

MEDICAL CONDITIONS POLICY

National Quality Standard: Quality Area 2 – Children’s Health and Safety

Policy Owner: Safety and Compliance

1.0 Introduction and Purpose

This Medical Conditions Policy outlines our responsibilities for supporting children and team members who have medical, health-related, developmental, behavioural, or psychological conditions. The rights, safety, and wellbeing of children are the paramount consideration in all decisions and actions undertaken by us.

The policy establishes a consistent and proactive approach to understanding individual conditions, assessing their impact on a child’s care, education, and participation, and implementing appropriate individualised management plans and risk minimisation strategies. These measures are designed to ensure children are supported to engage safely, confidently, and inclusively in the program.

This policy is underpinned by respectful, open, and ongoing communication with families, team members, and relevant health and allied professionals. Through these processes, we aim to provide high-quality, inclusive care that safeguards wellbeing, upholds the rights of every child and team member, and ensures compliance with all relevant legislative and regulatory requirements.

2.0 Who does this policy apply to:

All team members, children, families, students, volunteers, around centre support team members, and support office

3.0 What is our Policy:

3.1 Inclusion of children and adults with medical conditions

We are committed to including children and team members with medical conditions and ensuring their safe and equitable participation in our environment. Where required, we will implement reasonable adjustments (refer to the glossary) to support individual medical needs, minimise risk, and enable full engagement in our programs and work practices.

Where a child’s medical needs exceed the skills or competencies of our team, we will explore all reasonable and safe adjustments in consultation with families and health professionals. If the level of support required cannot be safely provided, the child’s ongoing medical needs will be reviewed to assess whether:

- a. a pause in enrolment is required for training or resource adjustments,
- b. a reduction of days or hours is recommended; or
- c. care is ceased.

These decisions will be made with the paramount consideration of the best interests, safety and well-being of all children at the centre of our decision-making. Parents and Guardians will be consulted and kept informed in a timely manner throughout the enrolment review process to minimise unnecessary stress or unexpected impacts. Any proposed changes to a child’s enrolment will be discussed with the family and agreed to prior to any changes being implemented.

3.1.2 Team Members

A team member who has a medical condition must be fit to safely perform the requirements of their role and must not create a risk to themselves, to children, or to any other person in the workplace. A team member who becomes unfit for safe work is required to immediately notify the Centre Manager/Line Manager or Responsible Person on Duty and provide a current doctor’s letter that outlines their capacity to work as well as an outline of work tasks that they can undertake or Medical Management Plan (MMP). This documentation must outline any required actions and clearly identify any necessary medication.

Any team member who requires access to a smartwatch or a personal digital device (e.g. tablet, personal mobile phone etc) as part of their medical condition must provide specific information from their doctor outlining why this device is required. The team member must then complete the *Personal Digital Device Exemption Form* and comply with these requirements and ensure that they meet the requirements of the *Digital Device Policy*.

The Centre Manager/Line Manager will liaise with the People and Culture Team to coordinate appropriate support and risk management measures for team members managing non-work-related medical conditions, ensuring compliance with legislative obligations and maintaining a safe work environment. A team member who requires medication at work must have this out of reach and inaccessible to children, however team members should know where this is stored in case of emergency support. In addition, the centre / room risk assessment or a *Risk Minimisation and Communication Plan* should detail the medical storage requirements as well as any other mitigation strategies.

