

Background

Early childhood education and care legislation recognises that children with existing medical conditions attend early education and care services. To always uphold the safety and wellbeing of these children, it requires educators to be trained to respond appropriately to conditions such as asthma, anaphylaxis, and diabetes. Legislation also requires that educators must know the precise response expected of them for each individual child as detailed in a current medical management plan for that child provided by the child's parent(s).

Policy statement

This policy details how the Service ensures its educators are trained to respond appropriately to conditions such as asthma, anaphylaxis, and diabetes. It also details how educators know the precise response expected of them for each individual child as detailed by the child's doctor.

Strategies and practices

- The *Medical Conditions Policy* will be kept in the Services policy and procedures folder, accessible to families, educators, students, and volunteers.
- At enrolment, parents are required to complete an enrolment form for their child. The form includes provision for parents to detail any medical conditions or specific health care needs their child experiences e.g., asthma, diagnosed risk of anaphylaxis, diabetes, epilepsy. In addition, the Nominated Supervisor purposefully directs parents' attention to this section of the enrolment form and stresses the need for accurate and complete information for the Service to effectively meet the child's medical needs. Refer to the Services Enrolment and Orientation Policy.
- Parents are asked to provide the Service with a medical management plan and if applicable an action plan from the child's doctor. The plan should include a photograph of the child, details of the actions to take in the event of an attack, including administering medication, written permission for the Service to implement the plan as required, and the contact details of the doctor who signed the plan. This needs to be provided and in place, PRIOR to the child commencing care.
- The Service uses the medical management plan and action plan provided to develop, in collaboration with the parents, a Medical Conditions Risk Minimisation and Communication Plan for their child. The Medical Conditions Risk Minimisation and Communication Plan identifies the possible risks to the child's specific condition or health care need while at the Service e.g., exposure to known allergens, so that those risks can be minimised. Further it ensures communication processes are in place so that Service educators have the complete, correct and up to date information necessary to meet the child's health needs. The Service is guided by templates from recognised authorities such as Anaphylaxis Australia, Asthma Australia, and the Australian Society for Clinical Immunology and Allergy when developing the Medical Conditions Risk Minimisation and Communications Plan.

- The Service requires parents to provide any updates to their child's medical management plan e.g., at any time the child has been reassessed by the doctor, the child's medication has been altered or discontinued, new photograph, bi-annually for asthma, and annually for all other medical conditions, and at other times when the Nominated Supervisor requests updates as agreed in the Medical Conditions Risk Minimisation and Communications Plan.
- A copy of the medical management plan and the Medical Conditions Risk Minimisation and Communications Plan is filed with the child's enrolment form and in the medical management folder. A copy of the medical management plan is also kept where the child's medication is stored.
- All medical and dietary information is entered into Qikkids and updated regularly to maintain accuracy.
- With parental consent, copies of each child's medical management plan are displayed in strategic places throughout the Service, including food preparation and eating areas.
- In accordance with regulations, with parent consent children with anaphylaxis will have their plans displayed prominently throughout the service to notify all persons of the risk to the child's health.
- A copy of any documentation relating to medical conditions is taken on any excursion the child attends.
- All parents are handed a copy of this policy when they enrol their child. In addition, if the parents have advised that their child has a specific health care need, the Nominated Supervisor discusses the policy in detail with them and gives them the opportunity to ask any questions necessary to ensure they understand the policy.
- All staff, educators, students, and volunteers commencing at the Service are given a copy of this policy, the policy is discussed in detail, and they are given the opportunity to clarify their understanding of the policy.
- All medical details held by the Service are kept confidential. Refer to the Services Privacy and Confidentiality Policy.
- The Service takes every precaution to ensure that no child who has been prescribed medication in relation to a specific health care need, allergy or relevant medical condition attends the Service without that medication.
- The Nominated Supervisor communicates the specific health needs of each child to all staff/educators including the whereabouts of copies of the action plan, medical management plan and any medication for the child. They are given the opportunity to ask questions to clarify that they fully understand the child's medical needs and their responsibilities attending to those needs. The Nominated Supervisor ensures that any updates are promptly conveyed to all staff/educators.
- The Nominated Supervisor provides all students and volunteers with an orientation before they commence at the Service. The orientation includes information about specific health care needs,

where action plans and medical management plans are displayed and where the children's medication is kept. The Nominated Supervisor stresses the importance of alerting Service educators immediately of any concern regarding the health and wellbeing of any child.

