CatholicCare
DIOCESE OF BROKEN BAY

Children's Services Medical Conditions

Policy

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What do we believe?

At CatholicCare Diocese of Broken Bay, the safety, health and wellbeing of children are at the centre of everything we do. We believe every child has the right to feel safe, supported, included and respected within our services.

We are committed to ensuring that children with asthma, diabetes, allergies and other diagnosed medical conditions are provided with appropriate care, support and protection to enable their full participation in all aspects of the service

We believe children should feel physically and emotionally well and have confidence that their individual health care needs will be met when they are unwell or require ongoing medical support.

We believe families should feel assured that educators will always act in the best interests of children, maintain each child's dignity and wellbeing, and work collaboratively with families to support continuity of care and medication management.

We believe educators, staff, volunteers and students have a shared responsibility to protect children and support their health and safety. We are committed to ensuring all staff are informed, appropriately trained, and confident in understanding children's medical needs, communication plans, risk minimisation strategies and emergency responses.

We believe strong partnerships with families are essential to supporting children with medical conditions. Through open communication and collaboration, we work together to develop and maintain individual communication and risk minimisation plans that support each child's safety and wellbeing.

We believe all children have the right to access environments that actively minimise risks to their health and safety, including the prevention and management of anaphylaxis and exposure to known allergens.

We are committed to complying with the Education and Care Services National Law and Regulations, including ensuring that required medical management plans and supporting documentation are provided before a child commences care.

Through these practices, CatholicCare demonstrates its ongoing commitment to child safety, inclusion, wellbeing and the paramountcy of every child.

What are we going to do?

Clear procedures are required to support the health, wellbeing and inclusion of all children enrolled at the service.

Our service practices support the enrolment of children and families with specific health care requirements. Medical conditions include, but are not limited to: asthma, diabetes or a diagnosis whereby a child is at risk of anaphylaxis. In many cases, these can be life-threatening if not managed appropriately.

How will it be done?

Enrolment

- On application for enrolment, families will be required to complete full details about their child's medical needs. This must be provided when enrolling into the service and PRIOR to the children's commencement. We will assess whether educators are appropriately trained to manage the child's health considerations at that time, considering the safety and well-being of the child.
- In accordance with Regulation 91, a copy of the medical conditions policy document is provided to the parent or carer of a child enrolled at an education and care service if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition.
- Where children require medication or have specific health care needs for conditions, the child's doctor or allied health professional and parent/guardian must complete a Medical Management Plan. Such a plan will detail the child's health support needs, including the administration of medication and other actions required to manage the child's condition.
- The nominated supervisor will also consult with the child's family to develop a Risk Minimisation and Communication Plan. This plan will assess the risks relating to the child's specific health care needs, allergy or medical condition; any requirements for safe handling, preparation and consumption of food; notification procedures that inform other families about allergens that pose a risk; procedures for ensuring educators/students/volunteers can identify the child, and their medication. This will also detail how families will inform educators about specific requirements for child(ren) in regard to medical conditions, and how educators will communicate to families any intervention undertaken in relation to their child's medical condition.
- Children with specific medical needs must be reassessed on a regular basis regarding the child's needs and our service's continuing ability to manage the child's health considerations, depending on the child's medical condition.
- If a child's medical, physical, emotional or cognitive state changes, the family will need to complete a new Medical Management Plan and our service will reassess its ability to care for the child, including whether educators are appropriately trained to manage the child's ongoing specific needs.
- Staff will help children with medical conditions feel safe while they are at the service by:
    1. Talking to the child about signs and symptoms of their condition so they learn to talk about and tell staff when they are experiencing symptoms
    2. Taking the child's and their parent's/guardians' concerns seriously
    3. Making every effort to address any concerns/worries they may talk about.
- New, relief and casual staff will be given information about the child's condition during the orientation process before the child is in their care.
- Where there is an existing medical condition, parents must provide documentation from the child's doctor confirming the child's diagnosed medical condition and their management in form of a completed and signed Medical Management Plan. This must be provided PRIOR to the child starting at the service.
- We also require:
    1. Doctor's name, address and phone number, emergency contact names and phone numbers. This information must be provided at enrolment.
    2. Authorisation for educators to apply centre supplied sunscreen to children's skin. Alternatively, families may wish to provide their own sunscreen if their child has sensitive skin.

