

DEALING WITH MEDICAL CONDITIONS

QUALITY AREA 2 | EEYS VERSION 2

Emerge Early Years Services (EEYS) are committed to the safety and wellbeing of all children, and this will be the primary focus of our education, care and decision-making. Our commitment will be enacted through the implementation and monitoring of the Child Safe Standards.

EEYS have zero tolerance to child abuse.

EEYS are committed to providing a child safe environment where children feel safe, secure and empowered and their voices are heard about decisions that affect their lives. Particular attention will be paid to the Cultural safety of Aboriginal Children and children from culturally and/or linguistically diverse backgrounds, as well as the safety of children with a disability.



PURPOSE

This policy provides guidelines for EEYS to ensure that:

- clear procedures exist to support the safety, health, wellbeing and inclusion of all children enrolled at the service
- service practices support the enrolment of children and families with specific health care requirements
- information is provided to staff and volunteers about managing individual children's' medical conditions
- requirements for medical management plans are provided by families for the child
- risk-minimisation and communication plan are developed in conjunction with EEYS. and families.



POLICY STATEMENT

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

VALUES

EEYS is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements. This will be achieved through:

- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved in the programs and activities of EEYS are protected from harm
- informing educators, staff, volunteers, children and families of the importance of adhering to the [Dealing with Medical Conditions Policy](#) to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service
- ensuring that educators have the skills and expertise necessary to support the inclusion of children with specific health care needs, allergy or relevant conditions.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers [ECT], educators, staff, students, volunteers, families, children, and others attending the programs and activities of EEYS, including during offsite excursions and activities.

This policy should be read in conjunction with but limited to the following policies:

- Anaphylaxis and Allergic Reactions
- Asthma Management
- Diabetes
- Epilepsy and Seizures

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Families	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
1. Ensuring that families who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies <i>(Regulation 91, 168)</i>	R	✓			
2. Ensuring families provide information on their child's health, medications, allergies, their registered medical practitioner's name, address and phone number, emergency contact names and phone numbers <i>(Regulations 162)</i> ,	R	✓		✓	
3. Ensuring families provide a medical management plan (in consultation their registered medical practitioner), following enrolment and prior to the child commencing at the service <i>(Regulation 90)</i>	R	✓		✓	
4. Ensuring that a risk minimisation plan <i>(refer to Definitions)</i> is developed in consultation with families to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised, and that the plan is reviewed at least annually <i>(refer to Attachment 1)</i> <i>(Regulation 90 (iii)) EEYS has a combined Risk Minimisation and Communication Plan</i>	R	✓	✓	✓	
5. Ensuring a new risk assessment is completed and implemented when circumstances change for the child's specific medical condition	R	✓			
6. Developing and implementing a communication plan <i>(refer to Definitions)</i> and encouraging	R	✓	✓	✓	

ongoing communication between families and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation (<i>Regulation 90 (c) (iii)</i>)					
7. Ensuring a copy of the child's medical management plan is visible and known to staff in the service. (<i>Regulations 90 (iii) (D)</i>). Prior to displaying the medical management plan, the nominated supervisor must explain to families the need to display the plan for the purpose of the child's safety and obtain their consent (<i>refer to Privacy and Confidentiality Policy</i>)	R	✓			
8. Informing the approved provider of any issues that impact on the implementation of this policy		✓	✓	✓	✓
9. Ensuring all staff are informed where medication is stored and/or any specific dietary restrictions relating to the child's health care need or medical condition.	R	✓	✓		✓
10. Ensuring staff are trained in the administration of emergency medication	R	✓			
11. Ensuring families and ECT/educators/staff understand and acknowledge each other's responsibilities under these guidelines	✓	✓			
12. Ensuring ECT/educators/staff undertake regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be carried out for the child's wellbeing and specific medical conditions	✓	✓	✓		
13. Ensuring that at least one ECT/educator with current approved first aid qualifications (<i>refer to Definitions</i>) is in attendance and immediately available at all times that children are being educated and cared for by the service (<i>Regulation 136(1) (a)</i>). This can be the same person who has anaphylaxis management training and emergency asthma management training	R	✓			
14. Ensuring all ECT/educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens.	R	✓	✓		✓
15. Ensuring that if a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service (<i>refer to Anaphylaxis and Allergic Reactions Policy</i>)	R	✓	✓		

