



ECH013 – MANAGING MEDICAL CONDITIONS IN CHILDREN

POLICY CONTEXT

Willunga Waldorf School is a co-educational and inclusive school. The school's mission is to provide Steiner education from early childhood to year 12, based on the work of Rudolf Steiner. This education is driven by a deep understanding and respect for the developing and unfolding human being.

The School seeks to be a safe, just, compassionate, responsive and inclusive place for all.

PURPOSE AND SCOPE

The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place for dealing with medical conditions in children, and that reasonable steps are being taken to ensure those policies and procedures are followed.

The purpose of this policy is to confirm Willunga Waldorf School's (WWS) commitment to providing a safe and healthy environment for all children enrolled in its early childhood program, and to describe the practices for managing children's medical conditions and the administration of medications during school hours and related activities.

This policy applies to all students, staff, volunteers and families engaged in the early childhood program at WWS, which encompasses the Kindergarten and Reception years.

POLICY STATEMENT

Willunga Waldorf School is committed to providing a safe, inclusive, and supportive environment for all children enrolled in its early childhood program, including those with medical conditions requiring ongoing management and/or medication. The School recognises its duty of care and will work collaboratively with parents/guardians, healthcare professionals, and children to develop and implement appropriate health plans. Families can expect that educators will act in the best interests of the children in their care at all times and meet the children's individual health care needs.

DEFINITIONS

MEDICATION

Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over the counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au)

MEDICAL CONDITIONS

For the purpose of this policy, a medical condition is defined as any physical or mental health issue, diagnosed or undiagnosed, that may impact a child's ability to participate safely and fully in school activities or that may require ongoing monitoring, support, or medical intervention during school hours. This includes, but is not limited to:

- Chronic illnesses (e.g., asthma, diabetes, epilepsy)
- Acute conditions (e.g., infections, injuries requiring temporary care)

- Severe allergies or anaphylaxis
- Mental health conditions (e.g., anxiety)
- Conditions requiring regular medication or emergency intervention

MEDICAL MANAGEMENT PLAN

A document that has been prepared and signed 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 AND COMMUNICATION PLAN

A document prepared by 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.

PROCEDURES

RECORDING OF MEDICAL CONDITIONS AND MEDICATIONS

- Medical Conditions and / or medications are to be recorded via Consent2go by the parent of the enrolled child. Parents are sent a link to Consent2go at the start of enrolment and are required to provide as much detail as possible about the child's medical conditions.
- Parents can update medical conditions and add new ones at any stage through Consent2go or via notifying the front office staff in writing.
- Students with a diagnosed medical condition, like Asthma, Anaphylaxis, Epilepsy and Diabetes will require a Medical Action Plan completed by a Registered Medical Practitioner.
- If medication is required to be administered to a child during their time at school, parents must complete a Medication Agreement Form. No medication can be administered until the appropriate documentation is received.
- A child's medical conditions and medications are disclosed to all staff who are responsible for the duty of care of students.
- In the event of an emergency, a child's medical conditions and medications will be disclosed to the relevant medical professionals to ensure the appropriate treatment of the child.

RISK MINIMISATION AND COMMUNICATION PLANS

- We will partner with families of children with diagnosed medical conditions to develop a risk minimisation plan to ensure that the risks relating to the child's specific health care need or relevant medical condition are assessed and minimised.
- In conjunction with the risk minimisation plan, a communication plan will be developed setting out how communication occurs if there are any changes to the medical management plan or risk minimisation plan for the child.
- The communication plan ensures all staff are informed of the child's medical condition and relevant documentation.
- We will communicate with families about their child's health requirements in a culturally sensitive way.
- Current risk minimisation and communication plans for children with a diagnosed medical condition are accessible to all staff.

ADMINISTRATING MEDICATIONS PROCEDURE

- Medication will only be administered by staff if a Medication Agreement Form has been completed by a parent or Registered Medical Practitioner.
- An Epinephrine autoinjector (e.g. EpiPen®) and Salbutamol (e.g. Ventolin®) can be administered without a Medication Agreement Form in the case of an emergency.



