## Policy Statement

Affinity Education Group is committed to ensuring that every child and employee with a medical condition is safe, supported, and able to participate fully in the service environment. Medical conditions will be managed through individualised planning, risk reduction strategies, clear communication, and timely response to symptoms or emergencies.

We collaborate with families, follow advice from medical professionals, and comply with all relevant National Law and Regulations to uphold each person's safety, dignity, rights, and wellbeing. Educators are equipped with the knowledge, training, and resources necessary to recognise symptoms, implement plans, administer medication safely, and respond confidently in an emergency.

## Policy Objective

The objective of this policy and procedure is to ensure that medical conditions are:

- Identified early and managed through appropriate planning;
- Documented clearly and consistently through approved templates;
- Supported by effective risk minimisation strategies;
- Communicated to all relevant educators, volunteers, and families;
- Monitored regularly, with plans updated when circumstances change;
- Managed in compliance with the Education and Care Services National Law and Regulations;
- Addressed in a way that promotes inclusion, safety, and child wellbeing.

## Scope

This policy applies to:

- All children attending Affinity Education Group services
- All employees with medical conditions
- All staff, students, volunteers, and visitors involved in the care or education of children

**Medical conditions** refers to any bodily or physical injury, defect, disease or illness that can be diagnosed by a healthcare professional based on symptoms or testing including, but are not limited to: asthma, allergies, anaphylaxis, diabetes, epilepsy, coeliac disease, heart conditions, juvenile arthritis, cystic fibrosis, and other long-term or episodic health needs.
**Dietary Requirements**: are specific nutritional needs or restrictions that must be followed for health, safety, or belief-based reasons. Unlike preferences (likes/dislikes), requirements are typically necessary to avoid potential health risks or to adhere to ethical/religious rules

This policy should be read in conjunction with POL2-P1 Administering Medication, POL2-P2 Anaphylaxis/Allergy, POL2-P32 Diabetes Management, POL2-P3 Asthma, POL3-P1 Safe environment, POL6-P1 Enrolment, POL2-24 Incident Procedures.

## Family Declaration

**Family Declaration:**

☐ I declare that I have read and understood this procedure.

☐ I understand that my child's medical management plan and photo will be displayed, as required, at the centre to ensure all staff are aware of my child's health needs and how to respond accordingly.

Name: ..... Signature: ..... Date: .....

## Managing Medical Conditions Process

## Key Responsibilities

| Role | Key Responsibilities |
|---|---|
| **Approved Provider** | • Ensure Medical Conditions Policy and Procedures are met, the appropriate medical management plans and risk assessments are completed, and all relevant actions are managed to minimise the risks to the child's health (regulation 90) .<br>• Ensure families of children that have a specific medical condition have been given a copy of the Medical Conditions policy (regulation 91) and any other relevant policies.<br>• In consultation with families, develop risk minimisation plans for children with medical conditions or specific health care needs.<br>• Ensure all educators and staff have training as part of the induction process and ongoing training for the management of medical conditions (e.g., asthma, anaphylaxis and specific requirements for the enrolled child in your care)<br>• Ensure a written plan for ongoing communication between families and educators is developed as part of your risk minimisation plan, relating to the medical condition and any changes or specific needs. It should be in place before a child commences at the service, or as soon as possible after diagnosis for children already attending.<br>• 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.<br>• Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures.<br>• Ensure copies of the policy and procedures are readily accessible to nominated supervisors, educators, staff and volunteers, and available for inspection. |
| **Nominated Supervisor / Centre Manager** | Responsible for implementation of this procedure, management of plans, staff communication, incident reporting.<br>• Ensure that educators administering medication will have had first aid, asthma and anaphylaxis training. If a child's medical management plan includes treatment or actions unfamiliar to educators, families can inform them of the correct techniques/ procedures. Alternatively, external professionals may be utilised for this training. For example; Diabetes Australia may train educators in how to monitor blood sugar levels. Ongoing training and reminders are advised.<br>• Arrange staff rosters accordingly to ensure appropriately trained staff are available when the child is present at the centre.<br>• Ensure that a notice must be displayed in a prominent place at the entrance of the building informing all users of the service that allergies and/or anaphylaxis are present. Children will not be named in this notice and information meets privacy guidelines<br>• Implement 3.2.12 Manage Children's Food-Related Needs process.<br>• Ensure any changes to the policy and procedures or individual child's medical condition or specific health care need and medical management plan are updated in the risk assessment and communicated to all educators, staff and visitors (where appropriate).<br>• Notify the approved provider if there are any issues with implementing the policy and procedures<br>• Ensure communication is ongoing with families and there are regular updates as to the management of the child's medical condition or specific health care needs<br>• Ensure inclusion of all children in the service.<br>• Ensure all educators, staff and volunteers are aware and have access to the Medical Condition Policy, medical management plan and risk minimisation plan for each child, including emergency procedures.<br>• Check expiry dates of any medication supplied for the child and request new medication as required minimum of 30 days prior to medication expiration date. |
| **Educators** | Responsible for following action plans, administering medication, identifying symptoms, and maintaining communication.<br>• Ensure all the action plans are carried out in line with the policy and procedures. |