- The Australasian Society of Clinical Immunology and Allergy has made available an information poster Anaphylaxis Action Plan (General) – ASCIA. Copies of this poster are displayed in strategic positions throughout the Service including the indoor and outdoor play spaces.
- The Asthma Foundation of Australia has made available an information poster Asthma First Aid. Copies of this poster are displayed in strategic positions throughout the Service including the indoor and outdoor play spaces.
- Diabetes Queensland has made available an array of resources to support young children with diabetes in care. This information is accessed and made available as required, dependent on the individual needs of children and staff.
- The contact numbers of emergency Services are displayed beside all telephone outlets in the Service.
- All EpiPens and asthma medication are stored readily accessible to all staff, but inaccessible to children. The Services EpiPen and asthma medication is stored in a secure cupboard in the office, while children's EpiPens and asthma medications are stored in the prep room of their learning environment, or in a secure place in the outdoor environment. They are checked monthly and replenished as needed by the Nominated Supervisor. Refer to the Services Administration of Medication Policy.
- First aid kits are located where educators can readily access them in an emergency. They are checked monthly and replenished as needed. Refer to the Services Incident, Injury, Trauma and Illness Policy.
- The Service ensures its practices in handling and preparing food and beverages consumed by children at the Service prioritise the medical needs of children with known allergies.
- The Service is a nut free zone, and educators take all reasonable steps to ensure this mandate is upheld. Refer to the Services Nutrition, Food and Beverage Policy and its Food Preparation, Storage and Handling Policy.
- When requested, parents are informed of the brand and contents of the sun protection cream and the soap used for handwashing in the Service. Parents provide their own alternatives of sunscreen as they wish, and an Administration of Non-Prescription Creams Form is completed and kept with the child's cream.
- Parents also supply any creams used for babies e.g., for nappy change, and an Administration of Non-Prescription Creams Form is completed and kept with the child's cream.
- The Service accesses information and resources on medical conditions and their management from recognised authorities, and provides this information to parents, educators, students, and volunteers.

- Health and safety are regular items on team meeting agendas. The topics of common allergies and medical conditions experienced by young children and how to identify and respond to them are regularly discussed during these meetings.
- The Service reviews its health and safety practices regularly as part of its quality improvement process. Refer to the Services Educator Professionalism and Ethics Policy.
- The Service maintains an up-to-date record of the first aid and CPR status of all educators, together with their anaphylaxis and asthma management training, in its Staffing Tool. The required number of educators with these qualifications always meets regulatory requirements, including on excursions.
- Educators intentionally teach young children about health and safety. This includes making children aware that they and/or their friends may need to take special care about some matters e.g., the type of food they eat, the brand of sunscreen they use.
- Appropriate care must be given immediately if a child shows signs of a medical emergency. Regardless of whether it is mild, moderate, or severe, treatment should commence immediately as delay may increase the severity. An Incident, Injury, Trauma, and Illness Record is to be completed.
- In the event of an incident relating to a child under a medical management plan, that plan must be followed explicitly. An Incident, Injury, Trauma, and Illness Record is to be completed.
- The parents/guardians of any child who becomes ill at the Service should be notified, even if the child has a complete recovery.
- In the event of an incident occurring, educators immediately notify the Nominated Supervisor or Responsible Person. The child's family or guardians are contacted as soon as practicable within 24 hours of the incident occurring. In the event of a serious incident occurring Sunkids Management are notified as soon as practicable and a notification is logged with the Regulatory Authority within 24 hours of the incident occurring.
- After an incident has occurred educators engage in reflective discussions where the management of the incident is reviewed, and changes are made to the Services processes if required.
- At this time, the Service has no children who administer their own medication. However, should a specific need arise the Service's practices will be adjusted to meet that need.

Additional safe practices for babies

- No additional practices are required beyond those specified in this policy for all children.

