



BOURKE AND DISTRICT CHILDREN'S SERVICES

QUALITY AREA 2: CHILDRENS HEALTH AND SAFETY

POLICY NAME: MEDICAL CONDITIONS

POLICY STATEMENT

Our organisation is committed to a planned approach to the management of medical conditions to ensure the safety and wellbeing of all children. Medical conditions including but not limited to; Asthma, Anaphylaxis and Diabetes can be life threatening so we must ensure that all staff are equipped with the knowledge and skills to ensure all children receive the highest level of care. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual Medical Management and Risk Minimisation Plans and responding to any emergency situations.

BACKGROUND

The Education and Care Services National Regulations requires Approved Providers to ensure their services have policies and procedures in place for medical conditions, including; Asthma, Anaphylaxis and Diabetes. We aim to efficiently respond to and manage the medical conditions, health care needs or allergies of children and staff to ensure their safety and wellbeing. Our services have a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the services are met. This includes our responsibility to provide a safe environment for children free of foreseeable harm and adequate supervision of children at all times

OVERALL STRATEGIES/HOW WILL IT BE DONE?

There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled at the service and it is essential that we ensure that the following documents are in place, prior to the child commencing to ensure their individual health, safety and wellbeing:

- Medical Management Plan
- Risk Minimisation Plan
- Communication Plan

MEDICAL MANAGEMENT PLAN

- Parents/guardians of children with a medical condition must provide the service with a copy of their child's Medical Management Plan which has been prepared and signed by their child's registered medical practitioner (In exceptional circumstances, a Medical Management Plan that hasn't been prepared and signed by the child's registered medical practitioner may be accepted - this is at the discretion of the Nominated Supervisor). These could include, but are not limited to:
 - Asthma Action Plan
 - Anaphylaxis/ASCIA Action Plan
 - Diabetes Management Plan
- Any Medical Management Plan provided should include the following:
 - Specific details of the diagnosed health care need, allergy or relevant medication condition
 - Supporting documentation (if required)
 - A recent photo of the child
 - Current medication and dosage prescribed for the child
 - If relevant, state what triggers the allergy or medical condition
 - First aid/emergency response that may be required from the service
 - Any medication that may be required to be administered in case of an emergency
 - Further treatment or response if the child does not respond to the initial treatment
 - When to contact an ambulance for assistance
 - Contact details of the medical practitioner who signed the plan
 - The date of when the plan should be reviewed
- A copy of the Medical Management Plan will be displayed for all staff to ensure the safety and wellbeing of the child.
- The Nominated Supervisor must ensure the Medical Management Plan remains current and advise parents/guardians that they must notify the service as soon as any changes are made to the plan
- All relevant staff members are promptly informed whenever the service becomes aware of any changes to a child's Medical Management Plan.

RISK MINIMISATION PLAN

- All children with a diagnosed health care need, allergy or medical condition must have a Risk Minimisation Plan.
- Once aware of the diagnosed health care need, allergy or medical condition, the Nominated Supervisor will arrange a meeting with the parents/guardians to collaboratively develop a Risk Minimisation Plan to ensure:



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- The risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised
- That practices and procedures in relation to the safe handling, preparation, serving and consumption of food are developed and implemented
- That the parents/guardians are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- Practices are developed and implemented to ensure that all staff members, students and volunteers can identify the child, the child's medical management plan and the location of the child's medication
- That the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or medical condition
- Risk Minimisation Plans are reviewed at least annually and/or revised with each change in the medical management plan in conjunction with parents/guardians
- All relevant information pertaining to the child's health and medical condition is communicated to parents/guardians or emergency contact at the end of each day by educators
- Parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed
- Appropriate hygiene practices are followed when managing medical conditions in accordance with the Infectious Diseases Policy

COMMUNICATION PLAN

- The Communication Plan explains how relevant staff members, students and volunteers are informed about the medical management and risk management plans and how the parent of the child can communicate any changes to the diagnosed health care need, allergy or medical condition.
- The Nominated Supervisor will create a Communication Plan to ensure all relevant staff members, students and volunteers are informed of the Medical Management Plan and Risk Minimisation Plan for the child.
- Families who have a child attending the service who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies as specified in their communication plan.