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|---|---|
| | • Ensure monitoring of the child's health closely and are aware of any symptoms and signs of ill health, with families contacted as changes occur.<br>• Ensure that two people are present any time medication is administered to children to safeguard against errors and check the dosages of the medication and the identity of the child who it will be administered too.<br>• Ensure communication with families is regular and all educators and staff (including the nominated supervisor) are informed of any changes to a child's medical condition.<br>• Understand the individual needs of and action plans for the children in your care with specific medical condition.<br>• Ensure the risk minimisation plan is completed and implemented when circumstances change for the child's specific medical condition.<br>• Ensure all children's health and medical needs are taken into consideration on excursions (first aid kit, personal medication, management plans, etc.).<br>• Maintain current approved first aid, CPR, asthma and anaphylaxis training.<br>• Undertake specific training (and keep it updated if required) to ensure appropriate management of a child's specific medical condition.<br>• Notify all families of any known allergens within the service and as a team develop strategies to minimise the risk to some children of allergic reaction such as requesting that families do not bring known allergens into the service.<br>• Inform families of correct procedures for storing medication in a locked medication box that is out of children's reach in each studio. Medication will not be stored in children's bags. (It is recommended that asthma and anaphylaxis medication be stored out of reach of children and clearly labelled in or near the emergency kit and not in a locked container due to the urgency that it may be needed.) |
| **Cook and kitchen staff** | • Ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are adhered to.<br>• Ensure all changes to child's medical management plan or risk minimisation plan are implemented immediately within the menu preparation. |
| **Families** | • Advise the service of the child's medical condition and their specific needs as part of this condition.<br>• Provide regular updates to the service in writing on the child's medical condition including any changes, and ensure all information required is up-to-date.<br>• Provide a medical management plan from a doctor on enrolment or diagnosis of the medical condition (refer to links for requirements) and provide an updated plan as required.<br>• Collaborate with the service staff to develop a risk minimisation plan.<br>• Ensure children do not attend the service without their required medication prescribed by the child's medical practitioner and that the medication it is within date |

## Medical Conditions Process


## 1. Identify Medical Condition

### 1.1 At Enrolment

Families must disclose all health or medical conditions in the enrolment system (XAP), including:

- Contact details for GP, paediatrician, or specialist
- Diagnosis and known triggers
- Existing Action Plans or medical instructions
- Requirements for medication, monitoring, food-related needs, or environmental adjustments

Families of children with diagnosed conditions will be provided with this procedure and must acknowledge receipt.

### 1.2 After Enrolment

If a new or emerging medical condition is identified:

- Families update the enrolment record in XAP.
- The service provides this procedure for acknowledgement.
- Required plans and risk assessments must be completed before the child's next attendance.

### 1.3 Undiagnosed Medical Episodes

If a child experiences an episode without diagnosis or written medical advice (e.g. febrile convulsion):

- The service completes a risk assessment.
- Educators are informed of the required monitoring.
- A medical management plan is not required unless a diagnosis is later made.