16. Displaying, with consideration for the children's privacy and confidentiality, their medical management plan and ensure that all educators and staff are aware of and follow the risk minimisation plans for each child	R	✓			
17. Ensuring each child's health is monitored closely and being aware of any symptoms and signs of ill health, with families contacted as changes occur		✓	✓		✓
18. Administering medications as required, in accordance with the procedures outlined in the <i>Administration of Medication Policy</i> (Regulation 93)	R	R	✓		
19. Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan	✓	✓	✓		
20. Maintaining ongoing communication between ECT/educators/staff and families in accordance with the strategies identified in the communication plan (<i>refer to Attachment 1</i>), to ensure current information is shared about specific medical conditions within the service.	R	✓	✓		
21. Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	✓	✓		✓
22. Ensuring that the Emergency Contact Card (<i>refer to Sources</i>) is displayed near all telephones	✓	✓			
23. Ensuring children do not swap or share food, drink, food utensils or food containers	✓	✓	✓		✓
24. Ensuring food preparation, food service and relief staff 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 (<i>Regulation 90 (iii) (B)</i>)	R	✓	✓		✓
25. Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service	✓	✓			

BACKGROUND AND LEGISLATION



BACKGROUND

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- in the management of medical conditions
- when parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition
- when developing a risk minimisation plan in consultation with the child's families
- when developing a communication plan for staff members and families.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, families must be provided with a copy of this and other relevant policies.

Medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (*Regulation 92(3)(b)*)
- with two educators in attendance. One educator will be responsible for the administration and the other adult will witness the procedure
- if the medication is in its original container bearing the child's name, dose, and frequency of administration.

Refer to the [Administration of Medication Policy](#) for more information.

- Staff may need additional information from a medical practitioner where the child requires:
- multiple medications simultaneously
- a specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Families and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Section 173
- Education and Care Services National Regulations 2011: Regulations 90, 91, 96
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- National Quality Standard, Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004 (Vic)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au



DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Medical condition: In accordance with the Education and Care Services National Regulations 2011, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.



SOURCES AND RELATED POLICIES

SOURCES

- Staying Healthy: Preventing infectious diseases in early childhood education and care services (6th edition, 2024) National Health and Medical Research Council: <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2020: www.acecqa.gov.au
- Ambulance Victoria: www.ambulance.vic.gov.au
- Dealing with medical conditions in children policy and procedure guidelines - www.acecqa.gov.au
-

RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Asthma Management
- Dealing with Infectious Diseases
- Diabetes
- Epilepsy and Seizures
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality
- Supervision of Children



EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from educators, staff, families, children, management and all affected by the policy regarding its effectiveness

- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to families regarding the management of medical conditions is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



ATTACHMENTS

- Attachment 1: Risk Assessment and Communication Plan Guideline
- Attachment 2: Medical Conditions -Risk Minimisation and Communication Plan
- Attachment 3: Permission for health information to be displayed for safety reasons signage.



AUTHORISATION

This policy was adopted by the approved provider of EEYS on 12/10/2026

NEXT REVIEW DATE: October 2027

VERSION	REVIEW DATE	DOCUMENT WRITER	REVISION DESCRIPTION	APPROVED BY
V1.1	Sep 2023	Policy Officer		CEO PB
V2	16 Dec 2025 Reviewed again 2/6/26, 12/10/26	Policy Officer	New layout and reviewed Elaa version 1.2	CEO EN

Medical Conditions - Risk Minimisation & Communication Plan

ATTACHMENT 1. RISK MANAGEMENT AND COMMUNICATION PLAN GUIDELINES

When developing a risk minimisation plan ensure:

