

Title	ELC and SAC Medical Conditions and Administration of Medication Policy
Description of policy	This policy sets out the requirements of Early Learning Centres and School Age Care for the management of medical conditions and the administration of medication.
Required because	The National Law (s) requires that all children being educated and cared for at an approved service are protected from harm and hazard. It is an offence under the National Law to fail to protect children from harm or hazards (s167). The National Regulations (r) require services to have policies and procedures for the management of medical conditions (r90) and the administration of medication (r93).
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Applies to	☐ Organisation-wide ☒ ELCs & SACs ☐ Staff only ☐ Students only ☒ Staff and students
Status	☐ New ☐ Major revision of existing document ☒ Minor revision of existing document

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1. Summary	3
2. Medical Conditions and Administration of Medicine	3
3. Medical Management Plans	3
4. Risk Minimisation Plan	4
Anaphylaxis/Allergy Management	5
Diabetes Management	5
Cystic Fibrosis (CF) Management	6
Asthma Management	7
Epilepsy Management	7
Cerebral Palsy/Tube feeding Management	8
5. Communications Plan	8
6. Administration of Medication	8
7. Medication Record	9
8. Self-Administration of Medication	9
9. Educator Training and qualifications	9
10. Definitions	10
11. Related Documents and Legislation	10
12. Contact	10

1. Summary

- 1.1 This policy sets out the obligations of Early Learning Centres (ELC) and School Age Care (SAC) services operating under the [Education and Care Services National Law](#) (the National Law (s)) and the [Education and Care Services National Regulations](#) (the Regulations (r)) in respect to the management of medical conditions and the administration of medications. The policy also sets out the Catholic Education Archdiocese of Canberra and Goulburn, (CECG) expectations of its ELCs and SACs in respect to responsibility and management of medical conditions including asthma, cystic fibrosis, tube feeding, epilepsy, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, educators and visitors.

2. Medical Conditions and Administration of Medicine

- 2.1 The National Regulations require education and care services to have a medical conditions policy ([r90](#)) that sets out practices in relation to:
- The management of medical conditions diagnosed by a registered medical practitioner including asthma, diabetes, cystic fibrosis, cerebral palsy, epilepsy or a diagnosis that a child is at risk of anaphylaxis.
 - Informing the nominated supervisor, staff members and volunteers of practices in relation to managing those medical conditions.
 - A communications plan that provides information about how the service will ensure that staff members and volunteers are aware of how the service manages any diagnosed health care needs, allergies or medical conditions of children at the education and care service; and how parents can communicate any changes to the service.
 - The practices in relation to self-administration of medication by children over preschool age if the service permits self-administration and any practices relating to recording in the medication records where medication has been self-administered.
 - A child enrolled at the service who has a diagnosed health care need, allergy or relevant medical condition, to have a medical management plan, a risk minimisation plan and a communication plan.
- 2.2 This policy applies at any time that a child with a diagnosed health care need, allergy or relevant medical condition is being educated and cared for by an education and care service, including during excursions. Preparations for high-risk scenarios, including establishing clear decision-making processes for calling an ambulance, should be addressed in the medical conditions policy.
- 2.3 The medical conditions policy must be followed ([r170](#)) and be readily accessible and available for inspection at all times the service is educating and caring for children or on request ([r171](#)). A copy of the medical conditions policy must be provided to the parent of a child enrolled at the service who has a diagnosed health care need, allergy or relevant medical condition ([r91](#)).

3. Medical Management Plans

- 3.1 An [ELC and SAC Medical Management Plan](#) and [Medical Conditions Risk Assessment and Minimisation Plan](#) must be prepared for every enrolled child who has a diagnosed health care need, allergy or relevant medical condition ([r90](#)). A registered medical practitioner should be consulted where appropriate in the diagnosis and management of a diagnosed health care need, allergy or relevant medical condition.

