Dealing with Medical Conditions

Policy Title	Dealing with Medical Conditions
Policy version	V2.2
Review Cycle	2 Years
Last Review Date	November 2025
Implementation Date	July 2026
Next Review Date	July 2028

Policy Statement

SHARE OOSH affirms every child's right to safe, inclusive participation, including children with specific health care needs, allergies and medical conditions. We uphold the Education and Care Services National Law and Regulations and align our practice with ACECQA guidance, so risks are minimised, medication is administered safely, and responses are timely and child centred. The safety, rights and best interests of children are the paramount consideration in all decisions and actions under this policy.

We partner with families and relevant professionals to ensure accurate information, clear communication, and respectful decision-making. Educators are equipped through required training and ongoing learning to recognise, prevent and respond to health risks and emergencies with confidence and care.

Our approach emphasises dignity, privacy and cultural safety, while balancing practical, OOSH-specific realities such as varied attendance patterns and off-site activities. We monitor effectiveness and review this policy regularly to reflect current evidence and regulatory requirements.

Definitions

Allergen-safe labelling / Decanting	Keeping original labels or transferring full ingredient/allergen information to secondary containers.
Allergy	Immune response to a substance (allergen) that may cause reactions; can be mild to life-threatening.
Anaphylaxis	Severe, potentially life-threatening allergic reaction requiring immediate adrenaline (auto-injector) and calling 000.
Authorisation for Administration of Medication (OWNA form)	The service's required parent authorisation completed in OWNA for each medication (including OTC) before staff administer it.
Auto-injector	Pre-filled device (e.g. EpiPen/Anapen) that administers adrenaline for anaphylaxis.
Blister/Sachet (OTC)	Unit-dose packaging for non-prescription medicines; must be supplied with the outer manufacturer box showing the original label and directions or it will not be accepted.
Clinician / Registered medical practitioner	Medical professional authorised to diagnose and provide treatment plans (e.g. GP, specialist).
Cross-contact	Unintentional transfer of allergens from one food/surface to another.
Decanted product	Any medication transferred out of its original container; not accepted for administration by the service.
Diabetes (Type 1)	Autoimmune condition requiring insulin and glucose monitoring; may require rapid-acting glucose for hypoglycaemia.
Emergency medication	Medication required urgently in an emergency (e.g. adrenaline auto-injector, short-acting reliever, rapid-acting glucose).
Expiry date	Manufacturer's last safe date of use; expired medication is not used and must be replaced.
Medical bag	The child-specific pack containing the clinician plan, Risk Minimisation and Communication Plan (RMCP) and medication.
Medical management plan (clinician plan)	Clinician-completed plan (e.g. asthma action plan, anaphylaxis plan, diabetes plan) with diagnosis and treatment instructions.
Medication	Any substance used to treat or prevent illness, prescribed or over-the-counter, including emergency medication.
Medication administration record	Service record of medication given (or child-notified self-use under an exception), including time, dose, and staff witness.

Medication authorisation	Written authorisation from a parent (and where required, clinician) permitting administration, recorded in OWNA.
Non-prescription / Over-the-counter (OTC) medicine	Medicine that does not require a prescription; must be supplied in the original manufacturer container with the original label and directions and be in date.
On-person carriage	A child carrying medication on their person; only allowed under an approved exception.
Original manufacturer label and directions	The information printed on the product's retail packaging (outer box/bottle), including active ingredient(s), dosage, route and age/use instructions.
Privacy / Health information	Personal health information limited to authorised staff on a need-to-know basis and handled under SHARE's privacy procedures.
Risk minimisation and communication plan (RMCP)	SHARE's combined plan for a child with a specific health care need, allergy or medical condition. It documents the risk minimisation strategies and communication arrangements required under Regulation 90, including triggers, risk controls, medication access, emergency procedures, staff briefings, family communication and review arrangements.
Serious Incident	An incident that meets the National Law/Regulations notification threshold (e.g. emergency service attendance/transfer, hospital treatment).
Self-administration	A child taking their own medication; generally not permitted at SHARE, with narrow, clinician-endorsed exceptions for time-critical conditions as set out in Procedures.
Short-acting reliever	Fast-acting bronchodilator inhaler used to relieve acute asthma symptoms.
Spacer	Chamber used with an inhaler to improve delivery of asthma medication.
Specific health care need / Medical condition	A diagnosed health condition requiring risk controls and/or medication (e.g. asthma, anaphylaxis, diabetes, epilepsy).
Two-person check	Verification by a second staff member of the right child, medication, dose, time, route and expiry immediately before administration.
Verbal medical instruction (Reg 95(b))	Direction provided verbally by a registered medical practitioner; staff record clinician name, practice, time and exact instruction in the medication record.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1.1	Fit for purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.
3.2.1	Inclusive environment	Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.

