Intereach Children's Services
Managing Medical Conditions, Medication Administration, and First Aid Procedure

Applies to	Intereach Out of School Hours (OOSH) and Preschool Services for children aged 3-5 years				
Policy	NQS Two: Children's Health and Safety Policy				
Version	1.1	**Date approved**	27/02/2026	**Next review date**	31/10/2028

Objective

Intereach Children's Services are committed to safeguarding children by ensuring that the safety, rights and best interests of children are the paramount consideration in all decisions and actions. This procedure sets out mandatory procedures for managing medical conditions, administering medication and providing first aid across OOSH and Preschool settings. This procedure aligns with the National Law and Regulations (85,90-95,136 and 168), the National Quality Standard and ACECQA

Key Principles

- Child Safety First – Children's safety, rights and best interests must become the paramount consideration, and all actions prioritize children's health and wellbeing.
- Regulatory Compliance – Adherence to National Regulations, NQS, and ACECQA guidelines.
- Clear Authorisation and Documentation – Written authorisation and accurate records are mandatory.
- Individualised Care – Each child's medical condition managed per their plans.
- Qualified Staff Presence – At least one trained staff member present at all times.
- Accessibility of Emergency Information – Plans and medication easily accessible.
- Collaboration with Families – Families provide accurate information and authorisations.
- Continuous Review and Improvement – Annual review or when changes occur.
- Confidentiality and Respect – Sensitive handling of health information.

Definition

Paramount Considerations - Children's safety, rights and best interests are the most important and overriding factor in every decision and action taken by the service.

Authorised Person: A parent or person listed on the child's enrolment record who can consent to medication administration.

Communication Plan: A plan detailing how information about a child's medical condition will be communicated to staff and families.

Incident, Injury, Trauma and Illness Record: A record of any incidents requiring first aid or medical attention.

Medical Condition: A medical condition is any health condition diagnosed by a registered medical practitioner. (a person registered under the Health Practitioner Regulation National Law to practice in the medical profession, other than as a student).

Medical Management Plan: A plan prepared by a registered medical practitioner outlining treatment for a child's medical condition. The Medical Management Plan must show the child's name and a photograph for identification. The use of a clear, up-to-date colour photo is recommended.

Medication Record: A record of all medication administered to a child, including authorisation and dosage details.

Non-Prescribed Medication: Medication not meeting prescribed criteria, including over-the-counter medicines, naturopathic remedies, vitamins, or cultural herbs.

Examples: paracetamol, ibuprofen, antihistamines, teething gel, topical creams.

Prescribed Medication: Medication authorised by a health professional and dispensed by a pharmacist with a printed label showing the child's name, dosage, and expiry date.

Examples: antibiotics, asthma inhalers, prednisone, Ritalin.

Risk Minimisation Plan: A plan developed to reduce risks associated with a child's medical condition.

Serious Incident: As defined in regulation 12, including (for example) anaphylaxis, seizures, serious injury/illness requiring medical/hospital care, missing child or emergency services attendance.

Responsibilities

Approved Provider / Nominated Supervisor

- Embed the paramount consideration principle in governance, risk and daily practice; ensure policies and decisions prioritise children's safety and wellbeing.
- Ensure current policies for medical conditions, medication and first aid are implemented, communicated at enrolment and reviewed at least annually or when circumstances change.
- Verify that all staff, volunteers and students complete mandatory child protection and child safety training and maintain a training register.
- Ensure at least one educator with current, ACECQA-approved First Aid, CPR, emergency asthma and anaphylaxis management training is immediately available at all times, including excursions and during transport.
- Maintain secure storage and ready accessibility of individual medical plans and medication, including during excursions and transport.
- Ensure Working with Children Check (WWCC) compliance ("no card, no start"), maintain verification records and ensure changes to WWCC status are notified as required.
- Oversee incident and medication records and ensure notification timeframes to parents and the Regulatory Authority are met.
- Ensure medical condition procedures and supporting documents (medical management, risk minimisation, communication plans) are completed and followed.
- Review enrolment to ensure all required information and documents including Medical Management Plan and emergency contact details are provided.
- Provide families with relevant policies and procedures and inform families about this procedure during enrolment.
- Ensure staff receive induction and ongoing training for managing medical conditions.
- Always maintain qualified staff on-site and available in emergencies.
- Communicate legislative or policy changes to staff.