Team members who disclose that they have a work-related medical condition need to have in place:

- a. *Medical Management Plan*
- b. *Risk Assessment* or a *Risk Minimisation and Communication Plan*

3.2 Medical Conditions Documentation Requirements

There are six (6) essential components to manage a child's medical condition system compliantly and safely:

1. **Maintain an up-to-date *Enrolment Form*** that documents the name/s of the medical condition/s. The enrolment form must be updated throughout the child's enrolment whenever there are changes to the child's medical condition.
2. **Provide a copy of this policy** to families of children with medical conditions at enrolment or as soon as being made aware of the child's medical condition. If the policy is updated, all families of children with medical conditions must be provided with an updated policy.
3. A ***Medical Management Plan (MMP)*** that is developed and signed by a medical practitioner.
4. The ***Risk Minimisation and Communication Plan ('RMCP')***
 - a. The *RMCP* (risk minimisation plan) will document all risks associated with the medical condition and their time at the centre and document strategies to manage these risks
 - b. The *RMCP* (communication plan) that outlines the communication strategies implemented with the family and other agencies
 - c. A *Child Support Plan* should be in place for any child with a known or suspected medical conditions where their diagnosis requires individualised strategies or reasonable adjustments to be made to the program to support their participation. This includes children whose social or emotional responses or behavioural needs are developing differently from typical age and stage expectations and who would benefit from additional support for their wellbeing and engagement in the program
5. **Medication and or other equipment.** Children must have their medication, any specialised equipment [or training] required on the premises at all times that they are in attendance to meet the needs of the medical condition i.e. specialist chair, Ventolin
6. **All Information (MMP, RMCP, Child Support Plan) must be available:**
 - a. in the child's enrolment file, and
 - b. recorded in QikKids, (excluding the Child Support Plan)
 - c. detailed in the Medical Conditions folder and
 - d. on display in accordance with this policy.

All six components of the medical condition's documentation must be in place before a child can commence enrolment.

During orientation, the Nominated Supervisor will meet with the family to build a shared understanding of the child's medical condition, and:

- confirm safe and appropriate risk-management strategies before commencement that will inform the RMCP
- discuss any barriers to inclusion so that support and funding can be arranged for needs outside medical/ nursing requirements.

3.3 Medical Conditions Requirements

3.3.1 Enrolment Form / Educator Record

The *Enrolment Form* documents key questions to gather information about a child's medical condition. This information must be kept up to date throughout the child's enrolment and any changes to information such as changes or additional diagnoses must be provided to the centre in writing and the enrolment form updated, dated and signed by the Responsible Person, Lead Educator or Centre Leadership Team Members. Also ensure that a copy of this policy is provided to the family.

Any changes to the team members medical condition/s, the *Educators Record* should note any medical conditions or changes. This should be updated by a member of the Centre Leadership Team or the Responsible Person and dated with the date of update.

3.3.2 Medical Management Plan (MMP)

A MMP must be issued by a registered medical practitioner that outlines a child's diagnosed condition/s, signs and symptoms, medication, and required emergency response.

In some instances, a MMP may be a designed plan such as an ASCIA plan for allergies, or it may be a letter on a doctor's letterhead. To be compliant the MMP must include the following details:

- a. The details of the child or adult
- b. The name of the condition
- c. The signs and symptoms that maybe exhibited
- d. What actions to take if the symptoms are experienced including any medication to be administered (that includes the name dose and administration information)
- e. The date of completion and a review date

Where no condition specific plan exists, families must supply the Guardian *Medical Management Plan Form* or a medical practitioner's letter containing the required information. The MMP should be in colour where possible and have a current colour photograph of the child without a hat or face paint.

Documentation to attend care

When a parent or guardian advises the centre that their child is being assessed for a medical condition, written confirmation from a recognised medical practitioner must be provided to confirm outlining the diagnosis.

The medical practitioner's letter must include:

- a. the child's diagnosed medical condition
- b. signs and symptoms educators are required to monitor
- c. any medication, treatment, or care requirements while the child is attending the centre

Attendance cannot continue until this medical information is received, as the centre must be able to appropriately assess and manage risks to ensure the child's health, safety, and wellbeing.

The medical letter must be provided as soon as practicable following the initial appointment. This information may be accepted on an interim basis while a full Medication Management Plan (MMP) is completed that includes any other recommendations and actions. A completed MMP and information must be in place within **12 weeks of diagnosis**.

The original, scanned or clearly photocopied version of the letter or MMP will only be accepted by the centre. Photos of MMPs that are blurry or unclear will not be accepted.