QUALITY AREA 6: PARTNERSHIPS WITH FAMILIES AND COMMUNITIES		
6.2.2	Access and participation	Effective partnerships support children's access, inclusion and participation in the program.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP

7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

Legislative And Regulatory References

EDUCATION AND CARE SERVICES NATIONAL LAW	
2A	Paramount consideration – safety, rights and best interests of children
3A	Paramount consideration – NSW
165	Offence to inadequately supervise children
167	Offence relating to protection of children from harm and hazards
172	Failure to display prescribed information
174	Offence to fail to notify certain circumstances to Regulatory Authority
EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policy and procedures
86	Notification to parent of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90 (1) (iv)	Medical Conditions Communication Plan

91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement – anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
136	First aid qualifications
162(c) and (d)	Health information to be kept in enrolment record. (c) details of any specific healthcare needs… and (d) any medical management plan… or risk minimisation plan… .
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures
173(2)(f)	Prescribed information to be displayed – anaphylaxis notice
175	Prescribed information to be notified to the Regulatory Authority

Related Policies

- Acceptance and Refusal of Authorisations
- Administration of First Aid
- Enrolment & Orientation
- Management of Incident, Injury, Illness & Trauma
- Nutrition, food and beverages, dietary requirements
- Providing a Child Safe Environment

Purpose

To set a clear service-wide intent for the safe, dignified inclusion of children with specific health care needs, allergies and medical conditions, and to ensure our practices meet the Education and Care Services National Law and Regulations (including Regs 90–96, 136, 168, 170–172 and 173(2)(f)). This policy provides a concise framework for partnership with families, competent and timely response by educators, and consistent decision-making across on-site and off-site activities, aligned with ACECQA guidance and best practice for OSHC settings.

Guiding Principles

SHARE OOSH is guided by the following principles in ensuring:

1. **Safety, rights, best interests and inclusion** – The safety, rights and best interests of children are the paramount consideration. We support each child's health, dignity and full participation, with reasonable adjustments as needed.

2. **Partnership with families** – We co-design plans with families (and relevant professionals), using clear, culturally safe communication.

3. **Staff awareness and readiness** – Educators are trained and supported to meet legal requirements and administer medication safely; capable child self-management is enabled with safeguards.

4. **Preparedness everywhere** – Plans and medication are accessible wherever the child is (on-site, excursions, transport, evacuations), with visibility measures as required.

5. **Continuous improvement** – We review incidents and feedback, act on learnings, and keep documents current to improve safety and inclusion over time.

Procedures

1. Scope

- Applies to all children with specific health care needs, allergies or medical conditions, and to all educators, volunteers and visitors on duty.

- Key documents: medical management/action plan (clinician-signed where relevant), Risk Minimisation and Communication Plan (RMCP), medication authorisation (OWNA), medication administration record, incident/injury/illness/trauma (IIIT) report.

2. Enrolment and documentation

- Before start, families provide current medical information, action plans and required medication in original containers.

- Where a child has a diagnosed medical condition, specific health care need or allergy, the family will be provided with access to a copy of this policy before the child commences, or as soon as practicable after the service becomes aware of the condition.

- Admin verifies completeness of documentation; the Nominated Supervisor (or delegate) co-develops the RMCP with families.

- All medical management documents are attached to the child's OWNA file and stored in the child's physical medical bag.

- Families must complete the Authorisation for Administration of Medication form in OWNA for every medication supplied to the service (including non-prescription/OTC items).

- Families must advise changes promptly; updated documents replace previous versions and are redistributed to staff.

- Families can communicate any change to a child's medical management plan or RMCP via OWNA, email, phone or in person; staff note the update in OWNA on the day, notify the Nominated Supervisor, and request/upload the revised document so it becomes the current version.

3. Child's medical bag

- Contains: action plan, RMCP, medication(s) and any required devices (e.g. spacer).

- Clearly labelled with child's name and photo, kept in the designated medical station while on site, and accompanies the child to school pick-ups, excursions, regular outings, drills and evacuations.

- Daily OWNA checklist at session commencement confirms all enrolled children's packs are present, in the medical bag, and accessible.

4. Child's RMCP

- SHARE uses one combined RMCP to document both the child's risk minimisation plan and the communication plan required under Regulation 90.