- Display notices for children at risk (e.g., anaphylaxis) and ensure visibility of medical plans.
- Retain records of medication and medical conditions n accordance with regulation 183 and relevant guidance. for the required retention period.
- Confirm staff have current ACECQA-approved First Aid, CPR, Asthma, and Anaphylaxis training.
- Maintain compliance; oversee documentation and reporting.

Responsible Person

- Ensure all educators on shift know which children have diagnosed medical conditions and where to access their plans and medication.

  Ensure medication is administered safely and in line with regulations and confirm that medication is administered only with correct authorisation (or under emergency exception) and that two staff members check and witness administration where practicable.
- Monitor storage conditions (temperature, security, expiry) and ensure first aid kits and emergency medications accompany groups on excursions/transport.
- Coordinate the response to incidents and ensure documentation and notifications are completed within required timeframes.
- Monitor medication storage and first aid kit accessibility.
- Support staff in emergencies.

Educators and Staff

- Read, understand and follow each child's Medical Management Plan, Risk Minimisation Plan and this policy.
- Complete mandatory Child Protection and National Child Safety Training and meet legal and professional obligations outlined in the Education and Care Services National Law and National Regulations.
- Check authorisations and identity before administering medication; complete Medication Records accurately and immediately.
- Supervise self-administration (school-aged children only) in accordance with written authorisation and document it on the Medication Record.
- Communicate promptly with families and the Nominated Supervisor about changes to a child's health, medication or incidents.
- Follow infection control and hygiene measures and maintain confidentiality.
- Adhere to safe food handling and preparation practices.
- Ensure medication and action plans are accessible and secure, especially during excursions.
- Maintain supervision and positioning for quick response in emergencies.
- Monitor and restock first aid kits; check expiry dates.

Parents/Guardians

- Authorise staff to seek medical treatment and ambulance transport in enrolment form.
- Provide at least two emergency contact details, other than the parents, during the enrolment process

- Inform the service of the child's medical condition and health care needs.
- Provide a current Medical Management Plan signed by a registered medical practitioner, all required medication/equipment, and updates whenever changes occur.
- Work with the service to develop and review the Risk Minimisation Plan and Communication Plan.
- Provide written authorisations for medication (or emergency action plans that authorise specific emergency medication) or
- Ensure medication is in original packaging, clearly labelled with the child's name, dosage and expiry date; replace before expiry; collect when no longer required.
- Be contactable and collect the child promptly if notified of an incident.

Procedures

Enrolment and Medical Conditions Management

- On enrolment (and prior to attendance), families of children with diagnosed medical conditions must provide a Medical Management Plan signed by a medical practitioner, and collaborate to complete a Risk Minimisation Plan and a Communication Plan.
- Plans must include a current colour photograph, known triggers, early and acute symptoms, prescribed medications with dosages, and a step-by-step emergency response.
- Plans are reviewed at least annually and whenever the child's condition, medication or circumstances change. The service may request updated plans and medication at any time to ensure safety.
- Where required medication/equipment is not supplied or is expired, the child cannot attend until compliant items are provided.
- Individual medical bags (or equivalent) are maintained for each child with a diagnosed medical condition and travel with the child (excursions/transport).
- Staff must be informed of each child's medical condition and plans, which should be accessible at all times, including excursions.

Note: Children will not be permitted to attend or remain at the service without the necessary medication or specialist equipment as required for their health and safety. It is the responsibility of the parent/guardian to ensure that all required items are provided.

Storage and access to medication

- Store medication securely yet accessibly to trained staff (not accessible to children), in accordance with manufacturer requirements (e.g., temperature control).
- Check expiry dates at least monthly; replace adrenaline autoinjectors, asthma relievers/spacers and other time sensitive items before expiry.
- Ensure emergency medications and plans accompany children at all times, including outdoor play, excursions and during transport.

Purchase of medical Bags

Medical bags will be purchased for individual children diagnosed with medical condition to meet compliant storage of medication including the child's medical management plan, risk minimisation plan and communication plan.

Emergency response for a child with known medical condition

- Follow the child's Medical Management Plan or instructions from emergency services (Triple Zero).
- Contact the Nominated Supervisor as soon as possible; they will notify the parent/guardian so staff can focus on the child.
- Complete an Incident, Injury, Trauma and Illness Record after the situation is managed.
- Notify the Nominated Supervisor immediately, who will inform the Executive team and report the incident to the Regulatory Authority via the NQA IT System.
- Keep all incident records until the child turns 25 years of age.

