Management of Medical Conditions Policy

Policy Statement:

Pennant Hills Before and After School Care Service is committed to providing safe, inclusive, and responsive care for all children, including those diagnosed with medical conditions. We work in partnership with families to ensure that children's health needs are understood, documented, and supported through clear medical management plans, risk minimisation strategies, and consistent communication. Staff follow all plans, training, and legislative requirements to maintain a safe environment and uphold our duty of care.

Definitions:

Medical Condition - A diagnosed health condition that requires ongoing management, monitoring, medication, or emergency response while the child attends the service.

Medical Management Plan - A written plan provided by a medical practitioner that outlines the child's diagnosis, symptoms, triggers, required medication, daily management needs, and emergency response steps.

Risk Minimisation and Communication Plan - A centre-developed document written with input from the family, that identifies risks relating to a child's medical condition and outlines strategies to reduce these risks, communication expectations and supervision considerations.

Emergency Medication - Medication required for immediate use in a medical emergency, including EpiPens/Anapens, Ventolin, and any other medication identified in a child's medical management plan.

Medication Administration Form - A written authorisation completed by families specifying the medication name, dosage, timing, storage requirements, and administration instructions.

Considerations:

- Education and Care Services National Law (2010)
    - Section 3(2)(a) – Rights and best interests of the child
    - Section 167 – Protection of children from harm and hazards
    - Section 173 – Offence relating to requirements for prescribed information
    - Section 174 – Notification of serious incidents
- Education and Care Services National Regulations (2011)

    - Regulations 90–96 – Medical conditions, risk minimisation, communication plans, medication procedures
    - Regulation 87 – Incident, injury, trauma and illness record
    - Regulations 181–184 – Confidentiality and storage of records
    - Regulation 168 – Policies and procedures
- National Quality Standard
    - 2.1.1 – Wellbeing and comfort: Each child's health and physical wellbeing is supported
    - 2.1.2 – Health practices and procedures: Effective illness management and safe medication practices
    - 2.2.1 – Supervision: Children are supervised effectively
    - 2.2.2 – Incident and emergency management: Plans to effectively manage incidents and emergencies
    - 3.1.1 – Fit for purpose: Environments that support health, hygiene and safety
    - 6.1.1 – Engagement with families: Families receive relevant information about their child's health and wellbeing
    - 7.1.2 – Management systems: Records, policies and procedures support effective governance
- ASCIA (Australasian Society of Clinical Immunology and Allergy) Guidelines
- National Asthma Council Australia Guidelines
- NSW Health – Medical Conditions and Emergency Care Guidance
- Privacy Act 1988
- Work Health and Safety Act 2011 (NSW)
- Child Safe Standards

Policy:

Condition-Specific Management:

General Approach to Managing Medical Conditions:

Families must disclose any diagnosed medical conditions at enrolment or as soon as a diagnosis is made. Required documentation and medication must be provided before the child attends. The centre reviews all documentation, develops risk minimisation and communication plans with input from the family, and ensures staff are informed of each child's needs. Staff follow each child's medical management plan and administer medication in accordance with training, legislation, and this policy. Information about children's medical conditions is shared with staff on a need-to-know basis to ensure safety and uphold duty of care.

Where a child presents with symptoms consistent with anaphylaxis or asthma, but does not have a diagnosed plan, staff will follow current health advice and administer the spare EpiPen or Ventolin, calling an ambulance if required.

Anaphylaxis Management:

Families must provide an up-to-date ASCIA Anaphylaxis Action Plan signed by a medical practitioner. Children cannot attend without their prescribed EpiPen/Anapen and antihistamine, in date and in original packaging with a prescription/pharmacy sticker that has the child's full name. Families with casual bookings may store a spare EpiPen at the centre. Medication is stored in unlocked but inaccessible hanging storage, as permitted under the regulations. The centre purchases spare EpiPens and checks them regularly. Staff follow the child's ASCIA plan in all circumstances. Emergency administration of adrenaline is permitted without prior authorisation, with families notified as soon as practicable.

Allergy Management:

Families provide an up-to-date ASCIA Allergy Action Plan and prescribed antihistamines. Medication is stored in the same manner as anaphylaxis medication (unlocked but inaccessible to children). Staff follow the child's plan and monitor symptoms closely. If symptoms escalate or breathing is affected, staff follow the anaphylaxis emergency protocol. Families are notified of incidents and upcoming medication expiry dates.

Asthma Management:

Families provide an up-to-date Asthma Action Plan and prescribed Ventolin and spacer. Medication is stored in kitchen cupboards that are inaccessible to children but not locked. The centre purchases spare Ventolin and spacers and checks them regularly. Children may self-administer Ventolin only under staff supervision. The centre follows current health advice and updates training, signage, and procedures accordingly. Emergency administration of Ventolin is permitted without prior authorisation, with families notified as soon as practicable.

Diabetes Management:

Families meet with the centre to develop a Diabetes Management Plan outlining monitoring requirements, food needs, emergency responses, and any equipment used. Staff receive training specific to the child's plan and follow it consistently. Medication and equipment are stored according to the Medication & Storage Requirements section. Plans are reviewed annually or sooner if the child's needs change.