All MMP's must be reviewed and updated at least annually, or sooner if the child's condition or treatment changes. This could include the parent taking the MMP to the doctor and noting on the form or in a letter that the MMP is still current.

3.3.3. Risk Minimisation and Communication Plan ('RMCP')

The Risk Minimisation and Communication Plan (RMCP) document the risks associated with the medical condition and outlines the strategies in place to reduce harm. It is developed in consultation with the child's family or team member, with information provided by medical professionals, and explains how the centre team will manage risks and respond in an emergency. It

addresses risks across all aspects of the program, including routines, arrivals and departures, and any tasks affected by the child's medical needs. It should be completed after reviewing the information in the MMP.

The RMCP must be developed for **each** diagnosed medical condition. This includes strategies that the centre implements to minimise risks of symptoms developing as well as risk strategies.

The RMCP must also contain:

- a. any physical, environmental, or procedural requirements necessary to support the safe participation, which may include specialised training for team members
- b. any training
- c. specific equipment such as chairs or tables
- d. external professional advice
- e. all risk controls and strategies, including access to devices to support the child's or adults' inclusion
- f. how educators, families, and relevant health professionals will share information to ensure understanding of the child's medical condition remains current. This includes how updates will be provided, how changes will be monitored, and any necessary contact with specialists to support the child's ongoing safety and wellbeing

To manage risk with the serving of meals there must be a system in place to ensure that any alternative meals are clearly identifiable. Where an individual food alternative is provided to a child, this will be served in a separate bowl and labelled with a current photo of the child (preferably the same photo as their MMP), their full name and details of the reason for the alternative meal i.e. no dairy, no gluten etc.

3.3.4 Medication, Training and Other Specialist Equipment

Medication

All medication listed on a child's or adult's MMP that may need to be administered whilst in attendance must be always kept at the centre while they are in attendance.

Children's medication must match the details on the MMP, and medication may only be administered in accordance with the symptoms and instructions prescribed in the plan. Branded and generic medications that are the same medications can be interchanged if there is evidence to confirm these are identical. This could include a documented comment on the back of the plan to confirm that the local pharmacy has been called and confirmed these details or documented evidence from a recognised authority such as a factsheet.

Team members must ensure that all medication is in date and that there is a sufficient quantity available to respond to an emergency. Medication must be stored out of children's reach in the individual medical bag or in some instances a 'buddy bag' along with a copy of the MMP, the RMCP, and a clear current photo of the child (without a hat or face paint).

All medication must be administered in accordance with the centres *Administration of Medication Procedure* and recorded on the *Administration of Medication Form*. Families will be notified when medication is nearing expiry and replacement is required.

Medication can only be given orally, via an auto-injector pen (with training), aurally (into the ear), through inhalation, or topically (on the skin). Team members are not permitted or authorised to draw up medication into a syringe needle from a vial and inject any medications under the skin.

All medications and creams used to treat a diagnosed medical condition must have a pharmacy-dispensed and/or prescription label showing the child's current first and second name and the required dosage. The only exception is over-the-counter medication, which does not need a pharmacy label unless:

- the administration requirements on the packaging do not align with the child's Medical Management Plan (MMP), or
- the packaging does not clearly specify the required dosage or administration instructions.

In these situations, the over-the-counter medication must have a pharmacy label, and all administration must comply with the *Administration of Medication Procedure*. The dosage on the pharmacy label must match the dosage documented in the child's MMP.

Team member medication must be stored inaccessible to children but accessible if this is needed during their workday. If a team member is required to take medication, this should be out of the learning environment unless this is in response to a first-aid emergency when moving out of the environment may adversely impact the team member, i.e. administration of epi-pen.

All medication administered by a team member in relation to an MMP, that on a *Medication Record*.

Specialist Equipment/Resources

Some children may require specialist equipment to support their medical condition (e.g., specific chairs, tables, or other items). Where required, this equipment must be sourced in line with the *Medical Conditions Policy* and made available at the centre whenever the child is present and before the child commences care.

