MEDICAL CONDITIONS POLICY

Updated: May 2026

What are we talking about in this document?	This policy is related to health care needs and medical conditions of children and staff.
Who is this for?	This policy applies to children, families, staff, management, students and visitors of the service.
Why do we need this policy?	This policy is underpinned by the principle that the safety, health and wellbeing of children is the paramount consideration. All decisions made under this policy are guided by the service's duty of care to take reasonable steps to protect children from harm and to ensure that their individual medical needs can be safely managed while they are being educated and cared for at the service.

Policy Contents

Key Terms

Term	Meaning	Source
Approved First Aid qualification	A qualification approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations (Regulation 136)
Approved anaphylaxis management training	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	Education and Care Services National Regulations
Communication plan	A plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.	Guide to the National Quality Framework
Duty of care	Our service has a legal responsibility under the Education and Care Services National Law and Regulations to take responsible steps to ensure the	

	health needs of children enrolled in the service are met. This includes our responsibility to provide: a safe environment for children free from foreseeable harm and adequate supervision of children at all times.	
Emergency	An incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the service.	Guide to the NQF (Operational Requirements – Quality Area 7)
Medical condition	This may be described as a condition that has been diagnosed by a registered medical practitioner.	Guide to the National Quality Framework
Medical management plan/action plan	A document that has been prepared and signed by a registered medical practitioner 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.	Guide to the National Quality Framework
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth.	National Regulations (Definitions)
Risk minimisation plan	A document prepared by service staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating to the child's specific health care need, allergy or other relevant medical condition.	Guide to the National Quality Framework

The Important Stuff

The service must have a notice displayed at the service entrance stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service, if applicable.

Children and staff members with diagnosed medical conditions must have a Medical Management and/or Action Plan from a medical practitioner. If the child requires medication, they must have in date and correctly labelled medication at the service. The child cannot attend the service if the Medical Management and/or Action Plan and medication has not been provided to the service and updated when required.

Medical Management and Action plans must be followed at all times. Each child with a medical condition, allergy, specific health care need, requirement or preference must have a Risk Minimisation and Communication Plan developed in consultation with the parents.

All staff must have read the Risk Minimisation and Communication Plans relevant to children attending the service. This must be done upon induction and each time a Risk Minimisation Plan is reviewed.

Where the service determines that a child's medical condition or health care needs cannot be safely managed at any time, the service may require alternative arrangements to be made in order to ensure the child's safety and wellbeing.

Procedures and Guidelines

Medical Conditions and Health Care Needs

A medical condition is a condition that is diagnosed by medical practitioner. Common medical conditions include but are not limited to anaphylaxis, allergies, asthma, epilepsy and diabetes. A Risk Minimisation Plan and Communication Plan must be developed for each specific health care need, allergy or medical condition. A Medical Management and/or Action Plan must be provided where applicable.

In managing medical conditions and health care needs, the service will always prioritise the health, safety and wellbeing of the child as the paramount consideration, while also ensuring the safety of other children, staff and visitors.

There are a number of concerns that must be considered when a child or staff member is diagnosed with a specific health care need, allergy or medical condition such as but not limited to Anaphylaxis, Allergies, Asthma and Diabetes. Key procedures and strategies must be in place prior to the child or staff member commencing at the service to ensure their individual health, safety, and wellbeing.

All educators will be involved in regular discussions and training about relevant medical conditions. Children, families and visitors will have access to information about medical conditions through our educational program which will cover general health and wellbeing topics.

The service is committed to adhering to the Privacy and Confidentiality Policy when dealing with individual health requirements. All educators at the service, whether permanent or casual, will be aware of the specific healthcare needs of children and how to follow Risk Minimisation and Communication Plans, Medical Management Plans or Medical Action Plans in the event of an incident relating to a child or staff member's specific health care needs.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. The Education and Care Services National Regulations require that at all times at least one educator or staff member on duty must hold a current approved first aid qualification which includes emergency anaphylaxis, asthma and diabetes management training. The service requires that all educators hold these current qualifications.

Temporarily Stopping Care Due to Medical Risk

A child's health, safety and wellbeing is paramount at all times. Where a child experiences a medical condition, deterioration in a known medical condition, or a medical emergency while attending the service, the service has a duty of care to take reasonable steps to protect the child from harm and to safeguard the wellbeing of other children, staff and visitors.

In some circumstances, the Approved Provider, Nominated Supervisor or Centre Coordinator may determine that the service is unable to safely continue to provide education and care to the child at that time due to medical risk. In these circumstances, the service may require that care be temporarily stopped, and that the child be collected from the service.