3. Authorisation for educators to administer medication to children who have not been previously diagnosed in the event of an asthma or anaphylaxis emergency. While it is desirable to obtain this authorisation, **in an *emergency,* under *regulation 94,* asthma or anaphylaxis medication will be administered to a child regardless of whether the parent has provided authorisation or not.** In any case that medication is administered under this regulation, the child's parent and emergency services must be notified as soon as possible.

Administration of prescribed medication

- In accordance with regulation 93, prescribed medication, authorised 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 adults in attendance. One of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure
    - If the prescribed medication is in its original container bearing the child's name, dose and frequency of administration.
- Prescribed medication will be placed in a location easily accessible to staff and stored at a temperature in accordance with instructions. In the case of prescribed adrenaline injectors, they will not be locked away and will be stored where they are not available to children.
- Medication, including emergency medication, communication plan and medical management plans will be taken whenever the child goes to off-site activities.
- Medication will be checked at least quarterly to ensure it has not expired and does not need replacing. Staff will inform the parents/guardians if medication needs to be replaced (if used or about to expire).
- In accordance with regulation 96, an education and care service may permit a child over pre-school age to self-administer medication if –
    - An authorisation for the child to self-administer medication is recorded in the medication record for the child under regulation 92; and
    - The service's *Medical Conditions Policy* includes provision for the self-administration of medication.
- This section applies to CatholicCare Children's Services that provide care for children over pre-school age, such as Out of School Hours Care and Vacation Care. **It does not apply to children who are not yet of school age.**
    - A school aged child attending the service may self-administer medication if written consent is provided by the child's parent.
    - Educators must ensure that the child follows proper hygiene procedures, such as handwashing, prior to self- administration of medication.
    - All safe practices and procedures in the Medication Policy (e.g. accepting medication, safe storage of medication, and record keeping) apply to this section.
    - The child may self-administer medication, however, a staff member is not required to dispense the medication.
    - A staff member and a witness must still be present.
    - A Staff member must ensure that the administration of medication is recorded.
- Refer to the *Medication Policy* for further details.

Medical management plans

Medical Management Plans are required if a child enrolled at our service has a specific health care need, allergy or relevant medical condition. This involves:

- Requiring a parent of the child to provide a Medical Management Plan for the child. The Medical Management Plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs. The plan needs to be prepared and signed by a registered medical practitioner
- Requiring the medical management plan be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition
- Reviewing the plan by the review date or annually in consultation with the child's parents/guardians to make sure information is up to date and strategies to reduce risk remain age appropriate. It will also be reviewed when a child's allergies change or after exposure to a known allergen while attending the service or before any special activities (such as off-site activities) to make sure information is up to date and correct, and any new procedures for the special activity are included.

Risk minimisation and communication plans

Risk Minimisation and Medical Communication Plans are required to be developed in consultation with the parents of a child:

- To assess and minimise the risks relating to the child's specific health care need, allergy or relevant medical condition.
- If relevant, to develop and implement practices and procedures for the safe handling, preparation, consumption and service of food
- If relevant, to develop and implement practices and procedures that ensures parents are notified of any known allergens that pose a risk to a child and strategies used to or minimise the risk
- To ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication
- If relevant, to develop and implement practices and procedures that ensures 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.
- If a parent does not wish to leave medication at the centre permanently. the Medical Communication Plan must clearly document the parent's authorisation, and the Risk Minimisation Plan must ensure the medication accompanies the parent on each day of the child's enrolment.