### 1.4 Consultation Prior to Enrolment

If a child's needs may require environmental changes, specialised equipment, staff training, or increased staffing:

- The Centre Manager consults the Area Manager.
- The Area Manager may consult Compliance, Legal, or Facilities.
- Enrolment may be delayed until the service can safely meet the child's needs.

**Employees**

Employees may voluntarily disclose medical conditions and develop a medical management plan if required.

## 2. Complete the Medical Management/Action Plan

### 2.1 Action Plans

Families may supply clinician-developed action plans (e.g. ASCIA, Asthma, Epilepsy Plans). Regardless, AEG's Medical Management, Risk Minimisation & Communication Plan (2-F5) must be completed.
Plan requirements:

- The child's name, date of birth and photo;
- The date the plan was created and the name and details of the doctor creating it
- The date for reviewing the plan
- The type of medical condition and the signs and symptoms
- Any known triggers
- The first aid or initial treatment required including medication with the onset of symptoms
- Any medication required including preventative and reliever medication to be administered along with administration instructions (see Medication Forms section)
- Instructions for what to do if the child does not respond to initial treatment including contacting 000
- Review date and clinician details

Plans must be in place before the child's next day of attendance. Educators must have access to relevant medical information to ensure children's safety and wellbeing, while maintaining privacy and confidentiality to protect each child's rights and dignity (e.g. stored in a room's red emergency folder or displayed with a cover sheet).

**Note**: The family can have the doctor complete part A of the AEG template 2-F5 or the centre and family can complete this using the written instruction by the doctor. Attach the written instruction to the 2-F5. If no action plan or written instruction from the doctor, then the doctor must complete part A of the 2-F5 or sign to confirm. It is the responsibility of the family to update this plan as necessary and to provide updated plans to the Centre Manager to add to the child's enrolment file. Ensure each plan reflects the device prescribed — including nasal spray options.

### 2.2 Medications

- **FRM 2-F2 Long Term or Irregular Medication Form.docx** — required for regular/irregular medication.
    - Irregular medication: Is medication administered for a specific purpose/immediate need eg. As needed rather than as a part of a pre-planned, regular regime eg. Antibiotics
    - Long term medication: Is medication administered as a pre-planned regular regime informed by an action plan eg. Ritalin, diabetes medication

- FRM 2-F6 Emergency Medication form.pdf — Is for medication administered urgently/immediately to prevent harm and deescalate/stabilise conditions until 000 or appropriate actions can be taken eg. EpiPen

Medication must be in original packaging, labelled by a medical practitioner with the child's name. This medication may remain at the centre at all times or be brought in each day the child attends. The child may only attend the service when their medication is present.

Families are responsible for ensuring medication is present each day and within expiry date.

- The *long-term medication form* and/or the *emergency medication form* will be completed by educators after administration of the medication.
- The *child illness report* will be completed by educators in the event that a child becomes ill while at the centre. If the child was administered their medication, the *long-term medication form* or *emergency medication form* will also be completed.
- Families will sign these forms on collection of their child.
- Emergency medication and the emergency medication form will be stored in or close to the emergency kit, in a labelled and accessible (to adults) container and taken in the event of an emergency.
- Medication will be stored in a locked medication box that is out of children's reach in each centre. Medication will not be stored in children's bags. (It is recommended that asthma and anaphylaxis medication be stored out of reach of children and clearly labelled in or near the emergency kit and not in a locked container due to the urgency that it may be needed.) Medication will accompany the children during family grouping and on excursions and will be returned.
- if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered

### 2.3 General use emergency medication

Regulation 94 (ECSNR 2011 and ECSNR WA 2012) states that '*medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency'*. Centre-provided general use medication for anaphylaxis or asthma can be administered to a child showing signs of anaphylaxis or asthma without it being prescribed for that child*, providing the family is contacted, or other emergency contact if family cannot be contacted, and emergency services are contacted as soon as possible after administration of medication.
Examples of when this may be required include, but are not limited to:

- (Epi-pen/Adrenaline device)
- An undiagnosed child experiencing their first anaphylactic reaction
- A diagnosed child whose epi-pen misfires
- (Asthma reliever)
- A child experiencing significant wheezing/ shortness of breath

Complete a risk assessment to determine the number and type of centre-provided general use medications such as epi-pen or asthma reliever, the centre may require. Add these to the medication audit and check the expiry date monthly.

