



1. Purpose

The purpose of this policy is to ensure that children with medical conditions are supported safely and effectively while attending St Paul Lutheran OSHC (SPLASH).

The service is committed to implementing appropriate medical management, risk minimisation and communication strategies in partnership with families to support children's health, safety and wellbeing.

2. Scope

This policy applies to:

- All children enrolled at SPLASH
- Educators, staff, volunteers and students
- Families and authorised nominees
- Responsible Persons in Charge
- Kitchen staff where relevant

3. Policy Statement

St Paul Lutheran OSHC (SPLASH) recognises that some children enrolled in the service may have specific health care needs, allergies or medical conditions such as asthma, diabetes or anaphylaxis.

The service is committed to ensuring that:

- children with medical conditions are supported to participate safely in the program
- educators understand each child's medical needs and emergency response procedures
- families and educators work in partnership to manage medical conditions
- appropriate documentation, risk minimisation plans and communication strategies are implemented
- educators respond promptly and appropriately to any medical emergency.

At all times educators will act in the best interests of children and prioritise their health, safety and wellbeing.



4. Background

Under the Education and Care Services National Regulations 2011, approved providers must ensure policies and procedures are in place for managing medical conditions in children.

This policy ensures that SPLASH:

- meets legislative obligations
- minimises health risks to children
- supports educators to respond effectively to medical conditions and emergencies.

The service maintains this policy even when no children with medical conditions are enrolled, as circumstances may change at any time.

5. Legislative Requirements

This policy is guided by the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011, including but not limited to:

National Law

Section/Regulation	Description
Section 167	Offence relating to protection of children from harm and hazards
Section 172	Display of prescribed information

National Regulations

Section/Regulation	Description
Regulation 85	Incident, injury, trauma and illness policies and procedures
Regulation 86	Notification to parents of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 89	First Aid kits
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
Regulation 136	First aid qualifications
Regulation 123	Educator to child ratios
Regulation 162C and D	Health information to be kept in enrolment record <ul style="list-style-type: none">• (c) details of any –• specific healthcare needs of the child, including any medical condition; and• allergies, including whether the child has been diagnosed as at risk of anaphylaxis• (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c).
Regulation 168	Education and care service must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies or procedures

6. Principles to inform our policy

- All staff are informed of any children diagnosed with a medical condition or specific health care need and the risk minimisation procedures in place
- All staff are informed where medication is stored and/or any specific dietary restrictions relating to their health care need or medical condition
- All children with diagnosed medical conditions have a current risk minimisation plan and communication plan that is accessible to all staff
- Staff are trained in the administration of emergency medication
- Families can expect that educators will act in the best interests of the children in their care at all times and meet the children's individual health care needs
- We will partner with families of children with diagnosed medical conditions to develop a risk minimisation plan to ensure that the risks relating to the child's specific health care need or relevant medical condition are assessed and minimised. In conjunction with the risk minimisation plan, a communication plan will be developed setting out how communication occurs if there are any changes



to the medical management plan or risk minimisation plan for the child. The communication plan ensures all staff are informed of the child's medical condition and relevant documentation

- We will communicate with families about their children's health requirements in a culturally sensitive way.

7. Key Terms/definitions

Term	Meaning	Source
ACECQA - Australian Children's Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.	acecqa.gov.au
Approved Anaphylaxis Management Training	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations
Approved First Aid qualifications	A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Matters are likely to include: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an autoimmune adrenalin device.	National Regulations
Communication Plan	A plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families and staff will be informed about risk minimisation plans and emergency procedures to be followed when	



	a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.	
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au).	National Regulations
Medical Condition	This may be described as a condition that has been diagnosed by a registered medical practitioner. Includes but not limited to- asthma, diabetes, anaphylaxis and other diagnosed health conditions that require ongoing management.	Guide to the NQF
Medical Management Plan	A document that has been prepared and signed by a registered medical practitioner that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child.	
Risk Minimisation Plan	A document prepared by service staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating to the child's specific health care need, allergy or other relevant medical condition.	Guide to the NQF

8. Links to other Policies

- Incident, injury, trauma and illness
- Nutrition, food and beverages, dietary requirements
- The administration of first aid
- Enrolment and orientation



- Providing a child safe environment
- Acceptance and refusal of authorisations.

9. Induction and Ongoing Training

- All staff are given access to the Medical Conditions Policy during induction.
- At the time of enrolling their child, families are told about the Medical Conditions Policy and how to access it.
- Training will follow any incident which demonstrates a lack of understanding by staff members of the policy and its procedures.
- When the policy is reviewed annually, it is an opportunity for ongoing training and information sharing to assist managers, coordinators, educators and other staff to fulfil their roles effectively, and for families to re-engage with the policy.