- that risks relating to the child's specific health care needs, allergy or relevant medical condition are assessed and minimised;
- if relevant, policies and procedures in relation to safe handling, preparation, consumption, and service of food, are developed and implemented;
- if relevant, policies and procedures to ensure parents are notified of any known allergens posing a risk to a child, and strategies for minimising risks, are developed and implemented;
- policies and procedures ensuring all ECT/educators/staff members and volunteers can identify the child, the child's medical management plan, and the locations of the child's medication, are developed and implemented;
- if relevant, policies and procedures to ensure the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition, are developed and implemented;

When developing a communication plan ensure:

- ECT/educators/staff members and volunteers are informed about the [Dealing with Medical Conditions policy](#), and the medical management plans, and risk minimisation plans for the child;
- ECT/educators/staff members must sign the Risk Minimisation and Communication Plan to indicate they understand the triggers, allergens and risk involved;
- the child's families can communicate any changes to the medical management plan, and risk minimisation plan for the child, and set out how that communication can occur;
- to advise families when a medical management plan has been implemented in response to a child's medical condition;
- the medication and incident, injury, illness and trauma records are completed as soon as practicable after a medical management plan has been implemented and medication was administered;
- that the nominated supervisor is notified when a medical action plan has been implemented;
- families provide permission for their child's medical management plan (with photo), allergens, food restrictions, condition triggers, and any other relevant information, to be displayed in the service. Dated handwritten permission should be recorded on the back of the child's plan, and the relevant sections in the Acknowledgments and Consents Form as part the [Confidentiality and Privacy Policy](#)
- all relevant children's medical management plans (with photo), allergens, food restrictions, condition triggers, and any other relevant information, are displayed and visible to all ECT/educators/staff and volunteers at the service;
- relief ECT/educators and staff are informed of the children who have current medical management plans and shown the location of these plans and medication that has been prescribed for use.

Ensure that all medications prescribed for children with medical management plans are:

- stored in a location that is known and easily accessible to all staff;
- a copy of the medical management plan is with the medication;
- not locked away;
- inaccessible to children; and
- away from a direct source of heat.

Ensure all ECT/educators, including relief staff, have knowledge of the regular medications and method of administration of these for all children with medical management plans. These may include, but is not limited to asthma puffers, spacers, and adrenaline auto injection devices such as EpiPen®

ECT/Educators, regardless of whether they have a child diagnosed at risk of anaphylaxis, are to complete training in the administration of the auto injection device, asthma and CPR every 12 months, and record this in the staff records.

ECT/educators are also required to undertake quarterly practise with an auto injection device trainer, and record this in the staff records. If a child is enrolled with Anaphylaxis at the service, all ECT/educators at the service must undertake quarterly practice with an adrenaline auto injection device.

Display a list of children with medical conditions, including known triggers or allergens, doctor's contact details, and emergency contact details. This list also needs to be included in the Evacuation Backpacks.

Maximise, in consultation with the parents, the health and safety of their child through supervised management of the child's medical condition.

Promptly communicate to families any concerns, should it be considered that a child's medical condition is impacting on his/her ability to participate fully in all activities.

Implement the Protection from Allergen procedures to support children's health and safety.

ATTACHMENT 2: MEDICAL CONDITIONS -RISK MINIMISATION AND COMMUNICATION PLAN

☐ Anaphylaxis/Allergy ☐ Asthma ☐ Epilepsy/Seizure Disorder ☐ Diabetes ☐ Other: _____

This plan is to be completed by the parent and the Co-ordinator on the basis of information in the child's Medical Management Plan and Enrolment Forms.

Child's Information

EEYS service:	Phone:
Child's name:	
Date of birth:	Days of Attendance: Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐

Medical Information

Health Care need, Allergy or Medical Condition:	Triggers of Medical Condition:
---	--------------------------------

Other Health Conditions:

Medication/s	Name of Medication	Storage and Location	Expiry

Applicable policy given to parent/carer (please circle): YES / NO Date given: / /.....