Administration of Medication

- Obtain written authorisation from a parent/guardian or authorised person, specifying the name of medication, dosage, method, time and any special instructions.
- Verify the 6 checks before administering: right child, right medication, right dose, right time, right route, not expired; record immediately.
- Where practicable, two staff members check and one witnesses the administration; both sign the Medication Record.
- Non-prescribed medication (e.g., over-the-counter) will only be administered in line with service policy and written authorisation; some medications may require written instructions from a registered medical practitioner.
- Medication must be in original container, labelled, and within expiry date.
- Do not administer medication without proper written authorisation.
- Any instructions attached to the medication or provided by a registered medical practitioner is followed while administering medication to a child.
- All non-prescribed medications are labelled with the child's full name and date of birth; this can be done by the chemist or parent.
- Cough and cold medication that is bought over the counter is not administered to children less than two years of age unless it has been prescribed by a doctor.
- Complete medication records accurately before and after administration.
- Administer medication only if trained and authorised.
- Collaborate with families on risk minimisation and communication plans.
- Keep health records until the child turns 24 years old.
- Self-administration permitted for school-aged children if authorised and documented.
- If an educator or staff member is in doubt about the safety of administering any medication or treatment, the staff member should not administer the medication or treatment and refer the

matter to the Nominated Supervisor and seek advice from the parent/guardian, doctor, or the local Public Health Unit.

Self-Administration of Medication (School aged children only)

- Self-Administration of medication is permitted only with written authorisation from a parent/guardian and where assessed as safe through the Risk Minimisation Plan.
- An educator supervises and documents the dose and time on the Medication Record.
- If medication is self-administered in an emergency (e.g., asthma), staff must complete an Incident Form.
- For children who regularly self-administer asthma medication, an Asthma Form must be completed.
- Preschool-aged children (3–5 years) are not permitted to self-administer medication under any circumstances.

Exception to Authorisation Requirement – Anaphylaxis or Asthma Emergency

- Medication may be given without prior authorisation in an anaphylaxis or asthma emergency. Staff must:
- Respond immediately to the child's needs and follow their Medical Management Plan or emergency service instructions.
- Contact parent/guardian and emergency services as soon as possible.
- Complete an Incident, Injury, Trauma and Illness Record, including:
    - Medication details
    - How it was administered (e.g., number of puffs)
    - Date and time of administration
- Notify the Nominated Supervisor within 24 hours.
- Complete the Incident, Injury, Trauma and Illness Record and notify the Nominated Supervisor immediately for reporting to the Regulatory Authority if the incident is a "serious incident". (Refer to the Notification of Serious Incident Procedure).
- If no Medical Management Plan exists, provide first aid as per First Aid Procedure and contact parent/guardian and emergency services promptly.

Training and competency

- All staff, volunteers and students complete mandatory child protection and child safety training and refresh as required; training records are maintained.
- Maintain current First Aid, CPR, emergency asthma management and anaphylaxis management training as per ACECQA-approved courses.
- Provide induction and regular refreshers on this policy, medical plans, emergency procedures and reporting obligations.

First Aid

- First aid is provided promptly by a staff member with current, approved qualifications; CPR is refreshed annually where required by the qualification.

- Maintain first aid kits that are accessible (not locked), suitably stocked and checked at least monthly for content and expiry.
- During first aid, ensure continued supervision of other children and provide reassurance to the injured/ill child.
- Take first aid kits, medical plans and required medications on all excursions and during transport.
- At least one staff member on duty must hold each of the following ACECQA approved qualifications, and be immediately available at all times:
    - Current approved first aid qualification
    - Current approved anaphylaxis management training
    - Current approved emergency asthma management training

  One staff member may hold more than one (or all three) of these qualifications.
- First aid must be administered by a staff member with current approved first aid, asthma, and anaphylaxis training.
- Respond promptly to incidents, following medical plans where applicable.
- Document incidents in Incident, Injury, Trauma and Illness Record; notify parents and emergency services as required.
- Maintain first aid kits and emergency medication securely but accessible.
- Ensure children's medication and medical plans are available at all times.
- Provide first aid promptly and seek further medical help if needed.
- Record all first aid incidents and report to the Nominated Supervisor within 24 hours.
- Extra care and supervision during first aid for preschool children (3-5 years) to ensure comfort and safety.

First Aid fact sheets for most of the common accidents and emergencies are available at St. John Ambulance Web Page,

First Aid Qualifications

All staff and educators must be fully first aid qualified and must hold current first aid certificates

- Staff responsible for first aid must hold:
- Approved First Aid qualification (renew CPR annually).
- Approved Anaphylaxis management training.
- Approved Emergency Asthma management training.
- Certificates must show completion date and expiry date for each qualification.
- At all times, including excursions and transport, at least one staff member must:
    - Hold current approved first aid qualification.
    - Have completed anaphylaxis and asthma management training.