- 3.2 A parent of the child must provide a medical management plan for their child. This medical management plan must be followed in the event of an incident relating to the child's diagnosed health care need, allergy or relevant medical condition.
- 3.3 The service will provide all staff with the opportunity to take part in training and professional learning based on the needs of the children in the service at that time. This may include Asthma and anaphylaxis, diabetes, cystic fibrosis, epilepsy and or cerebral palsy training.
- 3.4 Any child enrolled at the service with anaphylaxis, allergies, diagnosed asthma or required medication will not be able to attend the service without medication prescribed by their medical practitioner and an up-to-date action plan.
- 3.5 A child's registered medical practitioner must be consulted by parents/carers in the development of the medical management plan and the advice from the medical practitioner documented in the medical management plan. The medical management plan should detail the following:
- details of the diagnosed health care need, allergy or relevant medical condition including the severity of the condition
 - any current medication prescribed for the child
 - the response required from the service in relation to the emergence of symptoms
 - any medication required to be administered in an emergency
 - the response required if the child does not respond to initial treatment
 - when to call an ambulance for assistance.
- 3.6 It is the responsibility of the Nominated Supervisor to review enrolment records to identify any medical conditions that a child may have that require a medical management plan. Their role is to ensure the display of information meets privacy guidelines.
- 3.7 The Nominated Supervisor is responsible for collaborating with the child's family to establish the [ELC and SAC Medical Management Plan](#).
- 3.8 Where a child has not been diagnosed with a health care need, allergy or relevant medical condition ([r90](#)) including mental health conditions and ELC/SAC staff form the view there may be such a medical condition the Nominated Supervisor will encourage the parent/carer to discuss these concerns with their medical practitioner.

4. Risk Minimisation Plan

- 4.1 The Nominated Supervisor must ensure a [Medical Conditions Risk Assessment and Minimisation Plan](#) is developed in consultation with the parents/carers of a child who has a medical condition.
- 4.2 The Nominated Supervisor also must ensure:
- that the risks relating to the child's diagnosed health care need, allergy or relevant medical condition are assessed and mitigated
 - if relevant, that practices for safe handling, preparation, consumption and serving of food are developed and implemented
 - that the parents/carers are notified of any known allergens that pose a risk to a child and strategies for mitigating the risk are developed and implemented
 - that educators, staff and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented, and

- if relevant, a child does not attend the service unless the child has their relevant medications at the service, if lack of medication would pose a significant risk.
- All services will provide support and information to all parents and staff about resources and support for managing allergies, anaphylaxis, asthma, diabetes, epilepsy, cerebral palsy, cystic fibrosis.

Anaphylaxis/Allergy Management

- 4.3 Anaphylaxis is life threatening and is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.
- 4.4 While following the child's medical Action plan and developing the medical conditions risk
- 4.5 Minimisation plan and to minimize the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children our service will:
- Request parents, through the initial enrolment procedures, to ensure that the service is made aware of any allergies that their child may be suffering. Information regarding the triggers and severity of allergic reactions will also be requested.
 - The service shall take appropriate action to minimise, where possible, exposure to known allergens where children have been professionally diagnosed with anaphylaxis and this information has been presented to the service with certification from a medical practitioner.
 - The service shall develop and implement a risk management plan to identify the possible exposure to allergens and how these will be managed and monitored within the service.
 - The service will ensure that at least one educator with a current first-aid and CPR qualification, anaphylaxis and asthma management training will be in attendance at any place children are being cared for.
 - All children diagnosed with anaphylaxis shall have a Personal Action Plan, outlining what to do in an emergency, developed in consultation with families, educators and the child's medical practitioner. Each plan shall be accessible to educators and be approved by the child's family/guardian.
 - Individual children's health care and management plans shall be discussed on a regular basis with all educators at team meetings.
 - Each child shall have the appropriate medication including EPIPEN accessible to educators. The service may refuse care to a child with anaphylaxis and who does not have their emergency medication.
 - Appropriate medication shall be stored at the service for each child in clearly labelled and marked containers.
 - Anaphylaxis plans shall be reviewed annually or as required by governing authorities.

Diabetes Management

- 4.6 Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin.
- 4.7 The most common form of diabetes in children is type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily as insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day.

- If relevant, the service shall provide opportunities for all staff to participate in and receive regular education on diabetes and appropriate management strategies. Services are to reach out to the family and <https://www.diabetesaustralia.com.au/kids-and-teens/> for additional training and resources.
- Families of a child identified with diabetes through the service enrolment process shall supply a medical action plan where the action plan shall include but not limited to:
 - Individual triggers sign and symptoms of lows and highs;
 - Types of medications used;
 - Administering of medication (e.g. self-administering under supervision).
- The service will work with the staff and family to develop a medical conditions risk Minimisation plan to ensure children with diabetes do not suffer an adverse effect from their condition while at the service.
- Individual children's health care and management plans shall be discussed on a regular basis with all educators at team meetings.
- Educators will be made aware of children who suffer from diabetes.
- The service may also display a poster for diabetes first aid management in prominent locations to alert educators and other participants in the service's activities.
- Staff will not be injecting children with insulin if diabetic, as staff are not trained medical officers qualified to undertake this procedure. In the event of major concerns regarding insulin levels of a child then an ambulance will be called.
- Procedures will be followed for when a child needs to administer their medication. The following forms will be completed. [ELC and SAC ELC and SAC Medication Authorisation](#). and [ELC and SAC Medication Record](#)
- Appropriate medication shall be stored at the service for each child in clearly labelled and marked containers.

