

Medical Conditions Policy



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Warning - Ensure you are using the latest version of this policy.			
DCC Network/All Organisation Information/DCC Policies/Quality Area 2 – Childrens Health & Safety			

1. Policy Statement

River Region Early Education has a responsibility to ensure that children and workers are safe and well while attending services or undertaking work. Where a child or worker has a medical condition that requires management, the organisation is committed to effectively responding, managing and communicating about the medical condition to ensure their health, safety and wellbeing.

2. Rationale

Education and Care Services National Regulations require approved providers to have policies and procedures in place for dealing with medical conditions in children. This policy provides guidance for employees as to the documentation, communication, and management of medical conditions in children and workers, including authorisations, the involvement of families and registered medical practitioners, confidentiality of information, medical management plans, communication plans, risk minimisation, and prescribed information. This policy encompasses all medical conditions, including the most common, which are asthma, allergies, anaphylaxis, diabetes, and epilepsy or seizures.

This policy is informed by current information from the Australasian Society of Clinical Immunology and Allergy (ASCI), National Asthma Council of Australia, and Diabetes Australia and is closely connected to the following three policies related to managing and responding to medical conditions in children:

- *NQS2.30 Administration of Medication Policy* - information about the administration of medication,
- *NQS2.14 Nutrition and Food Safety Policy* - information about the management of food-related medical conditions, and
- *NQS2.11 Incident Injury Illness and Trauma Policy* - information about first aid and responding to medical emergencies and incidents.

3. Scope

This policy applies to all employees and volunteers, including students and trainees.

4. Responsibilities

It is the responsibility of the Board as Approved Provider to ensure that:

- The requirements of the Medical Conditions Policy and procedures are met, the appropriate medical management plans and risk assessments are completed, and all relevant actions are managed to minimise the risks to the child's health in line with regulation,

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- Families of children with a specific medical condition have been given a copy of the Medical Conditions Policy and any other relevant policies,
- Risk minimisation plans for children with medical conditions or specific health care needs are developed in consultation with families,
- All educators and staff have training as part of the induction process and ongoing training for the management of medical conditions (e.g. asthma, anaphylaxis and specific requirements for the enrolled children in their care),
- A written plan for ongoing communication between families and educators relating to medical conditions is developed and provided to families before the child attends or as soon as possible after diagnosis,
- If a child is diagnosed as being at risk of anaphylaxis, a notice is displayed in a position visible from the main entrance to inform families and visitors to the service,
- At least one employee who holds a current approved first aid qualification, who has undertaken current approved anaphylaxis management training, and who has undertaken current approved emergency asthma management training is in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency,
- Regulatory authorities are notified of serious incidents within 24 hours as identified in *NQS2.60 Child Safety and Protection Policy*,
- The service has in place policies and procedures in relation to the management of medical conditions,
- Nominated supervisors and staff members of, and volunteers at, the service follow the policies and procedures required under regulation,
- Copies of the current policies and procedures required under regulation are readily accessible to nominated supervisors, educators, and volunteers, and are readily available for inspection at the education and care service premises at all times that the service is educating and caring for children or otherwise on request, and
- Parents of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure referred to in regulation that may have a significant impact on the provision of education and care or a family's ability to use the service, or as soon as practicable if the notice period would pose a risk to the safety, health, or wellbeing of any child enrolled in the service.

It is the responsibility of the General Manager to:

- Carry out or delegate the responsibilities of the Board as listed above,
- Include first aid training related to emergency asthma and anaphylaxis management in the organisational training plan,
- Ensure that information relevant to understanding and responding to common medical conditions, including allergies and anaphylaxis, is shared with families,
- Ensure that support, including counselling if needed, is provided for employees, witnesses and children who experience or are involved with a medical emergency, and
- Notify the Board and the Regulatory Authority within 24 hours of any serious incident as identified in *NQS2.60 Child Safety and Protection Policy*, including incidents related to a child with a medical condition where emergency services attended, or a child needed medical care.

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It is the responsibility of the Business Services Manager to:

- Support Administration employees to confidentially record children's health information in their enrolment record, including medical management plans.