Where a digital device is required to support a medical condition - for example, a child requiring access to an iPad to use a learning or communication app, or a team member requiring a smartwatch to monitor heart rate - the *Digital Device Policy* must be implemented.

In these circumstances, a *Personal Digital Device Exemption Form* must be completed and retained on the relevant child's or team member's file.

Training

Where further training is identified as a strategy to support the child's inclusion, this should be provided and completed prior to the child's commencement, where possible (e.g. mobility support, manual handling or use of specialist equipment). Training should be provided by a recognised authority or an appropriately skilled person (someone who is trained in that role). The family of the child with the medical condition may support the provision of training, however they should not be the sole trainer for team members. Training should be recorded on a Guardian device where appropriate to support future induction and knowledge building opportunities.

3.3.5 Information

The fully completed and current MMP and RMCP will be stored in the following locations:

- a. The child's or team members file (with the *Enrolment Form / Educator Record*)
- b. In the child's or adult's medication bag, (either a buddy bag or separate medical bag that is silver lined) medication listed on the plan that may need to be administered whilst in attendance, and the current MMP and RMCP, medication record, dispenser for medication (syringe, spacer, measuring tool).
- c. The Medical Conditions Folder in the office. The Medical Conditions folder will contain ALL current children's Medical Management Plan (MMP), Risk Minimisation and Communication Plan (RMCP), and current and accurate Summary pages from each learning space. It is also highly recommended that there is Medical Conditions Folder in each room that includes MMP and RCMP for all children in all rooms
- d. For MMPs and RMCPs to remain current, regular checks of the Summary Pages should be completed, and any changes must be updated and communicated.

Information about the children's medical conditions will be summarised and on display including:

- a. Medical Conditions on the *Medical Conditions Room Summary* are displayed in each learning space and including the kitchen.
 - i. Summary pages for the learning space must be on display, so it is visible and accessible. It is highly recommended that this is nearest to the space in the room where the children have their meals
 - ii. All other Summary pages for the rest of the centre can be stored behind pages that are on display
 - iii. All children's medical conditions and preferences (from across the centre) should be on display in the learning space used for family grouping
 - iv. Based on risk and accessibility of the information to be shared, centres can consider including the Medical Conditions and Preferences Summaries on food trolleys, or in other locations

- b. Nappy Creams will be documented on the *Nappy Change Preference Summary* and displayed in or near the changing area
- c. Insect Repellent and sunscreens will be documented on the *Sunscreen and Insect Repellent Summary* and displayed where these are stored or applied
- d. Food Preferences will be documented on the *Preferences Summary* and displayed with the medical condition's information
- e. It is recommended that all rooms have a Medical Conditions folder that includes a copy of the MMPs, RMCP and all summary pages and the *Medical Conditions Register*
- f. It is recommended a tracking tool (e.g. *Medical Conditions Register*) is in place to ensure regular checks of all medical conditions documents and medication remains accurate and current

3.3.3 Safe Evacuations and the Personal Emergency Evacuation Plan (PEEP)

The RMCP must detail how the child or team member with a medical condition will be evacuated safely. Where specific adjustments need to be made a Personal Emergency Evacuation Plan (PEEP) will be developed and kept with the centres *Emergency Management Plan*.

Evacuations should always include all children/adults with medical conditions in attendance, and the PEEP should be reviewed to ensure that the child/adult can evacuate safely.

3.4 Allied Health Specialists

Treatment and support by health practitioners and allied health supports can be provided to a child at the centre with prior approval arranged with the Centre Manager. Any Allied Health support working with child/ren whilst they are signed in at the centre must be supervised at all times by a Guardian team member and remain with the child in the learning space.

Where an allied health worker has a relationship with a centre team member or child, this will be considered a conflict of interest and risks will be managed. This may include assessing whether another allied health worker can be appointed to support the child or developing a risk assessment that outlines the risks and strategies. This will be discussed with the allied health worker prior to their work commencing.

