1. Policy Statement

St Nicholas is committed to providing children with an environment that promotes their health, safety, and wellbeing. St Nicholas will work in partnership with families to facilitate effective care and health management of children with medical conditions while in the service. This may include the administration of medication, perform basic health care procedures and developing a plan to support the needs of the child.

Children are supported to feel physically and emotionally well, and safe in their environment, knowing their wellbeing and health care needs are being met.

2. Purpose

The purpose of this policy and procedure is to:

- Outline the practices St Nicholas services and employees will implement to ensure the safety of children with medical conditions.
- Ensure families are informed of, and have access to, the service's procedures relating to dealing with medical conditions.
- Support compliance with the Education and Care Services National Law and National Regulations, which require services to have policies and procedures in place for dealing with medical conditions.

3. Procedure Direction

Step	Detail

Enrolling children with medical conditions	Parents / Guardians will:
	• advise St Nicholas prior to enrolment if their child has a known medical condition
	• include relevant information about their child's medical condition on the enrolment form
	• advise the service in writing and update enrolment form if medical conditions information changes at any time, including the diagnosis of a new medical condition
	• provide a current Medical Action Plan developed by a registered medical practitioner before the child commences at the service which includes:
	  ○ information on the child's medical condition, health, medication, allergies etc
	  ○ procedures to be followed in the event of a medical incident
	  ○ the name, address and phone number the child's doctor
	  ○ emergency contact names and phone numbers for the child
	  ○ any known triggers for the child's condition
	  ○ photo of the child so educators can readily identify

	• develop a Medical Risk Minimisation and Communications Plan (MRMP) in conjunction with the service • complete a Medication Record if the administration of medication at the service is part of the Medical Action Plan for the child • ensure the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's medical condition • replace medication supplied to the service prior to the expiration date of the medication • if parent / guardian does not wish to leave medication at the service permanently they must take measures to ensure the medication accompanies their child to care every time they attend. These measures will be detailed in the MRMP • Acknowledge some health conditions cannot be managed in the service, as team members may not be equipped with the skills or capacity to care for specific medical conditions. • The Medical Action Plan must be reviewed in accordance with the doctor's review date, or annually, or earlier if there are changes to the child's condition or treatment
Medical Risk Minimisation and Communication Plan (MRMP)	The Medical Action Plan will be used to inform development of a Medical Risk Minimisation and Communication Plan (MRMP). The MRMP is developed jointly by the parent / guardian and the Nominated Supervisor to ensure that any risks are addressed and minimised. The MRMP will: • ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised • if relevant, ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented • if relevant, ensure practices and procedures to ensure 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 • ensure that practices and procedures are implemented so that all staff members and volunteers can identify the child, the child's management plan and the location of the child's medication • outline practice and procedures ensuring 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 care need, allergy or relevant medical condition • be completed with the parent/guardian before the child starts care or when the service is informed by the family about the child's medical condition • be reviewed in consultation with the parent/guardian annually and updated when the service is informed about changes to the child's medical condition • include appropriate risk minimisation strategies that will be implemented to manage the child's medical conditions for both on-site and off-site activities

	• be agreed to and signed by a parent/guardian The Nominated Supervisor will: • consult with families to ensure that Medical Action Plans and MRMPs detail the child's specific health support needs, including administration of medication, and other actions required to manage the child's condition • assess the ability of staff and educators within the service to ensure they have the appropriate skills and knowledge to manage the child's specific health needs and/or identify specific training needs for staff and educators regarding the care and administration of medication for children diagnosed with a medical condition • ensure that information relating to children enrolled with medical conditions is shared with educators, including casuals, cooks, students and volunteers where applicable, including information included in any updates or reviews of the MRMP • ensure all children with diagnosed medical conditions have a current and accessible doctor and emergency contact details listed on their enrolment form • ensure children do not attend the service without their required medication prescribed by the child's medical practitioner • if children attend without correct prescribed medication educators or the Nominated Supervisor will contact the parent/guardian to collect the child as soon as possible • undertake regular medical emergency response rehearsals to ensure staff/educators are confident in responding appropriately to a medical emergency Staff members preparing food: • will keep up to date with professional training to help manage food allergies in ECEC services • ensure practices and procedures are in place, and adhered to, in relation to safe food handling, preparation and consumption of food • ensure any changes to children's MRMPs are implemented immediately.
Temperature/fever	General Temperature/Fever Guidance • A normal temperature for a child is up to 38°C. • Fevers are common in children. • Check the child's temperature with an appropriate digital thermometer if they feel hot, clammy, lethargic, or unsettled. • If the child appears well and happy, the fever does not need treatment. Monitoring • 37.5–37.9°C: Recheck every 30 minutes and record on an incident report. • 38°C or higher: ○ Contact parent/guardian to collect the child.