ASTHMA

Asthma is a chronic health condition, which is one of the most common reasons for childhood admission to hospital, however correct asthma management will assist to minimise the impact of asthma. Children under the age of six usually do not have the skills or ability to recognise and manage their own asthma effectively. Our services implement responsible asthma management strategies, including:

- Where practical, encourage children with asthma to inform an educator when their symptoms develop.
- Displaying an Asthma Australia Asthma First Aid Plan in key locations within the services, including the First Aid area.
- First Aid kits across the services (including those taken on excursions) will be stocked with Asthma reliever medication - Ventolin, a spacer and face mask. (Parents/guardians of children with asthma should still ensure that prescribed medication listed on their Medical Management Plan is provided to the service).
- At least one staff member is on duty at all times children are in attendance at the service who holds a current ACECQA approved Emergency Asthma Management certificate.

SYMPTOMS OF ASTHMA CAN INCLUDE:

- Wheezing
- Coughing
- Chest tightness
- Difficulty in breathing
- Shortness of breath

IF A CHILD SUFFERS FROM AN ASTHMA EMERGENCY

- Follow the child's Asthma Action Plan.
- If the child does not respond to steps within the Asthma Action Plan, call an ambulance immediately by dialling 000.
- Continue first aid measures.
- Contact a parent/guardian when practicable.



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- Contact an emergency contact if the parents/guardians can't be contacted, when practicable.
- Notify the regulatory authority within 24 hours via the [NQA-ITS](#).

IN THE EVENT WHERE A CHILD WHO HAS **NOT** BEEN DIAGNOSED AS HAVING ASTHMA, BUT WHO APPEARS TO BE HAVING AN ASTHMA EMERGENCY:

- Follow the Asthma First Aid Plan (Give 4 puffs of a reliever medication and repeat if no improvement).
- If the child does not respond to steps within the Asthma First Aid Plan, call an ambulance immediately by dialling 000.
- Continue first aid measures (Keep giving 4 puffs every 4 minutes until the ambulance arrives).
- Contact a parent/guardian when practicable.
- Contact an emergency contact if the parents/guardians can't be contacted, when practicable
- Notify the regulatory authority within 24 hours via the [NQA-ITS](#).

ANAPHYLAXIS

Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life threatening. It can occur when a person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis should always be treated as a medical emergency, requiring immediate treatment. Our services implement responsible anaphylaxis management strategies, including:

- Displaying an ASCIA First Aid Plan for Anaphylaxis in key locations within the service, including the First Aid area.
- First Aid kits across the services (including those taken on excursions) will be stocked with an adrenaline autoinjector device (EpiPen®). (Parents/guardians of children with anaphylaxis should still ensure that prescribed medication listed on their Medical Management Plan is provided to the service).
- At least one staff member is on duty at all times children are in attendance at the service who holds a current ACECQA-approved Emergency Anaphylaxis Management certificate.
- Ensuring dietary requirements relating to the condition are always catered for.
- Aim to ensure that the risk of children with known allergies coming into contact with allergens is eliminated or minimised.

EDUCATING CHILDREN ABOUT ALLERGIES AND ANAPHYLAXIS

'Allergy awareness' is regarded as an essential part of managing allergies in early childcare services. Our services will:

- Educate children about allergies and the risk of anaphylaxis in an age-appropriate way.
- Talk to children about foods that are safe and unsafe for the anaphylactic child. Using terms such as:
 - 'This food will make _____ sick'
 - 'This food is not good for _____'
 - '_____ is allergic to that food'
- Help children understand the seriousness of allergies and the importance of knowing the signs and symptoms of allergic reactions. For example; Itchy, furry, or scratchy throat, itchy or puffy skin, hot, feeling funny.
- Talk with children about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, effectively washing their hands before and after eating and not sharing food or drinks/drink bottles.
- Encourage empathy, acceptance and inclusion of the allergic child with an allergy.