Allied Health professional must comply to all policies and procedures including the *Digital Device Policy*, hold a current Working with Children Check, carry photo identification and sign into the visitors log each visit.

3.5 Short Term Medical Conditions and Return to Care/Work Plans

When a child has a temporary acute injury or medical condition expected to improve within 12 weeks (e.g. broken bone or surgery or recovery from hospital), the family and centre team will meet to create a *Return to Care Plan* prior to the child's return. This plan includes medical information, any needed clearances, a review of daily routines and risks, and outlines how the child will safely and fully participate in the program.

The *Return to Care Plan* will need to be completed by the Centre in consultation with the parent/guardian and be informed by information by the doctor. The plan is shared with all team members and updated as needed. A medical clearance is required when a child is returning after surgery, long term or life-threatening injury or the Centre determines it is needed. A *Risk Minimisation Plan* will be developed to document any associated risks. Where an injury or medical condition exceeds the 12-week period the condition will be treated as a medical condition.

For Team members who have a short-term Medical Condition they will need to inform their Centre Manager/Portfolio Manager and consult with People and Culture Team. Team members may be required to have a medical professional complete a *Return-to-Work Checklist* and a clearance certificate.

3.6 Food Preferences

Parents /Guardians may communicate that their child has dietary preferences such as being a vegetarian or cultural or religious beliefs. Additionally, parents/guardians may choose to have a diet restricted due to other family allergies or beliefs. Where this is communicated, these preferences must be documented on the child's enrolment form and added to the *Preferences Summary*.

For children that have particular sunscreen, nappy change cream and insect repellent preferences, this information will be detailed on the *Nappy Change Preference Summary* and *Sunscreen and Insect Repellent Preference Summary*. Allergies to sunscreen will be managed in accordance with other allergies. A RMCP must be in place and stored in the Medical Conditions folder.

4.0 Definitions

Complex needs are where a child presents with an illness, disability, impairment, developmental or behavioural needs that requires additional support to attend and/or participate in the educational program. This may include adult intervention to aid the child's movement within the environment, global developmental delay (cognitive, linguistic, physical), requires the use of a special aid to communicate or to engage in the program.

A **food intolerance** can cause illness. A food intolerance happens when eating certain foods causes uncomfortable symptoms like bloating, tummy pain, or headaches. Symptoms can take time to appear and are not life-threatening, but they still need to be taken seriously. A child with a food intolerance will have a Medical Management Plan, a Risk Minimisation Plan, and a Communication Plan just like a child with an allergy.

A **food preference** is a personal or cultural choice, not a medical need. A food preference is when someone chooses not to eat certain foods for reasons like religion, culture, or personal beliefs. **It is not medical**, eating the food won't cause any health problems.

A **medical condition** is a health, development, behavioural or psychological condition that has been diagnosed by a registered medical practitioner. Medical conditions may include anaphylaxis, asthma, epilepsy, developmental delay, down syndrome, ADHD, anxiety disorders etc.

Personal Emergency Evacuation Plan (PEEP) is a tailored plan developed for a child or team member who may need extra help to evacuate during an emergency due to a medical condition, disability or additional need.

A **registered medical practitioner** is a medical doctor who is lawfully registered with the Medical Board of Australia through the Australian Health Practitioner Regulation Agency (AHPRA) and is authorised to practise medicine in Australia. Examples of registered medical practitioners include General Practitioners (GPs), Medical specialists, such as paediatricians, cardiologists, psychiatrists, surgeons, or occupational physicians, Hospital-based doctors.

A **reasonable adjustment** is a modification or accommodation made to support a child or team member with a disability to participate on the same basis as others. Under the Disability Discrimination Act 1992 (Cth) (DDA), reasonable adjustments are required where they are necessary to ensure safety, inclusion, and access, and where they do not impose unjustifiable hardship on the service. Adjustments are determined on an individual basis, taking into account the person's needs, the nature of the disability, the safety and wellbeing of children, and the operational context of the service.