Communication Strategies

Our service will maintain the review and development of communication strategies to ensure that:

- Relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan, Communication Plan, and Risk Minimisation Plan for the child.
- A child's parent can communicate any changes to the Medical Management Plan and Risk Minimisation Plan for the child, setting out how that communication can occur.

- Families and educators communicate regarding the child's changing requirements and any interventions undertaken by the educators using verbal communication, email and documenting the Communication Plan accordingly
- Medical information, including action plans and medication details, are not shared via personal devices or social media. Information is only to be shared with authorised staff, volunteers, or health professionals in accordance with the service's *Confidentiality and Privacy Policy*.
- Personal information given by parents/guardians is collected, used, shared as needed, stored and archived according to regulation 183 (2) (a-g) storage of records and other documents when no longer needed
- The service receives written permission from the parents before the child's action plan is displayed in public areas.

Asthma

- Whenever a child with asthma is enrolled at our service, or newly diagnosed as having asthma, communication strategies will be developed to inform all relevant educators (including students and volunteers) of:
    - The child's name, and room in which they are educated and cared for (in the child's Risk Minimisation Plan)
    - The child's *Risk Minimisation Plan* and *Medical Communication Plan*
    - Where the child's *Medical Management Plan*, *Risk Minimisation Plan* and *Medical Communication Plan* will be located
    - Where the child's preventer/reliever medication etc. will be stored
    - Which educators will be responsible for administering treatment.
- Asthma reliever medications will be stored out of reach of children, in an easily accessible central location.
- Reliever medications, together with a spacer, will be included in our service's First Aid kit in case of an emergency situation where a child does not have their own reliever medication with them.
- Asthma Australia (along with other registered training organisations) provides training in Emergency Asthma Management (EAM), which instructs on all aspects of asthma management and administration of asthma reliever medications. Educators who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care will attend, or have attended, an EAM course. It is a requirement that at least one educator or other person who is trained in EAM is at the service at all times when children are present.
- Asthma Australia produces recommended guidelines on asthma management within the early education setting, including an Asthma Care Plan for education and care services.

Asthma Emergencies

- In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered, the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.
- The National Asthma Council Australia (NAC) recommends that the Asthma First Aid plan should be followed immediately if a child not known to have asthma appear to be in severe respiratory distress. The following steps are recommended:

- If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether the person is known to have asthma.
- Give four (4) puffs of a reliever medication and repeat if no improvement.
- Keep giving four (4) puffs every four (4) minutes until the ambulance arrives.
- No harm is likely to result from giving reliever medication to someone who does not have asthma.
- In the event of an anaphylactic emergency and breathing difficulties, an adrenaline auto-injector must be administered first, then reliever medication.

Steps to follow in the event of a child having difficulty breathing or displaying symptoms of an asthma attack:

If the child **has an Asthma Action Plan** OR	Administer treatment according to their plan.
If the child **does NOT have a Plan**	Follow this procedure: • Help the child into a comfortable position sitting upright • Administer relieving medication from Asthma Emergency Kit according to instructions contained in the kit. • Dial 000 for an ambulance and notify the family in accordance with the *Incident, Injury, Trauma and Illness Policy* and the *Administration of First Aid Policy*.
If the child is **unconscious** use the following first aid procedure until the ambulance arrives	**D:** Check for Danger **R:** Check for a Response **S:** Send for help (dial 000 for an ambulance) **A:** Check Airway **B:** Check for breathing **C:** Give CPR if child is not breathing **D:** Defibrillator or compressions until paramedics arrive

