

NQS2 Children's Health and Safety Procedure Medical Conditions

Background

C&K is committed to supporting the inclusion and participation of all children, including those with medical conditions. The safe management of medical conditions relies on ongoing collaboration and open communication between the centre and parents. This procedure outlines the responsibilities and actions of both parents and the centre to ensure each child's medical needs are appropriately and safely managed. This procedure works alongside the Administration of Medication Procedure.

A child's enrolment cannot commence or may be paused until all responsibilities of this procedure are completed, including but not limited to:

- Parents providing a copy of a current Medical Management Plan, developed and authorised by a registered medical practitioner. (reg 90 (c) (i))
- Centre Director/Nominated Supervisor documenting a Risk Minimisation Plan included in the Medical Condition Record. (reg 90 (c) (iii))
- Centre Director/Nominated Supervisor documenting and implementing a Communication Plan. (reg 90 (c) (iv))

Please see Appendix One for a summary of the process for managing medical conditions.

For the purposes of this procedure:

- **Medical Condition:** A current condition diagnosed by a registered medical practitioner that requires a medical management plan. Excluding:
 - Physical, developmental or neurodevelopmental diagnosis (e.g. deaf or hard of hearing, Attention Deficit/Hyperactivity Disorder, Autism) supported by an Education Support Plan.
 - Previously diagnosed medical condition that a child is no longer experiencing or receiving treatment for.
 - Health concerns not diagnosed by a registered medical practitioner.
 - Short-term illnesses treated by a registered medical practitioner.
- **Complex Medical Condition:** A current condition diagnosed by a registered medical practitioner requiring specialised management due to severity, multiple co-occurring conditions or need for specific health procedures such as diabetes, epilepsy, PEG/tube feeding, tracheostomy or stoma care.
- **Medical Management Plan:** A current plan developed and authorised by a registered medical practitioner (practitioner's name, signature OR practice stamp with practitioner's name and provider number), outlining how a child's medical condition must be managed. A Medical Management Plan is deemed current if not older than 18 months or recorded expiry date. The plan must include:
 - the child's full name and recent photo
 - the name of the medical condition
 - management and care tasks
 - (if applicable) signs and symptoms, first aid and/or emergency treatment
 - (if applicable) medication details e.g. name, frequency, dosage, method.
 A plan may be in any format e.g. a letter from registered medical practitioner or a template from a recognised peak body.
- **Registered Medical Practitioner:** A person registered with the Australian Health Practitioner Regulation Agency under the *Health Practitioner Regulation National Law Act 2009 (Qld)*, (excluding students), including general practitioners, specialists and credentialed diabetes educators.
- **Specialised Health Procedure:** A care task required for a complex medical condition e.g. blood glucose/ketone monitoring, injection of medication other than an EpiPen, PEG/tube feeding, tracheostomy or stoma care.
- **Parent:** A parent or guardian with the lawful authority and responsibility to make decisions for a child; in this document, the term "parent" will be used to refer to both parent and guardian.

Parent Responsibilities

Parents will:

Before a child starts, or as soon as possible after a diagnosis for an enrolled child

- List any diagnosed medical condition(s) in your child's Enrolment Booklet/Online Form.
- Provide centre a copy of your child's current Medical Management Plan prepared and authorised by a registered medical practitioner with all required details (as listed in the above definition). A Medical Management Plan is deemed current if not older than 18 months or recorded expiry date.
- Nominate at least two authorised persons/emergency contacts (in addition to parents/guardians) in your child's Enrolment Booklet/Online Form.
- Meet with Centre Director (or delegate) to discuss your child's medical needs and complete *Part 2 - Parent Acknowledgement and Authorisation of the Medical Condition Record*.
- Understand your child cannot commence until all requirements of this procedure are met, including any specialised training teachers and educators may need.

