Medical Conditions Policy

Including Anaphylaxis, Allergies, Asthma and Diabetes Management

Purpose

The purpose of this policy is to support children's wellbeing and effectively manage specific health care needs, allergies, and medical conditions within our Out of School Hours Care (OOSH) service. Peak Sports & Learning will work in accordance with the Education and Care Services National Law and Regulations to ensure appropriate health-related policies and procedures are implemented. The paramountcy principle underpins this policy: the safety, rights, and best interests of the child must be the absolute top priority in any decision or action affecting them, outweighing all competing operational or financial interests.

At Peak, we believe in providing an inclusive environment where children with medical conditions are supported to participate fully in the day-to-day program. Our supervisors are trained to respond to and manage conditions such as anaphylaxis, asthma, allergies, and other identified health needs to ensure the safety and wellbeing of all children, educators, and visitors.

All medication will only be administered to children in accordance with the Education and Care Services National Law, Regulations, and the service's Administration of Medication Policy.

Considerations

Education and Care Services National Regulations	**National Quality Standard/s**	**Other Service policies/documentation**	**Other**
Regulations: 12, 85, 86, 87, 89, 90, 90, 91, 92, 93, 94, 95, 101, 136, 161, 162, 168, 170, 173, 175. Law: s2A, 3A, 165, 166A, 167, 172, 174	Standard 2.1.1, 2.2.1, 2.2.2, 2.2.3, 7.1.2, 7.1.3	- Family Handbook - Child Safe Environment Policy - Excursion Policy - Incident, Injury, Trauma and Illness Policy - Administration of Medication Policy - Infectious Disease Policy - Administration of First Aid policy - Enrolment and Orientation Policy - Child Protection Policy	- Work Health and Safety Act 2011 - Individual Medical Management Plans and corresponding resources. - My Time, Our Place v2 - Child Safe Standards

Procedures

Enrolment procedures for children with medical conditions:

- Families must inform the service of any medical conditions their child may have at the time of enrolment. This information will be recorded on the child's enrolment record.
- Upon enrolment, Peak will provide the family with a copy of this policy in accordance with Regulation 91.
- A Medical Management Plan, completed by a medical practitioner, must be provided at the time of enrolment for any specific or long-term medical conditions (e.g. Allergy, Anaphylaxis,

Asthma, Diabetes). The plan must clearly outline any prescribed and/or over-the-counter medication to be administered, including dosage instructions.

- Parents/guardians are required to provide the service with any medication listed in the Medical Management Plan that is used to treat a medical emergency, in advance of their child's attendance.
    - Prescribed medication must be supplied in its original packaging with a pharmacy label.
    - Over-the-counter medication (e.g. antihistamines) must be supplied in its original packaging where it is named in the Medical Management Plan, with the plan itself serving as authorisation for use.
- Where medication has not yet been provided, this does not restrict bookings being made, but the service will monitor for it at each session, and care may be declined on the day if the required medication is not present.
- The service will place a temporary restriction on bookings if a child's Medical Management Plan or Risk Minimisation & Communication Plan is outstanding, to ensure the safety of the child. Bookings will be reactivated once these documents are completed, signed and returned to the Head Office.
- A Risk Minimisation & Communication Plan will be developed in consultation with the child's family to support a safe and smooth transition into care.
- Peak Administration staff will send the Risk Minimisation & Communication Plan to the parent/guardian for review, acknowledgement, and signature. Where digital acknowledgement is not possible, the service will provide a printed copy for the family to review and sign in person. Once completed, these documents will be stored in the Management of Medical Conditions Folder, and digital versions uploaded into FullyBooked with noted review dates.
- The Risk Minimisation & Communication Plan will include:
    - Identification of risks relating to the child's specific health care need, allergy, or relevant medical condition.
    - Strategies to minimise risks (e.g. reducing exposure to allergens or triggers), including any necessary adjustments to service practices or procedures (e.g. menu planning, food preparation).
    - Clear documentation of allergens posing a risk, acknowledged by parents/guardians through their signature on the plan.
    - Parent/guardian responsibility to communicate any changes to the child's medical management. Updates may be provided in person to the Responsible Person or to Administration and recorded in the communication section of the plan.
    - Information on medication storage and location within the service.
- Families are advised that if medical conditions are not disclosed at the time of enrolment, and the child is later identified as having medical needs, Peak Sports & Learning reserves the right to suspend or restrict bookings until all required documentation, medication, and staff training are completed.