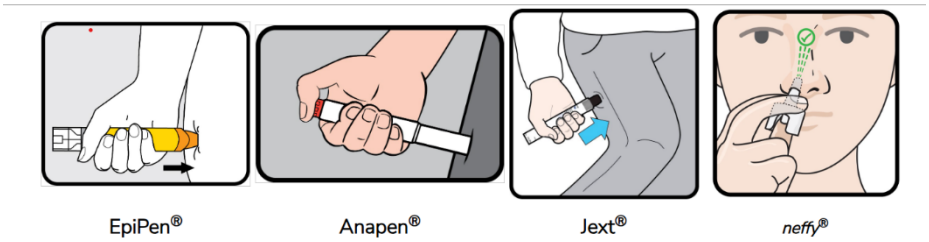
Anaphylaxis

- Whenever a child with severe allergies is enrolled at our service, or is newly diagnosed as having a severe allergy, a Medical Communication Plan will be developed to inform all relevant educators, including students and volunteers, of:
    - The child's name and the room in which they are educated and cared for;
    - The child's risk minimisation plan and communication plan
    - Where the child's medical management plan and communication plan will be located
    - Where the child's adrenaline (epinephrine) device is located; and
    - Which educators/staff will be responsible for administering the adrenaline (epinephrine) device.
- In accordance with the *Education and Care Services National Regulations*, our service will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Notices will be posted in the foyer, and on the wall of the room the child is based in. The notice will advise which foods (if any) are allergens and therefore not to be brought to the service.

- It is required that the child at risk of allergic reactions have a Medical Management Plan. The *ASCIA First Aid Plan Anaphylaxis* is designed to meet the requirements of a Medical Management Plan. Refer to: The Australian Society for Clinical Immunology and Allergy (ASCIA) for a plan *ASCIA Action Plan for Anaphylaxis template*. Educators will become familiar with the child's plan and also develop an individual anaphylaxis Risk Minimisation Plan for the child in consultation with the child's parents/guardians and appropriate health professionals.
- A communication strategy will be developed with parents/guardians to ensure any changes to a child's health care needs are discussed and the health care plan updated as required.
- Children prescribed with an adrenaline (epinephrine) device will be required to make one device available to the service, while the child is in the care of the service. Parents/guardians are responsible for supplying the adrenaline (epinephrine)device and making sure it has not expired.
- All staff will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline (epinephrine) devices, as this is considered best practice.
- Staff involved in the preparation, serving and supervision of meals will undertake the National Allergy Strategy 'All about Allergens for Children's Education and Care' food allergen management training for food service at least every two years (refer to: foodallergytraining.org.au).
- A staff training register will be kept.

Anaphylaxis Emergencies

- Adrenaline (epinephrine) given through an adrenaline (epinephrine) device (EpiPen® or Anapen®) into the muscle of the outer mid-thigh or the neffy® (epinephrine nasal spray) is the first-line emergency treatment for anaphylaxis.



- In the case of an anaphylaxis emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.
- For anaphylaxis emergencies, educators will follow the child's Action Plan. The general use adrenaline (epinephrine) device can be used: if the child does not have their prescribed adrenaline (epinephrine device; if their device is not administered correctly; if the child requires a second dose; or if the child does not have a prescribed device.
- Educators/staff administering the adrenaline will follow the instructions stored with the device. An ambulance will always be called. The used adrenaline (epinephrine) device(s) will be given to ambulance officers on their arrival.
- A process will be in place to regularly check (quarterly) that general use adrenaline (epinephrine) devices have not expired. General use adrenaline (epinephrine) devices will be replaced before they expire.
- A child (or staff member/visitor) with no history of anaphylaxis may have their first anaphylaxis whilst at the service. If the service staff think a child/staff member/visitor may be having anaphylaxis, the general use adrenaline (epinephrine) device should be given to the individual immediately, and an ambulance should be called. If the general use adrenaline (epinephrine) device is not available, staff will follow the ASCIA First Aid Plan, including calling an ambulance.

- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to two hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.
    - Where it is known that a child has been exposed to whatever they are allergic to, but has not developed symptoms, the child's parents/guardians will be contacted and asked to come and collect their child.
    - The service will carefully monitor the child following instructions on the ASCIA Action Plan until the parents/guardians arrive.
    - Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the child begin to develop allergic symptoms.
- Asthma, diabetes and anaphylaxis emergency response drills will be practised and reviewed at least twice annually alongside fire and evacuation drills to ensure staff understand all medical emergency procedures and know what to do.
- After an allergic reaction/anaphylaxis, the individualised anaphylaxis management plan will be reviewed to determine if the service's Risk Minimisation strategies and emergency response procedures need to be changed/improved.

Steps to follow in the event of a child having a severe allergic reaction or displaying any symptoms or signs of anaphylaxis:

If the child **has an Anaphylaxis Action Plan, First Aid Plan, Emergency Medical Plan, or Doctor's instructions Action Plan** **OR**	• Administer first aid or medical treatment according to their Plan. • Dial 000 for an ambulance and notify the family in accordance with the *Incident, Injury, Trauma and Illness Policy* and the *Administration of First Aid Policy*. • The child must not be allowed to stand or walk and should lay flat or sit with legs outstretched
If the child **does not have an Allergy and Emergency Medical Plan** and is showing signs of a **severe allergic reaction**	Follow this procedure: • Lay the person flat or, if breathing is difficult, allow to sit with legs outstretched • Administer auto- injector (EpiPen) • Keep child in lying or sitting position Dial 000 for an ambulance and notify the family in accordance with the *Incident, Injury, Trauma and Illness Policy* and the *Administration of First Aid Policy*.

Diabetes

- Whenever a child with diabetes enrols at our service, or is newly diagnosed with diabetes, the service will develop a Communication Plan to inform all relevant educators, including students and volunteers, of:
    - The child's name and room in which they are educated and cared for;
    - The child's risk minimisation plan;
    - Where the child's emergency action plan is located;
    - Where the child's insulin/snack box etc. is stored;
    - Which educators are responsible for administering treatment.
- Educators will be aware of the signs and symptoms of low blood sugar, including a child presenting pale, hungry, sweating, weak, confused and/or aggressive. Signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, and the smell of acetone on the breath.

- The service will support the management of diabetes in children by ensuring the child has an Emergency Action Plan in place that includes information on:
    - Administration of insulin if needed – how to give insulin to the child, how much insulin to give, and how to store the insulin. Insulin may be delivered as an injection, an insulin pen, or via an insulin pump
    - Oral medicine – children may be prescribed oral medication
    - Meals and snacks – including permission for the child to eat a snack whenever needed
    - Blood sugar testing – how often and when educators may need to test the child's blood sugar
    - Asthma, diabetes and anaphylaxis emergency response drills, which will be practised and reviewed at least twice annually, alongside fire and evacuation drills, to ensure staff understand all medical emergency procedures and know what to do
    - Symptoms of low or high blood sugar – one child's symptoms may differ from another's. The child's Emergency Action Plan should detail the child's symptoms of low or high blood sugar and how to treat them. For high blood sugar, low blood sugar, and/or hypoglycaemia, educators will follow the child's Emergency Action Plan.

Signs and symptoms **High blood sugar** • excessive thirst • tiredness • blurred vision • hot, dry skin • smell of acetone on breath **Low blood sugar** • weakness, shaking • sweating • headache • faintness, dizziness • lack of concentration • teariness or crying • irritability or altered behaviour • hunger • numbness around the lips and fingers These can progress quickly to: • slurred speech • confusion • loss of consciousness • seizures	In a **Diabetic Emergency** Administer treatment according to the child's Diabetic Management Plan. Dial 000 for an ambulance and inform the operator that there is a diabetic emergency. Notify the family in accordance with the *Incident, Injury, Trauma and Illness Policy* and the *Administration of First Aid Policy*. If the child is unconscious use the following first aid procedure until the ambulance arrives: **D:** Check for Danger **R:** Check for a Response **S:** Send for help (dial 000 for an ambulance) **A:** Check Airway **B:** Check for breathing **C:** Give CPR if child is not breathing **D**: Defibrillator or continue compressions until paramedics arrive

First aid qualifications

The industry standard is that first aid qualifications, anaphylaxis management training and emergency asthma management training should be renewed every three years and refresher training in CPR should be undertaken annually.