	○ Remove excess clothing. ○ Offer extra fluids. ○ Sponge with lukewarm water if it assists comfort (avoid cold water). ○ Separate the child from others where possible. ○ Provide families with the Staying Healthy 6th Ed. (2024) Fever fact sheet. • Children may return the following day if their temperature has returned to normal Paracetamol Administration • One dose of Paracetamol may be given with verbal permission if written consent has already been provided on the enrolment form. • Complete a *Paracetamol Administration Form* at the time of administration. • The child must be collected as soon as possible by a parent/guardian or authorised nominee and the *Paracetamol Administration Form* signed Febrile Convulsions • May occur with high fevers, usually lasting seconds to minutes. • If a convulsion occurs: ○ Call an ambulance immediately. ○ Notify the parent/guardian (or authorised nominee if they cannot be contacted). ○ Complete an incident report on OWNA ○ Complete an incident report on mnResponse ○ Report to Operations Manager or Senior Manager as soon as possible ○ Report to the regulatory authority within 24 hours via the NQAITS portal
Asthma	Asthma Action Plans • Every child diagnosed with Asthma must have a current Asthma Action Plan completed by a medical practitioner and kept at the service. • Parents/guardians must supply all medication and resources required in the action plan. • A child cannot attend the service without their prescribed asthma medication and equipment. Asthma Medication Storage • Store asthma medication in a clearly identifiable, unlocked, child-inaccessible location. • A service Salbutamol (reliever) and spacer must remain on the premises. • If the service reliever is used, replace it as soon as practicable. Asthma Medication Administration • Educators must follow the Administration of Medication Policy and Procedure. • A *Medication Form* must be completed when medication is given.

- School-aged OOSH children may self-administer with written parental permission; educators must still record this on the *Medication Form*.
- In an emergency, medication may be given without prior written authorisation; parents must be contacted as soon as possible, and a medication form completed.

When a child with Asthma enrols or receives a new diagnosis, all relevant educators must be informed of:

- the child's name and room
- the location of the Asthma Action Plan, MRMP, and Medication Record
- the child's reliever medication location
- which educators may administer medication (EE only)
- known triggers

Educators must be familiar with:

- the child's triggers
- early asthma symptoms
- emergency treatment steps
- correct use of inhalers, spacers, nebulisers

Managing Mild Symptoms. Educators will:

- follow the Medical Action Plan
- notify the parent/guardian
- monitor and escalate to emergency response if symptoms worsen
- complete a *Medication Record*, obtain parent signature when possible
- complete an incident report on OWNA

Asthma Emergency: For children with **known** asthma

- Follow the Asthma Action Plan
- Contact parent/guardian to collect the child
- Call 000 if symptoms escalate or collection is delayed
- Complete a Medication Record
- Complete an incident report on OWNA
- Complete an incident report on mnResponse
- Inform direct line manager or Operations Manager
- Notify the ELC (Regulatory Authority) via NQAITS within 24 hours

Asthma Emergency: For children **not known** to have asthma and with difficulty breathing:

- Call 000 immediately
- Sit the child upright
- Give 4 puffs of reliever puffer with a spacer
- Wait 4 minutes; repeat if needed
- Continue 4 puffs every 4 minutes until parent/guardian or ambulance arrives
- Contact parent/guardian to collect the child