- Required to be completed prior to commencement.

- Co-designed with families (and relevant professionals where needed).

- The RMCP covers known triggers, prevention and risk controls on-site and off-site, supervision and inclusion arrangements, medication access, emergency procedures, how relevant staff and volunteers will be informed, how the family will communicate changes, and when the plan will be reviewed.

- Stored in child's file in OWNA and in the child's medical bag.

- Updates supersede previous versions; Admin files and notifies staff.

5. Medication storage, expiry management, monitoring and escalation

- Storage: Medication is stored in an accessible, secure, clearly labelled location; refrigeration used only where required.

- Access: All educators must know where medication is kept; emergency medication is never locked away.

- Expiry/quantity: OWNA register maintained; automatic reminders sent one month before expiry; Admin follows up weekly until replaced.

- Escalation: If required medication/documents are not supplied by the due date, care is suspended until rectified. Responsible Persons are kept up to date with current suspensions.

- Monitoring: Periodic sweep of medical bags and spot checks of storage, records and signage, with findings logged and actions followed up.

6. Administering medication (non-emergency)

Acceptance and authorisation

- Prescribed medicines: Supplied in the original pharmacy container, labelled with the child's name, and in date.

- Non-prescription/OTC medicines (e.g. reliever inhalers, antihistamines, paracetamol, topical creams): Supplied in the original manufacturer container with the original label and directions, and in date.

- Not accepted: Decanted or unlabelled products; mixed/unidentified substances; loose strips/sachets without the outer box and directions.

- Families must complete the *Authorisation for Administration of Medication* form in OWNA for each medication (including OTC).

- Medication is administered as per the label directions. If a parent requests a departure from the label (dose, frequency, age limits, indication), staff require written or verbal instructions from a registered medical practitioner and record the clinician's name, practice, time and instruction in the medication record.

Before

- Confirm the right child, medication, dose, time and method of administration, check the expiry date and packaging requirements, and confirm that the required OWNA authorisation is in place.

- Prepare equipment; perform hand hygiene; obtain a witness.

During

- Administer per instructions and action plan; reassure and supervise the child; note actual time given.

After

- Record the administration on the child's *Medication Reports Form* in OWNA immediately after the medication is given, or as soon as practicable where circumstances prevent immediate recording.

- Inform family (via the Medication Report form) as per the RMCP; monitor the child as directed by the plan.

Short-term analgesics/antipyretics (e.g. paracetamol): May be given per label with OWNA authorisation; follow the Management of Incident, Injury, Illness & Trauma policy for fever thresholds, family contact and possible exclusion.

Topical OTC treatments (e.g. eczema cream): Accepted in original container with directions and OWNA authorisation; apply per label unless GP instructions are recorded.

7. Emergency response (e.g. anaphylaxis, acute asthma, seizure, hypoglycaemia)

In an anaphylaxis or asthma emergency, medication may be administered without prior parent authorisation in accordance with Regulation 94. The child's parent and emergency services must be notified as soon as practicable.

- Act without delay: follow the child's medical management or action plan, administer emergency medication as directed, call 000 where required or whenever there is uncertainty about the child's condition, and allocate staff roles as needed.
- Keep time-stamped notes of actions taken; continue observation and care until emergency services take over or the child stabilises.
- Notify family as soon as practicable; complete an Incident/Injury/Illness report; restock/replace used medication; debrief with staff and family; update plans if needed.
- Where an incident may be notifiable, the Responsible Person must notify the Nominated Supervisor as soon as practicable and ensure the notification is submitted to the NSW Regulatory Authority within the prescribed timeframe. The Nominated Supervisor may assist with or submit the notification when available; otherwise, the Responsible Person may submit it through NQAITS. Confirmation and supporting records must be retained on the child's OWNA file.

8. Child self-administration

Children are not generally permitted to self-administer medication while attending SHARE. An exception may be approved by the Nominated Supervisor where this is appropriate for the child's age, capability, medical needs and the time-critical nature of the medication.

Any approved self-administration arrangement must:

- be authorised in writing by the child's parent or other authorised person;
- be documented in the child's enrolment record and RMCP;
- identify the medication concerned and whether the child may carry or access it;
- specify the level of staff supervision and support required;
- state when the child must notify an educator before or after use;
- require staff to record any notification that the child has self-administered medication; and

- include any backup medication or other safeguards considered necessary.

Routine or non-urgent medication, including antibiotics and analgesics, will ordinarily be administered by staff.