Care may be temporarily stopped where, but is not limited to:

- a child experiences a medical episode or medical emergency requiring urgent medical attention;
- there is a change, escalation or deterioration in a child's medical condition that cannot be safely managed under the child's current Medical Management Plan or Risk Minimisation and Communication Plan;
- required medication, medical equipment, authorisations or up-to-date medical documentation is not available at the service; or
- further medical advice, assessment or planning is required to ensure the child's safe inclusion.

Any decision to temporarily stop care will be made:

- in the best interests of the child;
- with consideration given to the health, safety and wellbeing of all children and staff at the service; and
- as a risk management measure, not as a disciplinary or exclusionary action.

The service will work collaboratively with families to support the child's return to care as soon as it is safe and appropriate to do so. This may include reviewing or updating the child's Medical Management Plan, Risk Minimisation and Communication Plan, seeking further medical advice, or implementing additional risk management strategies where required.

Temporarily stopping care does not, in itself, constitute termination of enrolment and will be managed in accordance with the service's policies, procedures and legislative obligations.

Medical Management and Action Plans

- Any child with severe allergies, Anaphylaxis, Asthma, Diabetes, Epilepsy or any other diagnosed medical condition which requires medication to be administered must also have a Medical Management Plan from a medical practitioner. This may be called an Action Plan, depending on the medical condition.
- The Medical Management or Action Plan must:
    - Include a photo of the child, their name and date of birth
    - Include parent/guardian's emergency contact details
    - Have supporting documentation if appropriate
    - Detail current medication and dosage required for the child
    - If relevant, state what triggers the allergy or medical condition
    - Detail the first aid/emergency response that may be required
    - Detail any medication that may be required to be administered in case of an emergency
    - Detail further treatment or response if the child does not respond to initial treatment
    - Detail when to contact an ambulance for assistance
    - Include contact details of the medical practitioner who signed the plan
    - Include the date that the plan should be reviewed.
- A copy of the Medical Management Plan will be displayed for Educators and Staff to see to ensure the safety and wellbeing of the child. Families must provide permission for this to be displayed.
- The service and parent/guardian must ensure the Medical Management and/or Action Plan remains current and up to date at all times.
- All medication listed on the Medical Management Plan must be available at the service at all times the child is present.
    - If a preventer medication is listed that will never be required to be administered at the service, the parent must supply a written record (email) confirming that they administer the medication before and/or after the child attends the service and that it will not need to be administered while the child is at the service.

If a medication is listed that can be purchased over the counter, the medication must have a prescription label, or in the absence of a prescription a pharmacist's label stating the child's name and dosage attached.

Risk Minimisation and Communication Plans

All children with a specific health care need, health care requirement or preference, allergy, or medical condition must have a Risk Minimisation and Communication Plan developed in consultation with the parent/guardian.

Regulation 90(c)(iii) states that a Risk Minimisation Plan must be developed in consultation with the child's parents. The Centre Coordinator may wish to arrange a meeting, either via phone or in person, with the family to develop a Risk Minimisation and Communication Plan together. Alternatively, the Centre Coordinator may develop the plan and ask the parent/guardian to review/add further detail to it.

All staff must read the Risk Minimisation and Communication Plan at induction and each time the plan is reviewed.

The Risk Minimisation Plan ensures:

- That risks are managed in a way that prioritises the child's health, safety and wellbeing as the paramount consideration.
- That the risks relating to the child's specific health care need, health care requirement or preference, allergy or relevant medical condition are assessed and minimised.
- That practices and procedures in relation to the safe handling, preparation and consumption and service of food are developed and implemented.
- That parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.
- That practices are implemented to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.
- That the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or relevant medical condition.
- Plan(s) in conjunction with parents/guardians will be reviewed at least annually and/or will be revised with each change in the Risk Minimisation and Communication Plan and the Medical Management and/or Action Plan.
- That Educators communicate all relevant information pertaining to the child's health care need, requirement, preference, allergy or medical condition to the parent/guardian or authorised nominee at the end of each day.
- Families are notified in advance of any special activities taking place such as celebrations, sporting events and excursions so that plans to maintain safe inclusion can be made.
- Educators follow appropriate hygiene practices when managing medical conditions in line with the Health and Hygiene Policy and the Immunisation and Infectious Diseases Policy.
- Risk Minimisation Plans are reviewed in consultation with families at least annually.

The Communication Plan is detailed on the Risk Minimisation Plan. The Communication Plan ensures:

- All relevant staff members and volunteers are informed about the Medical Conditions Policy, the Medical Management and/or Action Plan and the Risk Minimisation and Communication Plan.
- Procedures are in place for parents/guardians to communicate changes to the Medical Management and/or Action Plan and the Risk Minimisation and Communication Plan.

Procedures are in place for the service to communicate with parents/guardians to ensure all parties stay informed.