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During a child's enrolment

- Work with the Centre to support your child's participation and inclusion in the program.
- Every day your child attends the centre, provide all items listed in your child's Medical Management Plan, including any required medication and specialist equipment. Medication supplied must match what is recorded in the Medical Management Plan.
- When required, complete parent/guardian section of the *Medication Authorisation Record*.
- Inform Centre Director straight away if your child's medical needs change and provide updated Medical Management Plan developed and authorised by a registered medical practitioner (practitioner's name, signature OR practice stamp with practitioner's name and provider number). Advise centre in writing if your child no longer has or is being treated for a medical condition.
- Meet with the Centre Director (or delegate) every six months or sooner if your child's medical needs change or if the Centre requests to meet.
- Provide a new Medical Management Plan every 18 months or sooner if your child's medical needs change.
- Inform centre immediately in writing if your Authorised Persons/Emergency Contact details change.

On receipt of Enrolment Booklet/Online Form

Centre Director/Nominated Supervisor will:

Before child commences

- Upon receipt of an *Enrolment Booklet/Online Form*, check child's health information (reg 162).
- Confirm if a diagnosed medical condition is listed and if a current Medical Management Plan has been provided.
- If a child with a complex medical condition is enrolling, promptly inform your Early Childhood Pedagogy Advisor (ECPA) and ask for guidance. Commence responsibilities outlined in the 'Complex Medical Conditions' section of this procedure.
- Where applicable also follow procedures for Asthma, Anaphylaxis and Allergies (Kindergarten and OSHC | Childcare), Epilepsy and Seizures, Leukaemia, Tube Feeding or Diabetes.
- If a child's medical management plan, medical report, allied health report, or other relevant communication indicates the child requires 1:1 educator to child support or supervision, Centre Director must immediately escalate the information to their ECPA and the Inclusion team (inclusion@candk.asn.au) for guidance and support, as this level of support may not be possible and centres need to consider if care can be provided prior to accepting enrolments.

Parent and Centre Meetings

Centre Director/Nominated Supervisor will:

Before a child starts, or as soon as possible after a diagnosis for an enrolled child

- Schedule and facilitate a formal face-to-face meeting with child's parent(s) to:
 - Provide a copy of this procedure and if available, condition specific procedure.
 - Begin completing the *Medical Condition Record*.
 - Review and discuss child's medical needs and Medical Management Plan. Does plan contain details listed in medical management plan definition (page 2 of this procedure)? Is plan current? When a plan is unclear or details are missing, request an amended plan authorised by a registered medical practitioner.
 - Review and discuss any required medication. Outline and provide a copy of the *Medication Authorisation Form*.
 - Outline each item of *Part Two - Parent Acknowledgment and Authorisation* of the *Medication Condition Record* and request parent to sign and date.
 - Complex medical conditions - Explain their child's enrolment may be delayed or paused until teacher and educator volunteers complete specialised training.
 - Discuss and start documenting child's Risk Minimisation Plan in *Medical Condition Record*.

During child's enrolment

- Every six months (or sooner if child's medical needs change), schedule and facilitate a formal meeting with child's parent(s) to:
 - Review child's medical needs and their *Medical Management Plan*.
 - Update the *Medical Condition Record*, including Risk Minimisation Plan and Communication Plan as required.

Document and Implement Risk Minimisation Plan

When a child has a medical condition, regulation 90(c)(iii) requires the centre to develop and implement a risk minimisation plan that identifies hazards related to a child's individual health needs and outlines strategies to reduce these risks.

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Centre Director/Nominated Supervisor will:

Before a child starts, or as soon as possible after a diagnosis for an enrolled child

- In consultation with child's parent(s), centre team and (when possible, appropriate and with written parent authorisation) child's registered medical practitioner, develop and document a Risk Minimisation Plan in child's *Medical Condition Record*. One plan can be completed when a child has more than one medical condition.
- Instruct teachers and educators to read, review, implement and follow the child's Risk Minimisation Plan and complete the Acknowledgement Table in child's *Medical Condition Record*.
- Place a copy of the child's Medical Management Plan and Risk Minimisation Plan in the casual induction folder.

During child's enrolment

- In consultation with child's parent(s), centre team and (when possible, appropriate and with written parent authorisation) child's registered medical practitioner, review the child's Risk Minimisation Plan in child's *Medical Condition Record* every six months. Document review in child's *Medical Conditions Record*.
- When updates are made to the child's Risk Management Plan:
 - Instruct teachers and educators to review, read, implement and follow the updated plan and complete the Acknowledgement Table in child's *Medical Condition Record*.
 - Replace old with a copy of the updated plan in the casual induction folder.