Service requirements

1. **Display information** about children's allergies, diabetes, asthma, or other medical conditions in an area that is highly visible to all staff, i.e., children's rooms or kitchen. Educators should make themselves knowledgeable about this information.
2. **Follow regulations and other guidelines** when administering medication and treatment in emergencies, i.e. obtaining a signed and completed *Authority to Administer Medication Form* from the parent; refer to *Medication Policy* and *Incident, Injury, Trauma and Illness Policy*.
3. Services must have an onsite adrenalin auto injector (EpiPen) and an emergency asthma kit with reliever medication to administer in the case of an anaphylaxis or asthma emergency. Directors/ Coordinators are responsible for checking expiry dates and replacing the EpiPen or asthma kit as required. Refer to *Medication Policy* for further information on storage and administration procedures.
4. Must ensure that at all times that children are being educated and cared for that there is **at least one trained staff** in the prevention, recognition and treatment of allergic reactions including anaphylaxis.
5. Carry out daily safety checklists, including checking for signs of spiders, ticks, mites, and insects in or around the premises. Where meals are prepared and served (including OSCHC services), the service must develop its own system for meal checks to help minimise allergy and anaphylaxis risks. The risk minimisation tool should be used at mealtimes to ensure a two-person check occurs before serving meals to children diagnosed with allergies and/or anaphylaxis.
6. There must be a sign at the entrance to the service indicating that a child/ren is present at the service who suffers from an anaphylaxis reaction.
7. Obtain **written permission from families** if the service is to conduct activities such as face painting to eliminate the risk of a skin reaction.
8. Use **neutral based detergent** to clean the environment to reduce the risk of exposure to chemical residue.
9. Allow for special considerations, specifically for children with diabetes:
    - Extra toilet privileges,
    - To eat at additional times especially during and after playing sport,
    - Extra consideration if unwell, and
    - Special provisions for privacy if testing blood glucose levels and injecting insulin at the service at school.
10. A general assessment of **risk of allergic reactions** including anaphylaxis and the risk of asthma related illness will be assessed for all children attending the service and documented in the service's risk assessment.
11. Will have an **anaphylaxis emergency response plan** which follow the *ASCIA Action Plan* and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans should be practised at least once a year. Separate emergency response plans must be developed for any off-site activities.
12. If an incident occurs, a **debriefing meeting** should be held:
    - To discuss the incident for emotional processing.
    - To discuss any areas of improvements or learnings (e.g., whether there needs to be any changes to the risk management strategies in place).
    - The child's individualised anaphylaxis care plan should be reviewed and updated if required.

Change in medical conditions

- If there is a change in a child's medical condition, parents should provide an updated *Medical Management Plan,* *ASCIA Action Plan*, or *Asthma Action Plan*, and the *Risk Minimisation Plan for Children with Diagnosed Medical Conditions* and *Medical Communication Plan* must also be reviewed.
- If there is no change in the child's medical condition, the Medical Management Plan or ASCIA Action Plan should be updated before the date specified by the child's doctor or nurse practitioner on the current plan, usually every 12-18 months when the child is reviewed by their doctor and receives a new adrenaline injector prescription (for anaphylaxis conditions).

Who is responsible?