Epilepsy Management:

Families meet with the centre to develop an Epilepsy Management Plan outlining seizure recognition, safety steps, and ambulance criteria. Staff receive training specific to the child's plan. Staff ensure the environment is safe, follow the plan, and remain with the child until fully recovered. Medication and equipment are stored according to the Medication & Storage Requirements section. Plans are reviewed annually or sooner if the child's needs change.

Other Medical Conditions:

Where a child has a diagnosed medical condition not listed above, the centre will meet with the family to develop a condition-specific Medical Management Plan. This plan will outline the child's needs, required medication or equipment, emergency steps, and any training required for staff. The same processes for risk minimisation, communication, storage, and review apply.

Documentation & Risk Minimisation/Communication Plans:

Families must provide medical management/action plans for all diagnosed conditions. Plans must be updated annually or whenever the child's condition changes. Plans are displayed or stored accessibly for staff, depending on the condition and privacy requirements. Medical information is stored and shared in accordance with the Privacy, Confidentiality & Record-Keeping Policy.

Risk minimisation and communication plans are developed for each child with a medical condition with input from the family. These plans outline triggers, prevention strategies, supervision considerations, communication expectations, and staff responsibilities. All staff must read and sign each plan, as well as all action plans and medical management plans. Families are responsible for communicating any updates or changes which will be added to the plan and shared with staff. Staff communicate with families through informal check-ins, formal emails/calls, and incident reports as required. Plans are reviewed whenever the child's needs or circumstances change.

A medication record/agreement must accompany the risk minimization and communication plan. This is a signed written authority from the parent/guardian to administer the medication, detailing the dosage and times.

Visual Identification for Staff:

Children with medical conditions are included on discreet visual reference posters with their photo, name and condition. These posters are displayed in staff-only areas for quick reference. Children with medical conditions are highlighted during daily briefings and on vacation care communication sheets.

Medication & Storage Requirements:

Emergency medication (EpiPens/Anapens, antihistamines, Ventolin, spacers) is stored unlocked but inaccessible, in hanging storage or kitchen cupboards, as permitted under the regulations. Spare emergency medication purchased by the centre is stored in the same manner.

All other prescription medications (eg ADHD medication) are stored in a locked cupboard or fridge lockbox if refrigeration is required. Medication must be in original packaging, labelled with the child's name, and within expiry. Medication must be handed directly to staff and never left in a child's bag.

Medication Administration Requirements:

Families must complete a medication form specifying the medication name, dose, timing, storage requirements and administration instructions. Administration requires two staff members: one administering and one witnessing. All administrations are recorded in the medication administration register in accordance with National Regulation 87. Emergency administration of asthma or anaphylaxis medication may occur without prior authorisation, with families notified as soon as practicable.

For information about first aid kits and equipment, refer to the Incident, Injury, Trauma & Illness Policy.

Emergency Response Protocols:

Staff follow each child's medical management plan. General condition-specific responses include:

- Anaphylaxis: administer EpiPen/Anapen immediately and call an ambulance.
- Allergy: administer antihistamine; escalate to anaphylaxis protocol if symptoms worsen.
- Asthma: administer Ventolin as per plan; call an ambulance if symptoms do not improve.
- Diabetes: follow the child's plan; call an ambulance if the child does not improve or becomes unconscious.
- Epilepsy: follow the child's plan; call an ambulance if seizure meets criteria outlined in the plan.

Families are notified as soon as practicable after emergency treatment. Serious incidents are recorded and managed in accordance with the Incident, Injury, Trauma & Illness Policy.

Excursions & Transport Between Sites:

Medication and action plans accompany children during walk-up/down between school sites and on all excursions. A staff member trained in first aid, asthma, and anaphylaxis is always present. Portable kits are carried and checked before departure. The staff member in charge ensures medication is accessible at all times and stored safely during transport.

Staff Training:

At least one staff member with current first aid, asthma, and anaphylaxis training is present at every session. Best practice is for all staff to hold these qualifications. Training renewals are budgeted for by the centre. Staff receive specific training when a child with diabetes, epilepsy, or other medical needs is enrolled. Staff are informed of each child's medical needs and where medication is stored.

Family Communication:

Families are required to provide all plans and medication before attendance. Families are notified of incidents, medication administration, and any emergency responses promptly. Families are informed when medication or plans are approaching expiry. Without current plans or medication, the service reserves the right to exclude the child from care until the necessary items are received.

Staff & Volunteers with Medical Conditions:

Staff and volunteers should disclose medical conditions that may require emergency treatment while at work. A confidential management plan is developed with the staff member and stored appropriately. Medication is stored according to the Medication & Storage Requirements section. The centre supports staff to manage their condition safely while maintaining professional boundaries.

Review & Monitoring:

Medical management plans are reviewed annually or sooner if the child's needs change. Medication/plan expiry dates are checked weekly with adequate time given between notification and expiry. Spare emergency medication is checked and replaced as needed. Staff refreshers and updates occur when guidelines change, or new conditions arise. Auditing cycles ensure compliance with regulations and centre policy.

Version	**Action**	**Date**
V.1	New policy created from the following policies: - Administration of medication - Children with medical conditions - Medications - Anaphylaxis, allergies and asthma management Added in new requirement for medication record/agreement	5th February 2026
V.1	Approval by PMC	30th March 2026