Responsibilities of parents

- To provide a medical management plan and relevant action plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition.
- Medical management plan, relevant action plan (signed by medical practitioner) and relevant medication stated on the action plan, need to be provided and in place at the centre, **PRIOR** to the child commencing care.
- To inform the Service of any updates to their child's medical management plan.
- To ensure the child's medication is brought to the Service every time the child attends the Service.

Roles and Responsibilities

Roles	Responsibilities
Approved Provider	<ul style="list-style-type: none"> • Ensure 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 (Reg 90) • Ensure families or children that have a specific medical condition have been given a copy of the medical conditions policy (Reg 91) and any other relevant policies • In consultation with families, develop Risk Minimisation Plans for children with medical conditions • 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 your 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 • Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures • Ensure copies of the 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
Nominated Supervisor/Responsible Person	<ul style="list-style-type: none"> • Implement the medical conditions 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 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 the children's 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 • Ensure educators and staff have the appropriate training needed to deal with the medical conditions of the children enrolled in the service • Ensure inclusion of all children in the service

	<ul style="list-style-type: none"> Ensure all educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens
Educators and Staff	<ul style="list-style-type: none"> Ensure all the action plans are carried out in line with the medical conditions policy and procedures Ensure you monitor the child's health closely and are aware of any symptoms and signs of ill health, with families contacted as changes occur Ensure that two people are present any time medication is administered to children Ensure communication with families is regular and all educators and staff (including the nominated supervisor) are informed of any changes to a child's medical condition Understand the individual needs of and action plans for the children in your care with specific medical conditions Ensure a new risk assessment is completed and implemented when circumstances change for the child's specific medical condition Ensure all children's health and medical needs are taken into consideration on excursions (first aid kit, personal medication, management plans, etc) Maintain current approved first aid, CPR, asthma and anaphylaxis training Undertake specific training (and keep it updated if required) to ensure appropriate management of a child's specific medical condition
Cook and Kitchen Staff	<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 service of the child's medical condition and their specific needs as part of this condition Provide regular updates to the service team 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 the service staff to develop a Risk Minimisation Plan

Procedure and forms

- Allergic Reactions Action Plan – ASCIA
- Action Plan for Anaphylaxis – ASCIA
- Asthma First Aid – Asthma Foundation
- Asthma First Aid Plan
- Asthma Care Plan for Education and Care Services – Asthma Foundation
- Asthma Action Plan – National Asthma Council Australia
- Incident, Injury, Illness and Trauma Record
- Medical Management Plan
- Medical Conditions Management Plan- General Illness
- Medical Conditions Risk Minimisation and Communications Plan
- Administration of Non-prescription Creams
- Authorisation to Display Anaphylaxis Plan
- Authorisation to Display Medical Management Plan
- Illness Management Procedure
- Administration of Medication Procedure
- Administration of First Aid Procedure
- Non-Responsive Child-Person Procedure

Links to other policies

- Acceptance and Refusal of Authorisations Policy
- Administration of Medication Policy

- Child Safe Environments Policy
- Educator Professionalism and Ethics Policy
- Enrolment and Orientation Policy
- Food Preparation, Storage and Handling Policy
- Incident, Injury, Trauma, and Illness Policy
- Nutrition, Food and Beverage Policy

Links Education and Care Service National Regulations 2011, National Quality Standard 2011

Regs	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	89	First aid kits
	90	Medical conditions policy
	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)&(d)	Health information to be kept in enrolment record
	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 or procedures
	173 (2)(f)	Prescribed information to be displayed

QA	2.1.1	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	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
	5.1.2	The dignity and rights of every child are maintained
	6.1.1	Families are supported from enrolment to be involved in the service and contribute to service decisions
	6.2.2	Effective partnerships support children's access, inclusion and participation in the program
	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service

Sources

- Australian Society for Clinical Immunology and Allergy. *ASCIA Action plan for anaphylaxis*. <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis> (Accessed 25 June 2025)
- Asthma Australia: <https://asthma.org.au> (Accessed 25 June 2025)
- National Asthma Council Australia: <https://www.nationalasthma.org.au> (Accessed 25 June 2025)
- Education and Care Services National Regulations 2011
- Guide to the National Quality Standard 2018