Medical Management Plan completed by doctor provided to service: Yes / No	Date on Plan: Review for Plan: (please note plans must be reviewed every 12 months or when changes occur)
---	---

Date Parent/Carer has provided the medication to the service: / /.....

Parents/ Carers has given permission for the MMP to be displayed at the service by signing the "Permission for Health information to be displayed for safety reasons form? Y / No Where:

Medical Practitioner Information 1	Medical Practitioner Information 2 (if Applicable)
Name:	Name:
Title:	Title:
Practice/ Organisation:	Practice/ Organisation:
Contact Number:	Contact Number:
Address:	Address:

Medication expiry date checks to be completed by staff:

Medication: _____	Medication: _____	Medication: _____	Medication: _____
Date: / /.....	Date: / /.....	Date: / /.....	Date: / /.....
Name: _____	Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____	Signature: _____

Parent/Carer Contact Information:	
Parent/Carer Contact (1)	Parent/Carer Contact (2)
Name:	Name:
Relationship:	Relationship:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:
Address:	Address:
Emergency Contact Information:	
Emergency Contact (1)	Emergency Contact (2)
Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Address:	Address:

Strategies for Minimisation Risk – Service Strategies

(Developed in consultation with the child's family in accordance with Regulation 90)

This plan outlines proactive strategies to minimise exposure to identified triggers, hazards, allergens and to minimise risks associated with the child's medical condition. Strategies are implemented by all educators to support the child's health, safety and wellbeing.

Strategies are implemented by all educators, including relief staff, students and volunteers where appropriate, in accordance with the child's Medical Management Plan and service policies and procedures.

1. Identify Child at Risk

- Information on enrolment forms is checked prior to the child commencing at the service.
- During the enrolment process the Nominated Supervisor works in partnership with the families to ensure all relevant information is gathered and documented.
- The Nominated Supervisor updates any medical, dietary or risk management information displayed within the service and communicates relevant information regarding children's medical conditions to educators, volunteers and students as appropriate.
- Medical Management Plans, Risk Minimisation and Communication Plans, medication authorisations and photographs of children with medical conditions are displayed in accessible locations to support educator awareness and emergency response, while maintaining confidentiality requirements.

2. Food, Nutrition and Medical Condition Management - Management & Allergen Control

- Foods, drinks or substances identified as triggers or risks for the child's medical condition are managed in accordance with the child's Medical Management Plan and Risk Minimisation Plan. Foods containing identified allergens (e.g. peanuts, tree nuts, egg, sesame, chocolate) are not permitted where required to minimise risk.
- No sharing or trading of food, drinks utensils, or containers is permitted.

- All food for the child:
 - Is checked and approved by the parent/guardian and be in accordance with the risk minimisation plan.
 - Is consistent with the child's Medical Management Plan and risk minimisation plan.
- The child will only consume food:
 - Provided by their parent/guardian, or
 - Prepared by the service in accordance with parent instructions and medical requirements
- All bottles, lunchboxes, and food containers are clearly labelled with the child's name
- Where required, a safe food or emergency snack box may be provided by the family
- The Risk Minimisation Plan informs:
 - food purchasing
 - menu planning
 - cooking experiences
 - celebration practices
- Where relevant to the child's condition, educators will support:
 - regular meal and snack timing
 - access to water
 - blood glucose monitoring
 - access to emergency food or medication
 - management of dietary requirements in accordance with the child's Medical Management Plan.

3. Hygiene & Cross-Contamination Control (infection Control)

- Children and staff wash hands:
 - On arrival
 - Before and after eating
 - After toileting
 - After activities where required
- Paper Towel is provided for drying of hands to minimise cross-contamination and infection risks
- Tables, food preparation areas and shared surfaces are cleaned regularly using approved cleaning procedures.
- High chairs, tables, equipment and frequently touched surfaces are cleaned after use

4. Supervision & Monitoring

Active supervision is maintained at all times. Supervision is adjusted to support the child's health, safety and wellbeing during daily routines, high risk times and identified trigger situations.