Implement Communication Plan

When a child has a medical condition, regulation 90(c)(iv) requires the centre to develop and implement a Communication Plan to ensure all stakeholders, parent(s), the Centre Director, teachers and educators, communicate and are informed of a child's current medical needs.

Centre Director/Nominated Supervisor will:

Before a child starts, or as soon as possible after a diagnosis for an enrolled child

- Inform teachers and educators in writing of the child's *Medical Management Plan*, *Medical Condition Record*, (including Risk Minimisation Plan), and if applicable, location of medication and specialised equipment.
- When parent(s) written authorisation has been provided via the *Medical Condition Record*, display child's Medical Management Plan in a prominent location(s).
- Where appropriate, and only with parent/guardian approval, sensitively share relevant information about the child's medical condition with other children and families.
- Display a Medication Stored Here sign at storage locations and, if applicable, a Child with Anaphylaxis currently enrolled Poster sign at the centre foyer/entrance.
- Where several children have medical conditions, complete and display the Centre Health Summary Record.
- Record initial and completion date of communication activities in 'Part 5 – Communication Plan' of child's *Medical Condition Record*.

During child's enrolment

- Continue implementing the Communication Plan.
- Use Kidsoft and Outlook reminders to ensure communication tasks are completed.
- Conduct a medical emergency scenario training exercise at team meetings every six months.
- Remind parent(s) 4 weeks prior to expiry to replace medication.
- Request an updated Medical Management Plan from parents/guardians at least every 18 months.
- Record initial and completion date of communication activities in 'Part 5 – Communication Plan' in child's *Medical Condition Record*.

Complex Medical Conditions and Specialised Health Procedures

For the purposes of this procedure, the following are considered complex medical conditions and specialised health procedures:

- Diabetes management and care tasks
- Epilepsy management and care tasks
- Percutaneous Endoscopic Gastrostomy (PEG)
- Tube feeding and care tasks
- Tracheostomy management and care tasks
- Stoma management and care tasks
- Rectal Suppository
- Urinary catheter management and care tasks. Note: Teachers and educators must not perform catheter care due to associated infection risks. In such cases, alternative arrangements must be made between C&K and the child's parent(s) (or authorised delegate), who will attend the centre to perform catheter care.
- Medically required/requested use of a "LifeVac" device. Note: Teachers and educators must not use a "LifeVac" device other than in accordance with this procedure for the purpose of a complex medical condition.

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Centre Director/Nominated Supervisor will:

Before a child starts, or as soon as possible after a diagnosis for an enrolled child

- In Kidsoft, tag children with complex medical conditions and/or those requiring specialised health procedures under 'Medical Condition Type'.
- Identify teachers and educators willing to volunteer to manage the child's complex medical needs. Kindergartens require a minimum of two volunteers, and childcare and extended kindergarten programs require more than two volunteers to ensure at least one volunteer is rostered whenever the child is present at the centre.
- Immediately inform the ECEM and ECPA (for branch centres) or Management Committee (for affiliate centres) if there are insufficient volunteers. When possible, arrange an alternative solution, which may include the child's parent(s) or their authorised delegate attending the centre to manage the child's complex medical needs or perform specialised health procedure.
- Ensure teacher and educator volunteers complete Part 3 of the *Medical Condition Record* AND required specialised training as outlined in appendix two of this procedure.
- Refer to the procedure relevant to the complex medical condition.
- Teachers and educators must not use a "LifeVac" device other than in accordance with this procedure including:
 - A Medical Condition Record must be completed meeting all requirements for a Complex Medical Condition including:
 - A Medical Management Plan from a registered medical professional authorising the use of a LifeVac device in the event of a choking incident relating to the child;
 - A minimum of two Educator volunteers.
 - If no staff are willing to volunteer, the parent must be advised that the device cannot be used at the centre; or
 - If a minimum of two staff are willing to volunteer, appropriate theory training (Online training – LifeVac Australia) and practical training from a nurse practitioner) is to be provided before the device can be used at the centre;
 - The device must be provided by the family each day the child attends.
 - The device provided must be an authentic LifeVac device that is correctly sized for the child.
 - The LifeVac device is only to be used after staff have administered a standard first aid response to a choking incident and contacted emergency services.
 - In all cases of choking incidents, qualified first aid centre staff will undertake standard first aid response and, if required, contact emergency services.
 - Centres are not permitted to purchase a LifeVac device.