**Note**: Children will not be administered medication that is prescribed for other children.

**Employees**
Employees with medical conditions follow the same plan requirements; medication forms are not required.

## 3. Complete or Review Risk Assessment

A centre will have a risk assessment in place using FRM 3-F1 Risk Assessment and Management Plan - Blank.docx, this is completed for medical conditions across the whole service. Using both the centre risk assessment and the Part B of the Medical Management, Risk Minimisation and Communication Plan, the Centre Manage and family will identify the below:

- Hazards and environmental risks
- Required controls
- Training needs for educators (e.g. anaphylaxis, asthma)

General-use EpiPens/Adrenaline devices and reliever inhalers must be included in the monthly medication audit and monitored for expiry.

Note: The Centre Risk Assessment may require updating based on the medical conditions present in the service.

### Staff Training

It is advised that the lead educators of the child with the condition have had appropriate medical training (eg. Asthma Management Training as a part of HLTAID012 first aid course). An external agency such as Diabetes Australia or local hospital should be arranged to provide training to all staff caring for the child in practices relevant for the child such as emergency first aid, checking blood glucose levels through finger-prick, urinalysis or online phone app.

Records of who has been trained must be kept. Staff who have not been trained in strategies specific to meeting the child's needs will not be involved in medication administration or any blood-glucose testing.

The Centre Manager will arrange staff rosters accordingly to ensure appropriately trained staff are available when the child is present at the centre.

## 4. Develop Risk Minimisation Strategies

Risk minimisation strategies (section B of the 2-F5) must be tailored to the individual and may include, refer to examples relating to each medical condition:

- Removal or substitution of food-related allergens
- Safe food preparation, handling, and serving practices
- Seating or environment arrangements
- Food-related ID Cards and Needs Register
- Ensuring medication is always onsite and accessible to adults
- Ensuring all educators can identify the child/employee and the location of medication

## 5. Communicate the Plan

The Centre Manager ensures:

- Copies of the plan are stored in the enrolment file in XAP, office in the Red Emergency folder, with medication.
- Plans and any medication must accompany the child on excursions.
- Plans may be displayed with parental consent and must include a cover sheet to ensure confidentiality.
- All educators, students, and volunteers are briefed at orientation and regularly thereafter.
- A visible notice informs families and visitors that allergies or anaphylaxis risks are present (without naming children) so that it is clearly visible to anyone from the main entrance.
- Staff maintain required first aid qualifications (asthma, anaphylaxis).

Families must:

- Inform the service of any changes to the plan in writing.
- Follow medication storage requirements.

**Note**: With prior consent from the family, the plan may be displayed and must include a cover sheet to ensure confidentiality in the child's room, kitchen and other rooms such as family grouping room and discussed at team meetings.

**Serious Incidents**

The Centre Manager must:

- Complete an incident report
- Log the incident in the ServiceNow
- Ensure the I01 notification is submitted to NQA ITS within 24 hours

Please refer to **Incident policy POL 2-P24** which includes any notification to parents

**Employees**

Employees may choose to display plans in staff areas only.

## 6. Ongoing Monitoring and Support

- Plans must be reviewed at least annually or when changes occur.
- Educators must monitor for symptoms and remove identified triggers where possible.
- Any environmental risks must be addressed immediately or reported.

When the plan is no longer required, families complete Part D of the 2-F5. If symptoms become evident educators must act rapidly.