It is the responsibility of Nominated Supervisors and Responsible Persons to:

- Implement this policy and procedures and ensure all action plans that are in place are carried out in line with requirements,
- Ensure each child with a diagnosed medical condition has a medical management plan, risk minimisation plan and communication plan in place before attending education and care or as soon as possible after diagnosis,
- Ensure any changes to the policy and procedures or individual child's medical condition or specific health care needs and medical management plan are updated in the risk minimisation plan and communicated to all educators and staff,
- Display, with consideration for children's privacy and confidentiality, children's medical management plans and ensure that all educators and staff are aware of and follow the risk minimisation plans for each child,
- If a child is diagnosed as being at risk of anaphylaxis, display a notice in a position visible from the main entrance to inform families and visitors to the service,
- Ensure communication is ongoing with families and there are regular updates as to the management of the child's medical condition or specific health care needs,
- Ensure educators and staff have the appropriate training needed to deal with the medical conditions or specific health care needs of the children enrolled in the service,
- Ensure that there is always at least one person in attendance while children are being educated and cared for and immediately available during an emergency who has current first aid training, including emergency asthma and anaphylaxis management,
- Ensure all educators and staff are aware of and follow the risk minimisation procedures for children in attendance, including emergency procedures for using adrenaline injectors (such as EpiPens and Anapens),
- Ensure the Buddy Bags of children with medical conditions are kept up to date with their medication and Medical Management Plan and accompany the child when they transition between spaces, including on excursions,
- Ensure each room or venue in their service contains at least one adrenaline injector and asthma reliever medication and spacers for general use during a medical emergency with children who have not been diagnosed with a medical condition,
- Ensure all educators, cooks and relevant employees are aware of risk minimisation requirements related to the preparation and service of food for children and adults with food-related medical conditions as identified in *NQS2.14 Nutrition and Food Safety Policy*,
- Ensure all educators are aware of and comply with requirements for the administration of medication to children with medical conditions as identified in *NQS2.30 Administration of Medication Policy*,
- Ensure each child with a medical condition has opportunities to participate in experiences, exercise and/or excursions in a way that is appropriate and in accordance with their risk minimisation plan, and
- Share information with families that helps them to understand and respond to common medical conditions, including allergies and anaphylaxis.

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It is the responsibility of educators to:

- Ensure all the action plans are carried out in line with the Medical Conditions Policy and Procedures,
- Monitor the health of children closely and be aware of any symptoms and signs of ill health, with the Nominated Supervisor or Responsible Person and families contacted as changes occur,
- Maintain regular communication with families so that all educators and staff (including the nominated supervisor) are informed of any changes to a child's medical condition,
- Maintain awareness of the individual needs and action plans for children with medical conditions in their care and follow risk minimisation strategies,
- Ensure medical management plans and risk minimisation plans are reviewed, updated and implemented when circumstances change for a child's specific medical condition,
- Ensure all children's health and medical needs are taken into consideration on excursions, including the need for first aid kits, personal medication, and medical management plans,
- Follow minimisation requirements related to the preparation and service of food for children and adults with food-related medical conditions as identified in *NQS2.14 Nutrition and Food Safety Policy*,
- Understand and comply with requirements for the administration of medication to children with medical conditions as identified in *NQS2.30 Administration of Medication Policy*,
- Maintain current approved first aid, CPR, emergency asthma and anaphylaxis management qualifications as defined in *NQS4.34 Staff Development and Training Policy*,
- Maintain the confidentiality of children's health information and records,
- Incorporate age-appropriate learning about medical conditions into the educational program, including support for other children with food allergies, the importance of washing hands and not sharing food and how to recognise and respond to an allergic reaction, and
- Complete an incident report should a child require emergency medical treatment in line with *NQS2.11 Incident, Injury, Illness and Trauma Policy*.

It is the responsibility of families to:

- Advise the service of their child's medical condition and their specific needs as part of this condition,
- Provide regular updates to the service on the child's medical condition including any changes, and ensure all information required is up to date,
- Provide a medical management plan or signed direction from a registered medical practitioner on enrolment or diagnosis of the medical condition with updated plans as required,
- Collaborate with the service to develop a risk minimisation plan and sign the Medical Management Plan and Communication Plan so that their child can attend the service, and
- Provide appropriate current medication, if relevant, that is labelled in accordance with requirements outlined in *NQS2.30 Administration of Medication Policy* and as described in their child's Medical Management Plan.