During child's enrolment

- Advise teachers and educators who no longer wish to volunteer to manage the child's complex medical needs to provide at least two weeks' written notice to the Centre Director and ECPA (for branch centres) or Management Committee (for affiliate centres) to allow time to arrange an alternative solution.
- Roster at least one trained teacher or educator volunteer to manage a child's complex medical needs every day the child is attending the centre. If this is not possible, seek the immediate advice from your ECEM (for branch centres) or Management Committee (for affiliate centres). When possible, arrange an alternative solution, which may include parent(s) or their authorised delegate attending the centre to manage the child's complex medical needs or perform specialised health procedure.

Record Keeping

Centre Director/Nominated Supervisor will:

Before a child starts, or as soon as possible after a diagnosis for an enrolled child

- Complete all sections of the child's *Medical Condition Record* and file in centre 'Medical Condition Record Folder.'
- Appropriately 'tag' child in Kidsoft under "Medical Condition Type."
- Scan and upload the following documents to the child's Kidsoft record under the Document Type:
 - Medical Management Plan (saving convention: yearmonthdate_MMP_childfirstsurname)
 - *Medical Condition Record* (saving convention: yearmonthdate_MCR_childfirstsurname)
 - Complex medical conditions – Teacher and educator volunteer training records (saving convention: yearmonthdate_VTR_educatorsurname)

During child's enrolment

- Ensure teachers and educators know the location of the centre's 'Medical Condition Record Folder'.
- Archive out-of-date documentation in child's Kidsoft record.
- Scan and upload current documentation to the child's Kidsoft record, under the Document Type.
- Promptly take down and replace out-of-date displayed Medical Management Plans, when updated plans are received.

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Daily Responsibilities and Management

Centre Director/Nominated Supervisor will:

- **NEVER** permit a child with a medical condition to commence, without a current Medical Management Plan and completed Medical Condition Record (including completed Communication Plan and Risk Minimisation Plan).
- Monitor and assess centre compliance with this procedure.
- Centres may use the [Managing Medical Conditions Self- Assessment](#) to support compliance and strengthen practice.

Teachers and educators will:

- Read, understand, implement and follow displayed Medical Management Plans
- Read, understand, implement and follow Risk Minimisation Plans.
- Support colleagues (including casual staff) understanding and implementation of Medical Management Plans and Risk Minimisation Plans.
- Maintain open, regular communication with parents regarding children's medical needs.
- Immediately inform the Centre Director when a parent reports their child's medical needs have changed.
- Consider children's individual medical needs when planning curriculum activities, incursions, excursions and emergency drills. When needed, the Centre Director will update a child's Risk Minimisation Plan with additional risk mitigating strategies.
- **NEVER** perform a specialised health procedure or manage a child's complex medical needs UNLESS they have successfully completed required specialised training AND hold current first aid, CPR, asthma and anaphylaxis qualifications.

ECM and ECPA (for branch centres) or Management Committee (for affiliated centres) will:

- Provide ongoing support to centres that have children enrolled with complex medical conditions.
- Monitor and assess centre compliance with this procedure. Review records uploaded to Kidsoft. Use the optional [Managing Medical Conditions Self- Assessment](#) to support compliance and strengthen practice.
- Prioritise non-compliance and ensure immediate remedial action, which may include temporarily pausing the child's enrolment until non-compliance is addressed. Request confirmation from the Centre Director via email once issues are addressed.