Administration of Medication

Medication will be administered in accordance with the Administration of Medication Policy.

Two educators must be present, one of whom must hold a Diploma or above qualification and have current approved First Aid Qualifications. In the absence of a Diploma qualified educator, an educator who has been trained in the administration of the emergency medication may administer it.

Both educators must:

- Check the Medication Form has been completed.
- Check the child's name, dosage and use-by date on the medication label matches the Medication Form.
- Check the date and time the medication is due to be given.
- Check the medication is within it's use-by or expiry date.
- Confirm the correct child is receiving the medication. (Regulation 95)

The Qualified Educator must measure the dosage and the Witness Educator will check visually to confirm the dosage is correct.
The Qualified Educator will administer the medication to the child according to the administration instructions. The Witness Educator will witness the administration of the medication.

Both educators will sign and date the Medication Form (Regulation 92).

Self-administration of Medication

- Children over preschool age can self-administer medication if permission is given by the parent/guardian.
    - A qualified educator will assist the parent or guardian to complete the Administration of Medication form to ensure all details are correct.
    - Parents/guardians will give permission for their child to self-administer medication whilst at the service.
    - An educator will take any medication from the parent and either store it in the refrigerator in a labelled medication container inaccessible to children or for medications not requiring refrigeration, they will be stored in a labelled medication container inaccessible to children. Children will not carry medication whilst at the service and will hand over medication to an educator upon arrival at the service.
    - An Educator will supervise and witness the child administering medication whilst checking the medication label, dosage and expiry date before the medication is administered.
    - The child and educator will complete the Administration of Medication form with full name and signature along with the time, date and dosage of medication administered.

Responsibilities

The Centre Coordinator/Nominated Supervisor will ensure :

- That families who have a child attending the service who has a specific health care need, health care requirement or preference, allergy or medical condition have access to this policy and any other relevant policies.
- All enrolment forms are reviewed to identify any specific health care need, health care requirement or preference, allergy or medical condition.
- In accordance with Regulation 161(1)(a) that authorisations are kept in the enrolment record for the service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and the transportation of the child by an ambulance service.
- That decisions relating to a child's attendance, medical management or the temporary stopping of care are made in accordance with this policy and are guided by the **child's safety and wellbeing as the paramount consideration**.
- All aspects of the service are considered to ensure the inclusion of each child.
- Educators and staff have a clear understanding of children's individual medical conditions, including their roles and responsibilities when caring for a child with a medical condition.
- All educators have read the Risk Minimisation Plan and Communication Plan.

- Educators receive the appropriate training in managing specific medical conditions, as required.
- There is an educator in attendance at all times with current accredited first aid and CPR training for specific medical conditions.
- Ensure communication between families and Educators is ongoing and effective.
- Families provide required information on their child's medical condition, including
    - Medication requirements
    - Allergies
    - Medical Practitioner's contact details
    - Medical Management Plan
- A Medical Management Plan has been developed in consultation with the child's medical practitioner, if required, and has been supplied to the service.
- A child is not enrolled without a Medical Management Plan and prescribed medication by their medical practitioner, if required.
- A Risk Minimisation Plan and Communication Plan has been developed in consultation with families and educators within the room.
- Educators have emergency contact information for the child.
- Casual and relief educators 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.
- A copy of the child's medical management plan is visibly displayed and known to staff in the service.
- All educators, including relief and casual, have knowledge and access to this policy and other relevant health policies.
- In the event that a child suffers from a reaction, incident, situation or event related to a medical condition the Service and staff will:
    - Follow the child's Emergency Medical/Action Plan
    - Call an ambulance immediately by dialling 000
    - Commence first aid measures/monitoring
    - Contact the parent/guardian as soon as possible
    - Contact the emergency contact if the parents or guardian can't be contacted as soon as possible
    - Notify the regulatory authority (within 24 hours).

Families and Guardians will ensure:

- They provide the Centre Coordinator/Nominated Supervisor with information about their child's health needs, allergies, medical conditions and medication at enrolment, re-enrolment and when there are any changes to medical/health needs.
- The service enrolment form is completed in its entirety providing specific details about the child's medical condition or health needs, requirements or preferences.
- The service is supplied with a medical management plan prior to enrolment and the medical management plan remains up to date and is reviewed as required by the medical practitioner.
- They notify the service if any changes are to occur to the Medical Management Plan or Health Plan.
- They provide adequate supplies of the required medication and complete the long-term medication record.
- The medication provided is within its expiry date and has the child's name on it.
- They provide an updated copy of the child's Medical Management Plan every 12 months or when there are changes to their medical condition.