Any undisclosed medication found with a child will be secured and the parent contacted. The arrangement will be reviewed where the child does not follow the agreed requirements, uses the medication unsafely, or where concerns are raised by the family, staff or treating practitioner.

Approved arrangements apply across all service contexts, including on-site care, school collections, excursions, transport, evacuations and emergency drills.

9. Excursions, transport and off-site activities

- Pre-check: medical packs complete and accessible; trained first aider rostered; venue/transport risks addressed in the excursion risk assessment (e.g. allergen exposures, environmental triggers).

- In transit and at venue: keep packs with the child/group; confirm staff know who carries them; integrate checks into headcounts.

- During/on return: confirm packs returned, no consumables depleted; record any incidents/near misses and update RMCPs as required.

Roles and Responsibilities

ROLE	RESPONSIBILE FOR
Approved Provider	• Endorse this policy and any updates; ensure policies for Medical Conditions and Medication Administration are maintained, accessible and reviewed on schedule. • Resource the service to meet requirements (training, relief coverage, emergency medication, storage, refrigeration where required, clearly marked medical stations, entrance signage for anaphylaxis). • Ensure robust systems exist for: enrolment collection of medical information; creation and review of child medical plans; medication registers; expiry monitoring; incident reporting; and Serious Incident notifications. • Monitor compliance through regular reporting from the Nominated Supervisor (NS) on incidents, audits, corrective actions and training completion. • Ensure significant policy changes are communicated to families with the required notice and that feedback is considered.
Nominated Supervisor	• Lead implementation of this policy; make sure all staff (including casuals/volunteers are informed of which children have medical conditions and where medication/plans are kept. • Oversee the verification of staff coverage each shift includes an educator with current first aid, anaphylaxis

	and asthma management qualifications; keep a register and act on expiries. • Ensure every child with a specific health care need, allergy or medical condition has a current RMCP in place. • Approve, document and brief staff on any tightly controlled exceptions to the "no self-administration" rule for time-critical conditions (e.g. severe asthma, Type 1 diabetes, anaphylaxis), including conditions, supervision and recording requirements; withdraw approvals if breached. • Oversee medication storage, accessibility and expiry management; ensure emergency medicines are never locked away and are available off-site. • Ensure pre-excursion checks include medical packs, trained staff, venue/transport controls and headcount practices that include the pack. • Oversee the assessment and management of incidents that may require notification to the Regulatory Authority. Where available, assist with or submit the required notification within the prescribed timeframe, review any notification submitted by a Responsible Person, and coordinate follow-up documentation, debriefing and improvements. • Authorise suspension and reinstatement of care when medication or documents are missing or expired; ensure families are informed clearly and promptly. • Oversea scheduled monitoring (monthly pack sweeps, termly spot checks) and record actions taken. • Oversee kitchen/allergen controls: menu flags, supplier statements, labelling/decanting rules, staff briefings and cleaning/check routines.
Responsible Persons	• Carry out the responsibilities of the Responsible Person during the shift, including confirming at the start of the session and before leaving the service premises that the medical bags, required medication and emergency equipment for children attending are present, current and accessible. • Confirm trained first-aid/anaphylaxis/asthma coverage is active on the roster; reallocate duties if coverage changes (e.g. staff leave early). • Ensure staff are briefed on the children attending that session with medical needs and any changes to plans. • During emergencies: allocate roles (caller, first aider, runner for AED/medical bag, crowd management), ensure action plans are followed, and that parent/emergency service notifications occur. • Identify and escalate any incident that may require notification to the Regulatory Authority. Notify the Nominated Supervisor as soon as practicable and ensure the required notification is submitted within the prescribed timeframe. Where the Nominated Supervisor is available, they may assist with or submit the notification; otherwise, the Responsible Person may submit it through NQAITS. The