SIGNS OF ANAPHYLAXIS CAN INCLUDE:

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking/and or a hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)
- Abdominal pain and/or vomiting



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IF A CHILD SUFFERS FROM AN ANAPHYLACTIC REACTION:

- Follow the child's ASICA Action Plan and administer an adrenaline autoinjector such as an EpiPen® into the muscle of the outer mid-thigh.
- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Record the time of administration of adrenaline autoinjector.
- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child if available.
- Ensure the child experiencing anaphylaxis is lying down or sitting with legs out flat and is not upright.
- Do not allow the child to stand or walk (even if they appear well).
- Contact a parent/guardian when practicable.
- Contact an emergency contact if the parents/guardians can't be contacted, when practicable
- Notify the regulatory authority within 24 hours via the [NQA-ITS](#).

IN THE EVENT WHERE A CHILD WHO HAS **NOT** BEEN DIAGNOSED AS AT RISK OF ANAPHYLAXIS, BUT WHO APPEARS TO BE HAVING AN ANAPHYLACTIC REACTION:

- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Administer an adrenaline autoinjector such as an EpiPen® into the muscle of the outer mid-thigh.
- Contact a parent/guardian when practicable.
- Contact an emergency contact if the parents/guardians can't be contacted, when practicable.
- Notify the regulatory authority within 24 hours via the [NQA-ITS](#).

DIABETES

There are 2 types of diabetes:

- Type-1 Diabetes is an autoimmune condition, which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type-1 diabetes is life threatening.
- Type-2 Diabetes occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type-2 diabetes accounts for between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years but is increasingly occurring at a younger age (however is unlikely to be seen in children under the age of 4 years old).

Our services implement responsible diabetes management strategies, including:

- Ensuring parents of children with diabetes provide prescribed medication listed on their Diabetes Management Plan and testing kits (where required).
- Always having something sweet to eat or drink available in the event of a diabetic emergency.
- Ensuring dietary requirements relating to the condition are always catered for.

DIABETIC EMERGENCY

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency

- Very **low** blood sugar- HYPO- (hypoglycaemia, usually due to excessive insulin).
- Very **high** blood sugar- HYPER- (hyperglycaemia, due to insufficient insulin).

The more common emergency is hypoglycaemia (low blood sugar). This can result from:

- Too much insulin or other medication.
- Not having eaten enough carbohydrate or other correct food.
- A meal or snack has been delayed or missed.
- Unaccustomed or unplanned physical exercise.
- The young person has been more stressed or excited than usual.



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SIGNS AND SYMPTOMS - HYPOGLYCAEMIA (HYPO) (LOW BLOOD SUGAR)

- If a child is wearing a CGM device, it will sound an alert when they are below their target range.
- If caused by low blood sugar, the child may:
 - Feel dizzy, weak, tremble and feel hungry
 - Look pale and have a rapid pulse (palpitations)
 - Sweat profusely
 - Feel numb around lips and fingers
 - Change in behaviour- angry, quiet, confused, crying
 - Become unconsciousness or have a seizure

SIGNS AND SYMPTOMS - HYPERGLYCAEMIA (HYPER) (HIGH BLOOD SUGAR)

- If caused by high blood sugar, the child may:
 - Feel excessively thirsty
 - Have a frequent need to urinate
 - Feeling tired or lethargic
 - Feel sick
 - Be irritable
 - Complain of blurred vision
 - Lack concentration
 - Have hot dry skin, a rapid pulse, drowsiness
 - Have the smell of acetone (like nail polish remover) on the breath
 - Become unconscious

IF A CHILD SUFFERS FROM A DIABETIC EMERGENCY

- Follow the child's Diabetes Management Plan.
- If the child does not respond to steps within the Diabetes Management Plan, call an ambulance immediately by dialling 000.
- Continue first aid measures.
- Contact a parent/guardian when practicable.
- Contact an emergency contact if the parents/guardians can't be contacted, when practicable
- Notify the regulatory authority within 24 hours via the [NQA-ITS](#).

