



Dealing with medical conditions in children – preschool procedure table

National Quality Standard Education and Care Services National Law and National Regulations	Associated department policy, procedure or guideline	Reference document(s) and/or advice from a recognised authority
<p>NQS: 2.1, 2.2</p> <p>Regulations: 90, 91, 92, 93, 94, 95</p>	<p>Leading and operating department preschool guidelines</p> <p>Student health in NSW schools: A summary and consolidation of policy</p> <p>First aid procedures [PDF 274 KB]</p> <p>Anaphylaxis and allergy procedures for schools [PDF 250 KB]</p> <p>Asthma</p>	<p>Australasian Society of Clinical Immunology and Allergy (ASCI A)</p> <p>ASCI A Risk management strategies for schools, preschools and childcare services [PDF 1,161 KB]</p> <p>National Asthma Council Australia</p> <p>Epilepsy Australia</p> <p>Diabetes Australia</p> <p>Best Practice Guidelines CEC – Allergy Aware</p> <p>ACECQA's policy and procedures guidelines – Dealing with medical conditions in children</p>

Responsibilities

School principal	<p>The principal as nominated supervisor, educational leader and responsible person holds primary responsibility for the preschool.</p> <p>The principal is responsible for ensuring:</p> <ul style="list-style-type: none">• the preschool is compliant with legislative standards related to this procedure at all times• all staff involved in the preschool are familiar with and implement this procedure• all procedures are current and reviewed as part of a continuous cycle of self-assessment. <p>These tasks may be delegated to other members of the preschool team, but the responsibility sits with the principal.</p>
Preschool supervisor	<p>The preschool supervisor supports the principal in their role and is responsible for leading the review of this procedure through a process of self-assessment and critical reflection. This could include:</p> <ul style="list-style-type: none">• analysing complaints, incidents or issues and the implications for updates to this procedure• reflecting on how this procedure is informed by stakeholder feedback and relevant expert authorities• planning and discussing ways to engage with families and communities, including how changes are communicated• developing strategies to induct all staff when procedures are updated to ensure practice is embedded.
Preschool teacher(s) and educator(s)	<p>Preschool teachers and educators are responsible for working with the preschool leadership team to ensure:</p> <ul style="list-style-type: none">• all staff in the preschool and daily practices comply with this procedure

	<ul style="list-style-type: none"> • this procedure is stored in the preschool in a way that it is accessible to all staff, families, visitors and volunteers • they are actively involved in the review of this procedure, as required, or at least annually • details of this procedure's review are documented.
<ul style="list-style-type: none"> • Families are requested to indicate on their child's enrolment form if their child has a medical condition or allergy. If so, after receiving the completed form, and before the child commences, the teacher will discuss the child's particular needs at orientation time. • If a child enrolled at the preschool, has a specific health care need, allergy or other medical condition, parents will be provided with a copy of the Department of Education's student health policy. • Educators will work with parents to support their children's health care needs while they are at preschool. This may involve giving medication, performing health care procedures or developing an individual health care plan. • The teacher will consult with the family to develop an <i>Individual Health Care Plan</i> for any child who is diagnosed with severe asthma, type 1 diabetes, epilepsy or anaphylaxis, or is at risk of an emergency reaction or requires health care procedures. Parents and caregivers will receive a copy of their child's health care plan once completed. • As part of this process, the teacher will consult with the family to develop an individual risk management plan for the child. This will be discussed with the family and their input sought. Parents need to sign the risk management plan and be provided with a copy. The teacher will then be responsible for implementing the preventative action listed on the plan. • Furthermore, as part of the <i>Individual Health Care Plan</i>, the teacher will develop a communication plan. This will ensure all relevant staff members and volunteers are informed about the medical conditions procedure and the medical management plan and risk management plan for the child, as well as setting out how a parent can communicate any changes to the medical management plan and risk management plan for the child. • If a child with a known food allergy or anaphylaxis enrolls in the preschool, all preschool families will be notified by way of a written notice and via Kinderloop app., requesting they not pack the 	

particular food or allergen in their own child's morning tea and lunch. Any communications with families will maintain the privacy of the child/ren.