- Supervision may be increased during:
 - meals and snacks
 - physical activity
 - rest periods
 - outdoor play
 - excursions and special events
 - activities identified as higher risk.
- Children:
 - Eat in designated areas
 - Are discouraged from walking around with food
- Educators actively monitor to ensure:
 - no food sharing occurs
 - signs and symptoms of medical distress

- environmental triggers
 - fatigue
 - hydration
 - food safety requirements
 - participation and wellbeing.
- Where required the below may be adjusted to minimise risk while supporting the child's inclusion and participation.
 - seating arrangements
 - eating arrangements
 - activity participation
 - environmental access
 - rest opportunities

5. Environment & Equipment

- Where appropriate:
 - the child may use a designated highchair to minimise the risk of cross-contamination.
- For children with milk allergies:
 - other children may be held when consuming milk/formula.
- Consideration is given to the safest eating location while maintaining inclusion
- Consideration is given to environmental factors that may trigger or impact the child's medical condition, including:
 - heat
 - cold weather
 - pollen
 - dust
 - smoke
 - physical exertion
 - flashing lights
 - allergens
 - illness exposure.
- The child may use designated equipment or spaces where required to minimise risk and support safety.
- Medication and medical equipment are stored safely and remain easily accessible to educators at all times.

6. Food Preparation & Handling

- All staff and food preparation personnel (including volunteers and students):
 - Are informed of allergen risks, medical conditions, triggers and strategies.
 - Follow procedures to prevent cross-contamination
- Food preparation areas and utensils are:
 - Thoroughly cleaned between use
- Separate preparation practices are used where required

7. Activities & Experiences

- Activities and experiences are planned to support the safe inclusion and participation of the child.
- The use of food, chemicals, sensory materials or other identified triggers in experiences is restricted or modified where necessary.
- Educators consult with families regarding participation requirements and strategies where appropriate.

- Activities may be adapted in accordance with the child's Medical Management Plan and Risk Minimisation Plan.

8. Excursions & Special Events

- Medication and medical equipment:
 - Accompanies the child on excursions and evacuations
 - Remains easily accessible at all times
- Medical Management Plans, Risk Minimisation Plans and emergency contact details accompany educators during excursion and emergency evacuations.
- Supervision is increased during:
 - excursions
 - incursions
 - celebrations
 - special events
 - transportation
- Excursion risk assessments consider:
 - access to medication
 - environmental triggers
 - travel arrangements
 - emergency response procedures
 - communication systems

9. Emergency Preparedness

- The child's Medical Management Plan:
 - is easily accessible
 - is followed at all times
- Educators are trained and confident in:
 - Recognising signs and symptoms of medical emergencies
 - Implementing emergency procedures
 - Administering medication
- Emergency contact details are readily available
- Educators respond immediately in accordance with:
 - The child's Medical Management plan
 - Service emergency procedures
 - Medical advice
 - Emergency services directions
- Emergency response procedures may include:
 - Administration of medication
 - Timing seizure activity
 - Asthma first aid
 - Blood glucose management
 - Administration of adrenaline auto-injectors
 - Contacting emergency services

10. Education & Awareness

- Educators support children to develop awareness and understanding of health, safety and inclusion in age-appropriate ways.
- Ongoing discussions occur with children to:

- Hand hygiene
- Food safety (the importance of not sharing food)
- Allergies
- Asthma awareness
- Inclusion
- Safe practices
- raise awareness of allergies and medical conditions in an age-appropriate way

11. Review

- This plan is reviewed regularly (at least annually) or when:
 - During enrolment procedure
 - At least annually
 - Following any incidents, accidental exposure or medical emergency
 - when changes occur to the child's medical condition, medication or medical management plan.
- Reviews occur in consultation with the child's family
- The service critically reflects on practices and updates procedures in response to
 - Incidents
 - Feedback
 - Medical advice
 - Legislative changes
 - Emerging best practice
- Continuous improvement processes are used to enhance the effectiveness of risk minimisation strategies.
- Changes are documented and signed