10. Policy Review

Last reviewed: March 2026

Date for next review: March 2027

Procedural Guidelines

1. Reference to Policy and Philosophy

These procedures support the implementation of the SPLASH Dealing with Medical Conditions Policy and reflect the service's commitment to protecting the health, safety and wellbeing of all children attending St Paul Lutheran OSHC (SPLASH).

The policy and procedures work together to ensure that children with medical conditions are safely supported through appropriate medical management, risk minimisation and communication strategies. These procedures provide educators and staff with clear guidance on how to implement the policy in daily practice and how to respond effectively to medical conditions and medical emergencies.

The Dealing with Medical Conditions Policy can be accessed by educators, staff and families through the service's policy folder located in the SPLASH office and via the service's internal policy management system. Hard copies are also available upon request.

These procedures reflect the service philosophy that children's health, safety and wellbeing are paramount, and that strong partnerships with families are essential to effectively support children with individual health care needs. SPLASH is committed to implementing evidence-based health and safety practices and ensuring that educators are informed, trained and confident in responding to medical conditions.

2. Procedures

2.1 Preparation for a child with a medical condition

To ensure the safe management of medical conditions, the following procedures will be followed during enrolment and when a medical condition is identified:



- Families must inform the service of any diagnosed medical condition at enrolment or as soon as the condition is diagnosed.
- Details of the child's medical condition must be recorded in the child's enrolment record.
- Families must provide a current Medical Management Plan prepared and signed by a registered medical practitioner.
- A Risk Minimisation and Communication Plan will be developed in consultation with the family before the child attends the service or as soon as possible after diagnosis.
- Required medication must be provided by families and remain accessible while the child is attending the service.
- Families must notify the service of any changes to the child's medical condition, medication or treatment and provide updated documentation where necessary.
- The service may refuse attendance if required medication, action plans or documentation are not available.

2.2 Communication and Staff Awareness

To ensure all educators can safely support children with medical conditions:

- Educators and staff will be informed of children with medical conditions.
- Medical management plans and action plans will be readily accessible to educators while maintaining children's privacy and confidentiality.
- Risk minimisation strategies will be communicated to all educators, including relief staff, volunteers and students.
- Kitchen staff will be informed of children with food allergies or dietary-related medical conditions where relevant.
- Families will be notified of any changes to policies, procedures or management plans.
- Communication between educators and families will occur regularly to ensure information regarding children's health needs remains current.

Where a child is diagnosed as being at risk of anaphylaxis, a notice will be displayed at the service entrance in accordance with regulatory requirements.

2.3 Risk Minimisation

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In partnership with families, the service will implement strategies to reduce risks associated with children's medical conditions. These strategies may include:

- identifying potential triggers or hazards within the environment
- adjusting activities or environments where necessary
- ensuring medication is readily accessible to educators
- implementing supervision strategies to support children's health needs
- planning for excursions and outdoor activities
- informing all staff of the child's needs and emergency procedures.

Risk minimisation plans will be reviewed regularly or whenever circumstances change.

2.4 Medication Administration

Medication will only be administered when:

- written authorisation has been provided by a parent or authorised nominee
- the medication is in its original container with the child's name and dosage instructions
- the medication has not expired.

Educators administering medication will ensure:

- the right child
- the right medication
- the right dose
- the right route
- the right time.

Medication administration will be recorded in the Medication Record in accordance with regulatory requirements.

Where required, two educators will verify the administration of medication.

In South Australia:

- A bronchodilator (e.g. Ventolin) may be administered in an asthma emergency without written authority as a standard first aid response by trained educators.



- An adrenaline auto-injector for anaphylaxis must be administered in accordance with the child's Anaphylaxis Action Plan by a suitably trained educator.
- However, in an anaphylaxis emergency, an adrenaline auto-injector may be administered without prior authorisation, as permitted under Regulation 94.

The service will ensure that at least one educator on duty holds current approved First Aid, Asthma and Anaphylaxis training, with Responsible Persons maintaining current qualifications aligned with HLTAID012 Provide First Aid in an Education and Care Setting.

2.5 Medical Emergencies

If a medical emergency occurs:

- educators will follow the child's medical management plan or action plan
- emergency medication will be administered where required
- an ambulance will be called immediately if necessary
- parents/guardians or emergency contacts will be notified as soon as practicable
- the incident will be documented in the service records.

2.6 Storage of Medication

Medication will be stored:

- securely yet readily accessible to authorised educators
- clearly labelled with the child's name and instructions
- according to any temperature or storage requirements.

During Vacation Care, medication will remain accessible to educators supervising the program.

The service maintains a generic asthma reliever and adrenaline auto-injector for emergency use in accordance with recommended first aid practices.

2.7 Medication errors

If a medication error occurs educators will:



- immediately seek medical advice (for example from the Poisons Information Centre)
- follow medical instructions provided
- notify parents or emergency contacts
- document the incident and actions taken
- review procedures to prevent recurrence.