A reasonable adjustment does not require the service to compromise the safety, rights, or best interests of children, lower regulatory or professional standards, or ignore duty of care obligations. It does not require adjustments that pose a significant risk to health or safety, are not evidence-based, or would result in unjustifiable hardship to the service under the DDA.

5.0 Responsibilities

5.1 The Approved Provider will:

1. Ensure that the *Medical Conditions Policy* reflects current legislative requirements. This will include maintaining tools, resources and documents to support and ensure effective implementation
2. Provide budgetary provision to support reasonable training is provided for specific medical conditions
3. Develop incident management processes to ensure that incidents are managed, documented and minimised at all times
4. Ensure that incident alerts are developed following major and critical medical conditions to promote learnings and changes

5. Ensure that the *Medical Conditions Policy* is reviewed in accordance with governance requirements
6. Reserve the right as a condition of enrolment to review an enrolment where it is determined that a child's medical condition requires expertise, training or additional support, that sits beyond the scope, skill or responsibility of team members skills or abilities or not be considered a reasonable adjustment and would cause and unjustifiable hardship
7. Ensure all provisions are made so that completed forms and medical information are kept for 25 years for children and 75 years for team members

5.2 The Nominated Supervisor/ Centre Manager will:

1. Ensure that families are provided with a copy of the *Medical Conditions Policy* upon enrolment, or when notified of a child's medical condition or when the policy is updated
2. Ensure that any medical conditions are accurately recorded on the child's enrolment form and Qikkids. If any changes are made to medical conditions, this must be updated on the *Enrolment Form*, Qikkids and all room Medical Conditions and Preference Summary pages.
3. Identify, initiate and coordinate applications for Inclusion Support Program funding and other inclusion supports when relevant to the child's medical needs
4. Ensure that a current *MMP* is developed and provided for each child with a medical condition and contains all relevant information
5. Ensure a *Return to Care* plan for any short term / acute medical condition where adjustments or changes need to be considered as part of the return to the centre
6. Review the *MMP* with team members involved in the child's care, prior to enrolment or when changes have been made to ensure team members understand all medical condition requirements
7. Collaborate with families to develop a *RMCP* for each medical condition that outlines risks, control actions recommended by the child's healthcare team to minimise risks
8. Inform families that their children medical conditions information will be on display so that team members know the children with specific health, dietary and other needs
9. Ensure that a coloured (where possible) *MMP* with a current-coloured photo of the child, and *RMCP* is stored with the child's enrolment form, and copies are placed in the medical conditions folder and medical bag, if relevant
10. Ensure that the *Medical Conditions Summary* is current and displayed in each learning space, kitchen and family grouping space to support team knowledge each child's condition
11. Ensure that inductions include information and details about each child's all team members, casuals and volunteers are informed and are aware of each child's medical condition including their *MMP*, *RMCP* and specialised equipment and where medication and plans are kept
12. Ensure the kitchen has current *Medical Conditions and Preference Summary Pages*
13. Ensure the current *Nappy Change Preference Summary* is displayed in nappy change spaces
14. Ensure the *Sunscreen and Insect Repellent Preference Summary* is display near the Sunscreen Station or where sunscreen is stored
15. Inform team members of any changes that have occurred to the child condition and/or management of the child's condition including risk minimisation strategies, medication or method of administering medication, equipment and emergency response.
16. Ensure that all team members understand each child's medical conditions and the location of medication
17. Ensure that regular team members who know the child undertake high risk tasks such as feeding the child a meal if they have a food related medical condition
18. Ensure children with medical condition have a Medication bag which contains the child's medication, *MMP*, *RMCP*, medication form and team know the location of the medication bag
19. Regularly check the details of *MMPs* and *RMCPs* to ensure that they remain current and accurate
20. Regularly check that medications are in date, clearly labelled, and that there is an ample dosage available
21. As part of the *RMCP*, identify any training required to ensure that team members know and understand the needs of the medical condition (e.g. insulin administration, midazolam, peg tube feeding or operation of specialised equipment). Seek approval from Portfolio Manager/Regional Manager to undertake this training. Ensure that this is provided by a recognised authority or independent person
22. Ensure that only trained team members use and undertake tasks where specialised medication and/or equipment is provided to support the child's medical needs
23. Schedule annual reviews or updates with families/guardians when a child's medical condition or circumstances change
24. Ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors of the number of children diagnosed as being at risk of anaphylaxis
25. Monitor adherence to medical management plans, respond promptly to incidents, and ensure that reporting procedures are followed, including reporting incidents, injuries, or illnesses on the day they occur