Cystic Fibrosis (CF) Management

- The nominated supervisor will ensure that all educators have an understanding of this condition and the additional needs of a child with CF.
- Request parents, through the initial enrolment procedures, to ensure that the service is made aware of the child's CF and any information regarding the triggers and severity will also be requested.
- The service shall develop and implement a risk management plan in conjunction with their family and medical practitioner that supports the child's health support needs.
- The service will ensure all staff are aware of a child with CF and notify the family of any virus' present in the service, as they may choose to keep their child home.
- The service are encouraged to work with the family and <https://www.cysticfibrosis.org.au/cystic-fibrosis-act/> to engage with training and resources to help educate staff.
- Procedures will be followed for when a child needs to administer their medication. The following forms will be completed. [ELC and SAC ELC and SAC Medication Authorisation](#). and [ELC and SAC Medication Record](#)
- Appropriate medication shall be stored at the service for each child in clearly labelled and marked containers.

Asthma Management

4.8 Asthma is a chronic lung disease that inflames and narrows the airways. The service will:

- Request parents, through the initial enrolment procedures, to ensure that the service is made aware of the child's Asthma and any information regarding the triggers and severity will also be requested.
- develop and implement a risk management plan in conjunction with the family and medical practitioner for every child with Asthma.
- follow the policy for when a child needs their medication administered and complete the appropriate forms. [ELC and SAC ELC and SAC Medication Authorisation](#). and [ELC and SAC Medication Record](#)
- The service may wish to display an Asthma chart called [First Aid for Asthma chart children under 12](#) in a key location at the service.
- All children diagnosed with asthma shall have a Personal Action Plan, outlining what to do in an emergency, developed in consultation with families, educators and the child's medical practitioner. Each plan shall be accessible to educators and be approved by the child's family/guardian.
- Each child shall have the appropriate medication including Ventolin accessible to educators. The service may refuse care for a child with asthma and who does not have their emergency medication.
- Appropriate medication shall be stored at the service for each child in clearly labelled and marked containers.

Epilepsy Management

4.9 Epilepsy is a brain disorder that causes recurring, unprovoked seizures. During a seizure, a person experiences abnormal behaviour, symptoms and sensations, sometimes including loss of consciousness.

- The nominated supervisor will request parents, through the initial enrolment procedures, to ensure that the service is made aware of the child's epilepsy and any information regarding the triggers and severity will also be requested.
- The nominated supervisor will ensure relevant training and resources are provided to all staff if a child with epilepsy is present in their service and are able to reach out to <https://www.epilepsy.org.au/>
- All children diagnosed with epilepsy shall have a Personal Action Plan, outlining what to do in an emergency, developed in consultation with families and the child's medical practitioner. Each plan shall be accessible to educators and be approved by the child's family/guardian.
- The service may wish to display an epilepsy first aid chart in a key location at the service.
- The nominated supervisor will ensure all educators and families follow the policy for when a child needs their medication administered and complete the appropriate forms. [ELC and SAC ELC and SAC Medication Authorisation](#). and [ELC and SAC Medication Record](#)
- The nominated supervisor will ensure the service has the appropriate medication accessible to educators. The service may refuse care for a child who does not have their emergency medication.
- The service will develop and implement a risk minimisation management plan in conjunction with the family and medical practitioner.

- Appropriate medication shall be stored at the service for each child in clearly labelled in marked containers or appropriate storage
- The service will ensure that parents/guardians, the staff and the nominated supervisor have continuous communication in relation to the ongoing health and wellbeing and the management of the child's epilepsy.

Cerebral Palsy/Tube feeding Management

- The nominated supervisor will request parents, through the initial enrolment procedures, to ensure that the service is made aware of the child's Cerebral Palsy and any information regarding the severity and the child's ability will also be requested.
- The service will develop and implement a risk minimisation management plan in conjunction with the family and medical practitioner.
- All children diagnosed with Cerebral Palsy shall have a Personal Action Plan, outlining what to do in an emergency, developed in consultation with families and the child's medical practitioner. Each plan shall be accessible to educators and be approved by the child's family/guardian
- The nominated supervisor will ensure relevant training and resources are provided to all staff if a child with Cerebral palsy is present in their service and the use of specific equipment used. They are encouraged to reach out to the below contact.
<https://cerebralspalsy.org.au/services/early-childhood-intervention/>
- The service will ensure that parents/guardians, the staff and nominated supervisor have continuous communication in relation to the ongoing health and wellbeing and the management of the child's cerebral palsy.
- The nominated supervisor will ensure all educators and families follow the policy for when a child needs their medication administered and complete the appropriate forms. [ELC and SAC ELC and SAC Medication Authorisation](#). and [ELC and SAC Medication Record](#)

