultation their registered medical practitioner, following enrolment and prior to the child commencing at the service *(Regulation 90)*	**R**	√		√	
Ensuring that a risk minimisation plan *(refer to Definitions)* 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 *(Regulation 90 (iii))*	**R**	√	√	√	
Ensuring that a risk minimisation plan *(refer to Definitions)* 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 *(Regulation 90 (iii))*	**R**	√	√	√	
Ensuring a new risk assessment is completed and implemented when circumstances change for the child's specific medical condition	**R**	√			
Developing and implementing a communication plan *(refer to Definitions)* and encouraging ongoing communication between parents/guardians and educators regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation *(Regulation 90 (c) (iii))*	**R**	√	√	√	
Ensuring a copy of the child's medical management plan is available and known to educators in the service. *(Regulations 90 (iii)(D))*.	**R**	√	√		
Notifying the educator of any changes to the status of a child's medical condition and providing a new medical management plan in accordance with these changes.				√	

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Informing the approved provider/Coordination Unit of any issues that impact on the implementation of this policy		√	√	√	√
Ensuring educators are aware where medication is stored and/or any specific dietary restrictions relating to the child's health care need or medical condition.	R	√	√		√
Ensuring educators are trained in the administration of emergency medication	R	√			
Ensuring families and educators understand and acknowledge each other's responsibilities under these guidelines	√	√			
Ensuring educators 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 educator with current approved first aid qualifications *(refer to Definitions)* is in attendance and immediately available at all times that children are being educated and cared for by the service *(Regulation 136(1) (a)).* This can be the same person who has anaphylaxis management training and emergency asthma management training	R	√	√		
Ensuring all educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens.	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 *(refer to Anaphylaxis and Allergic Reactions Policy)*	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. Inform the Approved Provider/Coordination Unit if any changes are noted.		√	√		√
Administering medications as required, in accordance with the procedures outlined in the *Administration of Medication Policy (Regulation 93)*	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 educators and parents/guardians in accordance with the strategies identified in the communication plan to ensure current information is shared about specific medical conditions within the service	R	√	√	√	
Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a	R	√	√		√

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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	√	√	√		√
Ensuring food preparation, food service and educators are informed of children and educators 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 *(Regulation 90 (iii)(B))*	**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 educators and parents/guardians.

Educators 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))*
- 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.

Educators 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.

Self-administration by a child over preschool age

Services who provide education and care to a child over preschool age (as defined in the Education and Care Services National Regulations 2011) may allow a child over preschool age to self-administer medication. The approved provider must consider their duty of care when determining under what circumstances such permission would be granted:

- Where a child over preschool age can self-administer medication/medical procedures, written authorisation must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of an educator with current approved first aid qualifications
- Authorisation for the child to self-administer medication is recorded in the medication record for the child under Regulation 92 and
- The medical conditions policy (this policy) includes practices for self-administration of medication (Regulations 96).

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
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

DEFINITIONS

The terms defined in this section relate specifically to this policy.

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 (ASCIA) Action Plan.

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
- 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

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

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, 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))*.

ATTACHMENTS

- NIL

AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 June 2026

REVIEW DATE: 30 June 2029

Review History		
Version	Date	Responsible Person
1.0	30/10/2024	FDC Coordination Unit
1.1	30/06/2026	FDC Coordination Unit

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