26. Induct all new and casual team members on each child's condition, medical management plans, risk minimisation and communication plans, and the location of medication
27. Ensure that all incidents involving medical conditions are recorded on Be Safe i.e feeding a child a known allergen, administering incorrect medication or where a child has their MMP administered as a part of a first aid plan
28. Develop a Personal Education Plan (PEEP) as part of the Centre's *Emergency Management Plan* for children whose medical condition requires additional support during an emergency evacuation.

The **Nominated Supervisor/Centre Manager** may consider:

1. Using the *Guardian Medical Management Plan* template, where there is no specific template related to that medical condition.
2. Developing *Child Support Plans* to ensure that children can actively participate in the educational program
3. Ensuring that training is organised with and delivered by qualified organisations or health professionals
4. Keeping a training register or add this to the RMCP that details who has completed any training related to a medical condition for a particular child, the content covered, when it was conducted, who provided it, and their qualifications
5. Scheduling monthly reviews by using a *Medical Conditions Register* to ensure the accuracy and currency of the Summary Pages, MMPs, RMCP and Medication

5.3 Team members will:

1. Report to their Centre Manager and /or Lead Educator any known or observed changes in a child's medical condition
2. Know, understand, and follow all MMPs and RMCPs and understand relevant risk factors for each child and how to manage them
3. Participate in required training related to managing medical conditions
4. Ensure clear communication when children transition to different learning spaces, including informing all relevant team members
5. Ensure that current information for children with medical conditions, if this is out of date raise this with the Lead Educator and/ or Nominated Supervisor
6. Ensure a regular team member who knows the dietary requirements of each child is in attendance and that strategies to manage their requirements at mealtimes or where food items are available are understood and implemented
7. Understand emergency responses for medical conditions and the location of medications
8. Immediately report incidents to the Responsible Person and complete necessary documentation (e.g., BeSafe reports)
9. Follow the Medical Conditions Policy, including the correct use of personal protective equipment such as gloves during nappy change and providing when undertaking diabetes finger prick tests
10. Ensure only trained team members administer medication or use specialised equipment
11. Store medication as per instructions, ensuring it's clearly labelled and inaccessible to children
12. Communicate with the chef and other team members regarding any changes in attendance of children with medical conditions
13. Prevent children from swapping or sharing food, utensils, or food containers
14. Provide safe, inclusive access to experiences and excursions in line with individual plans
15. Attend refreshers and reviews to ensure knowledge and practice are current
16. Be aware of those children with conditions that may be impacted by changing weather conditions such as children who may get asthma from cold weather and adjust programming to suit

Team members may consider:

1. Regularly check that all MMPs, RMCP are fully completed, current, and reviewed annually or as needed and raise with the Lead Educator / Centre Manager where these are out of date
2. Ensuring opportunities for children to participate in appropriate activities, exercises, or excursions that comply with their Risk Minimisation and Communication Plan

5.4 Chef /cook must:

1. Ensure that they gain regular updates about children's medical conditions that may be impacted by the menu and work with the family and team members to ensure that suitable alternatives that are sufficient in quantity are provided as required