5. Definitions

Anaphylaxis – A severe and potentially life-threatening allergic reaction characterised by a sudden onset of symptoms, usually within 30 minutes of exposure to a trigger but can occur up to

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several hours later. Triggers can include food, bites or stings, medications, exercise or contact with substances. Symptoms can affect breathing, skin, blood pressure, and digestion.

Medical condition – A condition that has been diagnosed by a registered medical practitioner.

Medicine or medication – Therapeutic goods regulated by the Therapeutic Goods Administration (TGA) and listed on the Australian Register of Therapeutic Goods (www.tga.gov.au) that include medicines prescribed by a doctor or dentist, available from behind a pharmacy counter, available in the general pharmacy or a supermarket and complementary medicines. Medicines can be administered orally (by mouth) or topically (on skin). (Commonwealth Therapeutic Goods Act 1989)

Medical management plan - A document that has been prepared and signed by, or based on information provided by, a registered medical practitioner that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition and includes the child's name and a photograph of the child.

Risk minimisation plan - A document prepared by service staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating to the child's specific health care need, allergy or other relevant medical condition.

Communication plan - A plan that outlines how the service will communicate with families and staff in relation to the policy and describes how families and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.

Registered medical practitioner - A registered medical practitioner is a health professional who is registered under the Health Practitioner Regulation National Law to practice in the medical profession (other than as a student). This includes paediatricians, General Practitioners, pharmacists, Aboriginal and/or Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioner, chiropractors, nurses or midwives, occupational therapists, optometrists, and physiotherapists.

6. Guidelines

River Region Early Education adopts a risk management approach with regards to medical conditions in line with current information from peak bodies, including:

- ASCIA (<https://www.allergy.org.au/>),
- National Asthma Council (<https://www.nationalasthma.org.au/>),
- Diabetes Australia (<https://www.diabetesaustralia.com.au/>),
- Coeliac Australia (<https://coeliac.org.au/>), and
- The Royal Children's Hospital (<https://www.rch.org.au/>).

a) Child is identified as having a medical condition

The parent identifies the child's diagnosed medical condition when completing the enrolment form or when the child is diagnosed or has a medical incident.

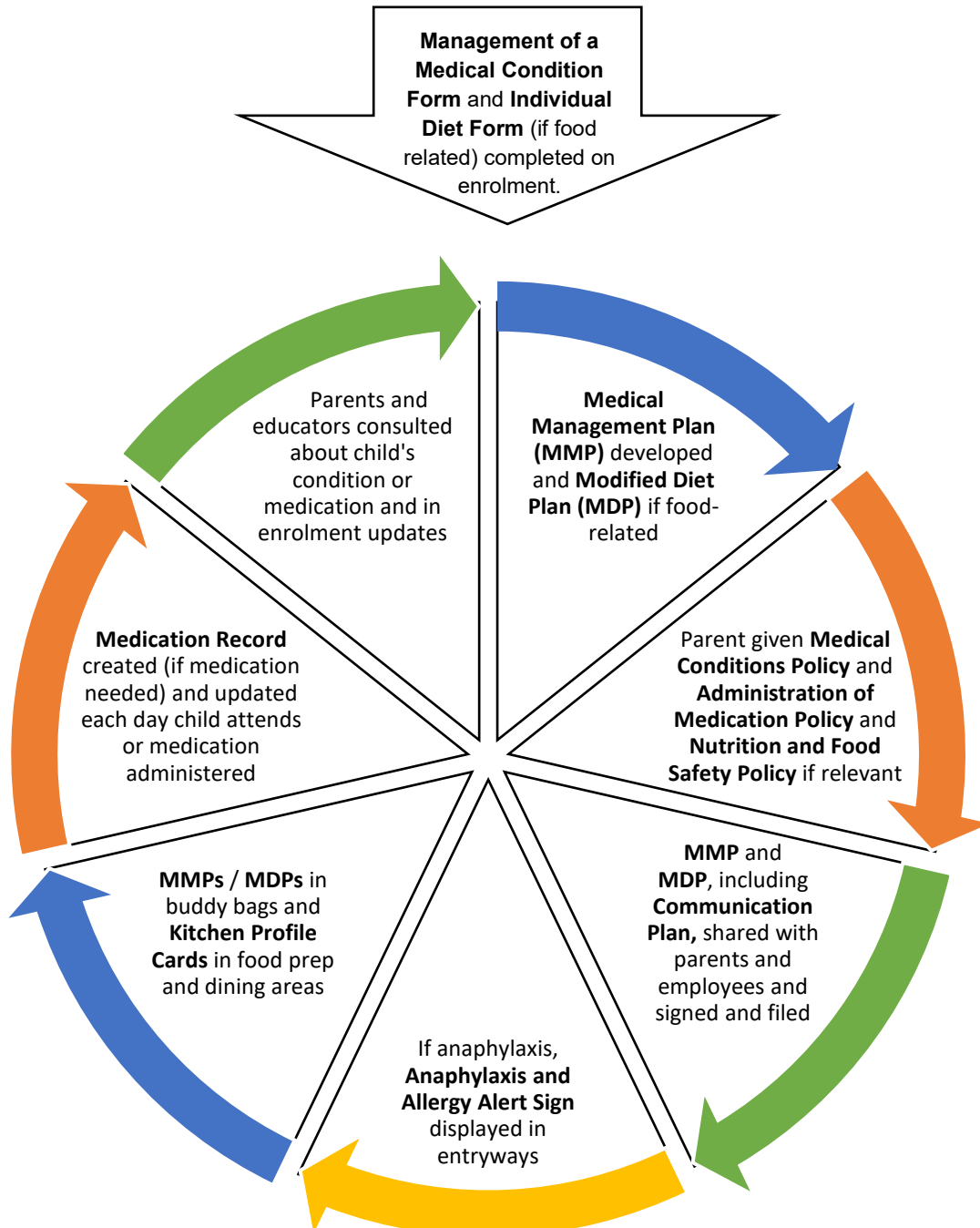
- Parent completes *NQS2.12B Management of a Medical Condition Form* and *NQS2.14G Individual Diet Form* if food related.
- Parent provides medical management plan from registered medical practitioner, which may use a template, such as an ASCIA Anaphylaxis Action Plan or be a direction on