	• Replace any reliever borrowed from another child • Reliever medication is safe even if the child does not have asthma • Complete an incident report on OWNA • Complete an incident report on mnResponse • Inform direct line manager or Operations Manager • Notify the ELC (Regulatory Authority) via NQAITS within 24 hours
Allergies and Anaphylaxis	St Nicholas promotes an allergy-aware approach. An allergen-free environment cannot be guaranteed, but risk can be minimised. This procedure must be read in conjunction with the Nutrition Policy and Procedure. Medical Action Plans • A current Allergy or Anaphylaxis Medical Action Plan and MRMP is required. • Plans must be available and communicated to all educators and staff. • Parents must supply all required medication. • Children cannot attend without their prescribed allergy/anaphylaxis medication. Medication Storage • Store medication in an identifiable, unlocked, child-inaccessible location. • Service adrenalin medication (i.e. EpiPen/Anapen, Neffy spray) must be kept on site, and replaced as soon as practicable if used • A child's used adrenalin medication must be replaced by the parent/guardian before the child returns to care. Nominated Supervisor will ensure that all relevant staff, students, and volunteers will be informed of: • the child's name and room • the Action Plan and MRMP location • the location of allergy medications including EpiPen/Anapen • which educators are authorised to administer medication • known triggers Responding to Anaphylaxis, Educators must: • Administer adrenaline immediately using the child's or service injector • Call 000 • Notify the parent/guardian • Complete a *Medication Record* • Complete an incident report on OWNA • Complete an incident report on mnResponse • Inform direct line manager or Operations Manager • Notify the ELC (Regulatory Authority) via NQAITS within 24 hours **Permission is not required from the parent to administer adrenaline in an emergency**

	If a child without a diagnosis shows signs of anaphylaxis: • The Nominated Supervisor/Responsible Person must administer the service EpiPen immediately • Parent permission is not required
Diabetes	Children with diabetes are supported through clear communication and safe, consistent management of their medical needs. Nominated Supervisor will: • complete a MRMP with the family prior to the child commencing at the service, or returning to the service following a diagnosis of diabetes • ensure all relevant educators (including students and volunteers) are informed of the child's name and room, location of the child's Diabetes Medical Action Plan and medication. • Ensure educators receive diabetes-specific training and that a trained educator is rostered whenever the child is present. • Complete an incident report on OWNA when a child requires treatment for low or high blood glucose. • Complete a *Diabetes Insulin Record* each time insulin is administered to the child The child's Diabetes Medical Action Plan includes: ○ A photo of the child ○ Contact details for the child's diabetes care team ○ Instructions for monitoring blood glucose, including when and how often testing is required ○ Directions for administering insulin (if required), including the prescribed dose and timing based on blood glucose levels ○ Instructions for insulin storage ○ Meal and snack requirements, including types of food, amounts, and timing ○ Location of the child's insulin snack box ○ How to recognise and treat hypoglycaemia (low blood glucose), including glucagon administration if recommended ○ How to recognise and treat hyperglycaemia (high blood glucose) ○ When and how to test for ketones, and what actions to take if results are abnormal ○ MRMP Parent/Guardian will provide the following if relevant to their child: • Blood glucose testing equipment • Insulin and administration supplies • Ketone testing materials • Sharps disposal items • Hypoglycaemia supplies (fast-acting glucose and glucagon if indicated)

	In a Diabetes Emergency: • Call 000 • Follow the child's Diabetes Action Plan • Follow ambulance instructions
Epilepsy	Children diagnosed with epilepsy are supported through consistent communication, seizure management plans, and by trained educators. Nominated Supervisor will ensure all relevant educators (including students and volunteers) are informed of: • the child's name and room • the Epilepsy Action Plan, including steps for managing seizures and medication and equipment required • triggers for the individual child • the Medical Action Plan and MRMP • ongoing updates from the family Responding to a Seizure. Educators must: • Follow the Epilepsy Action Plan • Provide first aid/emergency medication as instructed During and After a Seizure, educators will: • Record events and medication times for emergency services/family • Complete an incident report on OWNA • Complete an incident report on mnResponse • Inform direct line manager or Operations Manager • Notify the ELC (Regulatory Authority) via NQAITS within 24 hours If a child without a known epilepsy diagnosis has a seizure: • Follow Epilepsy Action Australia First Aid for Seizures guidance • Complete an incident report on OWNA • Complete an incident report on mnResponse • Inform direct line manager or Operations Manager • Notify the ELC (Regulatory Authority) via NQAITS within 24 hours
Other medical conditions	• St Nicholas will work in partnership with parents/guardians, as well as relevant health professionals, to determine the level of individual care the child requires. • Where possible, the service will support the individual needs of the child to enable the child to participate and access the service. • If the service is assessed as being unable to provide a safe environment for quality care due to staffing requirements, educator capability and/or environmental concerns, and all available options have been considered, St Nicholas reserves the right to decline or cease the enrolment in the interests of the child's health, safety and wellbeing.