Roles	Responsibilities
Approved Provider	• Ensuring the development of a Communication Plan and encouraging ongoing communication between parents/guardians and educators/staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation. • Ensuring relevant educators receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs. • Ensuring at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service. • Ensuring that a Risk Minimisation Plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually. • Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies. • Ensuring there is at least one general use adrenaline (epinephrine) device at the service and staff are informed of its location. Undertaking a risk assessment to determine how many general use adrenaline (epinephrine) devices are required by the service and where the device(s) will be located, including whether they will be taken to off-site activities. • Providing support (including counselling) for service staff who manage a severe allergic reaction, for the child who experienced an anaphylactic reaction, and any witnesses. • Notifying the regulatory authority within 24 hours of any incident involving a serious injury or trauma to a child that occurred while that child was being educated and cared for. This includes any incident involving serious illness of a child while that child was being educated and cared for by a service where the child attended, or ought reasonably to have attended, e.g. a hospital presentation due to severe asthma attack, seizure or anaphylaxis.
Practice Manager	• Ensuring the development of a Medical Communication Plan and encouraging ongoing communication between parents/guardians and educators/staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation. • Ensuring relevant educators receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs.

Roles	Responsibilities
	• Ensuring at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service. • Ensuring that a Risk Minimisation Plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually. • Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies. • Ensuring there is at least one general use adrenaline (epinephrine) device at the service and staff are informed of its location. Undertaking a risk assessment to determine how many general use adrenaline (epinephrine) devices are required by the service and where the device(s) will be located, including whether they will be taken to off-site activities. • Providing support (including counselling) for service staff who manage a severe allergic reaction, for the child who experienced an anaphylactic reaction, and any witnesses. • Notifying the regulatory authority within 24 hours of any incident involving a serious injury or trauma to a child that occurred while that child was being educated and cared for. This includes any incident involving serious illness of a child while that child was being educated and cared for by a service where the child attended, or ought reasonably to have attended e.g. hospital presentation due to a severe asthma attack, seizure or anaphylaxis.
Nominated Supervisor	• Implementing this policy at the service and ensuring that all staff adhere to the policy. • Informing the Approved Provider of any issues that impact on the implementation of this policy. • Identifying specific training needs of staff who work with children diagnosed with a medical condition and ensuring that staff have access to appropriate training. • Ensuring children do not swap or share food, food utensils or food containers. • Ensuring staff awareness that unexpected allergic reactions, including anaphylaxis, might occur for the first time in children not previously identified as being at risk, in the service. • Ensuring food preparation, food service and casual staff/educators are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis. • Ensuring a copy of the child's medical management plan is visible and known to staff in the service. • Ensuring staff/educators follow each child's Risk Minimisation Plan and Medical Management Plan. • Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan. • Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service. • Maintaining ongoing communication between staff/educators and parents/guardians in accordance with the strategies identified in the Communication Plan to ensure current information is shared about specific medical conditions within the service. • Should there be an incident requiring emergency medical treatment, informing staff of the incident and undertake reporting requirements to the regulatory authority. Offering staff a debrief after each incident and arrange help as needed, such as counselling. Reviewing the child's Medical Management Plan to identify if further risk minimisation strategies are needed, or if some strategies need to be adapted.

Roles	Responsibilities
	• If a child has had an allergic reaction to a packaged food or to a meal provided by the service, this will be reported to the local food authority for investigation (refer to: allergyfacts.org.au/allergy-management/risk/reporting-an-allergic-reaction). If the reaction is to a food sent from home, it is the parent's responsibility to report the reaction.
Educators / Students / Volunteers	• Communicating any relevant information provided by parents/guardians regarding their child's medical condition to the nominated supervisor to ensure all information held by the service is current. • Being aware of individual requirements of children with specific medical conditions and following their Risk Minimisation Plan and Medical Management Plan. • Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the nominated supervisor. • Ensuring that parents/guardians are contacted when concerns arise regarding a child's health and wellbeing. • Upholding current best practice allergen training 'All About Allergens' from the National Allergy Strategy and refresh as required. • Including information and discussions about food allergies in the programs they develop, to help children understand about food allergy and to encourage caring, acceptance and inclusion of children with food allergies. (Curriculum resources are available: allergyfacts.org.au/allergy-management/schooling-childcare/school-resources) • Providing age-appropriate education of children with allergies and their peers to manage risks in the service. This may include signs and symptoms of an allergic reaction, what to do if their friend is having an allergic reaction, not sharing food, drinking from their own water bottle, and washing their hands after they have eaten something another child is allergic to. • Completing an incident report should a child require emergency medical treatment.
Parents / Guardians	• Informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition. • Developing a Risk Minimisation Plan with the nominated supervisor and/or other relevant staff members at the service. • Providing a Medical Management Plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This Medical Management Plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs.