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condition, medication or treatment type, dose and frequency signed by the registered medical practitioner.

- Where medication is prescribed, the information provided in the registered medical practitioner's plan or direction should exactly match the information on the medication.
- *NQS2.12B Management of a Medical Condition Form* and *NQS2.14G Individual Diet Form* are filed in the child's enrolment record.

Medical Management Cycle



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b) Service creates a Medical Management Plan (MMP)

Where a Medical Management Plan is required, the child will only be able to attend the service once the MMP has been created, confirmed and signed by a parent, educators informed and Buddy Bags, Kitchen Profile Cards and Anaphylaxis and Allergy Alert Signs updated, if required.

A Medical Management Plan is created using *NQS2.12C Medical Management Plan Template*, that includes the MMP information, a risk minimisation plan and a communication plan.

- Parent is consulted about the accuracy of the plan and effectiveness of the risk minimisation plan,
- Parent is given a copy of *NQS2.12 Medical Conditions Policy* and *NQS2.30 Administration of Medication Policy* (if the child requires medication),
- The registered medical practitioner's plan or signed direction is attached to the MMP, and
- Parent signs the MMP and Communication Plan.

Further information about creating Medical Management Plans is included in *NQS2.12A Medical Conditions Procedures*.

RREE requires Medical Management Plans to be easily readable and contain the following information:

- The name and a current photo of the child (taken within the previous 12 months),
- The plan implementation and review date,
- Details of the child's condition, including triggers and symptoms,
- An action plan that identifies actions to be taken when symptoms arise,
- Emergency contact and medical practitioner details,
- The signature of the medical practitioner or their signed direction attached to the MMP,
- A risk minimisation plan that identifies strategies to minimise the likelihood of symptoms arising and ensure a quick and appropriate response by employees,
- Name, date and signature of a parent, and
- A communication plan to be read, signed and given to a parent and employees.

c) Service creates Modified Diet Plan (MDP)

There is more detailed information about this in *NQS2.14 Nutrition and Food Safety Policy*.

If the child's medical condition is food related, service creates a diet plan using *NQS2.14H Modified Diet Plan Template* and follows procedures identified in *NQS2.14 Nutrition and Food Safety Policy*.