4. Roles and Responsibilities

Role	Responsibility
Approved Provider	• Ensure that the obligations under the Children (Education and Care Services National Law Application) Act 2010 (NSW) and Education and Care Services National Regulations (2011) are met. • Take reasonable steps to ensure that St Nicholas staff members, educators and visitors follow the policy and procedures
Nominated Supervisor Responsible Person	• Complete and/or maintain currency with Anaphylaxis and Asthma Management training and engage in regular practice sessions with training apparatus. • Store all records pertaining to the child's medical condition appropriately, in accordance with the Privacy Policy and Records Management Policy and Procedure. • When medication, forms or plans are noted to be expiring in the following month, email the parent/guardian to communicate the requirement for this to be updated and inform them that the child will not be able to attend care after the expiry date if this is not rectified. • Ensure parents/guardians are provided a copy of the Medical Conditions Policy and Procedure and the Administration of Medication Policy and Procedure and the Illness, Incident, Trauma and Injury Policy and Procedure • Take reasonable steps to ensure that the policy and procedures are communicated to educators, staff and stakeholders • Take reasonable steps to inform and support educators and staff of their responsibilities in implementing the policy and procedures at all times • Guide and mentor educators and staff to be able to follow the policy and procedures
Educators / Staff	• Record information pertaining the child's medical condition, as required. • Inform all educators working in the room of the child's medical condition, and the location of the Medical Action Plan, MRMP and medication. • Engage in specialised training, as required, to support specific medical conditions of children. • Adhere to St Nicholas policies and procedure
Parents / Carers	• Be aware of, support and follow the service's policies and procedures.

5. Related Documents

- Enrolment and Orientation Policy and Procedure
- Child Safe Environment Policy and Procedure
- Interactions with Children Policy and Procedure
- Dealing Medical Conditions in Children Policy and Procedure
- Incident, Injury, Trauma and Illness Policy and Procedure

- Governance and Management Policy and Procedure
- Nutrition, Food and Beverages, Dietary Requirements Policy and Procedure
- Sun Safety Policy and Procedure
- Administration of Medication Policy and Procedure
- Records Management Policy and Procedure

Legislation

- Education and Care Services National Regulations (2011 SI 653) - NSW Legislation
  Regulations: 85, 86, 87, 88, 89, 90, 91, 92, 94, 95, 96, 109, 136, 162, 173, 176
- Children (Education and Care Services) National Law (NSW) No 104a of 2010 - NSW Legislation
  Sections: 167

Other References

Staying Healthy in Child Care 6th Edition
All about Allergens for Children's Education and Care Training
EAA-FIRST-AID-FOR-SEIZURES POSTER-2023-NEW
Welcome to Allergy & Anaphylaxis Australia
Kids Health Info : Seizures – safety issues and how to help
NSW Anaphylaxis Education Program | Sydney Children's Hospitals Network
Managing allergic reactions in Early Childhood Education and Care Services
National Asthma Council Australia - National Asthma Council Australia
Home - Australasian Society of Clinical Immunology and Allergy (ASCIA)
Type 1 diabetes information | Juvenile diabetes | As 1 Diabetes
Home - Allergy Aware
Home - Epilepsy Action Australia

National Quality Standard

QA 2.1.2 Health practices and procedures
QA 2.2.2 Incident and emergency management
QA 6 Collaborative partnerships with families and communities
QA 7.1.2 Management systems

Related Forms

Medical Risk Minimisation Form (MRMP)
Medication Record
Paracetamol Administration Form
Diabetes Forms

6. Definitions

Term	Definition

Medical Risk Minimisation Plan (MRMP)	• A documented strategy developed in consultation with St Nicholas staff members and parents / guardians to assess and reduce the risks for children with medically diagnosed medical conditions.
Medical Action Plan	• A personalised, written document developed by a medical practitioner to manage specific chronic medical conditions, outlining clear steps for treatment and emergency responses • Includes, but is not limited to Asthma Action Plans, Anaphylaxis Action Plans, Allergy Action plans, Diabetes Plans and doctor's letters of diagnosis and management plans
Educator	• A St Nicholas team member whose primary role is working directly with children
Staff	• A St Nicholas team member whose primary role is not working dire with children, including cooks, support office team members, administration team members, support workers, volunteers

7. Document Review

7.1. This Policy will be reviewed when there is a legislative change, organisational change, delegations change, technology change or at least every 1 – 2 years to ensure it continues to be current and effective.