2.8 Recording and Review following a medical incident

Following any medical incident the service will:

- record details of the incident and actions taken
- notify families
- review the effectiveness of the response and risk minimisation strategies
- replenish first aid supplies or medication where required.

3 Roles and Responsibilities

Roles	Responsibilities
Approved provider	<ul style="list-style-type: none"> • Responsible for ensuring the service meets legislative requirements and that appropriate policies, training and systems are in place • ensure the Dealing with medical conditions in children policy and procedures are met, the appropriate medical management plans and risk assessments are completed, and all relevant actions are managed to minimise the risks to the child's health (regulation 90) • ensure families of children that have a specific medical condition have been given a copy of the Dealing with medical conditions in children policy (regulation 91) and any other relevant policies • in consultation with families, develop risk minimisation plans for children with medical conditions or specific health care needs • ensure all educators and staff have training as part of the induction process and ongoing training for the management of medical conditions (e.g., asthma, anaphylaxis and specific requirements for the enrolled child in your care) • ensure a written plan for ongoing communication between families and educators is developed as part of your risk minimisation plan, relating to the medical condition and any



	<p>changes or specific needs. It should be in place before a child commences at the service, or as soon as possible after diagnosis for children already attending</p> <ul style="list-style-type: none"> • if a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service • take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures • ensure copies of the policy and procedures are readily accessible to nominated supervisors, educators, staff and volunteers, and available for inspection • notify families at least 14 days before changing the policy or procedures if the changes will: <ul style="list-style-type: none"> ○ affect the fees charged or the way they are collected or ○ significantly impact the service’s education and care of children or ○ significantly impact the family’s ability to utilise the service.
<p>Nominated supervisor</p>	<ul style="list-style-type: none"> • Responsible for implementing procedures, maintaining documentation and ensuring educators are aware of children’s medical needs. • implement the Dealing with medical conditions in children policy and procedures and ensure all the action plans that are in place are carried out in line with these • ensure any changes to the policy and procedures or individual child’s medical condition or specific health care need and medical management plan are updated in your risk minimisation plan and communicated to all educators and staff • notify the approved provider if there are any issues with implementing the policy and procedures • display, with consideration for the children’s privacy and confidentiality, their medical management plan (from the doctor) and ensure that all educators and staff are aware of and follow the risk minimisation plans (developed by the service) for each child • ensure communication is ongoing with families and there are regular updates as to the management of the child’s medical condition or specific health care need • ensure educators and staff have the appropriate training needed to deal with the medical conditions or specific health care needs of the children enrolled in the service • ensure inclusion of all children in the service • ensure all educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens.
<p>Educators</p>	<ul style="list-style-type: none"> • understanding medical management plans • implementing risk minimisation strategies • administering medication safely • responding appropriately to medical emergencies.



	<ul style="list-style-type: none"> ensure all the action plans are carried out in line with the Dealing with medical conditions in children policy and procedures ensure you monitor the child's health closely and are aware of any symptoms and signs of ill health, with families contacted as changes occur ensure that two people are present any time medication is administered to children (except for FDC or permitted services) (regulation 95(c)) ensure communication with families is regular and all educators and staff (including the nominated supervisor) are informed of any changes to a child's medical condition understand the individual needs of and action plans for the children in your care with specific medical condition ensure a new risk assessment is completed and implemented when circumstances change for the child's specific medical condition ensure all children's health and medical needs are taken into consideration on excursions (first aid kit, personal medication, management plans, etc.) maintain current approved first aid, CPR, asthma and anaphylaxis training undertake specific training (and keep it updated if required) to ensure appropriate management of a child's specific medical condition.
Kitchen Staff	<ul style="list-style-type: none"> ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are adhered to ensure all changes to child's medical management plan or risk minimisation plan are implemented immediately within the menu preparation.
Families	<ul style="list-style-type: none"> providing accurate information regarding their child's medical condition supplying medication and medical management plans informing the service of any changes to the child's condition or treatment. advise the service of the child's medical condition and their specific needs as part of this condition provide regular updates to the service on the child's medical condition including any changes, and ensure all information required is up-to-date provide a medical management plan from a doctor on enrolment or diagnosis of the medical condition (refer to links for requirements) and provide an updated plan as required collaborate with the service staff to develop a risk minimisation plan.

4. Related Policies

- Providing a child safe environment



- Enrolment and orientation
- Incident, injury, trauma and illness.

5. Monitoring, Evaluation and Review

To ensure these procedures are effectively implemented:

- enrolment records will be reviewed regularly to identify children with medical conditions
- medication expiry dates will be checked periodically
- risk minimisation plans will be reviewed with families when circumstances change
- staff meetings will be used to communicate updates regarding children's health needs.

These procedures will be reviewed regularly or sooner if there are changes to legislation or service practices

6. Procedure Review

Last reviewed: March 2026

Date for next review: March 2027