	Nominated Supervisor must be informed when a notification has been made. • Before shift end: check that all medication administrations and incidents are recorded, family notifications sent, and depleted medication reported for replenishment.
Educators	• Know which children in your group have medical conditions; read and follow their plans; know where medication is stored and how to access it quickly on- and off-site. • Keep the child's medical bag with the group (school runs, excursions, drills, evacuations); include the bag in off-site headcounts and handovers. • Administer medication only with the required authorisation and in accordance with the child's plan and medication instructions. Complete the required checks before administration and record the administration immediately afterwards, or as soon as practicable where circumstances prevent immediate recording. • Do not permit child self-administration unless a documented exception applies and all listed conditions are met, record child notifications after any permitted self-use. • Observe children for symptoms; escalate early concerns; complete incident/illness reports and communicate with families as outlined in the plan. • Report missing/expired medication, plan gaps or storage issues immediately; contribute to audits, drills and debriefs. • Food preparation and service controls: o Check all OWNA allergy and food-related tags to identify relevant children in attendance before preparing/serving food. o Prevent cross-contact: dedicated utensils/boards/areas for allergen-free prep; clean and sanitise benches/equipment; strict handwashing and glove change between tasks. o Follow labelling and decanting rules (retain original packaging or transfer full ingredient/allergen label to containers). o Serve identified children first and separately where appropriate; supervise to prevent food swapping/sharing. o For diabetes management where relevant: align snack timing with plan instructions; ensure rapid-acting glucose is accessible; notify RP/NS immediately of any hypo/hyper symptoms. o On excursions/transport: pack and segregate allergen-safe food where applicable; reconfirm venue risks; maintain hand hygiene before eating; ensure waste is contained to reduce exposure.
Families	• Provide accurate, current medical information; supply clinician-signed plans and in-date medication in original containers; replace before expiry.

	• Inform the service immediately of any changes to diagnosis, medication or treatment; participate in developing and reviewing the child's plan. • For any approved exception to self-administration: complete the service authorisation, support the child's technique as advised by clinicians, and ensure a backup medication is provided to the service. • Understand that attendance may be paused if required items are missing or expired and that the service will act promptly in emergencies per the child's plan.
Administrative Staff	• Collect and file medical information at enrolment; ensure clinician-signed action plans and authorisations are attached in OWNA and printed for packs. • Provide the family of a child with a diagnosed medical condition, specific health care need or allergy with access to this policy and record that this has occurred. • Maintain the OWNA medication register; action automatic reminders; follow up with families; track and document replacements. • Prepare and file records: medication administration, incident/illness reports, Serious Incident submission documentation and confirmations; maintain version control of child plans. • Maintain training registers and staff briefing records. • Support communication to families about suspensions/reinstatements and policy changes; archive superseded documents per records policy.
Students/Volunteers	• Follow educator direction and this policy; never administer medication. • Report symptoms or concerns to the shift lead immediately. • Maintain confidentiality about children's medical information.

Induction and Ongoing Training

Induction

- Briefing on this policy and where to find child medical plans and medication.
- Walkthrough of medical stations, medical bags, and kitchen allergen controls.
- Shadow a trained educator for first medication administration.

Minimum qualifications (rostered coverage)

- At least one educator with current first aid, anaphylaxis and asthma management on every shift and available to all active supervision areas and during any transport. Aim for at least one educator with current first aid, anaphylaxis and asthma management

at each supervision area of the service on every shift and during transport of any kind when possible.

- First Aid and CPR currency maintained as per service schedule.

Refreshers

- Short, in-house refreshers (plan read-throughs, EpiPen/spacer practice).
- Kitchen refresher on menu flags, decanting/labels, and cross-contact prevention.

Drills

- Evacuation drills include checking medical bag at the assembly point.

Briefings and updates

- Start-of-term briefing on current plans and key changes.
- Ad-hoc briefing when a plan or medication changes.

Records

- Training register records induction, currency, refreshers and drill participation.

Monitoring, Evaluation, and Review Process

Monitoring

- Observe how the policy is used in daily practice across enrolment, child medical plans, medication administration, food preparation, excursions and emergencies.
- Check that roles are understood, documents are easy to find, and medical bags and plans are consistently accessible on and off site.
- Review available records for patterns and gaps (e.g. incidents or near misses, medication or plan issues, allergen control notes, staff briefings and training currency).
- Seek targeted feedback from educators, families and, where appropriate, children on clarity, usability and burden.
- Note any external advice from the Regulatory Authority or ACECQA that affects implementation.

Evaluation

- Assess whether controls are practical for OOSH realities such as variable attendance, large groups and regular off-site movement.
- Confirm that kitchen and food service controls align with child plans and supplier information, and that privacy settings for medical information are appropriate.

- After serious medical incidents or identified risks, record what worked and what needs to change in procedures, training, equipment or documentation.

Review

This policy will be formally reviewed at least every two years, or earlier if:

- legislation or regulations change,
- relevant incidents, complaints, or audit findings occur,
- enrolment/medical record systems or forms (e.g. OWNA) change.

All staff are consulted as part of the review process, and families are invited to contribute feedback.

The Approved Provider endorses all updates and ensures staff re-sign to confirm awareness.

Version control is maintained on the policy. Families are informed of significant changes with appropriate notice, and related documents (procedures and welcome pack) are updated accordingly.