Centre procedures for children with medical conditions:

- Peak centres will maintain a Management of Medical Conditions Folder containing children's Medical Management Plans and Risk Minimisation & Communication Plans. This folder will be clearly labelled, accessible to all staff, and kept in a consistent location within the service.
- The child's individual Medical Management Plan will be followed in the event of an incident relating to their specific health care need, allergy, or medical condition.
- The Responsible Person/s are responsible for raising any concerns with a child's parents/guardians about any known medical condition, or any suspected medical condition that arises during the child's attendance at the service.

- Peak will ensure that at least one educator present at all times holds current qualifications in an approved first aid, asthma management, and anaphylaxis management (as required under Regulation 136).
- The service will adhere to privacy and confidentiality procedures when managing information relating to individual health needs.
- Administration of medication, whether self-administered by the child or administered by an educator, will be documented accurately on a medication record or self-administration of medication record. Where an educator administers the medication, this will be witnessed and co-signed by a second educator on the medication record.

Communication Plan for children with Medical Conditions

Communication relating to the medical conditions for children will include the following steps:

1. **At enrolment**: Parents/guardians must provide all relevant information and Medical Management Plans for their child's specific health condition. Peak will provide families with a copy of the Medical Conditions Policy (as per Regulation 91) and a Risk Minimisation & Communication Plan for review and acknowledgement.
2. **Distribution of documents**: Administration will email the Medical Management Plan and Risk Minimisation & Communication Plan to the Centre for printing, review, and inclusion in the Management of Medical Conditions Folder.
3. **Staff communication**: Details of new enrolments are shared through the weekly Staff Newsletter. Any serious allergies or health conditions will be highlighted to ensure staff are aware.
4. **Daily practice**: All long-term medical conditions (e.g. allergies, anaphylaxis, asthma, diabetes) will be printed on the daily roll. Every educator is responsible for reading and referring to this list at the commencement of their shift. Children with medical conditions will also be discussed in the daily staff brief.
5. **Access to information**: The Management of Medical Conditions Folder will be clearly labelled, stored in a consistent location, and accessible to all staff members.
6. **Staff induction**: All staff will be informed during induction about the Medical Conditions Policy, the location and use of the Management of Medical Conditions Folder, the medical conditions roll list, and the actions required in the event of a medical emergency.
7. **Changes to condition or plans**: Families must inform Peak Head Office and/or Responsible Person immediately (in person or via email) of any changes to their child's condition and provide updated Medical Management Plans. The Risk Minimisation & Communication Plan will be reviewed and updated accordingly.
8. **Minor amendments**: Small amendments to the Risk Minimisation & Communication Plan may be written on the existing document and acknowledged with initials.
9. **Medication Diary**: Each Centre will maintain a Medication Diary within the Management of Medical Conditions Folder. Each month, the service will check the diary for:
    - Medication/medical device expiry dates
    - Families will be contacted to request replacement medication or devices. Medical Management Plan and Risk Minimisation & Communication Plan review dates are tracked separately in FullyBooked, which automatically prompts families as review dates approach.