ROLES AND RESPONSIBILITIES

THE APPROVED PROVIDER AND NOMINATED SUPERVISORS WILL:

- Ensure there are policies and procedures in place for dealing with medical conditions (including Asthma, Anaphylaxis and Diabetes) and take reasonable steps to ensure those policies and procedures are followed.
- Ensure that obligations under the Education and Care Services National Law and National Regulations are met.
- Ensure all staff (including casual staff) receive information and induction training to fulfil their roles effectively, including being made aware of the Medical Conditions Policy, their responsibilities in implementing it, and any changes that are made over time.
- Ensure students, visitors and volunteers have knowledge of and adhere to this policy.
- Ensure staff, students and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition that may be ongoing or acute/short term in nature.
- Ensure all staff (including casual staff) have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy or medical condition, including:
 - Awareness of any child with a medical condition, health care need or allergy
 - The location of all Medical Management Plans
 - Signs and symptoms of a medical emergency in relation to any medical condition, health care need or allergy that any child at the service has
 - Immediate action that must be taken in relation to a medical emergency
 - Location of children's required medication
- Inform staff immediately about any changes to a child's medical management plan and/or risk management plan.



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- Ensure all enrolment forms are reviewed to identify any specific health care need, allergy or medical condition prior to the child starting at the service.
- Review existing enrolment forms annually, and contact parents/guardians to confirm if the existing diagnosed health care need, allergy or medical condition still applies and whether any new needs have been diagnosed.
- Ensure children's medical practitioner contact details are provided at enrolment.
- Provide parents of children with a medical condition with the BDCS Medical Conditions Policy.
- Ensure that any child will not attend the service without a medical management plan (including Asthma or Anaphylaxis Action Plan or Diabetes Management Plan) and prescribed medication by their medical practitioner.
- Ensure a Risk Minimisation and Communication Plan is completed in conjunction with the child's parents/guardians and all staff members who will be working with the child, prior to the child commencing at the service.
- Ensure all aspects of operation of the service are considered to ensure inclusion of each child into the program.
- Ensure at least one staff member is in attendance at all times with a current accredited first aid certificate, emergency asthma management certificate and emergency anaphylaxis management certificate (as approved by ACECQA).
- If a child with diabetes is present at the service, ensure there is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and is aware of the action to be taken if these are abnormal whenever the child attends the service.
- Consider how and where insulin is stored and the safety of sharps disposal.
- Record any prescribed health information and store copies of a Medical Management Plan and Risk Minimisation and Communication Plan in the child's Xplor profile.
- Ensure staff have access to emergency contact information for all children.
- Ensure a copy of children's Medical Management Plans are visibly displayed (ensure consent from parents/guardians if it is to be displayed in a prominent position where it could be viewed by visitors to the service).
- Ensure procedures are adhered to regarding the administration of medication at all times.
- Ensure the Administration of Medication record is accurately completed and signed by the educator and witness.
- Take copies of children's medical management plans and medication on any excursion or emergency evacuation.
- Ensure a notice is displayed prominently in the main entrance of the service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service, and providing details of the allergen/s.
- Ensure information regarding the health and wellbeing of a child or staff member is not shared with others unless consent is provided from parents, or provided the disclosure is required or authorised by law under NSW legislation.
- Raise awareness of asthma, anaphylaxis and diabetes amongst those involved with the service.
- Ensure a fully equipped First Aid kit (including an adrenaline autoinjector (Epipen) and Asthma First reliever medication (Ventolin, a spacer and face mask), is kept at the service and taken on excursions.
- In the event of a medical emergency, contact the child's parent/guardian or emergency contact as soon as practicable.
- Ensure an Incident, Injury, Trauma and Illness Record is completed in its entirety for any medical incident.
- In the case of a serious incident occurring, ensure the Regulatory Authority are notified within 24 hours via the [NQA-ITS](#).