5. Communications Plan

- 5.1 The Nominated Supervisor must ensure the [ELC and SAC Medical Conditions Communication Plan](#) is developed and implemented and, if required, includes any additional details required for specific Medical Management Plans. The communications plan should include:
- how relevant staff members and volunteers will be informed about the medical conditions policy, risk assessments and mitigation plans
 - how a parent/carer of the child can communicate any changes to the medical management plan and risk minimisation plan for their child.

6. Administration of Medication

- 6.1 If a child requires medicine to be administered while they are the service, parents/carers must complete a [ELC and SAC ELC and SAC Medication Authorisation](#). Services must ensure an [ELC and SAC Medication Record](#) is in place before administering medication (r93), except in exceptional circumstances such as an anaphylaxis or asthma emergency (r94).
- 6.2 The National Regulations prescribe procedures for the administration of medication (r95). The processes in this document are designed to comply with these prescribed requirements.
- 6.3 The Nominated Supervisor is responsible for ensuring medication is administered in accordance with the requirements of the National Regulations and ELC & SAC procedures.

- 6.4 Medications must be administered by ECT or Diploma qualified educators and must be checked by another educator.
- 6.5 Before medication is administered educators must check that all required information has been entered into the Medication Record and the person authorising it has the authority to do so.
- 6.6 Before administering medication, educators must check that the medication record reflects the instructions provided for its administration on the prescription label. If the instructions do not reflect the prescription label the person authorising the medication should be contacted and requirements clarified.
- 6.7 Persons administering medications must ensure that the dosage has been checked and the identity of the child the medication is being administered to prior to administration. The Medication Record is to be signed accordingly. (r95)

7. Medication Record

- 7.1 The National Regulations require that a medication record must be kept for each child that requires medication to be administered while attending an education and care service ([r92](#)).
- 7.2 The administration of medication must be recorded on the [ELC & SAC Medication Record](#) ensuring all sections are completed.

8. Self-Administration of Medication

- 8.1 Under [r96](#), Nominated Supervisors may allow children over preschool age to self-administer medication. The [ELC & SAC Medication Authorisation](#) must identify whether the student is authorised to self-administer medication.
- 8.2 The self-administration of medication must be negotiated with and approved by the child's parents/guardians. This information will be detailed in the child's Medical Management Plan and the Medical Condition Risk assessment plan if appropriate, and the location of the child's medication for self-administration must also be noted and made available to educators.
- 8.3 If self-medication is considered appropriate the same conditions apply to the authorisation and storage of the medication. Self-medication should be witnessed by an educator and the [ELC & SAC Medication Record](#) form completed.

9. Educator Training and qualifications

- 9.1 The approved provider in consultation with the nominated supervisor must ensure that at least 1 educator attending the service:
- Holds a current approved first aid qualification
 - Has undertaken current approved anaphylaxis management training and
 - Has undertaken current approved emergency asthma management training
 - Has undertaken cardio-pulmonary resuscitation
 - Has undertaken any relevant training for a child with specific medical needs.
- 9.2 The nominated supervisor is responsible for ensuring all staff have the opportunity to engage with training and resources for specific medical conditions to their service whether or not they have a child in their class. This should be completed before the child starts.
- 9.3 The nominated supervisor will ensure that signage is clearly displayed at the service where a child with a medical condition is present.

10. Definitions

10.1 **Regulation (r):** Education and Care Services National Regulations

10.2 **National Law (s):** Education and Care Services National Law Act.

11. Related Documents and Legislation

11.1 Related CECG Documents:

- [ELC & SAC Medical Management Plan](#)
- [ELC and SAC Incident injury trauma and illness record](#)
- [Medical Conditions Risk Assessment and Minimisation Plan](#)
- [ELC & SAC Medical Conditions Communication Plan](#)
- [ELC & SAC Medication Authorisation](#)
- [ELC & SAC Medication Record](#)
- [ELC & SAC First Aid Incident Injury Trauma and Serious Illness Policy](#)

11.2 Related legislation or Standards:

- [Education and Care Services National Law 2010](#)
- [Education and Care Services National Regulations 2011](#)
- [National Quality Standard](#) (schedule to the Education and Care Services National Regulations)

12. Contact

12.1 For support or further questions relating to this policy, contact the CECG General Manager, Early Learning Centres.