10. **Plan reviews**: Review dates of Medical Management Plans will follow the dates noted by the medical practitioner where applicable. At a minimum, the Risk Minimisation & Communication Plan will be reviewed annually in consultation with the parent/guardian.
11. **Family responsibility:** Parents/guardians are responsible for updating their child's Medical Management Plan and providing a new Plan as required. Families must also provide the service replacement medication and medical devices prior to expiry and collect expired items. Where items are not collected, the service will arrange responsible disposal. Bookings may be suspended or removed where an updated Medical Management Plan or Risk Minimisation & Communication Plan is not provided by its review date. Where medication or a medical device is not replaced before expiry, care may be declined at the point of attendance, and bookings may also be removed if the matter remains unresolved.
12. **Digital records**: A copy of each child's Medical Management Plan will be held digitally in their enrolment record, with review dates noted.
13. **Recording communication**: Any conversations between the Nominated Supervisor, Responsible Person, educators, and families regarding a child's medical condition will be documented in the Communication Plan section of the Risk Minimisation & Communication Plan.
14. **Formal reminders**: In addition to ongoing communication, Peak will formally request updates to medical condition information through:
    - Review notifications generated by the FullyBooked Child Care Management System
    - Direct emails and/or text messages to families
    - Service newsletters and/or mass emails to families

Ongoing Family Obligations

To ensure children's safety and the service's compliance with the Medical Conditions Policy, families are required to:

- Provide updated **Medical Management Plans** when review dates fall due, and participate in reviews of the child's **Risk Minimisation & Communication Plan** in consultation with Peak.
- Supply replacement **medication and medical devices** (e.g. puffers, Epipens, insulin supplies) before their expiry date.
- Collect expired medication and devices from the service. Where items are not collected, the service will arrange for responsible disposal.
- Ensure all required documentation and in-date medication is provided prior to the child's attendance.

⚠ Where a Medical Management Plan or Risk Minimisation & Communication Plan is not current, bookings will be temporarily restricted until it is provided. Where medication or a medical device is not current, care may be declined at the point of attendance, and bookings may also be removed if this remains unresolved. Families will be notified if either occurs and will be able to re-book once outstanding requirements are met.

Self-Administration of Medication

- Where age and developmental readiness make it appropriate, a child of OOSH age may self-administer their own medication (e.g. a puffer) under educator supervision.

- Written parental authorisation for self-administration can be provided via the Risk Minimisation & Communication Plan.
- The medication will be stored securely by the educator and provided to the child when required.
- The educator will supervise the child while they self-administer the medication.
- Self-administration will be recorded accurately on the Self-Administration of Medication Record.

Following an Incident

In addition to the condition-specific response outlined in this policy, where a child experiences an incident, allergic reaction, or medical emergency, the service will:

- Contact the child's medical practitioner where required.
- Call an ambulance (000) if in doubt about the severity of the situation, or if the child's condition does not improve or worsens.
- Contact the parent/guardian, or a nominated emergency contact where the parent/guardian cannot be reached, as soon as possible.
- Complete the Incident, Injury, Trauma and Illness Record in full.
- Notify the Regulatory Authority within 24 hours where the incident meets the definition of a serious incident.

Following the incident, management will review what occurred and consider whether any improvements to practices, training, or documentation are needed.

Medical Condition: Anaphylaxis / Allergy

Overview

Anaphylaxis is the most severe form of allergic reaction and can be life-threatening. Symptoms may include: hives, itching, swelling, watery eyes, runny nose, vomiting, diarrhoea, stomach cramps, coughing, wheezing, throat tightness, difficulty swallowing, difficulty breathing, dizziness, fainting, loss of consciousness, or a change in skin colour. The most dangerous symptoms are breathing difficulties and a sudden drop in blood pressure.

Peak Sports & Learning recognises the increasing prevalence of children diagnosed with severe allergies and anaphylaxis. Reactions may be triggered by allergens such as eggs, peanuts, tree nuts, cow's milk, shellfish, fruits, bee or insect stings, latex, medications, or other allergens identified by a medical practitioner. Exposure may occur through ingestion, skin or eye contact, or inhalation of food particles.

Procedures and Risk Minimisation Strategies for Children with Anaphylaxis and Severe Allergies

- An EpiPen will be kept on site and readily accessible to staff in a clearly labelled First Aid Kit. This kit will accompany the service on all excursions and emergency evacuations. Signs will be displayed to indicate the EpiPen's location.
- Children diagnosed with severe allergies or anaphylaxis who require an Epipen must provide one to the service. The Epipen will be collected and stored securely in a location that is easily accessible to staff.
    - Where significant financial barriers prevent a family from supplying a dedicated Epipen to remain at the service, an alternative arrangement must be made to ensure an Epipen is available for each attendance. If this requirement is not met, care may be denied in line with compliance and safety obligations.