  One person may hold all required qualifications.

Administration of First Aid – Key requirements

First Aid Officers must provide care to the best of their ability until emergency help arrives.

- Maintain current qualifications:
    - First Aid (renew CPR annually if required).
    - Emergency Asthma Management (every 3 years).
    - Anaphylaxis Management (every 3 years).
- Ensure first aid kits are:
    - Accessible at all times (not locked).
    - Regularly checked, stocked, and audited for expiry dates.
- Respond promptly to calls for assistance and provide first aid as trained.
- Call additional help or arrange transport to hospital if needed.
- Dispose of contaminated waste and expired items safely; store expired child-specific medication securely until returned or disposed.
- Be familiar with emergency and evacuation procedures.
- Maintain supervision of other children while providing first aid.
- Provide extra comfort and reassurance during treatment for children under the age of 3-5 years.

Managing Fever (Temperature)

- A fever is a temperature above 37.5°C. If a child has a fever:
- Remove excess clothing to help cool down.
- Offer fluids regularly.
- Encourage rest in a comfortable area.
- Use a cool, damp cloth on the forehead and neck.
- Monitor for additional symptoms.
- Supervise the child at all times and keep them separate from well children.
- For Preschool Children under 3-5 years:
- Provide extra comfort and reassurance during care.
- Avoid rapid cooling methods (e.g., cold baths) – use gentle cooling only.
- Monitor closely for signs of distress or dehydration.
- Seek medical advice promptly if symptoms worsen or persist.

Monitoring, evaluation and review

This procedure will be reviewed every three years and incorporate feedback and suggestions from children, families, staff, volunteers, and students.

National Quality Framework

Element	Concept	Description
2.1.	Health	Each child's health and physical activity is supported and promoted.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.

2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.
2.2.2.	Safety – incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

Compliance and Reference

Legislation	Education and Care Services National Regulations consolidated 2017 - (85, 90–95, 136, 168) Education and Care Services National Law Act 2010
Standards or other external requirements	Australian Children's Education and Care Quality Authority (2017). *National Quality Standards.* Australian Children's Education and Care Quality Authority (2017). *Guide to the National Quality Framework.* Department of Education. Childcare Provider Handbook, March 2025. NSW Department of Health. Allergies and Anaphylaxis. Accessed from www.health.nsw.gov.au March 2025 Australasian Society of Clinical Immunology and Allergy. Anaphylaxis Resources. Accessed from www.allergy.org.au March 2025. Anaphylaxis Australia. Schools and Childcare. Accessed from www.allergyfacts.org.au/ March 2025. Asthma resources Accessed from www.asthmaaustralia.org.au March 2025. NSW Department of Education. Aiming for Asthma Improvement in Children Program. March 2025 from https://education.nsw.gov.au/early-childhood-education/ecec-resource-library/asthma-aiming-for-asthma-improvement-in-children-program National Health and Medical Research Council 2024 (6th Ed). Staying Healthy: Preventing infectious diseases in early childhood education and care services. – Accessed March 2025 Best_practice_guidelines_childrens_education_and_care_v2.1.pdf Strategies to reduce risk - Allergy Aware Signs and Symptoms of Allergic Reactions - Australasian Society of Clinical Immunology and Allergy (ASCIA) How to give devices - Australasian Society of Clinical Immunology and Allergy (ASCIA) Managing diabetes - Diabetes Australia Practical Diabetes for Childcare Educators - Diabetes Qualified

Internal Documentation	Medical conditions Communication Plan Enrolment form Guidelines for children at risk of anaphylaxis (Appendix 1) Guidelines for managing children with asthma (Appendix 2) Guidelines for managing children with diabetes (Appendix 3) Guidelines for Managing Epilepsy (Appendix 4) Medical conditions Risk Minimisation Plan Illness, Incident/Injury/Trauma, Infectious Diseases, and Immunisation Procedure Incident, Injury, Trauma and Illness Form (Hardcopy Book) Medication Administration Form

Document Control

Version	Date approved	Approved by	Next review date
1.0	31/10/2025	Dealing with Medical Condition Procedure, Administration of Medication and Administration of First Aid combined as one procedure and requirements for preschool children aged 3-5 included. Approved by: N. Brown – Compliance, Safety & Risk Manager	31/10/2028
1.1	27/2/2026	Updated to incorporate legislative changes. Approved by: K. Hyde – General Manager, Operations	31/10/2028