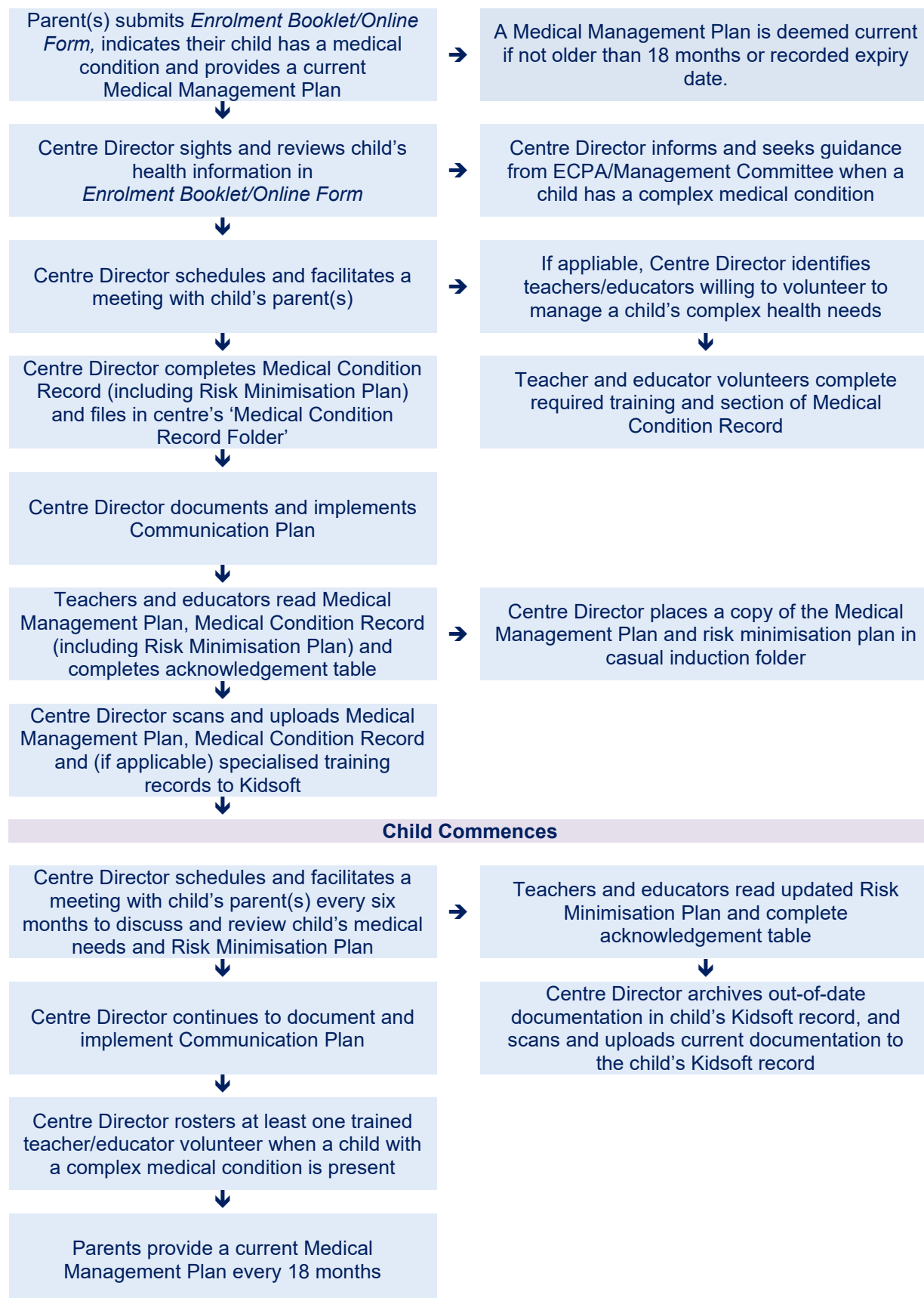
Inclusion Funding

- Kindergartens may be eligible to apply for Kindergarten Inclusion Support Subsidy (KISS) if a kindergarten aged child with a complex medical condition requires specialised support to access and participate in the program. Refer to [KISS Funding- Educator User Guide](#) to assess your eligibility. If eligible, complete an online [C&K KISS Inclusion Form](#):
- When a child with a medical condition requires additional support to access a Childcare Centre or Extended Kindergarten Program, contact your ECPA for advice and guidance.

Resources and References

- ACECQA Policy and Procedure Guideline – [Dealing with Medical Conditions in Children](#).

Appendix One – Medical Condition Process Summary



Appendix Two – Training requirements for teacher and educator volunteers

Who?