- Parents/guardians must provide a current Medical Management Plan. A Risk Minimisation & Communication Plan will be developed for each child with anaphylaxis. Practices will be documented, reviewed regularly, and updated to ensure the service reduces potential triggers wherever possible.
- Where a child has a life-threatening food allergy, the service will take all reasonable steps to be free of the allergen. All Peak centres are nut-aware and families must not provide nut products. E.g. nut spreads, whole nuts.
- Where possible, Peak will provide safe alternatives (e.g. soy milk, gluten-free bread).
- Clear signage will be displayed at the service to inform families, staff, and visitors that the service is nut aware.
- Where allergens cannot be fully excluded (e.g. dairy), the service will take reasonable precautions to reduce exposure risk at meal and snack times — for example, seating the child away from the allergen, and ensuring all children wash their hands before and after eating.
- Educators will:
    - Minimise food sharing through active supervision.
    - Prepare food in line with the child's Medical Management Plan and family recommendations.
    - Consider alternatives to allergen-containing products in craft, cooking, or science activities.
    - Reduce the risk of cross-contamination by following strict cleaning and food-handling procedures.
    - Closely supervise children during all meal and snack times, ensuring food is eaten only in designated areas.
    - Consult Risk Minimisation & Communication Plans when purchasing food or planning menus.

Responding to incidents involving severe allergies or anaphylaxis:

- Educators must remain vigilant for symptoms of allergic reaction and respond immediately if they occur.
- In the event of an incident, the child's Medical Management Plan and the service's **Administration of First Aid Policy** must be followed.

If a child displays symptoms of anaphylaxis, the following reflects the recommended course of action. Educators should apply this guidance using their training and judgement, adapting to the circumstances of the incident:

- Call an ambulance immediately (dial 000).
- Ensure a first aid trained educator with approved anaphylaxis management training administers the Epipen in accordance with ASCIA guidelines. If the child stops breathing, CPR will be commenced.
- Contact the parent/guardian. If unavailable, the child's nominated emergency contact will be notified.
- Any incident response related to allergies or anaphylaxis will be documented in accordance with the service's Incident, Injury, Trauma and Illness Policy, including follow-up communication with the family, and notify the Regulatory Authority where required.

Medical Condition: Asthma

Overview

Asthma is a chronic lung disease that inflames and narrows the airways. Peak Sports & Learning recognises the importance of supporting children with asthma by identifying common triggers and implementing procedures, through each child's Medical Conditions Risk Minimisation Plan, to minimise exposure and reduce the risk of asthma attacks.

Common triggers include:

- Exercise or physical activity
- Viral infections such as colds or flu
- Allergens (e.g. pollen, dust mites, animal dander, mould)
- Environmental factors (e.g. smoke, strong odours, cold air, weather changes)
- Certain foods, preservatives, or medications as identified by a medical practitioner

Procedures and Risk Minimisation Strategies for Children with Asthma

- Parents/guardians must provide a current Medical Management Plan for their child. A Risk Minimisation & Communication Plan will then be developed in consultation with the family. This plan will outline strategies and practices the service will implement to reduce potential triggers. The plan will be reviewed at least annually to ensure the environment continues to minimise the risk of an asthma attack.
- In conjunction with the Administration of First Aid Policy and Administration of Medication Policy, all educators and volunteers must follow the child's Medical Management Plan in the event of an incident relating to their specific health care need, allergy, or medical condition.
- Children diagnosed with asthma are required to provide a metered dose inhaler (puffer). Where a spacer or mask is specified on the Asthma Action Plan, parents/guardians must also provide this to be stored at the service.
    - Where significant financial barriers prevent a family from supplying a dedicated puffer and spacer to remain at the service, an alternative arrangement must be made to ensure staff have immediate access. If this requirement is not met, care may be denied in accordance with compliance and safety obligations.
    - A Ventolin inhaler will also be kept available to staff in the First Aid Kit. This kit will accompany the service on all excursions and emergency evacuations. Signs will be displayed to indicate its location.
    - The service's First Aid Kit will include:
        - Blue or grey reliever puffer
        - Cardboard disposable spacers (for emergency use if a child's spacer is unavailable)
    - Children's puffers, spacers, and face masks stored at the service will be stowed in individual snap-lock bags for hygiene purposes. If a child's equipment is used, it will be cleaned appropriately before being returned to storage.