- Parent is consulted about the accuracy of the plan and effectiveness of risk minimisation,
- Parent is given a copy of *NQS2.14 Nutrition and Food Safety Policy*,
- Parent signs MDP,
- Where food will be prepared and provided to the child, a kitchen profile card for display in the kitchen is created using *NQS2.14L Kitchen Profile Card Template*.
- Modified Diet Plan is filed in the child's enrolment record.

d) Anaphylaxis information is displayed

Where a child (or employee) has a severe allergy or anaphylaxis, information on the allergens is included in a notice created using *NQS2.14D Anaphylaxis and Allergy Alert Sign Template*.

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- This sign is displayed in the entryway to services to inform families of any allergens affecting children in attendance on each day and directions for risk minimisation, for example alerting educators if a child has a listed allergen in their lunch box.
- The sign is reviewed each term or when the attendance days or allergen information changes for any child in that service.

e) Educators and staff are informed

Employees are informed of each child's Medical Management Plan (and/or Modified Diet Plan) and whenever there is a change to the child's condition, medication and/or risk minimisation procedures.

- New and updated MMPs are presented and discussed at team meetings,
- All relevant educators and employees read the MMP, including the risk minimisation plan, and read and sign the Communication Plan,
- The MMP, including the risk minimisation plan, is stored in the child's Buddy Bag and kept up to date,
- Educators and employees follow risk minimisation procedures for each child,
- MMP and Communication Plan are filed in the child's enrolment record, and
- Medical emergency scenarios are discussed at team meetings.

f) Service creates Medication Record

There is more detailed information about this in *NQS2.30 Administration of Medication Policy*.

Where the child's medical condition requires medication to be administered, a medication record is created in line with *NQS2.30 Administration of Medication Policy*.

- Medication record includes authorisation for administration from parent or authorised nominee,
- Information provided in the registered medical practitioner's plan or direction (and in the child's Medical Management Plan) should exactly match the information on the medication,
- Record is completed whenever medication is given.

Where the administration of medication is required, the child will only be able to attend the service once the Medication Record has been created and correctly labelled medication has been provided. Refer to *NQS2.30 Administration of Medication Policy* for more information.

g) Child's medical condition and plans are reviewed and updated

Families are encouraged, through the Communication Plan and interactions with educators, to inform the service where their child's medical condition, medication, or treatment requirements change. Medical Management Plans do not expire but should be reviewed at least annually and updated whenever significant information changes.

The Service will facilitate the review and updating of MMPs:

- Where the child has experienced a medical incident or emergency related to their medical condition, with actions identified when completing *NQS2.11 A1 Child Incident Record*,
- During enrolment updates using the *Enrolment Update Form* or on re-enrolment, and
- Where the child's registered medical practitioner provides a new medical management plan or signed direction that indicates a change in medication or treatment type, dose, frequency or any action plan or risk minimisation requirement.

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When a child's Medical Management Plan is updated, the Medical Management Cycle is repeated, including the following ideally within two (2) weeks:

Note that the child cannot attend the service without an accurate and authorised MMP in place.

- Parent confirmation and signing of MMP and Communication Plan,
- Attachment of any updated signed directions or medical management plans from medical practitioners,
- Presentation of MMP and Communication Plan to educators and other staff for discussion and signing,
- Creation or updates to Medication Record,
- Update of Modified Diet Plans, Kitchen Profile Cards, Buddy Bag Tags, and Anaphylaxis and Allergy Alert Sign if relevant,
- Update of MMPs in Buddy Bags and all documentation in the child's enrolment record.

h) General risk minimisation strategies

RREE implements a range of core risk minimisation strategies to lower the likelihood of children with medical conditions developing life-threatening symptoms and to help employees respond quickly and effectively.

Buddy Bags

- Each child with a Medical Management Plan has a Buddy Bag that contains their MMP and any medication.
- Buddy Bags accompany the child when they transition between rooms and indoor and outdoor spaces and when they are on an excursion.
- Buddy Bags are checked during Daily Safety Checks and medication is checked during quarterly emergency drills.

First Aid

- At least one educator in each room has current first aid training, including CPR and emergency asthma and anaphylaxis management, as identified in *NQS4.34 Staff Training and Development Policy*.
- First aid kits are readily available when children are indoors, outdoors and on excursions.
- General use adrenaline injectors, asthma medication and spacers are available in each service.
- The following posters are displayed in each service
 - *NQS2.12E NSW Ambulance CPR Chart*
 - *NQS2.12F ASCIA First Aid Plan for Anaphylaxis General Poster*
 - *NQS2.12G NAC First Aid for Asthma Under 12 Poster*
 - *NQS2.12H Diabetes NSW Hypoglycaemia Information Poster* (if required).
- *NQS2.80K Emergency Management Plan* is displayed in services and includes emergency numbers and an action plan for medical emergencies.
- Educators discuss medical emergency scenarios at team meetings twice a year.