Procedure

Individual health care plans	<p>The preschool enrolment form requires the parent to document relevant medical information. Upon receipt of the completed enrolment form, the school office staff will request the parent for any additional documents, medical information and/or action plans if it required for that child. For serious disabilities, the parent will meet with the nominated supervisor to discuss options.</p> <p>This information is communicated with the preschool staff.</p> <p>An individual health care plan will be developed for any child with a medical condition diagnosed by a registered medical practitioner. This may include, but is not exclusive to:</p> <ul style="list-style-type: none">• a child diagnosed with asthma, diabetes, epilepsy or a food or insect allergy• a child at risk of anaphylaxis• a child who requires the administration of health care procedures.• If not supplied with the enrolment form and accompanying documents at the time of lodgement, the school staff will hand to the parent the relevant action plan form for completion by the child's doctor, and subsequent return to the school office staff for notation in the child's enrolment record card and for electronic uploading into ERN (Department of Education's online enrolment register) and School Bytes.• In addition, the following documentation will be developed and collated as an attachment to the health care plan:<ul style="list-style-type: none">— The family must provide an emergency medical management or action plan for their child. This must be developed, dated and signed or stamped by a medical practitioner. In the event of an emergency, teachers and educators will implement this plan. Only original action plans are accepted. If the child is at risk of anaphylaxis, this will generally be the <i>ASCIA Action Plan for Anaphylaxis (Red) 2020</i>. Action plans are displayed in the preschool office on a noticeboard next to the first aid cabinet and copies also
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	<p>accessible in the preschool office in a folder labelled, <i>Individual Risk Management</i>. They are also uploaded on ERN (the Department's student online database).</p> <ul style="list-style-type: none"> — A risk assessment plan must be developed for the child in consultation with their parent. This should include information related to potential triggers for the child and how risks will be minimised in the preschool environment. The parent's signature must be included on the plan as verification that they were consulted. Teachers and educators will implement this plan. This plan is stored in the preschool office in a folder labelled <i>Individual Risk Management</i>. — A communication plan must be developed to document: <ul style="list-style-type: none"> ○ how all staff and volunteers will be made aware of the child's needs ○ that all staff are able to identify the child ○ that all staff are able to locate the child's management plan and medication ○ the parent's preferred method of communication to inform the preschool of any changes in the child's management, medication, or the risks identified on their risk minimisation plan ○ record any communication between the family and preschool around the child's condition. <p>The communication plans for individual children are stored in the preschool office in a folder labelled <i>Individual Risk Management</i>.</p> <ul style="list-style-type: none"> • The parent will be given a copy of this procedure and the Student Health in NSW Public Schools: A summary and consolidation of policy. • Prescribed medication must be supplied for children with a medical condition before commencement and whenever the child is in attendance.
General Risk Management Plans	<ul style="list-style-type: none"> • The Preschool has developed general risk management plans for the following medical conditions which may be undiagnosed:

	<ul style="list-style-type: none"> ○ Allergic Reactions ○ Anaphylaxis ○ Asthma ○ COVID. <ul style="list-style-type: none"> • These risk management plans set out the elimination and control measures, as well as the staff/carers responsibilities to undertake if a hazard or risk is identified. • The general medical risk management plans are located in the Preschool office in a labelled folder. • These general risk management plans are reviewed and updated annually and/or as the need arises.
Asthma	<ul style="list-style-type: none"> • Asthma is a medical condition that affects the airways. From time to time, people with asthma find it harder to breathe in and out, because the airways in their lungs become narrower. • In developing the risk assessment plan for children with asthma, triggers that will be considered are smoke, colds and flu, exercise and allergens in the air. The plan will note how the child's relevant triggers will be minimised in the preschool environment. • The most common symptoms of asthma are: <ul style="list-style-type: none"> ○ wheezing – a high-pitched sound coming from the chest while breathing ○ a feeling of not being able to get enough air or being short of breath ○ a feeling of tightness in the chest ○ coughing. • If a child known to suffer asthma has a flare – up, their emergency action plan will be applied, and an ambulance called. • If a child not known to have asthma has a flare – up, the preschool's general use reliever medication will be administered (parent authorisation is not required), following the emergency action plan and an ambulance called.