Responding to incidents involving Asthma:

- An asthma attack can become **life-threatening** if not treated promptly. A first aid-trained educator (with approved asthma management training) must respond immediately.
- The child's Medical Management Plan should be followed first. If symptoms are not relieved or no plan is available, apply general first aid (blue/grey reliever puffer) as follows. These steps reflect the recommended Asthma First Aid protocol taught in accredited training —

educators should apply this using their training and judgement, adapting to the circumstances of the incident:

1. Sit the child upright; stay with them and remain calm and reassuring.
2. Give **4 puffs** of blue/grey reliever via spacer if available. (Shake the puffer; place 1 puff into the spacer; child takes 4 breaths.)
    i. If a spacer is not available, give 4 separate puffs, allowing time for breathing between each.
3. Wait **4 minutes**.
4. If there is no improvement, give **another 4 puffs**.
5. If symptoms persist or worsen—or if the situation is severe—**call emergency services (000)**. Say that someone is having an asthma attack.
6. Continue administering **4 puffs every 4 minutes** until the ambulance arrives.
7. Contact the parent/guardian (or authorised emergency contact if the parent cannot be reached).

- Any incident response related to asthma will be documented in accordance with the service's Incident, Injury, Trauma and Illness Policy, including follow-up communication with the family, and notify the Regulatory Authority where required.

Medical Condition: Diabetes

Overview

Diabetes is a chronic condition where blood glucose (sugar) levels are too high. Glucose is normally regulated by the hormone insulin.

- **Type 1 diabetes** (most common in children) occurs when the body's immune system attacks the insulin-producing cells, so insulin can no longer be made. People with type 1 diabetes require daily insulin, regular blood glucose testing, healthy eating, and physical activity.
- **Type 2 diabetes** is managed through healthy eating and physical activity, and may require insulin over time.

⚠ Peak Sports & Learning recognises that diabetes management is child-specific. Enrolment may be delayed if educators require additional training to ensure the health and safety of the child.

Procedures and Risk Minimisation Strategies for Children with Diabetes

- Parents/guardians must provide a current **Medical Management Plan**. A **Risk Minimisation & Communication Plan** will then be developed in consultation with the family, reflecting the child's diabetes type and treatment plan.
- Child-specific training & start of care: Educators will complete online training and, where necessary, child-specific training (e.g. via Diabetes Australia, NDSS programs, the child's health team, or led directly by the parent/guardian) before the child commences, to ensure staff can safely meet the child's needs. Enrolment/attendance may be delayed until required training and resources are in place.
- The Risk Minimisation & Communication Plan will include strategies to reduce the risk of hypoglycaemia ("hypo") and hyperglycaemia ("hyper") based on known triggers.
- Typical hypo triggers include:
    - Delayed or missed meals, or meals with insufficient carbohydrate
    - Extra or unplanned physical activity
    - Too much insulin or other diabetes medication
    - Vomiting or illness

- Food & activity planning: Children with Type 1 diabetes may also need to limit certain foods. The child's Medical Management Plan must include details of dietary requirements (types and amounts of appropriate foods), which will inform the Risk Minimisation & Communication Plan.
- Equipment & supplies on site: The plan will specify what must be available at the service (e.g. blood glucose meter/CGM, insulin supplies, ketone strips if required, and fast-acting carbohydrate such as glucose tablets or juice) and where these items will be stored for quick access.
- Any incident response related to diabetes will be documented in accordance with the service's Incident, Injury, Trauma and Illness Policy, including follow-up communication with the family, and the Regulatory Authority will be notified within 24 hours where the incident meets the definition of a serious incident.

Responding to Incidents Involving Diabetes

Hypoglycaemia ("Hypo") – Low Blood Sugar

Common symptoms may include shakiness, sweating, irritability, mood changes, dizziness, headache, hunger, tiredness, blurred vision, difficulty concentrating, or unusual behaviour.

If a child is displaying symptoms of a hypo, the following reflects the recommended course of action. Educators should apply this guidance using their training and judgement, adapting to the circumstances of the incident:

1. Follow the child's Medical Management Plan immediately.
    - A first aid trained educator will provide the care outlined in the plan, which may include giving the child a quick-acting carbohydrate (e.g. glucose tablets, juice).
2. Monitor the child's response.
    - If the child does not respond, call an ambulance (000) without delay.
    - If the child stops breathing, commence CPR.
3. Notify family contacts.
    - Contact the parent/guardian as soon as possible.
    - If the parent/guardian cannot be reached, notify the authorised emergency contact.
4. Document the incident in accordance with the service's Incident, Injury, Trauma and Illness Policy, ensure follow-up communication with the family, and notify the Regulatory Authority where required.

Hyperglycaemia ("Hyper") – High Blood Sugar

Common symptoms may include increased thirst, frequent urination, tiredness, irritability, difficulty concentrating, stomach pain, nausea/vomiting, or fruity-smelling breath.

If a child is displaying symptoms of a hyper, the following reflects the recommended course of action. Educators should apply this guidance using their training and judgement, adapting to the circumstances of the incident:

1. Follow the child's Medical Management Plan immediately.
    - This may include checking blood glucose levels and following any insulin/medication or hydration instructions in the plan.
2. Seek urgent medical assistance if:
    - The child becomes very unwell (vomiting, drowsy, or breathing difficulties).
    - Blood glucose levels remain high despite management steps.
    - The child's plan directs staff to do so.
3. Call an ambulance (000) if the child deteriorates rapidly, is unresponsive, or shows signs of diabetic ketoacidosis (DKA).

Note: DKA is a serious and potentially life-threatening complication of diabetes caused by very high blood glucose and ketone build-up. Symptoms may include vomiting, stomach pain, fruity-smelling breath, rapid breathing, drowsiness or confusion.

4. Notify family contacts and update them on the child's condition and actions taken.
5. Document the incident in accordance with the service's Incident, Injury, Trauma and Illness Policy, ensure follow-up communication with the family, and notify the Regulatory Authority where required.

Medical Condition: Epilepsy and Seizures

Overview

Epilepsy is a neurological condition characterised by recurrent, unprovoked seizures. Seizures can also occur due to other causes (e.g. head injury, high fever, infection, poisoning, stroke, or reduced oxygen/blood supply), but immediate management principles are the same.

Some people experience an aura (a brief warning such as an unusual sensation, smell, sound, or feeling) before a seizure. Seizures range from brief lapses in awareness to sudden loss of consciousness with stiffening and jerking (tonic-clonic). Most seizures last under 2–3 minutes. Afterward, the person may be confused, drowsy, or unable to recall the event (post-ictal phase).

Procedures and Risk Minimisation Strategies for Children with Epilepsy and Seizures

- Parents/guardians must provide a current Medical Management Plan (an Epilepsy/Seizure Management Plan where available). Where there is no formal diagnosis but there is a suspected risk of seizures, the service will still develop a Risk Minimisation & Communication Plan. Families must provide any documentation available to help the service understand and reduce known risks.
- The service will implement strategies to minimise known seizure triggers where possible (e.g. avoiding flickering lights, managing fatigue, heat).
- Educator awareness: Educators will be briefed on the child's seizure signs, which may include: sudden cry or collapse, stiffness, jerking movements, altered awareness, staring/fixed gaze, automatisms (e.g. lip smacking, repetitive movements), colour changes, possible tongue biting, or loss of bladder/bowel control.
- Medication & equipment: If a child has prescribed rescue medication for seizures, families must discuss this with the service prior to enrolment. The service can only support the administration of medication that falls within the skills and approved training of educators and in accordance with the **Administration of Medication Policy**. Where specialised training is required for the use of seizure-specific medication, the service may not be able to accept enrolment until appropriate arrangements are made with the family and health professionals.
- Preventative medication: Families must ensure that any preventative medication taken outside of care hours is recorded on the enrolment form, so that in the event of an emergency educators can provide accurate information to medical professionals.

Responding to incidents involving Seizures

- For all seizure events, the following reflects the recommended course of action — educators should apply this guidance using their training and judgement, adapting to the circumstances of the incident:
    1. Follow the child's Medical Management Plan immediately. A first aid trained educator will respond in line with the plan.

2. Stay calm and ensure safety. Protect the child from hazards and reassure other children in the area.
3. Time the seizure from onset and record what is observed (type of movements, awareness, colour changes, breathing, duration).
4. Do not restrain the child and do not place anything in their mouth.
5. Protect the head by placing a cushion or folded clothing under it, and loosen tight clothing if needed.
6. After movements stop, or when safe, roll the child into the recovery position to keep the airway clear.
7. Stay with and reassure the child until they have fully recovered. Provide quiet space and post-seizure support as needed.

- Notify the parent/guardian as soon as possible (or the authorised emergency contact if unavailable).
- Document the incident in accordance with the service's Incident, Injury, Trauma and Illness Policy, including seizure timing, observations, and actions taken.
- Notify the Regulatory Authority where required.

For tonic-clonic seizures:

- Clear the area of hazards, protect the head, do not restrain, and do not put anything in the mouth.
- Once safe, roll into recovery position and monitor breathing.

For seizures with impaired awareness (non-convulsive):

- Do not restrain the child. Guide them calmly away from danger and remain with them until awareness returns.

Call an ambulance (000) immediately if:

- There is no Epilepsy/Seizure Management Plan available.
- The seizure lasts longer than 5 minutes.
- Seizures occur repeatedly without full recovery in between.
- The child has breathing difficulties or sustains a serious injury.
- It is the first known seizure.
- The child does not return to their usual state after the seizure.
- If you are unsure/ever in doubt, never hesitate to call.

Other Medical Conditions:

Where children present with medical conditions not specifically covered in this policy, the service will work with families to develop an individual Risk Minimisation & Communication Plan. This plan will outline strategies to support the child's health, safety, and wellbeing while attending the service.

Examples may include, but are not limited to: shunts, heart conditions, blood disorders, coeliac or other diagnosed health needs.

Where necessary, this policy will be updated to reflect the procedures and practices required to manage these conditions. Families must provide any relevant medical documentation to support safe care, and enrolment may be delayed until appropriate plans, documentation, and educator readiness are in place.

Roles and Responsibilities

Approved Provider

The Approved Provider is responsible for ensuring:

- Obligations under the Education and Care Services National Law and National Regulations are met.
- All educators, staff, students, and volunteers are informed of, and adhere to, this policy and related health management policies (e.g. Anaphylaxis, Asthma, Diabetes).
- Systems are in place to support compliance with medical condition management requirements, including review of enrolment forms to identify any diagnosed medical conditions, allergies, or health care needs.
- Families are provided with a copy of the Medical Conditions Policy and related policies upon enrolment.
- Existing enrolment information is reviewed annually, and families contacted to confirm any updates to diagnosed health care needs, allergies, or relevant medical conditions.
- Risk Minimisation & Communication Plans are developed in consultation with families and management prior to the child commencing care.
- Information regarding the health and wellbeing of children is managed in accordance with privacy, confidentiality, and information-sharing requirements.

Nominated Supervisor

The Nominated Supervisor must ensure:

- Ensure processes are followed so that children with diagnosed medical conditions do not commence care without a current Medical Management Plan and Risk Minimisation & Communication Plan. For life-threatening conditions (e.g. asthma, anaphylaxis, diabetes), families are expected to provide essential medication (such as inhalers, adrenaline auto-injectors, or insulin) each day their child attends, and care may be declined at the point of attendance where this medication is not present.
- Educators, staff, and volunteers have a clear understanding of children's individual health care needs, allergies, or relevant medical conditions, whether ongoing or short-term.
- A Risk Minimisation & Communication Plan is developed in collaboration with families and lead educators to ensure consistent and effective communication.
- New staff are provided with thorough induction and ongoing training to support their responsibilities in relation to children's health and medical conditions.
- At least one staff member is in attendance at all times with current ACECQA-approved certifications in:
    - First Aid
    - Emergency Asthma Management
    - Emergency Anaphylaxis Management
- Educators and staff understand their roles and responsibilities when caring for children with diagnosed medical conditions.

Administration Team

The Administration Team will ensure:

- Enrolment forms are reviewed to identify any specific health care needs, allergies, or medical conditions.
- A Risk Minimisation & Communication Plan is developed in consultation with parents/guardians and management prior to the child commencing care.

- Families provide all required information and documentation regarding their child's medical condition.
- Digital and paper-based records (e.g. Fullybooked, Management of Medical Conditions Folder, Medication Diary) are accurately maintained and accessible to services.
- Families are reminded of upcoming review dates and medication/device expiry dates, with updates requested as required.

Responsible Persons & Educators

Responsible Persons and Educators will ensure:

- All medication provided to the service, including over-the-counter medication listed in the child's Medical Management Plan, is stored appropriately in accordance with the Administration of Medication Policy.
- Medication is checked on arrival, clearly labelled, and monitored for expiry.
- Risk Minimisation & Communication Plans are read, understood, and acknowledged.
- Families are respectfully reminded of upcoming review dates and expiry dates for medication/devices.
- Communication with families regarding children's health requirements is discussed in a culturally sensitive and respectful manner.
- The child's Medical Management Plan and Risk Minimisation & Communication Plan are followed precisely in the event of a medical incident.
- All incidents and medication administration are documented accurately in line with policy requirements.

Families

Families are responsible for:

- Informing the service of any diagnosed medical conditions, allergies, or relevant health care needs at enrolment or as soon as they are identified or change.
- Providing a current Medical Management Plan (signed by a medical practitioner) and supplying all prescribed or over-the-counter medication listed in the plan. Medication must be in date, in its original packaging, and clearly identifiable.
- Ensuring essential medication for life-threatening conditions (e.g. asthma inhalers, adrenaline auto-injectors, insulin) is supplied each day their child attends.
- Participating in the development and review of their child's Risk Minimisation & Communication Plan in consultation with the service.
- Notifying the service immediately of any changes to their child's condition, treatment, or medication requirements.
- Providing updated Medical Management Plans and replacement medication or devices before expiry dates, as requested by the service. Expired medication not collected will be responsibly disposed.
- Participating in annual reviews of Medical Management Plans and Risk Minimisation & Communication Plans, and providing updated documentation where required.
- Acknowledging that bookings may be suspended or cancelled if required documentation is not supplied, and that care may be declined at the point of attendance — with bookings also subject to removal — where required medication or medical devices are not supplied, in line with this policy and compliance obligations.

Version Control Table

Version Control	Date Released	Next Review	Approved by	Amendment
1–9	Jan 2017	March 2025	Directors	Archived history (Versions 1–9): progressive amendments from initial policy creation through to March 2025, including alignment to updated Quality Standards; addition of EpiPen, asthma medication and diabetes risk minimisation requirements; combination of the Anaphylaxis/Allergy policy into this document; addition of Epilepsy Management; renaming of the Risk Minimisation Folder to Management of Medical Conditions Folder; and wording clarifications to the Communication Plan and Anaphylaxis procedures. Full version history available on request.
10	March 2026	March 2027	Directors	Comprehensive review and restructure of policy. Strengthened enrolment and family obligations, added Roles & Responsibilities, clarified ongoing obligations of families, expanded Communication Plan, and updated condition-specific sections (Anaphylaxis, Asthma, Diabetes, Epilepsy & Seizures). Policy reformatted for clarity and compliance alignment.
11	August 2026	August 2027	Directors	Aligned wording with the finalised Medical Conditions Procedure, added Self-Administration of Medication and Following an Incident sections, and condensed version history.