- Medication must be brought to the Front Office and not left with a child unless a Registered Medical Practitioner has deemed the student capable of self-administration or self-administration has been approved by the Head of School.
- Any controlled medications stored onsite are documented in a controlled and restricted medicines register and counted regularly.
- Any controlled medications administered are documented on an individual medication log.
- Medications are stored in a locked cabinet away from student access.
- Staff may only administer medication from its original packaging, with a pharmacy label bearing the students name and within its use by date.
- 2 staff members are to be present at the administration of all medications.
- Staff are to complete a medical note for the student in SEQTA when medication has been administered and email it to parents.
- For activities away from kindy rooms (e.g. bush kindy), all medication and required medical information will be taken in the First Aid Kit.
- A medication log is to be completed for all medicines administered during bush kindy.

ANAPHYLAXIS/ALLERGY PROCEDURE

- All staff are made aware of children with recorded anaphylaxis via email and printed information is displayed in staff-only areas around the school.
- Children who are identified as having a severe allergy are required to have an Individual Action Plan completed by a Registered Medical Practitioner. Staff will follow this plan in the event of an allergic reaction.
- Where medication is to be administered, a Medication Agreement Form is to be completed by a parent or Registered Medical Practitioner.
- Emergency Epinephrine autoinjectors (e.g. EpiPen®) are available around the school (e.g., Front Office, Library, Tech, HS Teachers Prep, Kindergarten Office, Golden Wattle Classroom).
- If food-based allergy is very severe, the teacher may choose not to have any of the known allergen(s) in their rooms for the duration of that child's time in kindergarten/reception.
- We discourage the sharing of food between children at school.

ASTHMA PROCEDURE

- All staff are made aware of students with recorded asthma via email, and printed information is displayed in staff-only areas around the school.
- An Asthma Action Plan is required to be completed by a Registered Medical Practitioner. Staff will follow this plan in the event of an asthma attack.
- Where medication is to be administered, a Medication Agreement Form is to be completed by a parent or Registered Medical Practitioner.
- Emergency Salbutamol (e.g. Ventolin®) is available around the school (e.g., Front Office, Library, Tech, HS Teachers Prep, Kindergarten Office, Golden Wattle Classroom).

DIABETES PROCEDURE

- All staff are made aware of students with recorded diabetes via email and printed information is displayed in staff-only areas around the school.
- A Diabetes Action Plan is required to be completed by a Registered Medical Practitioner. Staff will follow this plan in the event of an incident relating to the child's diabetes.
- Where medication is to be administered, a Medication Agreement Form is to be completed by a parent or Registered Medical Practitioner.



PARACETAMOL AND IBURPROFEN (PAIN RELIEVERS)

- Paracetamol and other pain relievers are considered a drug and as such also require a Medication Agreement Form to be completed by a parent or Registered Medical Practitioner.
- The supplied pain reliever needs to be in its original packaging, with a label bearing the students name and within its use by date.

HOMEOPATHIC

- Homeopathic supplements or medications, including salts, medicinal grade vitamins or supplements are considered medication and also require a Medication Agreement Form to be completed by a parent or Registered Medical Practitioner.
- The supplied supplement and/or medication needs to be in its original packaging, with a label bearing the students name and within its use by date.
- The use of homeopathic topical creams for first aid treatment is exempt. Please refer to the School's Administration of First Aid Policy and Procedures for more information on this.

EMERGENCY RESPONSE

- All staff are trained to respond in the event of a medical emergency.
- An Epinephrine autoinjector (e.g. EpiPen®) and Salbutamol (e.g. Ventolin®) may be administered as a first aid emergency response to any child, young person, staff or visitor. Please see the School's Administration of First Aid Policy and Procedures for more details.

INDUCTION AND ONGOING TRAINING

- All staff – including temporary relief staff – are trained in providing first aid in an education and care setting, including anaphylaxis and asthma management, and must keep their training current. This includes annual training in providing cardiopulmonary resuscitation (CPR).
- The School provides regular opportunities for first aid training through a registered training organisation (RTO) to ensure all permanent ECH staff hold approved and up-to-date qualifications.
- All staff are required to complete Food Handler Training (e.g. Do Food Safely) before they commence.
- The ECH Faculty Leader will induct all new ECH staff in the correct procedures for managing student medical conditions.
- New staff are informed where relevant medication is stored, and whether children in their care have any specific dietary restrictions relating to their health care needs or they have a medical condition (including risk minimisation and communication plans).