National Quality Standards (NQS)

Quality Area 2: Children's Health and Safety		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

Quality Area 2: Children's Health and Safety		
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Education and Care Services National Law and National Regulations	
S. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
S.172	Failure to display prescribed information
S. 174	Offence to fail to notify certain circumstances to Regulatory Authority
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical Conditions Policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First Aid qualifications
162	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
175	Prescribed information to be notified to Regulatory Authority

Related documents

Children's Services Policies

- *Administration of First Aid Policy*
- *Confidentiality and Privacy Policy*

- *Incident, Injury, Trauma and Illness Policy*
- *Medication Policy*

Forms

- *Authority to Administer Medication Form*
- *Medical Communication Plan*
- *Risk Minimisation Plan for Children with Diagnosed Medical Conditions*

Resources

External

- *Allergy and Anaphylaxis Australia*
- *Asthma Australia*
- *Australasian Society of Clinical Immunology and Allergy (ASCIA)*
- *Diabetes Australia*
- *Diabetes Information for School Teachers*
- *Education and Care Services National Regulations 2011*
- *Education and Care Services National Law Act 2010*
- *My Health Records Act 2012*
- *National Asthma Council Australia*
- *St John Ambulance Australia*
- *The Best Practice Guidelines for anaphylaxis prevention and management in children's education and care services (including out of school hours care)*

Glossary

ACECQA – Australian Children's Education and Care Quality Authorities

The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.

Child Paramountcy

Child paramountcy refers to the obligation to ensure that the best interests, safety, and wellbeing of children are paramount above all other considerations. All decisions, practices, and actions must prioritise the protection and wellbeing of children, particularly where competing interests exist.

EAM

Emergency Asthma Management

Emergency Medication

Medication used in urgent situations to treat symptoms of a serious medical condition, such as an adrenaline injector or asthma reliever medication.

Communication Plan

A plan outlining how educators, staff, families, and relevant persons will communicate about a child's medical condition and emergency procedures.

Medication

Any prescribed or non-prescribed medicine given to treat, manage, or prevent symptoms of illness or a medical condition.

Medical Management Plan

A written plan developed by a medical practitioner outlining a child's medical condition, symptoms, treatment, medication, and emergency procedures.

NAC

National Asthma Council Australia

OSHC

Out of School Hours Care

Practice Manager

A practice manager oversees and supports a cluster of services within a local area. They work with the Nominated supervisor to ensure services operate safely, meet legal and quality requirements, and follow organisational policies. They do not work directly with children day to day.

Prescribed Medication

Medication authorised by a registered medical practitioner and provided with a pharmacy label showing the child's name, dosage, and instructions.

Risk Assessment

A systematic process of evaluating the potential likelihood and consequences of risks that may be involved in a projected activity or undertaking.

Risk Minimisation Plan

A plan developed in consultation with families to identify and reduce risks to a child with a medical condition while attending the service.

Sign off and review

This policy remains valid until it is either superseded by a new version or officially revoked.

CatholicCare values your input and welcomes feedback on this policy. Your suggestions help us improve and better support your work. Please send any feedback to policy.updates@catholiccaredbb.org.au.

Version	Authorised by	Approved date	Review cycle	Review due
9.0	General Manager Children's Services	13 May 2026	3 years	May 2029

Revision history

Version	Description	Author	Amendment date
9.0	Supersedes Managing Asthma, Allergies, Anaphylaxis, Diabetes and Other Medical Conditions Policy	General Manager Children's Services	13 May 2026
9.1	Link changes	General Manager Children's Services	15 June 2026