2. Collaborate with Centre Manager and Team Members to plan safe meals that align with the MMP and RMCP
3. Complete Centre Chef Induction Handbook
4. Complete the required online Tribal Habits Training Modules relevant to the role
5. Know which children are in attendance each day and their medical conditions and related food restrictions
6. Check daily with team members regarding child attendance to ensure correct food is prepared
7. Refer to Medical Conditions and Preferences Summary Pages that identify children with medical and dietary needs
8. Ensure safe food preparation and safe food handling is practiced
9. Provide correct meals as per individual dietary plans or medical needs
10. Label and confirm special dietary items before serving
11. Use systems to label and prepare meals for children with dietary needs.
12. Communicate with team members about the food prepared and ensure clear instructions are delivered about the meals and drinks
13. Notify the Centre Manager and educators of any concerns related to food consumption or safety incidents
14. Communicate clearly with team members about prepared meals, ingredients, and child-specific information
15. Ensure kitchen documentation is current and reflects accurate plans and food preparation practices

Chef/Cook may consider:

1. Discussing menus, recipes, and alternatives with families and the Centre Manager to ensure inclusive meal options
2. Supporting regular reviews of dietary practices in line with updated medical or nutritional advice
3. Participating proactively in communication loops with families and teams to ensure evolving dietary needs are met comprehensively

5.5 Families must:

1. Inform the centre of any existing or newly diagnosed medical condition, including physical, psychological, or behavioural condition
2. Provide a current MMP dated and signed by a registered medical practitioner (e.g., plans from ASCIA, Diabetes Australia, hospitals, etc.)
3. Detail information about the medical condition on the enrolment form
4. Ensure that the child only attends if they have their medication at the centre or with them
5. Work with the centre so that risk and communication strategies can be identified and implemented to support the ongoing enrolment
6. Provide an updated MMP yearly to ensure the information remains relevant and accurate. Alternatively get a letter from the doctor to suggest that there are no changes required and that the current plan is still current
7. Ensure that if an existing enrolled child is diagnosed with a medical condition that a letter is gained from a recognised medical practitioner that details the name of the condition, signs or symptoms and any medication or actions to be taken as part of this medical diagnosis. This letter must be provided to the centre for the enrolment to continue
8. Provide a new MMP or letter from a medical practitioner if there are changes to the child's medical condition
9. Supply prescribed medication with a pharmacy prescription label including the child's full name and correct dosage as stated on the MMP
10. Provide emergency contact information, provide advice and update when this changes
11. Support the provision of specialised equipment and manufacturer's instructions, where applicable
12. Provide timely responses and documentation to assist in medical care planning
13. Understand and agree that information about their child's condition will be shared with relevant stakeholders and appropriately displayed for safety
14. If a child, no longer has the medical condition or no longer receiving treatment for a previously diagnosed medical condition this must be confirmed in writing by a medical professional
15. Update the child's enrolment form when there are changes and sign and date it to verify update
16. Understand that training, resources, or funding must be in place before attendance begins
17. Support potential enrolment delays if needed to prepare the environment or staff for the child's condition

Families may consider:

1. Collaborating with the Centre Manager prior to a child's return from an injury/condition expected to resolve in 12 weeks
2. Complete a Return to Care Plan with team members for short-term medical conditions.
3. Providing medical information (letters, discharge notes, fact sheets) to assist in care planning for short-term or temporary conditions
4. Engaging in the risk mitigation and communication planning process with educators and leadership
5. Attend review meetings to discuss ongoing or changing medical needs
6. Educating their child about their condition, including age-appropriate strategies to keep themselves safe

6.0 Tools and Resources

The most important documents I need are: Guardian Medical Management Plan Risk Minimisation and Communication Plan	Other supporting documents will include: Administration of Medication Procedure Fee and Enrolment Policy Medication Record Centres Emergency Management Plan Medical Conditions Guardian Way page Food Safety Guardian Way page
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7.0 Source

Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement – anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 96	Self-administration of medication

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Date published	27/02/2026	Document version	V2.0	Revision due date	1/06/2027
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