

Medical Conditions

1. Statement

NBCA safeguards the health and wellbeing of children with medical conditions by implementing appropriate policies and procedures in accordance with relevant legislation. This policy ensures that children with medical conditions, such as asthma, anaphylaxis, diabetes, and other conditions, are individually supported by effective risk minimisation and well-defined medical management practices.

2. Definitions

“Authorised contact” means a person authorised by the parent/guardian(s), in writing, to consent to administration of medication to a child.

“Chronic” means long-lasting, persistent, and typically requiring ongoing therapeutic management, specialised care, medication, or intervention within the service. Examples include asthma, anaphylaxis, and diabetes.

“Medical condition” means a disease, disorder, injury, or state of being that restricts or interferes with a person's usual or expected activities and abilities.

“Medical management plan” means document(s) developed by a registered medical practitioner outlining the diagnosis, treatment, medication requirements, emergency response, and risk minimisation strategies for a child with a diagnosed medical condition. Examples include Asthma and Anaphylaxis Action Plans, and Diabetes Management Plans.

“Medication” means therapeutic goods intended for human use, including prescription and over-the-counter products, biological and complementary medicines, and emergency medications such as adrenaline auto-injectors (e.g. Epipens) and asthma relievers (e.g. Ventolin).

“Registered medical practitioner” means registered with the Australian Health Practitioner Regulation Agency (AHPRA) and legally authorised to diagnose and/or manage medical conditions; or accredited by a recognised professional body (e.g. Dietitians Australia) and legally authorised to provide health assessments, treatment, or medical management relevant to their field.

“Self-limiting” means expected to resolve without medical intervention within a predictable timeframe. Examples include the common cold, minor abrasions, or muscle strains.

“The service” means the NBCA centre the child is enrolled/enrolling in.

3. Medical management and risk minimisation plans

- i. A child diagnosed with, or suspected of having, a self-limiting medical condition will not be required to have a medical management plan but may be subject to a period of exclusion from the service – see [Infectious Diseases](#) and [Incident, Injury, Trauma and Illness](#) policies.
- ii. The parent/guardian(s) of a child diagnosed with a chronic medical condition must provide the service with a medical management plan, developed by a registered medical practitioner, that outlines practices related to managing the medical condition.



- iii. If uncertainty exists regarding the nature of a medical condition or appropriate management strategies, the service may consult with a registered medical practitioner, pharmacist, or public health authority in determining whether a medical management plan is required.
- iv. If a child is undergoing medical assessment and does not yet have a formal diagnosis, the parent/guardian(s) must inform the service of any interim management practices in writing as soon as practicable, and before the child attends the service wherever possible. This could include, but is not limited to, a letter from the child's doctor or findings of any assessments to date.
- v. An updated medical management plan must be provided by the parent/guardian(s) to the service at least annually, unless a shorter period is indicated on the existing plan.
- vi. A risk minimisation plan will be created by the service in collaboration with the family upon receipt of a medical management plan, which will ensure that:
 - a. Risks arising from the child's medical condition are identified and assessed; and
 - b. Practices and procedures that minimise risk to the child, and that enable staff to identify the child and the location of the child's medication (where required), medical management plan and risk minimisation plan, are developed and implemented; and
 - c. The family and staff are provided with the Medical Conditions policy; and
 - d. A communication plan, detailing how the service, family and staff will communicate about the child's medical management and/or risk minimisation plans, is developed.

4. Medication

- i. Medication may only be administered by staff where an Authorisation to Administer Medication signed by a parent/guardian or authorised contact exists, other than in the case of an anaphylaxis or asthma emergency; in such cases, the parent/guardian(s) will be notified as soon as practicable.
- ii. Medication may only be administered by staff if it is not expired, and according to its original usage instructions or written instructions from a registered medical practitioner.
- iii. A staff member administering medication to a child must have a second staff member verify the dosage and confirm the child's identity. The second staff member must then provide their name and signature on the Medication Record.
- iv. Prescribed medication provided to the service must:
 - a. Be in its original container; and
 - b. Have a prescription medication label that shows the child's name; and
 - c. Show the required dosage; and
 - d. Show the expiry date and not be expired.
- v. Non-prescription medication provided to the service must:
 - a. Be in its original container; and
 - b. Include original usage instructions or written instructions from a registered medical practitioner; and



- c. Show the expiry date and not be expired.
- vi. All medication will be stored securely but remain readily accessible to staff authorised in its administration. Medication will never be accessible to children.
- vii. A Medication Record must be created whenever medication is to be administered to a child. The Medication Record must include:
 - a. The child's name; and
 - b. Dated and signed Authorisation to Administer Medication; and
 - c. Medication name; and
 - d. Dosage to be administered; and
 - e. Method of administration (e.g. orally, topically); and
 - f. Date and time of last administration (if applicable); and
 - g. Date and time of next administration, or the circumstances under which it should next be administered if no fixed date and time.

Once medication is administered, the Medication Record must also include:

- a. Date and time administered; and
 - b. Dosage administered; and
 - c. Method of administration; and
 - d. Name and signature of administering staff member;
 - e. Name and signature of verifying staff member.
- viii. The service will notify the parent/guardian(s), in writing and as soon as practicable, when medication is administered as per the Authorisation to Administer Medication.
- ix. Medication Records will be stored securely in accordance with relevant privacy legislation and retained for the period required under the Education and Care Services National Regulations.

5. Staff training

- i. Relevant staff will receive regular compliant first aid training and specialised instruction in the management of medical conditions to ensure they can respond effectively to health-related incidents – see Administration of First Aid policy.
- ii. Staff will be trained in identifying symptoms, risk minimisation strategies, and emergency response procedures for common and high-risk medical conditions, including but not limited to:
 - a. Recognising signs of respiratory distress, correct administration of reliever medication (e.g. Ventolin), and implementing Asthma Action Plans; and
 - b. Identifying allergic reactions, avoiding allergen exposure, correct administration of adrenaline auto-injectors (e.g. EpiPens), and following Anaphylaxis Action Plans; and



- c. Monitoring blood glucose levels, recognising hypoglycemia/hyperglycemia symptoms, responding to medical emergencies, and implementing Diabetes Management Plans.
- iii. Staff will be briefed on how to apply each child's medical management and risk minimisation plans, ensuring proactive measures are in place to prevent health-related incidents and medical emergencies.

EFFECTIVE DATE	5 March 2025	LAST REVIEWED	February 2025
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NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and Comfort	Each child's wellbeing and comfort is provided for.
2.2	Safety	Each child is protected.
2.2.1	Supervision	Reasonable precautions and adequate supervision ensure children are protected from harm.
2.2.2	Incident and Emergency Management	Plans to effectively manage incidents and emergencies are developed and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

Sec. 165	Offence to inadequately supervise children
Sec. 167	Offence relating to protection of children from harm and hazards



Policies

Sec. 172	Failure to display prescribed information
90	Medical Conditions Policy
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