ROLES AND RESPONSIBILITIES

At Willunga Waldorf School, we all work together to ensure that children in our care feel safe at all times and that risks to their health and wellbeing are minimised and mitigated as far as possible. The following table outlines the key roles and responsibilities that operate within the context of this policy:

Role	Responsibilities
Approved Provider (i.e., the School)	<ul style="list-style-type: none"> • Ensure the Managing Medical Conditions in Children policy and procedures are met and followed, the appropriate medical management plans and risk assessments are completed, and all relevant actions are managed to minimise the risks to the child's



	<p>health (regulation 90)</p> <ul style="list-style-type: none"> • Ensure families of children that have a specific medical condition have been given a copy of the Managing Medical Conditions in Children policy (regulation 91) and any other relevant policies • In consultation with families, develop risk minimisation plans for children with medical conditions or specific health care needs • Ensure 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 child in your care) • Ensure a written plan for ongoing communication between families and educators is developed as part of our risk minimisation plan, relating to the medical condition and any changes or specific needs. It should be in place before a child commences at the service, or as soon as possible after diagnosis for children already attending. • If a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service. • Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures. • Ensure copies of this policy and procedures are readily accessible to nominated supervisors, educators, staff and volunteers, and available for inspection. • Notify families at least 14 days before changing the policy or procedures if the changes will: <ul style="list-style-type: none"> ○ affect the fees charged or the way they are collected, or ○ significantly impact the service's education and care of children, or ○ significantly impact the family's ability to utilise the service.
<p>Head of School (Nominated Supervisor) and ECH Faculty Leader</p>	<ul style="list-style-type: none"> • Implement the Managing Medical Conditions in children policy and procedures and ensure all the action plans that are in place are carried out in line with these. • Ensure any changes to the policy and procedures or individual child's medical condition or specific health care need and medical management plan are updated in your risk minimisation plan and communicated to all educators and staff. • Notify the approved provider if there are any issues with implementing the policy and procedures. • Display, with consideration for the children's privacy and confidentiality, their medical management plan (from the doctor) and ensure that all educators and staff are aware of and follow the risk minimisation plans (developed by the service) for each child. • 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 need. • 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 inclusion of all children in the service. • Ensure all educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using Epinephrine autoinjectors (e.g. EpiPen®).
<p>Teachers and Assistants (Educators)</p>	<ul style="list-style-type: none"> • Follow this policy and procedures at all times. • Follow a child's individual medical management plan in the event of an incident relating to a child's specific health care need,



	allergy or relevant medical condition
Anyone involved in cooking and food preparation	<ul style="list-style-type: none"> • Ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are adhered to. • Ensure all changes to a child's medical management plan or risk minimisation plan are implemented immediately within the menu preparation.
Families	<ul style="list-style-type: none"> • Advise the School of their child's medical condition and their specific needs as part of this condition. • Provide regular updates to the School on the child's medical condition including any changes, and ensure all information required is up to date. • Provide a medical management plan from a doctor on enrolment or diagnosis of the medical condition, and provide an updated plan as required. • Collaborate with School staff to develop a risk minimisation plan.

POLICY ACCESS

- Hard copies of policies are available to staff in the kindergarten and Golden Wattle offices.
- Electronic copies of policies are available on the SchoolStream parent and staff apps. Hard copies of policies can be made available to parents upon request.
- Families will be notified by email at least 14 days beforehand of any changes if they:
 - affect the fees charged or the way they are collected, or
 - significantly impact the service's education and care of children, or
 - significantly impact the family's ability to utilise the service.