Daily Safety Checks

- Each service conducts and records daily safety checks, as identified in *NQS3.20 Physical Environment Policy*, that include checks for airborne allergens and insects and a weekly check that anaphylaxis signage is in place.

Hygiene schedule and supervision

- Each service has a daily hygiene schedule, as identified in *NQS2.10 Hygiene and Infection Control Policy*, that minimises dust and cross-contamination of potential allergens.
- Children and employees are encouraged to regularly wash their hands, with hand sanitiser available and clear handwashing signage displayed in bathrooms.
- Children are supervised while eating and are discouraged from sharing food.

i) Anaphylaxis and allergy management

Anaphylaxis is a severe allergic reaction to a substance and, while not common, it is life threatening. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists.

Symptoms of anaphylaxis include:

- difficulty breathing,
- swelling or tightness in the throat,
- swelling tongue,
- wheeze or persistent cough,
- difficulty talking,
- persistent dizziness or collapse, and
- in young children, paleness and floppiness.

In education and care settings, allergic reactions and anaphylaxis are most likely to be caused by:

- food, particularly peanuts, tree nuts, seafood, eggs and cow's milk,
- animals, insects, spiders and reptiles,
- latex and rubber products, or
- Band-Aids, Elastoplast and products containing rubber-based adhesives.

RREE educators follow general risk minimisation strategies to reduce the risk of a severe reaction due to exposure to known and unknown food-related allergens as outlined in *NQS2.14 Nutrition and Food Safety Policy* and procedures. General principles include:

- Providing training for educators that includes anaphylaxis management,
- Ensuring educators and those preparing and serving food are aware of the needs of children with food-related allergies and their food, drink and utensils are clearly indicated or labelled,
- Closely supervising children while they are eating and drinking to ensure they do not share food or utensils or eat food that is not prepared for them,
- Sensitively separating children with food-related allergies from children who have food containing allergens while they are eating or drinking, including holding babies while they drink milk if there is another baby present with a dairy allergy,
- Reviewing ingredients in cooking, craft, or science experiences to ensure they are safe and inclusive, and
- Providing information to families where they may need to modify the food provided for their child if another child has a severe allergy or risk of anaphylaxis.

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Adrenaline injectors will be disposed of safely, which may include:

- Where administered in an emergency, labelled with the time given and given to ambulance staff with care taken to prevent sharps injury, or
- Where used for other purposes, for example demonstration, disposed of in general waste (note Anapens should not be re-sheathed and should be returned to their hard storage container before disposal).

j) Asthma management

Detailed information about asthma management in an early childhood setting is provided in the AAIC/Sydney Children's Hospital resource *NQS2.12L Asthma Management Information for Children's Service Staff*.

Asthma is a serious chronic condition that causes inflammation and muscle tightening around the airways, making it harder to breathe. The symptoms of asthma include wheezing, breathlessness, shortness of breath, coughing and chest tightness. Children may be diagnosed with asthma by a registered medical practitioner or, if an infant or toddler, with asthma-like respiratory symptoms that are managed in a similar way.

Common triggers include:

- dust and pollution,
- inhaled allergens, for example mould, pollen, pet hair,
- changes in temperature and weather, heating and air conditioning,
- emotional changes including laughing and stress, or
- activity and exercise.

RREE educators follow general risk minimisation strategies to reduce the risk of a severe reaction due to exposure to known and unknown allergens or triggers. General principles include:

- Providing training for educators that includes emergency asthma management,
- Cleaning surfaces with a damp cloth to minimise distribution of dust into the air,
- Considering the needs of children with asthma when planning indoor and outdoor activities, particularly during extremes of weather, and when considering bringing animals into the service,
- Monitoring airborne pollutions, weather conditions and indoor air conditioning and heating on a daily basis, and
- Actively supervising children during active play and exercise.

k) Responding to medical emergencies

There is more detailed information about this in *NQS2.11 Incident, Injury, Illness and Policy*.