Further reading and useful websites

- Allergy & Anaphylaxis Australia: <https://www.allergyfacts.org.au> (Accessed 25 June 2025)
- ASCIA: What is Anaphylaxis? <https://www.allergy.org.au/hp/anaphylaxis> (Accessed 25 June 2025)
- Asthma Australia Resources: <https://asthma.org.au/what-we-do/how-we-can-help/resources/> (Accessed 25 June 2025)
- Asthma Care Plan: https://asthma.org.au/wp-content/uploads/2021/09/AA2022_Care-Plan-for-Schools-A4_v2_editable.pdf (Accessed 25 June 2025)
- Diabetes Australia: <https://www.diabetesaustralia.com.au/resources/> (Accessed 25 June 2025)
- Queensland Health: <https://www.health.qld.gov.au/> (Accessed 25 June 2025)

Key Terms

Term	Meaning	Source
ACECQA – Australian Children’s Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.	
Approved Anaphylaxis Management Training	Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	National Regulations
Approved First Aid Qualifications	A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Matters are likely to include: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device.	National Regulations
Communication Plan	A plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The Communication Plan also 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.	
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 (www.tga.gov.au).	National Regulations
Medical Condition	This may be described as a condition that has been diagnosed by a registered medical practitioner.	Guide to the NQF

Medical Management Plan (MMP)	A document that has been prepared and signed by a doctor 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.	
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Policy review

The Service encourages staff and parents to be actively involved in the annual review of each of its policies and procedures. In addition, the Service will accommodate any new legislative changes as they occur, and any issues identified as part the Service's commitment to quality improvement. The Service consults with relevant recognised authorities as part of the annual review to ensure the policy contents are consistent with current research and contemporary views on best practice.

Version Control

Version	Date Reviewed	Approved By	Comments/Amendments	Next Review Date
1	8 January 2018	Kaylene Harper	Updated to changed NQF requirements 1 February 2018.	January 2019
2	6 February 2019	Kaylene Harper	Accessed sources and further reading/useful websites.	February 2020
3	30 January 2020	Kaylene Harper	Accessed sources and further reading/useful websites.	January 2021
4	28 April 2020	Kaylene Harper	Added additional information for Asthma Management.	April 2021
5	25 September 2020	Kaylene Harper	Reviewed information. Accessed sources and further reading/useful websites.	September 2021
6	21 October 2020	Kaylene Harper	Reviewed policy. Added key terms and roles and responsibilities in line with Queensland Government Policy and Procedure Guidelines	October 2021
7	15 February 2021	Kaylene Harper	Reviewed information.	February 2022
8	9 September 2021	Kaylene Harper	Reviewed Policy	September 2022
9	6 October 2022	Linda Hollard	Reviewed policy Accessed sources and updated information	October 2023
10	23 August 2023	Grace McKinstry	Reviewed policy Accessed sources and updated information	August 2024
11	9 July 2024	Tiffany Boeske	Reviewed policy Accessed sources	July 2025
12	25 June 2025	Gen Mahaki	Annual review, updated sources and further reading	June 2026

ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth:

Confirmed allergens:

Family/emergency contact name(s):

Work Ph:

Home Ph:

Mobile Ph:

Plan prepared by medical or nurse practitioner:

I hereby authorize medications specified on this plan to be administered according to the plan

Signed:

Date:

Action Plan due for review:

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline (epinephrine) autoinjector instructions

Instructions are also on the device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline (epinephrine) autoinjector if available

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector **FIRST**, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☒ Y ☐ N

ACTION PLAN FOR Anaphylaxis

Name: _____
Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____

How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Difficulty talking and/or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling/tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Student's name: _____ DOB: _____

PHOTO OF STUDENT
(OPTIONAL)

Plan date

____/____/20____

Review date

____/____/20____

MANAGING AN ASTHMA ATTACK

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

DAILY ASTHMA MANAGEMENT

This student's usual asthma signs:

- ☐ Cough
☐ Wheeze
☐ Difficulty breathing
☐ Other (please describe): _____

Frequency and severity:

- ☐ Daily/most days
☐ Frequently (more than 5 x per year)
☐ Occasionally (less than 5 x per year)
☐ Other (please describe): _____

Known triggers for this student's asthma
(e.g. exercise*, colds/flu, smoke) —
please detail:

Does this student usually tell an adult if s/he is having trouble breathing?