Appendix 1

Guidelines for Children at Risk of Anaphylaxis or Allergy (Medically diagnosed)

What	Signs	Treatment
Anaphylaxis is a severe life-threatening allergic reaction that has been formally diagnosed by a registered medical practitioner	• Difficult/noisy breathing • Swelling of tongue • Swelling/tightness in throat • Difficulty talking and/or hoarse voice • Wheeze or persistent cough • Persistent dizziness and/or collapse • Pale and floppy	• Adrenaline (EpiPen/Ana Pen) is the first line treatment for anaphylaxis. • Antihistamines may be prescribed to treat mild to moderate allergies but will not prevent or stop anaphylaxis.
An Allergy is a medical condition that has been formally diagnosed by a registered medical practitioner. An allergy is an overreaction of the immune system to a protein. Reactions can vary from mild to severe.	• Swelling of lips, face, eyes • Hives or welts • Tingling mouth • Abdominal pain and vomiting	• Antihistamines

All children who have been diagnosed as at risk of anaphylaxis or allergy must have an up-to-date ASCIA Anaphylaxis or allergy Action Plan in place prior to commencing or resuming care at an Intereach Children's Service. The Plan will include:

- identification of the child;
- parent/guardian contact details;
- details of medical practitioner completing the plan;
- documentation of confirmed allergens, first aid response and prescribed medication;
- instructions of the auto-immune adrenalin device, e.g. EpiPen (or other Adrenaline Autoinjector) prescribed;

The Anaphylaxis or allergy Action Plan will be displayed at the OOSH Centre;

- parents are responsible for ensuring that staff at the service are made aware of any changes to the Anaphylaxis or allergy Action Plan – this will require an updated form to be provided and signed by the prescribing doctor at least every 18months;
- parents are responsible for ensuring the service is aware of any other medical conditions and medications that the child may require;
- parents of a child diagnosed as being at risk of anaphylaxis or allergy will be provided with a copy of Dealing with Medical Conditions Procedure; and an appropriate Medical Condition Risk

Minimisation Plan will be developed in collaboration with the family and staff. The Medical Condition Risk Minimisation Plan will be signed by the staff and the parent/guardian;

- each time a child who is diagnosed as being at risk of anaphylaxis or allergy attends the service, their auto-immune adrenalin device or other medication must be provided. If a child arrives without their medication, they will not be permitted to stay at the service;
- auto-immune adrenalin devices will be stored in an easily identifiable place (inaccessible to children) and in line with manufacturers storage conditions:
    - keep stored in the carrier tube provided;
    - store below 25ºC – temperature excursions between 15ºC and 25ºC are permitted;
    - protect from light;
    - do not refrigerate; and,
- any other medication used to counteract anaphylaxis or allergy signs and symptoms will be stored as per manufacturer's instructions in a locked container or cupboard inaccessible to children.

In relation to the child at risk from food-related anaphylaxis or allergies:

Children with severe allergies or at risk of anaphylaxis must only eat food that has been specially prepared for him/her. Where the service is preparing food for the child, they will ensure that it has been prepared according to the parent/guardians' instructions. Some parents/guardians may choose to provide food for their child;

- all food for this child should be checked and approved by the child's parent/guardian. It is the parent/guardian's responsibility to ensure that bottles, other drinks and lunch boxes, including any treats, provided by parents/guardians are clearly labelled with the child's name;
- unsupervised trading or sharing of food and food utensils between children will be discouraged;
- in some circumstances, it may be appropriate that a child who is highly allergic does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies will not be separated from all children and will be socially included in all activities; and,
- when a young child is allergic to milk, ensure non-allergic babies are held when they drink formula/milk.
- ensure tables, bench tops and highchairs are washed down after eating;
- encourage hand washing for all children upon arrival at the service, before and after eating;
- restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children;
- staff will discuss the use of foods in such activities (such as cooking) with parents/guardians;
- staff are trained about measures necessary to prevent cross-contamination between foods during the handling, preparation, and serving of food – such as careful cleaning of food preparation areas and utensils; and,
- where food is brought from home to the staff's premises, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined by the service.

Appendix 1 (Contd.)

In relation to the child at risk from bite and sting allergies

staff will carry out risk assessments of play spaces to minimise exposure to known triggers; and children will be supervised at all times;

Where a child is having a suspected allergic reaction, the following steps should be followed:

- Administer first aid or medical treatment according to either the:
    - Allergy Action Plan;
    - A doctor's instructions; or
    - The Triple Zero (000) operator;
- dial Triple Zero (000) for an Ambulance and call the Nominated Supervisor for them to notify the families in accordance with the Regulation and guidelines on emergency procedures; and,
- staff must inform the Nominated Supervisor if they administer any medication. The Nominated Supervisor will follow the Notification of Serious Incident Procedure to notify relevant authorities.

In relation to a situation when an auto-immune adrenalin device is used:

- the time of administering should be noted and given to the Ambulance Officers. It is suggested that a pen be kept in the location of the auto-immune adrenalin device;
- any auto-immune adrenalin device that has been used should be given to the Ambulance Officers for disposal; and,
- a recently expired auto-immune adrenalin device should be used in preference to not using one (when directed by a medical professional).

Anaphylaxis emergency medication/ first aid

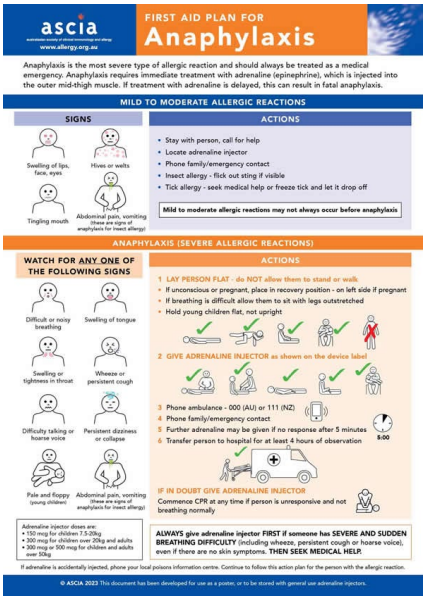
In an asthma emergency, Adrenaline Autoinjector (Epi-Pen) can be administered without written authorisation of a registered medical practitioner

staff can keep an Adrenaline Autoinjector (Epi-Pen) in case of children (undiagnosed) who experience anaphylaxis for the first time whilst attending the centre.

staff are permitted to administer appropriate emergency medication without parent/guardian consent

Where emergency medication has been administered the staff must notify the Nominated Supervisor, Parent/ guardian and emergency services as soon as practicable

The Nominated supervisor will follow the notification of serious incident procedure



[ASCIA Action plan for Anaphylaxis]

Appendix 2

Guidelines for Managing Children with Asthma

What is Asthma?

Asthma is a medical condition that affects the airways; the breathing tubes that carry air into our lungs. Symptoms include wheezing (a high-pitched sound coming from the chest while breathing), a feeling of not being able to get enough air or being short of breath, a feeling of tightness in the chest and coughing. Asthma triggers may include exercise, cigarette smoke, colds, the flu, extreme weather/storms and allergen exposure.

To facilitate effective care for a child with asthma, Nominated Supervisor / Responsible Person staff will:

- ensure families provide the following information upon enrolment:
    - Details of the child' asthma condition and medication; s;
    - their doctor's name, address and phone number;
    - emergency contact names and phone numbers;
    - an asthma action plan or management plan approved by their medical practitioner;
- notify staff of the child's asthma condition at the time of referral

The staff will ensure they are aware of the child's asthma/ medical management plan.

- Develop a Medical Conditions Risk Minimisation plan in conjunction with the family and be aware of asthma triggers including but not limited to:
    - weather conditions
    - respiratory infections
    - Exercise and physical activity
    - allergens (Dust, pollen, moulds, pet hair)

  and use risk minimisation strategies as defined
- Ensure that the child's medication is provided on each attendance.

Asthma First Aid

When a child has a mild asthma attack, the following steps should be followed:

- administer first aid or medical treatment according to either the:

  Emergency Asthma Action Plan, or

  the child's Asthma Management Plan.
- if asthma worsens, follow the steps below for an acute asthma attack, administer first aid or medical treatment according to either the:
    - Emergency Asthma Action Plan;
    - the child's Asthma Management Plan;
    - a doctor's instructions; or
    - the Triple Zero (000) operator;
- dial Triple Zero (000) for an Ambulance and call the Nominated Supervisor for them to notify the families in accordance with the Regulation and guidelines on emergency procedures; and,
-

Appendix 2 (Contd.)

- staff must inform the Nominated Supervisor if they administer asthma medication. The Nominated Supervisor must follow the Serious Incident Procedure to notify relevant authorities.

Asthma emergency medication/ first aid

- In an asthma emergency, Salbutamol can be administered without written authorisation of a registered medical practitioner.
- Staff can keep Salbutamol in case of children (undiagnosed) who experience Asthma for the first time whilst attending the centre.
- Staff are permitted to administer appropriate emergency medication without parent/guardian consent
- Where emergency medication has been administered the staff must notify the Nominated Supervisor, Parent/ guardian and emergency services as soon as practicable
- The Nominated supervisor will follow the notification of serious incident procedure

[Asthma First Aid Poster]

Appendix 3

Guidelines for Managing Children with Diabetes

What is Diabetes?

Diabetes is a serious chronic health condition which occurs when there is too much glucose in the blood. When we eat foods that contain carbohydrates, our body breaks it down into glucose. Glucose, is the body's energy source. The amount of glucose in a person's bloodstream is referred to as blood glucose level (BGL).

An increase in BGL stimulates the release of a hormone called insulin from the pancreas. Insulin acts like a key to 'unlock' the 'doors' of the body's cells, allowing glucose into those cells so that it can be used for energy.

When a person has diabetes, their pancreas either cannot make/produce enough insulin or does not work properly, or both. As a result, the person experiences high BGLs (hyperglycaemia) or low BGLs (hypoglycaemia) which are glucose levels outside the targeted range.

If not managed, BGLs outside of the targeted range can be harmful to the body and can lead to long term health complications.

The Nominated Supervisor will ensure:

- that families provide the following information upon enrolment:
    - Details of the child's health condition and needs;
    - their doctor's name, address and phone number;
    - emergency contact names and phone numbers;
    - a Medical Management Action Plan signed by a medical practitioner;
- a medical conditions Risk Management Plan is developed collaboratively between the family and staff;
- a medical conditions Communications Plan is in place;
- that staff are aware of the child's diabetes diagnosis at the time of the referral and discuss the management requirements of the condition;
- encourage staff to complete Diabetes training;
  Practical Diabetes for Childcare Educators - Diabetes Qualified
- The staff will:
- ensure that A medical conditions risk minimisation plan is developed collaboratively with families prior to commencement
- complete diabetes training; Practical Diabetes for Childcare Educators - Diabetes Qualified
- ensure all medication is provided each time a child attends the service
- follow the strategies developed for the management of diabetes at the service, which may include:
    - -Eating at a particular time
    - Drinking more water
    - Going to the toilet more often
    - Monitoring and recording BGL
      - Administering Insulin

  - Monitoring and recording Ketones
  - Administering Glucagon (in the event of an emergency)
  - Providing privacy when any specialise health procedures are performed.
- ensure that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with diabetes;
- communicate with parents/guardians regarding the management of their child's diabetes; and,
- ensure that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service.
- parents/guardians are responsible for: providing the service with a current diabetes management plan explicitly prepared for their child and signed by their diabetes medical specialist team/ medical practitioner no more than 6 months old at time of enrolment;
- ensuring that they provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes management plan.
- ensure regular updates are provided to the staff and where necessary updated documentation

Strategies for the management of diabetes in children at the service

Strategy	Action
Monitoring of blood glucose (BG) levels	Checking of blood glucose (BG) levels is performed using a blood glucose meter (refer to Definitions) and a finger pricking device. The child's diabetes management plan should state the times that BG levels should be checked, the method of relaying information to parents/guardians about BG levels and any intervention required if the BG level is found to be below or above certain thresholds. A communication book can be used to provide information about the child's BG levels between parents/guardians and the service at the end of each session. Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done while a child is at the service – at least once, but often twice. Routine times for testing include before meals, before bed and regularly overnight. Additional checking times will be specified in the child's diabetes management plan. These could include such times as when a 'hypo' is suspected. Children are likely to need assistance with performing BG checks. Parents/guardians should be asked to teach the service staff about BG testing. Parents/guardians are responsible for supplying a blood glucose meter, in-date test strips and a finger pricking device for use by their child while at the service.

Appendix 3 (Contd.)

Strategy	Action
Managing hypoglycaemia (hypos)	Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes management plan. A checklist of what signs to looks for should be displayed in a prominent position in the service. Parents/guardians are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container. This hypo container must be securely stored and readily accessible to all staff.
Administering insulin	Administration of insulin during service hours is unlikely to be required; this will be specified in the child's diabetes management plan. As a guide, insulin for service-aged children is commonly administered: – twice a day: before breakfast and dinner at home – by a small insulin pump worn by the child.
Managing ketones	Children on an insulin pump will require ketone testing when their BG level is >15.0 mmol/L. Staff must notify parents if the ketone level is >0.6 mmol/L (refer to the child's diabetes management plan).
Off-site excursions and activities	With proper planning, children should be able to participate fully in all service activities, including attending excursions. The child's diabetes management plan should be reviewed prior to an excursion, with additional advice provided by the child's diabetes medical specialist team and/or parents/guardians, as required.
Infection control	Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-infection when checking BG levels, handwashing, having one device per child and not sharing devices between individuals, using disposable lancets and safely disposing of all medical waste.
Timing meals	Most meal requirements will fit into regular service routines. Children with diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime, children with diabetes cannot have delayed mealtimes. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).
Physical activity	Exercise should be preceded by a serve of carbohydrates. Exercise is not recommended for children whose BG levels are high, as it may cause BG levels to become more elevated. Refer to the child's diabetes management plan for specific requirements in relation to physical activity.

Appendix 3 (Contd.)

Strategy	Action
Participation in special events	Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents/guardians. Services should provide food and drink alternatives when catering for special events, such as low sugar or sugar-free drinks and/or sweets. This should be planned in consultation with parents/guardians.
Communicating with parents	Services should communicate directly and regularly with parents/guardians to ensure that their child's individual diabetes management plan is current. Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns. Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.

Appendix 4

Guidelines for Managing Epilepsy

What is Epilepsy?

Epilepsy is a neurological condition that takes the form of recurring seizures. Seizure types:

Focal	Generalised Tonic- Clonic	Generalised Absence
Consciousness may vary. There may be localised muscle twitching, sensory disturbances (including numbness, abnormal smells, sounds, tastes and vision), a temporary inability to talk, and abnormal behaviour (including automatic movements, such as picking at clothing or lip smacking).	The body stiffens and starts shaking or jerking violently. The child may fall to the ground, their eyes may roll back, they may drool, and they may wet themselves. The child may be confused and drowsy once the seizure stops.	Brief and characterised by staring, loss of expression, unresponsiveness, flickering eyelids. There is no obvious jerking.

To facilitate effective care for a child with epilepsy, Nominated Supervisor / Responsible Person staff will ensure families provide the following information upon enrolment:

- Details of the child' epilepsy and medication;
- their doctor's name, address and phone number;
- emergency contact names and phone numbers;
- an epilepsy action plan or management plan approved by their medical practitioner;
- Notify staff of the child's asthma condition at the time of referral

- The staff will:
- ensure they are aware of the child's epilepsy management plan
- develop a Medical Conditions Risk Minimisation plan in conjunction with the family and be aware of triggers including but not limited to: and,
- ensure that the child's medication is provided on each attendance
- **Helping someone having a seizure**
- Seizures are unpredictable and can pose risks in some situations.
- Seizures mostly run their own course but there are a few things that can help, like keeping the person safe, staying with them and timing the seizure.
- It is crucial that during a seizure the person is not restrained in any way and nothing is put in their mouth.
- After a tonic clonic seizure, put the person in the recovery position if you can.
- It is important for people with epilepsy to tell relevant people such as friends, relatives, colleagues, classmates, teachers or coaches, about epilepsy and advise them what to do if a seizure happens.

Appendix 4 (Contd.)

Basic first aid for a child diagnosed with epilepsy

- Follow the child's epilepsy management plan
- Stay with the child
- Time the seizure
- Keep the person safe: protect from injury especially the head
- Roll the person onto side after the seizure stops, or immediately if food, fluid, or vomit is in the mouth
- Observe and monitor their breathing
- Gently reassure them until they have recovered
- Contact the family, to collect or as per medical management plan
- Complete an incident report contact the Nominated Supervisor / Responsible Person

DO NOT

- Put anything in the child's mouth
- Restrain the Child– this may cause them to become agitated
- Move the Child, unless they are in danger

WHEN TO CALL AN AMBULANCE

Seizures generally run their course, and an ambulance isn't always necessary. Call an ambulance if:

- The child is experiencing their first seizure
- You are in any doubt
- The person is injured
- There is food, fluid or vomit in mouth (they may have inhaled it)
- The seizure happens in water
- The person has breathing difficulties after the seizure stops
- Another seizure quickly follows
- The seizure lasts longer than 5 mins
- The person is non-responsive for more than 5 mins after the seizure ends

Contact the Nominated Supervisor and family as soon as practicable, complete and incident report, nominated supervisor to follow the notification of serious incidents

[EAA-First Aid for Seizure Poster]