	<ul style="list-style-type: none"> • Whenever a child with asthma is enrolled at our service, or newly diagnosed as having asthma, communication strategies will be developed to inform all relevant educators of: <ul style="list-style-type: none"> ○ where the child's Medical Management Plan will be located ○ where the child's preventer/reliever medication etc will be stored • Individual and general use asthma reliever medications and spacers will be stored out of reach of children, in an easily accessible central location in the office. Expiry dates of reliever medication are labelled on the compartment drawers near the first aid cabinet.
Diabetes	<ul style="list-style-type: none"> • Diabetes is a serious complex condition which can affect the entire body, requiring daily self-care. When someone has diabetes, their body can't maintain healthy levels of glucose in the blood. • The signs and symptoms of low blood sugar include the child presenting pale, hungry, sweating, weak, confused and/or aggressive. • The signs and symptoms of high blood sugar include thirst, need to urinate, hot dry skin, smell of acetone on breath. • How a child's diabetes will be managed and supported at preschool will depend on the type of diabetes they have. An extensive health care plan, including an emergency action plan, will be in place before they commence preschool. • Management of diabetes in children at our service will be supported by the child having in place an Emergency Action Plan. • Whenever a child with diabetes is enrolled at our service, or is newly diagnosed as having diabetes, a communications plan will be developed to inform all relevant educators of: <ul style="list-style-type: none"> ○ the child's Risk Management Plan ○ where the child's Emergency Action Plan will be located ○ where the child's insulin/snack box etc will be stored ○ which educators will be responsible for administering treatment.
Epilepsy	<ul style="list-style-type: none"> • Epilepsy is a disorder of brain function that takes the form of recurring convulsive or non-convulsive seizures.

	<ul style="list-style-type: none"> • Seizures can be subtle, causing momentary lapses of consciousness, or more obvious, causing sudden loss of body control. • If a child known to suffer epilepsy has a seizure, apply their individual emergency management plan. • If a child is not known to suffer epilepsy suffers a seizure, follow the instructions on the Epilepsy Australia seizure first aid poster [PDF 369 KB]
Anaphylaxis	<ul style="list-style-type: none"> • Anaphylaxis is a severe, life-threatening allergic reaction and is a medical emergency. If a child is suspected to be suffering from anaphylaxis, an ambulance will be called immediately. • Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis. • Signs of mild or moderate allergic reaction are swelling of the lips, face, eyes, a tingling mouth, hives or welts, abdominal pain or vomiting. • Signs of a severe allergic reaction (anaphylaxis) are 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. • If a preschool child known to be at risk of anaphylaxis suffers anaphylaxis, their emergency action plan will be applied and their emergency medication administered. • Whenever a child with anaphylaxis is enrolled at our service, or newly diagnosed as having anaphylaxis, communication strategies will be developed to inform all relevant educators of: <ul style="list-style-type: none"> ○ where the child's Medical Management Plan will be located ○ where the child's medication will be stored. • If a child not known to be at risk of anaphylaxis, is suffering anaphylaxis, the preschool's general-use EpiPen Junior will be administered, following the instructions on the ASCIA First Aid Plan for Anaphylaxis EpiPen 2023 [PDF 252 KB]. Parent authorisation is not required for this to be administered.