12. Staff Training

- All educators, teachers and casual staff are required to maintain current:
 - ²⁶ ○ approved first aid qualifications
 - CPR training
 - asthma management training
 - anaphylaxis management training where required.
- 27. • Additional training may be provided depending on the medical needs of children attending the service, including:
 - ²⁸ ○ epilepsy and seizure management
 - diabetes management
 - medication administration
 - use of medical equipment.
- 29. • There will always be at least one staff member on duty who has completed a full first aid course, allergic reactions and anaphylaxis course and asthma training who is authorised to administer medication. They are aware of all procedures around handling, storing, administering and disposing of any devices used in the management of medical conditions.
- EEYS offers training for other medical conditions depending on service needs.
- EEYS has the below policies in place:
 - Allergic reactions and anaphylaxis policy
 - asthma Management
 - Diabetes
 - Epilepsy and Seizures

- Dealing with medical conditions policy.
- The service conducts regular refresher training and emergency response practice sessions.

13. Medications

- On receipt of medication the expiry date is recorded and monitored by the Nominated Supervisor. The dates are to be documented on the Risk Management and Communication plan. The Nominated Supervisor will follow procedures on checking and communicating with families when medication need to be replaced.
- Administration of medication will follow EEYS administration of medication policy, the Medical Action Plan and completed medication authorisation forms.
- Medication and medical equipment are stored according to manufacturer instructions and service procedures. (see the Administration of Medication Policy)
- Service to store a spare auto-injector and asthma medication which will be administered in an emergency where the supplied medication is ineffective or when staff are advised administer it by emergency services.

Early Years Staff and parents/ guardians of the at-risk child are confident in what the action plans states and how to correctly implement its procedures.

Other Risk Minimisation Strategies

Identified Triggers, Risks and Risk Minimisation Strategies

- List all known triggers, hazards, potential sources of exposure, identified risks and risk minimisation strategies in the following table.

Trigger/ Hazard	Sources of Exposure/ Identified Risk	Risk Minimisation Strategies	Responsible Person

--	--	--	--

All staff members, including relief staff, know where the medication and medical equipment is kept for the at-risk child:

Staff Member Name	Signature	Date

Procedure to follow during a medical Emergency

Actions

The staff member that is closest to the child at the time symptoms / medical episode emerge will remain with the child whilst the other staff member will complete the other actions.

All staff to follow the Medical Management Plan and its specific procedures

Medication will be administered by two trained staff and time to be documented.

A staff member will always stay with the child including if they child gets transported in an ambulance.

A telephone call is made to the emergency services (000) for an ambulance

A telephone call is made to the parent/ guardian

Staff will communicate together and ensure other children are being cared for and appropriately supervised

A Staff member meets ambulance drivers at the service door and leads them to the child

Staff to communicate with Emerge Head office the situation so they can provide support where needed.

Staff to document incident and medication authorization forms

Communication Plan

(In accordance with Regulation 90 of the Education and Care Services National Regulations)

The service works in partnership with the child's family to ensure all information is current, accurate and reflects the child's individual medical condition, needs, risks and required management strategies. This ensures the health, safety and wellbeing of the child while attending the service.

Stakeholder: Child's Family (Parents/Guardians)

What do they need to know?

- A current **Medical Management Plan (MMP)** completed and signed by a medical practitioner (where applicable), including a photo of the child, must be provided prior to the child commencing at the service.
- Families are required to complete a **Risk Minimisation and Communication Plan** with the Nominated Supervisor prior to commencement. This will be reviewed at least every 12 months, or sooner if the child's condition, triggers, medication or treatment changes. All updates must be documented and signed by both the family and Nominated Supervisor.
- Families must complete **medical authorisation forms** for all prescribed and emergency medications required to be administered by educators.
- Families must sign the **Permission for Health information to be displayed for safety reasons form** to ensure the service can display the child's MMP.
- The Medical Management Plan must be reviewed:
 - when changes occur to the child's condition or treatment
 - in accordance with medical practitioner recommendations
 - at least annually (recommended by the service)
- Required medication and/or medical equipment (e.g. inhalers, spacers, adrenaline auto-injectors, insulin, glucose supplies, anti-seizure medication) must:
 - be provided to the service
 - be in date
 - be in original packaging
 - include a pharmacy label
 - be available at all times the child is in attendance
- The service cannot safely care for the child without the required medication and documentation in accordance with the Medical Management Plan.
- The child may be unable to attend the service if required medication or documentation is not provided, is expired, or is not current.
- Families are responsible for ensuring medication is replaced before expiry. The Nominated Supervisor will support reminders; however, families are ultimately responsible for maintaining current medication.