Employees should keep in mind that a child without a diagnosed medical condition or an MMP might have a medical emergency, including an allergic reaction or anaphylaxis. In an emergency, medication can be administered without authorisation or with only verbal authorisation from a parent or authorised nominee.

Where a child has a medical emergency, RREE recommends that employees immediately:

1. Assess the risk and identify the medical emergency and if the child has an MMP / Buddy Bag / medication.
2. Follow the Action Plan on the MMP.
3. If there is no MMP, follow the:

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- NQS2.12E NSW Ambulance CPR Chart
 - NQS2.12F ASCIA First Aid Plan for Anaphylaxis General Poster, or
 - NQS2.12G NAC First Aid for Asthma Under 12 Poster
4. Apply first aid, including an adrenaline injection if anaphylaxis or asthma medication,
 5. Ring 000

As soon as possible after the emergency has passed or is under control, employees should:

- Notify a parent / guardian or authorised nominee,
- Complete *NQS2.11 A1 Child Incident Record*, and
- Notify their Nominated Supervisor and the General Manager, who will notify the Board and the Regulatory Authority if required.

Where a serious incident has occurred, employees who were present or involved will be offered the opportunity to debrief about their experiences and access to further support, including counselling if needed. *NQS2.11 A10 Anaphylaxis Incident Report* will be completed during debriefing if relevant.

l) Employees with medical conditions

Where an employee has a medical condition that is potentially life-threatening or needs a risk minimisation plan, the following aspects of the Medical Management Plan cycle can be implemented:

- Employee identifies they have a medical condition during orientation.
- Employee and their supervisor create a Medical Management Plan using *NQS2.12J Staff Medical Management Plan Template* and the employee signs it.
- Colleagues in the service or team and Administration are informed of the MMP and risk minimisation plan.
- The employee has a Buddy Bag with emergency medication and a copy of their MMP if required.
- The employee's information is included in the Anaphylaxis and Allergy Alert Sign if relevant.
- The employee's MMP is displayed, including in kitchens and administration, if required.

7. Relevant Legislation, Regulations and Standards

Legislation	
Education and Care Services National Regulation	
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
162	Health information to be kept in enrolment record
168	Education and care service 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 or procedures

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173	Prescribed information to be displayed - education and care service other than a family day care service
National Quality Standards	
2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
Child Safe Standards	
3	Families and communities are informed and involved
Early Years Learning Framework Learning Outcomes	
3	Children have a strong sense of wellbeing
Early Years Learning Framework Principles	
	Partnerships
	Collaborative leadership and teamwork
Early Years Learning Framework Practices	
	Holistic, integrated, and interconnected approaches
	Responsiveness to children

8. Related Documents

Doc #	Attachments
NQS2.12A	Medical Conditions Procedures
NQS2.12B	Management of a Medical Condition Form
NQS2.12C	Medical Management Plan Template
NQS2.12D	Anaphylaxis and Allergy Alert Sign
NQS2.12E	NSW Ambulance CPR Chart
NQS2.12F	ASCIA First Aid Plan for Anaphylaxis General Poster
NQS2.12G	NAC First Aid for Asthma Under 12 Poster
NQS2.12H	Diabetes NSW Hypoglycaemia Information Poster
NQS2.12J	Staff Medical Management Plan Template
NQS2.12K	Buddy Bag Tag Template
NQS2.12L	Asthma Management Information for Children's Service Staff

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Doc #	Intersections with other key documents
NQS2.11	Incident, Injury, Illness, and Trauma Policy
NQS2.14	Nutrition and Food Safety Policy
NQS2.30	Administration of Medication Policy
NQS2.60	Child Safety and Protection Policy
NQS4.34	Staff Training and Development Policy
NQS2.11 A1	Child Incident Record
NQS2.11 A10	Anaphylaxis Incident Report
NQS2.14H	Modified Diet Plan Template
NQS2.14L	Kitchen Profile Card Template
NQS3.20	Physical Environment Policy
NQS3.20D	Daily Safety Checklists
NQS2.10	Hygiene and Infection Control Policy

9. Document Control

Doc #	Doc Title	Version	Approved	Next Review
NQS2.12	Medical Conditions Policy	1	May 2018	May 2020
NQS2.12	Medical Conditions Policy	2	June 2020	June 2022
NQS2.12	Medical Conditions Policy	3	March 2022	March 2025
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NQS2.12	Medical Conditions Policy	4	July 2024	July 2027