RELATED POLICIES, PROCEDURES, DOCUMENTS AND LEGISLATION

Related School Policies, Procedures and Guidelines	<p>STU001 – Child Safe Environment Policy</p> <p>WHS009 – Administration of First Aid Policy and Procedures</p> <p>ECH003 – Nutrition, Food, Beverages and Dietary Requirements Policy</p> <p>WHS001 – Work Health Safety Policy</p> <p>WHS002 – Incident, Hazard and Near Miss Reporting Policy</p> <p>EM001 – Critical Incident Management</p> <p>GOV005 – Privacy Policy</p> <p>Enrolment Policy</p>
Related Legislation and Regulatory Requirements	<p>National Quality Standards (NQS)</p> <ul style="list-style-type: none"> • QA 2.1 Health. Each child's health and physical wellbeing is supported and promoted. <ul style="list-style-type: none"> ▪ 2.1.2 Health practices and procedures. Effective illness and injury management and hygiene practices are promoted and implemented. • QA 2.2 Safety. Each child is protected. <ul style="list-style-type: none"> ▪ 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. • QA 7.1. Governance. Governance supports the operation of a quality service. <ul style="list-style-type: none"> ▪ 7.1.2 Management systems. Systems are in place to manage risk and enable the effective management and operation of a quality service. ▪ 7.1.3 Roles and responsibilities. Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service. <p>Education and Early Childhood Services (Registrations and Standards) Act 2011</p> <ul style="list-style-type: none"> • Section 167 Offence relating to protection of children from harm and hazards <p>Education and Care Services National Regulations (2011)</p>



	<ul style="list-style-type: none"> • Regulation 77 Health, hygiene and safe food practice • Regulation 85 Incident, injury, trauma and illness policy and procedures • Regulation 86 Notification to parent of incident, injury, trauma and illness • Regulation 87 Incident, injury, trauma and illness record • Regulation 90 Medical conditions policy • Regulation 91 Medical conditions policy to be provided to parents • Regulation 92 Medication record • Regulation 93 Administration of medication • Regulation 94 Exception to authorisation requirement – anaphylaxis or asthma emergency • Regulation 95 Procedure for administration of medication • Regulation 96 Self-administration of medication • Regulation 136 First aid qualifications • Regulation 162 (c) and (d) Health information to be kept in enrolment record <ul style="list-style-type: none"> (c) details of any – <ul style="list-style-type: none"> (i) specific healthcare needs of the child, including any medical condition; and (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c). • Regulation 168 Education and care services must have policies and procedures • Regulation 170 Policies and procedures to be followed • Regulation 171 Policies and procedures to be kept available • Regulation 172 Notification of change to policies or procedures • Regulation 173 (2)(f) Prescribed information to be displayed For the purpose of section 172 (f) of the Law, the following matter and information are prescribed – <ul style="list-style-type: none"> (f) if applicable – <ul style="list-style-type: none"> (i) in the case of a centre-based service, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service; or <p>Early Years Learning Framework</p> <ul style="list-style-type: none"> • Outcome 1: Children feel safe, secure and supported. • Outcome 3: Children have a strong sense of wellbeing.
Source Documentation	<ul style="list-style-type: none"> • Education and Care Services National Regulations 2011: https://legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653 • Education and Early Childhood Services (Registrations and Standards) Act 2011; https://www.legislation.sa.gov.au/ • National Quality Standard https://www.acecqa.gov.au/nqf/national-quality-standard • Guide to the National Quality Framework https://www.acecqa.gov.au/national-quality-framework/guide-nqf • ACECQA Dealing with Medical Conditions in Children Policy Guidelines • Early Years Learning Framework https://www.acecqa.gov.au/sites/default/files/2023-01/EYLF-2022-V2.0.pdf

VARIATION AND REVIEW

The School reserves the right to vary, replace or terminate this policy from time to time. Unless altered earlier, this policy will be reviewed every three (3) years.

Responsible Person	Early Childhood Faculty Leader
Policy Approver	Head of School
Version	2.0 (replaces previous policy Health & Safety: Dealing with medical conditions)
Initial Documentation	March 2015 (version 1.0)
Review Date	Oct 2025 – April 2026



Next Review Date	April 2029
Revision Record	Oct 2025 – April 2026: Comprehensive review and update May 2026: Removed ADHD as example of mental health condition as incorrect