- Families must inform the service as soon as possible of any changes to:
 - the child's medical condition
 - symptoms or triggers
 - medication or dosage
 - treatment plan or medical advice
- Medical Management Plans, Risk Minimisation Plans, Communication Plans and medication authorisations:
 - are reviewed at least every 12 months
 - are reviewed whenever changes occur
 - are updated in consultation with families and relevant medical professionals where required
 - Are reviewed according to the doctors' instructions and any expiry dates or recommended review dates listed on the MMP.
- Individual medical plans (including photographs where applicable) will be displayed in appropriate areas of the service to support educator awareness and emergency response, while maintaining confidentiality.
- Relevant emergency posters (e.g. asthma, anaphylaxis, epilepsy or diabetes where applicable) will be displayed in key locations within the service.
- Relevant Policies and Procedures are provided for the medical conditions are accessible at all times
- Medication and medical equipment will be stored securely and accessed by authorised educators in accordance with service procedures.
- All medical documentation, medication and equipment will accompany educators when the child leaves the service (e.g. excursions, emergency evacuations).
- Families are encouraged to maintain regular communication with educators regarding the child's health, wellbeing and any changes in their condition.
- Where required, the Nominated Supervisor may request families avoid providing items that may increase risk to a child's medical condition. This will be determined in consultation with families and reflected in individual risk plans. The Nominated Supervisor will write to all families requesting that specific procedures are to be followed to minimise the risk of exposure to a known allergen/ trigger:
 - food
 - food packaging intended for craft purposesA new letter will be sent if known allergens change

How will information be shared?

- During enrolment and orientation (Nominated Supervisor)
- Ongoing verbal communication at drop-off and pick-up

- Written communication via:
 - email
 - newsletters
 - service communication apps
 - Regular reminders regarding:
 - medication expiry dates
 - plan review dates
 - Scheduled review meetings (at least annually or as required)
 - Immediate communication when:
 - a medical incident or emergency occurs
 - changes are made to the child's plan or condition
 - Policy and procedure updates via:
 - service displays
 - newsletters
 - website or communication platforms
 - Policies are available at the service at all times upon request or on EEYS website
-

Stakeholder: Nominated Supervisor

What do they need to know?

- Ensure all required medical documentation is completed and verified prior to the child commencing at the service.
- Maintain systems to monitor:
 - Medical Management Plan review dates
 - medication expiry dates
 - communication plan updates
 - risk minimisation plan updates
- Ensure all educators are informed of:
 - the child's medical condition and needs
 - triggers, symptoms and required responses
 - location of medication and medical equipment

- emergency procedures and contacts
 - location of relevant documentation
 - Ensure all volunteers and students are informed of:
 - relevant medical conditions in the service
 - emergency procedures
 - location of emergency contacts and relevant plans
 - supervision requirements
 - Ensure compliance with:
 - Medical Management Plans
 - Risk Minimisation Plans
 - Communication Plans
 - Administration of Medication Policy
 - Permission to display MMP
 - Ensure effective communication with all families regarding known medical conditions within the service where required to reduce risk and promote safety. A communication document will be display at the service.
 - Ensure all medical documentation, medication and equipment accompany staff when children leave the service (excursions, regular outings or emergency evacuations).
 - Conduct inductions for all new educators, casual staff, students and volunteers prior to commencement of duties.
 - Support families to complete all required documentation prior to commencement of attendance.
 - Regularly communicate with families regarding:
 - updates to plans
 - medication expiry dates
 - annual review requirements
 - Coordinate regular staff training and emergency response practice sessions relevant to medical conditions present in the service.
 - Communicating changes to MMP, Risk assessments and communications plans and medications to staff, volunteers and students as they occur.
 - Contacting families for their yearly review.
-

How will information be shared?