EDUCATORS WILL:

- Provide a supportive and inclusive environment where children with a diagnosed health care need, allergy or medical condition can participate in all activities to the best of their capabilities.
- Encourage empathy, acceptance and inclusion of children with a health care need, allergy or medical condition.
- Be aware of the signs and symptoms of asthma, anaphylaxis and hypoglycaemia and hyperglycaemia (diabetes), and know what to do if they observe any of these signs or symptoms.
- Follow the child's emergency medical management plan, in the event that of a high-risk scenario where a child suffers from an allergic reaction, incident, situation, or event related to a medical condition.
- Dial 000 for an ambulance if the child does not respond to initial treatment.
- Always check a meal before it is given to a child with anaphylaxis to ensure that it is appropriate and has been prepared according to the parents/guardians' instructions.
- Ensure supervision is managed consistently across mealtimes.



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- Ensure tables and other required surfaces are washed down effectively before and after eating.
- Ensure where possible that eating times are flexible and children are provided with enough time to eat.
- Increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions and celebrations.
- Be able to identify and, where possible, minimise asthma triggers as outlined in children's Asthma Medical Management Plan and Risk Minimisation Plan.
- Document medical emergencies as required on an Incident, Injury, Trauma and Illness Record.

COOKS AND FOOD HANDLERS WILL:

- Ensure practices are in place and adhered to in relation to safe food handling, preparation and consumption of food.
- Ensure changes to children's Medical Management Plans or Risk Minimisation Plans are implemented immediately.
- Ensure meals, snacks and drinks that are appropriate for a child with diabetes and in accordance with their Diabetes Medical Management Plan are available at the service at all times

FAMILIES WILL:

- Provide accurate information about their child's health needs, allergies, medical conditions and medication requirements on the enrolment form.
- Ensure the information in the enrolment forms remains up-to date (including emergency contact numbers).
- Acknowledge that they have received/or are provided access to the service's Medical Conditions Policy and Administration of Medication Policy at time of enrolment.
- Provide the service with a Medical Management Plan prior to their child commencing at the service.
- Work collaboratively with the Nominated Supervisor to develop a Risk Minimisation Plan and Communication Plan prior to their child commencing at the service.
- Notify the service if any changes are to occur to the Medical Management Plan or Risk Minimisation Plan.
- Provide adequate supplies of required medication and complete the Administration of Medication Record.
- Provide appropriate equipment as needed, for example, glucose monitoring and management equipment.
- Provide an updated copy of the child's medical management plan annually or earlier if required.
- Be asked if they consent for their child's medical management plan to be displayed in a prominent position in the service where it could be viewed by visitors. (Families can ask for the medical management plan to be displayed in areas that are only accessed by BDCS staff members).
- Ensure all contact information, including for emergency contacts remains up-to date.

CONTINUOUS IMPROVEMENT/REFLECTION

Our Medical Conditions Policy will be reviewed annually, or earlier if there are changes to legislation, ACECQA guidance, or any incidents related to the policy. This review will be conducted in consultation with children, families, and staff.