**It must be noted that the child's management plan must be followed as it has been developed specifically for that child, however, the following is general information. If this information is not addressed in the management plan, please request the family have the plan revised by their medical professional.**

## Supporting Children

Educators support children to:

- Understand their own symptoms
- Build confidence in managing their health
- Learn about others' health needs in inclusive, sensitive ways
- Foster empathy, safety, and acceptance among peers

## Related Forms and Documents

- 2-F5 Medical Management, Risk Minimisation & Communication Plan
- 2-F3 Long-Term Medication Form
- 2-F6 Emergency Medication Form
- 2-F7 Child Illness Report
- 3-F1 Risk Assessment & Management Plan
- Food-Related Needs Register & ID Cards

## Resources

- The Australian Children's Education & Care Quality Authority: http://www.acecqa.gov.au/
- Vic Govt. 2013. 'NQF Children with Medical Conditions attending Education and Care Services.'
- http://www.education.vic.gov.au/Documents/childhood/providers/regulation/nqfmedicalconditionsfactsept2013.docx
- https://www.epilepsy.org.au/about-epilepsy/managing-epilepsy/
- Diabetes Australia. 'Managing Your Diabetes.' https://www.diabetesaustralia.com.au/managing-your-diabetes
- ASCIA. 2023. 'Adrenaline Injectors for General Use.' https://www.allergy.org.au/hp/anaphylaxis/adrenaline-injectors-for-general-use
- NHMRC. 2024. 'Staying Healthy 6th Edition.' https://www.nhmrc.gov.au/sites/default/files/documents/attachments/Staying-Healthy/Staying-healthy-guidelines.pdf
- NHMRC. 2024. Asthma Factsheet. https://www.nhmrc.gov.au/about-us/publications/staying-healthy-guidelines/fact-sheets/asthma
- Asthma Australia. 'Asthma in Childcare'. http://www.asthmaaustralia.org.au/asthma_in_childcare.aspx
- http://www.acecqa.gov.au/first-aid-asthma-management-and-anaphylaxis-training-requirements
- Allergy and Anaphylaxis Aust. 'Awareness'. http://www.foodallergyaware.com.au/awareness/
- ASCIA. 2015. 'Action Plans for Anaphylaxis' http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis
- ASCIA. 2015. 'Food Allergy'. http://www.allergy.org.au/patients/food-allergy/food-allergy
- ASCIA. 2023. 'Adrenaline Injectors for General Use.' https://www.allergy.org.au/hp/anaphylaxis/adrenaline-injectors-for-general-use

## Version History

| Version Control | Date | Author | Description of Change |
|---|---|---|---|
| 1 | Oct 2013 | AEG | Update ECSNR |
| 1.2 | Dec 2014 | AEG | Update ECSNR |
| V10.15 | Oct 2015 | AEG | Full revision |
| V9.16 | Sept 2016 | AEG | Family declaration |
| V6.17 | June 2017 | AEG | Minor revision |
| V2.18 | Feb 2018 | AEG | NQS update, family dec. |
| V4.18 | April 2018 | AEG | Minor update |
| V7.18 | July 2018 | AEG | Added reference to diabetes |
| V5.19 | May 2019 | AEG | Added adult medical conditions |
| V12.19 | Dec 2019 | AEG | Food-related needs system |
| V1.21 | Jan 2021 | AEG | Scheduled review |
| V1.22 | Jan 2022 | AEG | Scheduled review |
| V1.23 | Jan 2023 | AEG | Added reference to general use epi-pen |
| V11.23 | Nov 2023 | AEG | RACI table and reference added |
| V2.24 | Feb 2024 | AEG | Undiagnosed condition, format change |
| V11.24 | Nov 2024 | AEG | Clarified completing 2-F5 |
| V2.25 | Feb 2025 | AEG | Scheduled review |
| V13 | Feb 2026 | AEG | Scheduled review – Updated to new template and consolidated information from Anaphylaxis/Allergy, Asthma and Diabetic Procedures into the overarching policy and procedure. |
| V13.1 | Mar 2026 | AEG | Minor changes - Included definitions for emergency, irregular and long term medication as well as Adrenaline device terminology used rather than just Epipen eg Nasal Spray option |
| V13.2 | May 2026 | AEG | Minor change – Clarified when the risk assessment is required to be completed and updated and updates to displaying of action plan to ensure confidentiality/coversheet |