- Enrolment and orientation processes
- Staff induction and onboarding
- Daily communication with educators
- Staff meetings and training sessions
- Direct communication with families (verbal and written)
- Service policies and procedures

Stakeholder: Educators (including relief staff)

What do they need to know?

- Service Medical Conditions Policy and related procedures
- Participation in policy review processes
- Completion of required training:
 - first aid (current)
 - CPR (annual renewal)
 - asthma management training
 - anaphylaxis management training (where required)
 - additional condition-specific training (e.g. epilepsy, diabetes) where relevant
 - Participation in quarterly refresher training of auto injector devices and other medical conditions medications and equipment.
- Completion of induction at each service prior to commencing duties
- Awareness of:
 - which children have medical conditions and days and times of attendance.
 - symptoms, triggers and warning signs
 - emergency response procedures
 - location of medication and medical equipment
 - location of Medical Management Plans and related documentation
 - emergency numbers and phone locations.
- Responsibility to:
 - actively supervise and reduce risk

- follow Medical Management Plans at all times
 - respond immediately to medical emergencies
 - communicate concerns promptly to the Nominated Supervisor
- Daily communication at the start of each shift regarding children in attendance and associated medical risks

How will information be shared?

- Staff induction process
- Employee agreement and onboarding process.
- Access to:
 - Medical Management Plans
 - Risk Minimisation Plans
 - Communication Plans
- Daily room briefings
- Staff meetings and professional learning sessions
- Regular refresher training
- Email and internal communication systems
- Policy review participation

Stakeholder: Volunteers and Students

What do they need to know?

- Basic awareness of children with medical conditions relevant to the service
- Understanding of emergency response procedures
- Awareness of location of medical plans and emergency contacts
- They must not administer medication
- Must follow educator direction at all times
- Must complete induction prior to commencement

Responsibilities include:

- supporting supervision under educator direction
- minimising risk where appropriate
- responding to emergencies under instruction

How will information be shared?

- Induction on arrival
- Direct supervision and instruction by educators
- Information shared relevant to their role only

Other Comments:

Closing Statement

This plan is developed in consultation with the child's family and is reviewed regularly, including when any changes occur to the child's medical condition, diagnosis, triggers, treatment or medication requirements.

Date plan Developed: _____ Date plan to be reviewed: _____

Authorisation

This Risk Minimisation and Communication Plan was developed and agreed upon by:

EEYS Representative: _____

Signature: _____

Date: _____

Parent/Carer: _____

Signature: _____

Date: _____



ATTACHMENT 3: PERMISSION FOR HEALTH INFORMATION TO BE DISPLAYED FOR SAFETY REASONS SIGNAGE

Permission Form

PERMISSION FOR HEALTH INFORMATION TO BE DISPLAYED FOR SAFETY REASONS

In certain circumstances it may be advisable to display information about a child's health condition or allergies in a prominent position/s in the Early Years' Service to ensure that all staff and visitors are aware of

EEYS service:		Phone:				
Child's name:						
Date of Birth:		Days of Attendance: Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐				
Please tick appropriate plan(s)		☐ Allergy Action Plan ☐ Asthma Care Plan ☐ Anaphylaxis Action Plan ☐ Medical Conditions Action Plan ☐ other (please specify)				

the condition and can respond to any symptoms in a timely and appropriate manner.

I give permission for my child's medical information/plans to be displayed in a prominent position/s in the Early Years' Service room whilst they are enrolled at Emerge Early Years Services to assist with the recognition of appropriate treatment for their condition if necessary.

Parent/Carer Authorisation:

Name:	
Signature:	
Date:	