CHILD SAFE STANDARDS

| | |
|-------------|---|
| Standard 1 | Child safety is embedded in organisational leadership, governance, and culture |
| Standard 2 | Children participate in decisions affecting them and are taken seriously |
| Standard 3 | Families and communities are informed and involved |
| Standard 4 | Equity is upheld and diverse needs are taken into account |
| Standard 5 | People working with children are suitable and supported |
| Standard 7 | Staff are equipped with the knowledge, skills, and awareness to keep children safe through continual education and training |
| Standard 10 | Policies and procedures document how the organisation is child safe |

NATIONAL QUALITY STANDARD (NQS)

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|-------|---------------------------------|---|
| 2.1 | Health | Respectful relationships with families are developed and maintained and families are supported in their parenting role. |
| 2.1.1 | Wellbeing and comfort | Families are supported from enrolment to be involved in the service and contribute to service decisions. |
| 2.1.2 | Health practices and procedures | Effective illness and injury management and hygiene practices are promoted and implemented. |



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| 2.2 | Safety | Each child is protected. |
| 2.2.1 | Supervision | The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing. |
| 2.2.2 | Incident and emergency management | Collaborative partnerships enhance children's inclusion, learning and wellbeing. |

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND NATIONAL LAW

| | |
|-----------|--|
| Sec. 165 | Offence to inadequately supervise children |
| Sec. 167 | Offence relating to protection of children from harm and hazards |
| Sec. 172 | Failure to display prescribed information |
| Sec. 174 | Offence to fail to notify certain circumstances to Regulatory Authority |
| 12 | Meaning of 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(c)(d) | Health information to be kept in enrolment record |
| 168 | Education and care services must have policies and procedures |
| 170 | Policies and procedures to be followed |
| 171 | Policies and procedures to be kept available |
| 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 |
| 174 | Time to notify certain circumstances to Regulatory Authority |

STATUTORY LEGISLATION & CONSIDERATIONS

[Education and Care Services National Law Act 2010 \(Amended 2023\)](#)

[Education and Care Services National Regulations \(Amended 2023\)](#)

SOURCES

Acknowledgement to Community Early Learning Australia and Childcare Centre Desktop.

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Australian Children's Education & Care Quality Authority (ACECQA). (2025).

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National Allergy Strategy. (2021). [Best practice guidelines for anaphylaxis prevention and management in schools and children's education and care \(CEC\) services](#) (Guidelines).

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New South Wales Department of Education and Communities. (2014). Anaphylaxis Guidelines for Early Childhood Education and Care Services.

Revised National Quality Standard. (Amended 2025).

RELATED POLICIES

- | | |
|--|---|
| • Acceptance and Refusal of Authorisation Policy | • First Aid Policy |
| • Administration of Medication Policy | • Incident, Injury, Trauma and Illness Policy |
| • Emergency and Evacuation Policy | • Nutrition and Food Safety Policy |
| • Enrolment and Orientation Policy | • Privacy and Confidentiality Policy |
| • Family Participation and Communication Policy | • Providing a Child Safe Environment Policy |
| • First Aid Policy | • Record Keeping and Retention Policy |
| • Family Participation and Communication Policy | • Supervision Policy |

RELATED DOCUMENTS

- | | |
|---|----------------------------------|
| • Administration of Medication Form | • Medical Communication Plan |
| • Incident, Injury, Trauma and Illness Record | • Medical Risk Minimisation Plan |
| • Medical Management Plan | |

| POLICY REVIEWED | NEXT REVIEW DATE | POLICY REVIEWED BY |
|-----------------|--|--------------------|
| OCTOBER 2025 | OCTOBER 2026 | Charlotte Parnaby |
| MODIFICATIONS | <ul style="list-style-type: none"> Annual policy maintenance Updated legislation and other links where necessary | |
| POLICY REVIEWED | PREVIOUS MODIFICATIONS | POLICY REVIEWED BY |
| AUGUST 2024 | <ul style="list-style-type: none"> New policy format Child Safe Standards added Regulation amendments incorporated Extra information added including: <ul style="list-style-type: none"> Communication Plan Signs and symptoms of Asthma, Anaphylaxis and a Diabetic emergency What to do in the event of an Asthma, Anaphylaxis or Diabetic emergency | Prue Ritchie |
| JANUARY 2021 | | Prue Ritchie |