Record keeping and notifications

The Centre Coordinator/Nominated Supervisor will ensure:

- If medication is administered without authorisation (in the event of an asthma or anaphylaxis emergency) the parent of the child and emergency services are notified as soon as practicable [Regulation 94(2)].
- If the incident presented an imminent or severe risk to the health, safety, and wellbeing of the child or if an ambulance was called in response to the emergency the regulatory authority will be notified within 24 hours of the incident [Regulation 176 (2)(a)].
- Reasonable steps are taken to ensure that medication forms are maintained accurately.
- Medication forms are kept securely and confidentially and archived for the regulatory-prescribed length of time (until the end of 3 years from the date of the child's last attendance).
- Children's privacy is maintained, working in conjunction with the Australian Privacy Principles (APP).

Educator training

Educators are responsible for ensuring their First Aid qualifications are current, and that they are aware of and understand children's individual health care needs, health care requirement or preference, allergies, or relevant medical conditions as detailed in medical management plans, asthma or anaphylaxis plans and Risk Minimisation and Communication Plans.

The Centre Coordinator/Nominated Supervisor will ensure that:

- Educators receive information about the medical and medication policies during their induction.
- Educators are aware of and clearly understand children's individual health care needs, health care requirement or preference, allergies, or relevant medical conditions as detailed in medical management plans, asthma or anaphylaxis plans.
- Educators understand that all actions taken in response to a child's medical condition must prioritise the **child's health, safety and wellbeing**.
- Safe practices are adhered to for the wellbeing of both the child and educators.

Supporting Documents

Policies

Emergency Management Policy
Administration of Medication Policy
Incident, Illness and Administration of First Aid Policy
Providing a Child Safe Environment Policy

Other Documents

Medication Records

Risk Minimisation and Communication Plans

Resources

Education and Care Services National Law (WA) Act 2012
Education and Care Services National Regulations 2012

Sources

- ACECQA – Australian Children's Education and Care Quality Authority.
- Early Childhood Australia Code of Ethics. (2019).

- Education and Care Services National Law (WA) Act 2012.
- Education and Care Services National Regulations 2012.
- Guide to the National Quality Framework. (2024). ACECQA
- Staying healthy: preventing infectious diseases in early childhood education and care services (6th Edition). https://www.nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf (2024).
- National Asthma Council Australia. (2025). *Australian Asthma Handbook*.
- Paramount Considerations ACECQA Understanding

Links to Regulations

National Quality Standard		
Quality Area 2: Children's Health and Safety		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need 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, practised and implemented.
Quality Area 6: Collaborative partnerships with families and communities		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
Quality Area 7: Governance and Leadership		
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

Education and Care Services National Regulations	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parent of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
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
96	Self-administration of medication
136	First aid qualifications
161	Authorisations to be kept in enrolment record
162(c) & (d)	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures
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
176	Time to notify certain information to Regulatory Authority
Education and Care Services National Law	
167	Offence relating to protection of children from harm and hazards

174	Offence to fail to notify certain information to Regulatory Authority

Review & Document Control

Policy Reviewed	Modifications
August 2017	Extension of Policy from regulations and set out expectations for all parties
15th November 2017	Reviewed by Owner. Removed the Communication Plan section as it was repeated. Slight grammatical errors repaired.
8th January 2018	Amended Quality Area to match NQS changes. Removed term Centre Director, replaced with Coordinator
17th October 2018	Changes to made to Risk Minimisation Requirements, grammatical errors fixed.
18th October 2019	Checked Regulations and links are correct
October 2020	Change to new format.
October 2021	Added Key terms, updated why, added quick reference, updated regs and included law, removed restrictive information about asthma and anaphylaxis, added information about communication plan, added more references and sources. Added more information about the risk minimisation plan.
February 2022	Made Communication Plans clearer and added information about self-administered medication
December 2022	New format. Added section on health care plans and some rewording for clarity on processes.
January 2023	Added reference to regulation 161. Added Administration of medication section.
July 2023	Added reference to reg 90(c)(iii) clarifying Risk Minimisation Plans are to be prepared in consultation with the family. Added that in the absence of a diploma qualified, an educator trained in the administration of the medication can administer. Clarified medications listed on medical management plan to be kept at the service.
March 2025	Change to new format. Clearer for all parties that all medical conditions, health care needs, requirements and preferences must have a health care plan, risk management and communication plan.
August 2025	Removed the need for Health Care Plans as all requirements are now on the RMP.
May 2026	Updated to strengthen clarity around decision-making by explicitly embedding the principle that the child's safety, health and wellbeing is the paramount consideration, and to clarify that, where medical risk cannot be safely managed, care may be temporarily stopped to protect the child and others. Updated Sources.

Disclaimer

It is each employee, family and visitor to the service's responsibility to read, understand, follow and address any concerns with management about this policy.

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