☐ Yes

☐ No

Does this student need help to take asthma medication?

☐ Yes

☐ No

Does this student use a mask with a spacer?

☐ Yes

☐ No

*Does this student need a blue/grey reliever puffer medication before exercise?

☐ Yes

☐ No

MEDICATION PLAN

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

NAME OF MEDICATION AND COLOUR	DOSE/NUMBER OF PUFFS	TIME REQUIRED

DOCTOR

Name of doctor

Address

Phone

Signature

Date

PARENT/GUARDIAN

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature

Date

Name

EMERGENCY CONTACT INFORMATION

Contact name

Phone

Mobile

Email

For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit asthma.org.au



Date of approval: June 2018 | Approved by: CEO Asthma Australia | Date of review: June 2018 | AACPS00018 Care Plan for Schools AA | 15 June 2018

ASTHMA FIRST AID

1



SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



GIVE 4 SEPARATE PUFFS OF BLUE/GREY RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken
- Remember: Shake, 1 puff, 4 breaths

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)

3



WAIT 4 MINUTES

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more dose of Bricanyl or Symbicort inhaler

IF THERE IS STILL NO IMPROVEMENT

4



DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

OR give 1 dose of a Bricanyl or Symbicort every 4 minutes – up to 3 more doses of Symbicort



Translating and
Interpreting Service
131 450



**ASTHMA
AUSTRALIA**

Contact Asthma Australia

1800 ASTHMA
(1800 278 462)

asthma.org.au

CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it's asthma
- the person is known to have Anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.

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This form must be completed for any child if an incident occurs unexpectedly involving a previously unknown medical condition or event.

Child's Name: _____ Date of Birth: _____

Medical Condition:

Is there an Action Plan completed by a Medical Practitioner? ☐ YES ☐ NO

Is one required for this condition? ☐ YES ☐ NO

The following information must be available on the Action Plan accessible to ALL educators.

- Triggers if known
- Signs and symptoms
- Medication and Action to be taken

Is medication required? ☐ YES ☐ NO

If yes, name the Medication supplied to the service for administration:

Has this been supplied? ☐ YES ☐ NO

What is the expiry date of this medication? _____

Medication cannot be accepted when it is beyond its expiry date

Where is medication for this child stored at the service?

Are additional skills or training for educators required to care for this child? ☐ YES ☐ NO

Provide details if so:

Any additional Information including First Aid Actions:

What additional risk minimisation steps must be taken; *Eg; monitoring the environment, ensuring staff ratios are maintained at all times and checking practices are appropriate*

How will Educators be informed of this Risk Management Plan?

Parent/Guardian

I understand that the following are my responsibilities, and I will ensure these are met for care to continue for my child;

- I will ensure that the required medication is with my child at the centre, I understand that I will be unable to leave my child if I do not have this medication with the child upon arrival.
- I will ensure that the medication provided to the centre is in working condition and has not expired.
- I will keep the centre informed of any changes to my child's medical condition and any changes to phone details for parents, authorised collectors and my child's doctor.
- I understand that a condition of enrolment is that I provide an Action Plan completed by a medical practitioner if appropriate.

I agree to meet the above responsibilities and am committed to working with educators to ensure the health and safety of my child when in care.

Name: _____ Signature: _____ Date: _____

Nominated Supervisor:

I have provided this Medical Conditions Management Plan to educators who regularly care for this child and discussed the contents and meaning of each element. I have also placed this plan in appropriate locations in the service for educator reference. Where products in the service are known to contribute to this condition, the use and purchase of them will be reviewed and this will be communicated to all educators and the child's family.

Name: _____ Signature: _____ Date: _____

MEDICAL CONDITIONS RISK MINIMISATION AND COMMUNICATION PLAN

This form must be completed for any child with a known medical condition which is potentially life threatening such as asthma, diabetes, or anaphylaxis.

Child's Name: _____ Date of Birth: _____

Medical Condition: _____

Is there an Action Plan completed by a Medical Practitioner? ☐ YES ☐ NO
If "no" the child will not be able to attend the service until this has been provided.