	<ul style="list-style-type: none"> • All preschool educators will be made aware of children with allergies and consider ways to reduce their exposure to known allergens. • Individual and general use EpiPens and antihistamines will be stored out of reach of children, in an easily accessible, central location in the office with a general emergency management plan. Expiry dates need to be clearly labelled on first aid cabinet. • When anaphylaxis occurs, an emergency response is required. • The Department of Education requires all staff to undertake Anaphylaxis training. Both the online and face-to-face courses are approved by ACECQA - annual practical Recognition and Management of Anaphylaxis, and every 2 years the Anaphylaxis e-learning Teaching and Administrative Staff. • Regulation 136 of the Education and Care Services National Regulations state that at least one person who has undertaken approved anaphylaxis training and one who has undertaken approved emergency asthma training must be in attendance and immediately available at all times.
Administration of medication	<ul style="list-style-type: none"> • Before administering medication to a child, a staff member will have completed the department's Administration of Medication in Schools e-Safety e-Learning course. This training must be updated every 3 years. • On arrival at preschool, the parent hands the child's medication to a staff member for safe storage in the preschool office. Any medication requiring refrigeration is stored safely in the preschool kitchen. • All non-emergency medication is stored in a locked cupboard in the preschool office, or locked container in the refrigerator, out of reach of children. • If medication has a pharmacy label, it must show the child's name and the medication must be administered in accordance with the instructions on it. • If medication does not have an attached pharmacy label, the medication must be administered in accordance with any written instructions provided by a registered medical practitioner.

- The parent completes and signs the first section of the medication record, documenting dosage and administration details and authorising the medication to be administered to their child.
- When a staff member administers medication to a child, they record the details on the medication record, with another member of staff witnessing that the medication was administered as prescribed. This is to be made available to the family for verification when they collect their child.
- As our preschool is only for a 12-month period, when a child's individual health care requires medication to be kept in the preschool, we request parents supply the relevant medication with an expiry date of at least 12 months' time. Medication expiry dates are recorded on the compartment drawers near the First Aid Kit in the preschool office and checked regularly by preschool staff.
- Permission forms to give medication for a prolonged period will be reviewed and updated when there is a change to the medication dosage or frequency. Administration of prescribed medication can form part of an individual health care plan.
- Parents will be encouraged to advise if a child is on medication, even when it is not given at the preschool.
- All medication forms will be kept in the preschool office archived records until the child reaches the age of 25 years.
- There may be times when emergency medication needs to be given to children in the preschool. This will be documented in the individual health care plan (particularly for conditions such as anaphylaxis).
- If an emergency occurs, that has not been documented in the emergency response section of the Individual Health Care Plan, preschool staff will provide a general emergency response which may involve calling an ambulance.
- All school staff must follow the Department's *Student Health in NSW Public Schools* policy for administering medication to children. The policy states that the school (including the preschool) must assist with administering prescribed medication during school hours, if parents or other carers cannot reasonably do so.
- Our preschool will not give medication which has not been specifically prescribed by a medical practitioner for an individual child for a specific condition.
- In some cases, the medical practitioner may prescribe an over-the-counter medication. If so, our educators will follow the same procedures as for

	<p>“prescribed medications”. The over-the-counter medication must be in original packaging and have doctor prescribed dosage clearly labelled.</p>
<p>Emergency medication</p>	<ul style="list-style-type: none"> • Emergency medications (EpiPen Jnr. and Ventolin reliever) are stored beside the first aid cupboard in the preschool office so that they are inaccessible to the children, but not locked away and readily available if needed. • Individual emergency medication is stored with a copy of the child’s emergency management or action plan in the preschool office. • In any medical emergency an ambulance will be called immediately. This will be done by the one of the preschool staff. The parent, and nominated supervisor will then be notified. • In an anaphylaxis or asthma emergency situation, a staff member will administer emergency medication (EpiPen Jr or Ventolin reliever) to a child who requires it. Parent authorisation is not required for this. • If emergency medication is administered: <ul style="list-style-type: none"> — an ambulance will be called — the nominated supervisor will be notified — the child’s parent will be notified — a notification will be made to Early Learning (phone 1300 083 698) within 24 hours.

Record of procedure's review

Date of review	4 July 2025
Who was involved	Sharna Labbe, Deana Talevska, Alex Arancibia, May Meesorn-iam
Key changes made and reason why	Added need for any group communications with families will maintain privacy of child/ren with medical conditions
Record of communication of significant changes to relevant stakeholders	<p>Principal: 4 July 2025</p> <p>Staff: 21 July 2025 – Weekly staff meeting</p> <p>Parents: 23 July 2025 – website and community procedure folder updated – message sent via Kinderloop</p> <p>Please note, parents must be notified at least 14 days prior to a change that may have a significant impact on their service's provision of education and care or a family's ability to use the service.</p>