- Teachers and educators willing to volunteer to manage a child's complex health needs or perform a specialised health procedure are required to complete specialised training as outlined in this appendix.
- Training must be delivered by an appropriately qualified health professional or trainer from a recognised organisation and/or medical condition peak body.
- Branch centres - Your ECPA will source and arrange training. Cost of training is charged back to centre budgets or may be covered by KISS inclusion funding.
- Teachers and educators are permitted to volunteer to manage a child's complex health needs or perform a specialised health procedure when they:
 - Hold current First Aid, Asthma and Anaphylaxis and CPR qualifications.
 - Have completed specialised training as detailed in this appendix.
 - Have completed Part 3 – Teacher and Educator Volunteer section of the *Medical Condition Record*.

When?

- Training must be completed prior to a child commencing at a centre/or soon after a diagnosis of an enrolled child.
- Teacher and educator volunteers are required to complete theory training annually when a child with a complex medical condition is enrolled.
- Teachers and educators are required to complete practical training prior to a child commencing at a centre/or soon after a diagnosis AND when there is significant change to how a specialised health procedure must be performed.

What?

- The following table outlines the 'theory' and 'practical' training requirements for specific complex medical conditions and/or specialised health procedures.

Complex Medical Condition(s) / Specialised Health Procedure(s)	Training Requirements	
	Theory	Practical
Diabetes management and care tasks	YES	YES
Epilepsy management and care tasks (no Midazolam)	YES	Not required
Epilepsy management and care tasks including the administration of Midazolam	YES	YES
Tube feeding management and care tasks	YES	YES
Tracheostomy management and care tasks	YES	YES
Stoma management and care tasks	YES	YES
LifeVac device	Yes	Yes
Urinary catheter management and care tasks	Educators cannot volunteer to perform/no training	

Theory training content must include:

- What is the complex medical condition?
- Everyday management
- What is the specialised health procedure, including all steps and actions required?
- Possible signs, symptoms and/or triggers
- Treatment including medication (administration and storage)
- Emergency actions/first aid

Practical training content must include:

- Practical understanding of and the actions to implement a child's individual medical management plan and specialised health procedure(s).
- Trainer assessing the competency of the teacher and educator volunteer through observing the volunteer performing the specialised health procedure(s).

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Appendix Two – Training requirements for teacher/educator volunteers (continued)

Relevant peak bodies, key contacts and training options

Complex Medical Condition(s) / Specialised Health Procedure(s)	Peak Body/ Key Contacts	Training Options	
		Theory	Practical
Diabetes management and care	Diabetes Queensland Child's nominated Credentialed Diabetes Educator	Diabetes Queensland – <i>"Practical Diabetes for Childcare Educators"</i> online, 2 hours, \$40.00	Credentialed Diabetes Educator (fee for service).
Epilepsy management and care tasks	- Child's Medical Practitioner Epilepsy Queensland	Epilepsy Queensland through Epilepsy Smart Australia deliver <i>"Understanding and Managing Epilepsy for Educators"</i> online.	Not required
Epilepsy management and care tasks including the administration of Midazolam	- Child's Medical Practitioner Epilepsy Queensland	Epilepsy Queensland through Epilepsy Smart Australia deliver <i>"Administration of Emergency Medication"</i> which includes understanding and Managing Epilepsy with additional training for administration of emergency medication theory and practical. - Akadia (Toowoomba) – <i>"Epilepsy and Midazolam"</i>	Epilepsy Queensland through Epilepsy Smart Australia deliver <i>"Administration of Emergency Medication"</i> which includes training for administration of emergency medication theory and practical.
Tube feeding management and care tasks	- Child's Medical Practitioner/Chronic Care Nurse Queensland Children's Hospital	Enteral Nutrition - Assisting with PEG feeding - CQUniversity	Chronic Care Nurse
Tracheostomy management and care tasks	- Child's Medical Practitioner/Chronic Care Nurse Queensland Children's Hospital Tracheostomy Tubes	Theory + Practical - Queensland Children's Hospital Tracheostomy Tubes health practitioner or Chronic Care Nurse	
Stoma management and care tasks	- Child's Medical Practitioner/ Chronic Care Nurse Queensland Stoma Association	CQ University - Stoma Management – Basic Stoma Care PDC20104 (online)	Child's Chronic Care
LifeVac	LifeVac Australia	Online training – LifeVac Australia	Nurse practitioner