The following information must be available on the Action Plan accessible to ALL educators.

- Known allergens, triggers
- Signs and symptoms
- Medication and Action to be taken

What Medication is supplied to the service for administration:

Has this been supplied? ☐ YES ☐ NO

If "no" the child will not be able to attend the service until this has been provided.

What is the expiry date of this medication? _____

Medication cannot be accepted when it is beyond its expiry date

Where is medication for this child stored at the service? _____

What additional skills or training do educators need to care for this child? _____

Additional Information including First Aid Actions:

MEDICAL CONDITIONS RISK MINIMISATION AND COMMUNICATION PLAN

What additional risk minimisation steps must be taken; *Eg; no sharing of food, not to play outside when pollen present,*

How will Educators be informed of this Risk Minimisation Plan? _____

Parent/Guardian

I understand that the following are my responsibilities, and I will ensure these are met for care to continue for my child;

- I will ensure that the required medication is with my child EVERY moment they are at the centre.
- I understand that I will be unable to leave my child if I do not have this medication with the child upon arrival.
- I will ensure that the medication provided to the centre is in working condition and has not expired.
- I will keep the centre informed of any changes to my child's medical condition and any changes to phone details for parents, authorised collectors, and my child's doctor.
- I understand that a condition of enrolment is that I provide an Action Plan completed by a medical practitioner.

I agree to meet the above responsibilities and am committed to working with educators to ensure the health and safety of my child when in care.

Name: _____ Signature: _____ Date: _____

Nominated Supervisor

I have provided this Risk Minimisation Plan to the educators who regularly care for this child. I have also placed this plan in locations in the service for educator's accessibility. Where products in the service are known to contribute to this medical condition the use and purchase of them will be reviewed and this will be communicated to all educators and the child's family.

Name: _____ Signature: _____ Date: _____

MEDICAL MANAGEMENT PLAN

MEDICAL MANAGEMENT PLAN

The medical management plan is to be completed by the child's doctor and reviewed every 12 months

Child's Name:	Female Male	Date of Birth:	_____
Parent's Name:			_____
Telephone: (H)_(W)_(M)			
Emergency contact (e.g parent):			
Relationship:			
Emergency contact numbers:			
(H)	(W)	_(M)	_____
Doctor contact:			
Ambulance: Yes No			
Medical condition:			
Symptoms:			
Causes:			
Action and treatment:			
Parent's Signature:	Date:	Doctors Signature:	Date:

MEDICAL MANAGEMENT PLAN

Risk minimisation plan: To be completed by the service in consultation with parents

Risks of the medical condition:

Strategies to minimise the risk/s and person responsible:

Communication Plan

A child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child. This can be done through the Nominated Supervisor and/or educators or through documentation on this record.

Staff Signature:

Date:

ADMINISTRATION OF NON-PRESCRIPTION CREAMS
(Nappy cream, sunscreen, moisturiser)

Sunkids Children's Centre -	
Child's Name:	
Date of Birth:	
Name of Cream:	
Directions as per label	
Please note this form will be reviewed at the commencement of each calendar year.	
NB: Any prescription creams will require the completing of a Medication Form – Authority to Administer Medication.	

I give permission for the educators to administer the listed Non-prescription cream to our child as per directions provided on label.

Parent signature:

Date:

AUTHORISATION TO DISPLAY ANAPHYLAXIS PLAN

Sunkids Children's Centre -	
Child's Name:	
Date of Birth:	
Confirmed Allergen/s:	
Date Medical Plan Due to be Reviewed:	
Please note this form will be reviewed in line with the Child's Anaphylaxis Action Plan	

I give permission for the Service to display my child's anaphylaxis plan prominently throughout the Service.

Parent signature:

Date:

AUTHORISATION TO DISPLAY MEDICAL PLAN

AUTHORISATION TO DISPLAY MEDICAL MANAGEMENT PLAN

Sunkids Children's Centre -	
Child's Name:	
Date of Birth:	
Medical Condition:	
Date Medical Plan Due to be Reviewed:	
Please note this form will be reviewed in line with the child's Medical Management Plan	

I give permission for the Service to display my child's medical management plan throughout the Service in areas inaccessible to visitors and other families.

Parent signature:

Date: