



PENNANT HILLS WAR MEMORIAL CHILDREN'S CENTRE

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PENNANT HILLS WAR MEMORIAL CHILDREN'S CENTRE (PHWMCC) MEDICAL CONDITIONS POLICY

Introduction

PHWMCC supports the enrolment of children and families with specific health care requirements. Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening. At PHWMCC children will be supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual health care needs will be met. PHWMCC is also committed to ensuring our educators and staff feel competent to perform their duties; understand their liabilities and duty of care requirements; are provided with sufficient information and training regarding the administration of medication and other appropriate treatments. Providing families with ongoing information about medical conditions and the management of these is a key priority.

Families can expect that educators will act in the best interests of the children in their care at all times, meet the children's individual health care needs, and maintain continuity of medication for their children when the need arises.

Aim

PHWMCC is committed to a planned approach to the management of medical conditions to ensure the safety and wellbeing of all children at the preschool.

Our Preschool will minimise the risks around medical conditions of children by:

- collaborating with families of children with diagnosed medical conditions to develop a Risk Minimisation Plan and Communication Plan for their child;
- informing all staff, including casual staff, educators and volunteers, of all children diagnosed with a medical condition and the risk minimisation procedures;
- when appropriate to do so, providing families with current information about identified medical conditions of children enrolled at the preschool with strategies to support the implementation of the Risk Minimisation Plan;
- ensuring all children with diagnosed medical conditions have a current Risk Minimisation Plan and Communication Plan that is accessible to all staff; and
- ensure that all staff have completed first aid training that has been approved by Australian Children's Education and Care Quality Authority (ACECQA).

Procedure

Enrolment

- On application for enrolment families will be required to complete full details about their child's medical needs. All families will be required to notify PHWMCC of any diagnosis of asthma, anaphylaxis, allergy, diabetes or any other medical condition. We will assess whether educators are appropriately trained to manage the child's special health needs at that time.
- Where children require medication or have special medical needs for long term conditions or complaints, the child's doctor or allied health professional and parent/guardian must complete a Medical Management Plan. Such a plan will detail the child's special health support

needs including administration of medication and other actions required to manage the child's condition. This form will be stored with their enrolment form, and with their medication. In the case of Anaphylaxis it will also be displayed in kitchen areas of the preschool.

- The Nominated Supervisor will also consult with the child's family to develop a Risk Minimisation Plan and Communication Plan. This plan will include;
 - assessing risks relating to the child's specific health care needs, allergy or medical condition
 - any requirements for safe handling, preparation and consumption of food;
 - notification procedures that inform other families about allergens that pose a risk;
 - procedures for ensuring educators/students/volunteers are able to identify the child;
 - their medication;

 - details of how families will inform educators about specific requirements for children in regards to medical conditions, and how educators will communicate to families;

 - how any intervention undertaken in relation to the child's medical condition is to be communicated between educators and families.
- Children with specific medical needs must be reassessed in regard to the child's needs and the Preschool's continuing ability to manage the child's health considerations, on a regular basis, depending on the child's medical condition.
- If a child's medical, physical, emotional or cognitive state changes the family will need to complete a new Medical Management Plan and the Preschool will re-assess its ability to care for the child, including whether educators are appropriately trained to manage the child's ongoing specific needs.
- Parents and guardians who are enrolling a child with specific health care needs are provided with a copy of this policy and other relevant Preschool policies.
- Staff will help children with medical conditions feel safe while they are at Preschool by:
 - Talking to the child about signs and symptoms of their condition so they can learn to talk about and tell staff when they are experiencing symptoms
 - Taking the child's and families concerns seriously
 - Making every effort to address any concerns / worries they may have
- New, relief and casual staff will be given information about the child's medical condition during the orientation process before the child is in their care.

Administration of Prescribed Medication

Prescribed medication, authorised medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b) of the *Education and Care Services National Regulations 2011*)
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure
- if the prescribed medication is in its original container bearing the child's name, dose and frequency of administration.

Prescribed medication will be placed in a location easily accessible to staff and stored at a temperature in accordance with instructions. In the case of adrenaline injectors, they will not be locked away and will be stored where they are not available to children.

Medication, including emergency medication, and Medical Management Plans will be taken whenever the child goes to an off-site activity.

Medication will be checked at least quarterly to ensure it has not expired and does not need replacing. Staff will inform families if medication needs to be replaced (if used or about to expire).

Medical Management Plans (Action Plans)

Medical Management Plans are provided by the child's doctor and are required if a child enrolled at our service has a specific health care need, allergy or relevant medical condition. This involves:

- requiring a parent of the child to provide a Medical Management Plan for the child. The Medical Management Plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs. The plan needs to be prepared and signed by a registered medical practitioner
- requiring the Medical Management Plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.
- reviewing the plan at least annually in consultation with the child's parents / guardians to make sure information is up to date and strategies to reduce risk remain age appropriate. It will also be reviewed when a child's allergies change or after exposure to a known allergen while attending the service or before any special activities (such as off-site activities) to make sure information is up to date and correct, and any new procedures for the special activity are included.

Risk Minimisation and Communication Plans

Risk Minimisation Plans and Communication Plans are required to be developed by the Nominated Supervisor in consultation with the parents of a child:

- to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised;
- to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented;
- to ensure parents are notified of any known allergens that pose a risk to their child, and strategies for minimising the risk are developed and implemented;
- to ensure that practices and procedures are developed and implemented so that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication; and
- to ensure that practices and procedures are developed and implemented so that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need.

Communication Strategies

At PHWMCC we will maintain the review and development of communication strategies to ensure that:

- all Medical Management Plans and Risk Minimisation Plans are accessible to all staff;
- all plans are current and kept up to date and checked at the start of each term
- relevant staff members and volunteers are informed of the Medical Conditions Policy, the Medical Management Plan and Risk Minimisation Plan for the child;
- parents can communicate any changes to the Medical Management Plan and Risk Minimisation Plan in writing via email or by bringing in a new plan;

- parents and educators communicate regarding the child's changing requirements and any interventions undertaken by educators;
- other families enrolled at PHWMCC are aware of the need to exclude items which may present a hazard to children with diagnosed medical conditions;
- a Medication Record Form is completed when a child receives emergency medication;
- a copy of the Medication Record is provided to medical staff in the event further medical intervention is required;
- personal information given by parents/guardians is collected, used, shared as needed, stored and destroyed (when no longer needed) according to the relevant Privacy Act in that state.
- the service receives written permission from the parents before the child's Medical Management Plan is displayed in public areas

Asthma

- Whenever a child with asthma is enrolled at our service, or newly diagnosed as having asthma, communication strategies will be developed to inform all relevant educators, including students and volunteers, of:
 - the child's name, and room they are educated and cared for
 - where the child's Medical Management Plan will be located
 - where the child's preventer/reliever medication etc. will be stored
- Ensure that each family provides a reliever medication and spacer for their child. They will be unable to attend preschool if they do not have this on site each day.
- Asthma reliever medications will be stored out of reach of children, in an easily accessible central location.
- Reliever medications together with a spacer will be included in our First Aid kit in case of an emergency situation where a child does not have their own reliever medication with them.
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's asthma;
- Identify and, where practical, minimise asthma triggers;
- Where necessary, modify activities in accordance with a child's needs and abilities;
- Asthma Australia (along with other registered training organisations) provides training in Emergency Asthma Management (EAM) which instructs on all aspects of asthma management and administration of asthma reliever medications. Educators who will be responsible for administering asthma reliever medication to children diagnosed with asthma in their care, will attend, or have attended, an approved First Aid Course which incorporates EAM in the course. It is a requirement that at least one Educator or other person that is trained in EAM is at the service at all times children are present.
- Asthma Australia produces recommended guidelines on asthma management within the child care setting, including an Asthma Care Plan for education and care services.

Asthma Emergencies

- In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child will be contacted as soon as possible, after contacting an ambulance.
- The National Asthma Council Australia (NAC), recommends that should a child not known to have asthma appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately.

Asthma First Aid Plan

- Call 000
- Sit the person upright – be calm and reassuring and do not leave them alone
- Give 4 separate puffs of reliever medication - Shake puffer, put 1 puff into spacer, take 4 breaths from spacer and repeat until 4 puffs have been taken

- Wait 4 minutes, give 4 more separate puffs of reliever medication
- Keep giving 4 separate puffs every 4 minutes until ambulance arrives

- No harm is likely to result from giving reliever medication to someone who does not have asthma
- In the event of anaphylactic emergency and breathing difficulties, an adrenaline auto injector must be administered first, then reliever medication

Anaphylaxis

- Whenever a child with severe allergies is enrolled at our service, or is newly diagnosed as having a severe allergy, a Communication Plan will be developed to inform all relevant educators, including students and volunteers, of:
 - the child's name and room they are educated and cared for in;
 - the child's Risk Minimisation Plan;
 - where the child's Medical Management Plan will be located;
 - where the child's adrenaline auto-injector is located.
- In accordance with the *Education and Care Services National Regulations 2011*, our service will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Notices will be posted in the entrance of the preschool, and on the door of the room that the child is based in. The notice will advise which foods (if any) are allergens and therefore not to be brought to the service.
- It is required that the child at risk of allergic reactions will have an individual Anaphylaxis Medical Management Plan signed by a registered medical practitioner. This will outline the allergies, and describe the prescribed medication for that child and the circumstances for it to be used. The ASCIA Action Plan is designed to meet the requirements of a medical management plan (Refer to: The Australian Society for Clinical Immunology and Allergy (ASCIA) for a plan template www.allergy.org.au).
- Educators will become familiar with the child's plan and also develop an individual anaphylaxis Risk Minimisation and Communication Plan for the child in consultation with the child's parents/guardians and appropriate health professionals.
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the preschool without the device.
- A communication strategy will be developed with parents/guardians to ensure any changes to a child's health care needs are discussed and the health care plan updated as required.
- Children prescribed with an adrenaline injector will be required to make one device available to the service while in the care of the service. Parents/guardians are responsible for supplying the adrenaline injector and making sure it has not expired.
- All staff will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice.
- All staff will also undertake ASCIA anaphylaxis refresher training twice yearly (Refer to: etraining.allergy.org.au/course/index.php?categoryid=3). The preschool will have adrenaline injector trainer devices available to allow staff to have hands-on practice with the devices during training and refresher training.
- Display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called Action Plan for Anaphylaxis in key locations at the preschool.

Anaphylaxis Emergencies

- Adrenaline (epinephrine) given through an adrenaline injector (EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the first line emergency treatment for anaphylaxis.
- In the case of an anaphylaxis emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered, an

ambulance will be called, and the parent/guardian of the child will be contacted as soon as possible.

- For anaphylaxis emergencies, educators will follow the child's Action Plan. The general use adrenaline injector can be used if the child does not have their prescribed adrenaline injector, if their device is not administered correctly, if the child requires a second dose or if a child does not have a prescribed device.
- Educators/staff administering the adrenaline will follow the instructions stored with the device. An ambulance will always be called. The used auto-injector will be given to ambulance officers on their arrival.
- A process will be in place to regularly check (quarterly) that general use adrenaline injectors have not expired. General use adrenaline injectors will be replaced before they expire.
- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to two hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.
 - Where it is known that a child has been exposed to whatever they are allergic to, but has not developed symptoms, the child's parents/guardians will be contacted and asked to come and collect their child.
 - The service will carefully monitor the child following instructions on the ASCIA Action Plan until the parents/guardians arrive.
 - Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the child begin to develop allergic symptoms.
- A child (or staff member/visitor) with no history of anaphylaxis may have their first anaphylaxis whilst at the service. If the service staff think a child/staff member/visitor may be having anaphylaxis, the general use adrenaline injector should be given to the individual immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance.

Anaphylaxis First Aid Plan

In the situation where a child who **has or has not** been diagnosed as allergic but who appears to be having an **anaphylactic reaction**:

- lay person flat – do not allow them to stand or walk. (However, if unconscious, place in recovery position, OR, if breathing is difficult, allow them to sit)
 - administer adrenaline auto injector
 - call an ambulance immediately by **dialling 000**
 - contact the parent/guardian or emergency contact person
 - further adrenaline doses may be given if no response after 5 minutes
 - commence CPR at any time if person is unresponsive and not breathing normally
- Anaphylaxis emergency response drills will be practiced to ensure staff understand the anaphylaxis emergency procedure and know what to do.
 - After an allergic reaction/anaphylaxis, the individualised anaphylaxis management plan will be reviewed to determine if the service's risk minimisation strategies and emergency response procedures need to be changed/improved.

Diabetes

- Whenever a child with diabetes is enrolled at PHWMCC, or is newly diagnosed as having diabetes, a communications plan will be developed to inform all relevant educators, including students and volunteers, of:
 - the child's name and room they are educated and cared for in;
 - the child's Risk Minimisation Plan;

- where the child's Emergency Action Plan will be located;
- where the child's insulin/snack box etc. will be stored;
- Educators will be aware of the signs and symptoms of low blood sugar including the child presenting pale, hungry, sweating, weak, confused and/or aggressive. Signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath.
- Management of diabetes in children at our service will be supported by the child having in place an Emergency Action Plan which includes:
 - Administration of insulin, if needed – information on how to give insulin to the child, how much insulin to give, and how to store the insulin. Insulin may be delivered as a shot, an insulin pen, or via an insulin pump.
 - Oral medicine – children may be prescribed with oral medication.
 - Meals and snacks – Including permission to eat a snack anytime the child needs it.
 - Blood sugar testing – information on how often and when a child's blood sugar may need to be tested by educators.
 - Symptoms of low or high blood sugar – one child's symptoms of low or high blood sugar may be different from another. The child's Medical Management Plan should detail the child's symptoms of low or high blood sugar and how to treat it. For high blood sugar, low blood sugar, and/ or hypoglycemia, educators will follow the child's emergency Medical Management Plan
- Staff and educators will ensure that no child who has been prescribed medication for diabetes is permitted to attend the service without their medication, any testing procedures, or their snack box
- Staff and educators will call an ambulance if they feel emergency treatment is required
- Educators will ensure, in consultation with the family, the health and safety of each child through supervised management of the child's diabetes
- Educators will where necessary, modify activities in accordance with a child's needs and abilities
- Educators will promptly communicate, to management or parents / guardians, any concerns should it be considered that a child's diabetes is limiting his / her ability to participate fully in all activities

Development of Classroom Risk Minimisation Plans

Staff and parents with medical reports will communicate before the child starts at the Preschool to develop a clear understanding of the child's medical needs via the following steps:

Step 1: A letter from the consulting medical doctor is required stating:

- Child's name and date of birth
- Known allergens
- Action plan for the child, including:
 - symptoms that suggest the child is having an anaphylactic / allergic reaction
 - symptoms or indicators of a medical incident
 - any known triggers for asthma (if known)
 - medication and administration of medication procedure
 - emergency procedures
 - emergency contacts
- Name of the referring medical professional

Step 2: Staff and families will consult to develop a Classroom Risk Minimisation Plan that:

- in the case of anaphylaxis, is able to be displayed in the staff preparation area alongside the child's Anaphylaxis Medical Management Action Plan

- has clear easy to follow steps
- is designed to minimise the potential risk of ingestion of allergens or any other triggers

The Classroom Risk Minimisation Plan will include:

- Child's name
- List of known allergen(s) / triggers
- Symptoms that would suggest an anaphylactic or allergic reaction, or indicators of a medical emergency occurring
- The name of medication/s and dosage required including the procedure to administer medication/s if the child is showing a reaction to known allergens or displaying any indicators of a medical emergency
- Emergency ambulance / doctor's phone numbers
- Emergency contacts for child
- Classroom management strategies to minimise the risk of ingestion of products that could lead to an anaphylactic reaction, e.g. dairy free table, child's parents to provide craft / boxes, birthday cakes etc. for the child.
- Classroom management strategies to minimise any other risks associated with relevant medical conditions.

The Preschool, in consultation with the classroom staff and parents, will review and modify the action plan at least annually.

Points to consider when developing Classroom Risk Minimisation Plans include:

- Rotation of equipment
- Washing of equipment and kitchen
- Monitoring of food children eat
- Washing of hands and mouth, chairs / tables
- Cleaning of taps
- Cooking
- Craft materials / box collage
- Birthday cakes
- Storage of lunch / morning teas
- Special events held by the Preschool eg Christmas parties
- Outside play
- Cleaning procedures
- Staffing and supervision

Roles and Responsibilities

Approved Provider

- Ensure that all staff have completed first aid training that has been approved by Australian Children's Education and Care Quality Authority (ACECQA) and at least one person is in attendance and immediately available at all times that children are present.
- Ensure records are confidentially stored for the specified period of time as required by the *Education and Care Services National Regulations 2011*
- Ensure the Nominated Supervisor fulfils their responsibilities in the management of medical conditions.
- Notify the regulatory authority within 24 hours of any incident involving a serious injury or trauma to a child, including any incident involving serious illness of a child while that child is being educated and cared for by a service, for which the child attended, or ought reasonably to

have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis

- Provide support (including counselling) for staff who manage a severe allergic reaction and for the child who experienced the anaphylaxis and any witnesses. This also applies to any other serious medical incident.

Nominated Supervisor and Responsible Person

- Ensure the development of a Risk Minimisation and Communication Plan is developed for each child upon enrolment or upon diagnosis, and encourage ongoing communication between families and educators / staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation.
- Ensure the Risk Minimisation and Communication Plan is reviewed at least annually.
- Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies.
- Implementing this policy at the preschool and ensuring that all staff adhere to the policy.
- Informing the Approved Provider of any issues that impact on the implementation of this policy.
- Ensure staff awareness that unexpected allergic reactions, including anaphylaxis, might occur for the first time in children not previously identified as being at risk, in the service
- Identify and ensure relevant educators receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs.
- Ensure there is at least one general use adrenaline injector at the service and staff are informed of the location of this. Undertake a risk assessment to determine how many general use adrenaline injectors are required by the service and where the device/s will be located, including whether they will be taken to off-site activities
- Ensuring food preparation, food service and relief staff / educators are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the preschool's procedures for dealing with emergencies involving allergies and anaphylaxis.
- Ensuring a copy of each child's Medical Management Plan is visible and known to staff and volunteers in the service.
- Ensuring staff follow each child's Risk Minimisation and Communication Plan and Medical Management Plan.
- Ensuring opportunities for each child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan.
- Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.
- Maintaining ongoing communication between staff and parents/guardians in accordance with the strategies identified in the communication plan to ensure current information is shared about specific medical conditions within the service.
- Provide a copy of the Medication Record to medical staff in the event further medical intervention is required.
- Should there be an incident requiring emergency medical treatment, inform staff of the incident and undertake reporting requirements to the regulatory authority. Offer staff a debrief after each incident and arrange help as needed such as counseling. Review the child's medical management plan to identify if further risk minimisation strategies are needed, or some strategies need to be adapted.
- If a child has had an allergic reaction to a packaged food or to a meal provided by the service, this will be reported to the local food authority for investigation (Refer to: allergyfacts.org.au/allergy-management/risk/reporting-an-allergic-reaction). If the reaction is to a food sent from home, it is the parent's responsibility to report the reaction.

Early Childhood Educators and staff

- Communicating any relevant information provided by parents/guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the service is current.
- Being aware of individual requirements of children with specific medical conditions and following their Risk Minimisation and Communication Plan and Medical Management Plan.
- Ensuring children do not swap or share food, food utensils or food containers.
- Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor.
- Ensuring that parents/guardians are contacted when concerns arise regarding a child's health and wellbeing.
- Include information and discussions about food allergies in the programs they develop, to help children understand about food allergy and to encourage caring, acceptance and inclusion of children with food allergies. (Curriculum resources are available: allergyfacts.org.au/allergymanagement/schooling-childcare/school-resources)
- Provide age-appropriate education of children with allergies and their peers to manage risks in the service. This may include signs and symptoms of an allergic reaction, what to do if their friend is having an allergic reaction, not sharing food, drinking from their own water bottle, washing their hands after they have eaten something another child is allergic to.
- Complete an Incident Report should a child require emergency medical treatment and a Medication Record when a child receives emergency medication.
- Maintain their own First Aid qualifications ensuring they are updated every 3 years.

Families

- Informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition
- Developing a Risk Minimisation and Communication Plan with the Nominated Supervisor and/or other relevant staff members at the service.
- Providing a Medical Management Plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This Medical Management Plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs.
- Sign the Incident Report and the Medication Record if a child receives emergency treatment or medication

Monitoring, Evaluation and Review

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the preschool will review this policy every three years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the *Education and Care Services National Regulations*, the service will ensure that families of children at the preschool are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the preschool; a family's ability to utilise the preschool; the fees charged or the ways in which fees are collected

Definitions

Approved Provider:	Pennant Hills War Memorial Children's Centre Management Committee
Nominated Supervisor:	Director of Pennant Hills War Memorial Children's Centre
Responsible Person:	Educator who is in charge of the day to day running of the preschool in the Nominated Supervisors absence
Early Childhood Educators:	Teachers and Child Care Workers

Related legislation: Education and Care Services National Law Act 2010: Section 167, 173
Education and Care Services National Regulations 2011: Regulations 85-87, 89-96, 136, 162(c) (d), 168, 172, 173
Health Records Act 2001

Related Guidelines, Standards, Frameworks: National Quality Standard, Quality Area 2: Children's Health and Safety- Standard 2.1, 2.2
National Quality Standard, Quality Area 7 Governance and Leadership Standard 7.1.2, 7.1.3

Sources: Community Early Learning Australia – Dealing with Medical Conditions Sample Policy

Relevant Documents: PHWMCC Enrolment Form
PHWMCC Administration of Medication Policy
PHWMCC Risk Minimisation and Communication Plan

Policy reviewed: July 2022

Next review date: July 2025