

****** Important ******

Please read and implement this procedure in conjunction with the definitions (appendix 1) and relevant medical condition guide: *Anaphylaxis and allergies*, *Asthma*, *Diabetes* and *Epilepsy and seizures* (if applicable).

A child with a diagnosed **medical condition cannot commence enrolment until:**

- ☑ ★ Centre has a current medical management plan that has been prepared and authorised (date and signed) by a doctor.
- ☑ ★ A risk minimisation plan has been developed, documented and all centre staff have reviewed and completed the acknowledgement table.
- ☑ ★ A communication plan has been documented and implemented to ensure all staff are aware of the child's medical condition and health care needs. Refer to page 2 [Medical Conditions Checklist](#).

If the diagnosis includes a **complex medical condition (e.g. diabetes, epilepsy or any medical condition or impairment that require tube feeding, tracheostomy care or rectal suppositories):**

- ☑ The centre Director notifies their ECEM/ECEC and ECPA (WIA).
- ☑ Relevant teachers/educators complete appropriate training.

If the diagnosed medical condition requires a **specialised health procedure be undertaken during the child's attendance at the centre there must be:**

- ☑ An adequate number (minimum of 2) of trained teacher/educator volunteers per centre. Next Gen Kindergartens and childcare centres will require more than 2 teachers/educators trained.
- ☑ There must be at least one trained teacher/educator volunteer rostered whenever the child attends the centre.

Prior to child commencing or immediately after new or changed diagnosis

Step 1 – Notification of Medical Condition (Parent / Guardian)

Notify centre of child's diagnosed medical condition

- Notify centre prior to commencement via Wait List Application or Enrolment Booklet/Online Enrolment Form or if child is already enrolled, immediately inform centre Director after new or changed diagnosis.
- Obtain a current medical management plan (and action plan if applicable) (both documents to be no more than 6 months old), prepared and authorised (signed and dated) by a doctor/registered medical practitioner, must include current photo of child.
- Medical management plan templates are available on [C&K's website](#).



Step 2 – Review Child's Information (Centre Director)

★ **For new enrolments** - Review health information of all children received via Wait List Application and/or Enrolment Booklet/Online Enrolment Form.

★ **For existing enrolments** – Acknowledge in writing, receipt of the information provided by the parent/guardian and review the updated health information provided.



Step 3 – Advise ECEM/C and WIA (Centre Director)

Does the child have a complex medical condition? Refer to appendix of this procedure for definition e.g. diabetes, epilepsy or any medical condition or impairment that require tube feeding, tracheostomy care or rectal suppositories.

- If No, proceed to step 5.
- If Yes, immediately inform Early Childhood Education Manager/Consultant (ECEM/C) and Early Childhood Pedagogy Advisor (ECPA or WIA) for advice and support. Proceed to step 4.



Step 4 – Provide Guidance and Support (ECEM/C and ECPA (WIA))

- a. ECEM/C and ECPA (WIA) will review the child's information, provide guidance, advice and support to the centre Director and also determine if a Wellbeing and Inclusion Advisory Group (WIAG) meeting is required.

The WIAG meeting, facilitated by the WIA, must occur prior to the child's enrolment or immediately after a new or changed diagnosis (of an enrolled child). WIAG will review and discuss the support needs and considerations relating to the child's enrolment.

The WIAG meeting includes the centre Director, ECPA (WIA), Regional Manager, ECEM/C, Education Wellbeing and Inclusion Manager, Quality and Regulation Manager, Workplace Health and Safety Manager and Legal, Risk and Governance Officer.

- b. The ECPA (WIA) (in consultation with C&K's Learning Experience Team) will source potential training providers i.e. an appropriately qualified health professional.
- The cost of training can be funded via KISS funding (kindergarten only)/or centre budget (childcare/extended kindergarten programs only).
 - Min. of 2 teachers / educators must complete training prior to child commencing. Next Gen Kindergartens and childcare centres will require more than 2 teachers / educators trained. At least one trained teacher / educator must be rostered when child is in attendance.
 - If an existing (enrolled) child is diagnosed:
 - child's enrolment will be paused until teachers/educators complete training.
 - OR
 - an acceptable solution is arranged between C&K and the child's parent/guardian, whereby the parent/guardian attends the centre to take responsibility for child's health care needs until teachers/educators complete training.

What is complex medical condition and specialised health procedure training?

- Delivered by an appropriately qualified health professional.
- May be facilitated online (live, recorded or via an eLearning platform) or face to face.
- Training content addresses all required content (refer to appendix for more detail).
- When training is completed, teachers/educators and trainer to complete *Volunteering to Perform Specialised Health Procedure Form*. Evidence of satisfactory completion (e.g. certificate) is attached to the form (this may be in lieu of the trainer completing the form).
- A copy of the completed *Volunteering to Perform Specialised Health Procedure Form* (and evidence of completion if applicable) is emailed to ld@candk.asn.au (branch only). Keep completed form and training records on staff file.
- Training must be followed by a 'practical' at the centre, where volunteer teachers/educators are observed by an appropriately qualified health professional (preferred) or the child's parent / guardian (least preferred and must have prior approval of ECEM or committee).
- Training remains valid for 3 years. However, if there is an extended period between when the volunteer last performed the specialised health procedure (more than 6 months), they must undergo refresher training.



Step 5 – Medical Condition Checklist (Centre Director)

Schedule and facilitate a formal face to face meeting with parents / guardians (and relevant other educators / teachers and external professionals) to discuss and plan for child's medical condition and health needs.

At the meeting, the centre Director will:

- Refer to and commence completing the *Medical Condition Checklist* to ensure all required items are discussed and documents are completed and collated.
- ★ Provide parent / guardian a copy of this procedure and available guide (if relevant to the child's diagnosed medical condition): *Anaphylaxis and allergies, Asthma, Diabetes and Epilepsy and seizures*.
- Outline this procedure and explain that parents / guardians have primary responsibility for their child's health needs. This includes any costs associated with supporting their child's health needs whilst attending the centre and if applicable, the cost of visiting health professionals.
- ★ Obtain a current medical management plan (and action plan if applicable) (both documents to be no more than 6 months old), prepared and authorised (signed and dated) by a doctor/registered medical practitioner with current photo of child. Discuss and review medical management plan (and action plan if applicable). Refer to appendix regarding what information must be included in a Medical Management Plan. ↓

- ★ Complete and document a risk minimisation plan in consultation with parent / guardian (when possible). Template risk minimisation plans (which must be adapted to address child's specific needs) are available in the [Policy Library](#) on the C&K intranet.
- Ask parent/guardian to complete the following forms:
 - [Consent to display medical management plan and photo](#)
 - If applicable:
 - [Medication Authorisation Record](#)
 - [Permission to access services to support inclusion Form](#) and
 - [Education Support Plan](#) (seek advice of ECPA (WIA) if ESP is needed)
- Schedule next meeting with parent / guardian for 6 months' time (or sooner if health needs change).

At the meeting, the Parent/Guardian is requested to:

- Share and discuss relevant information and documentation regarding their child's diagnosed medical condition and health needs, including if applicable details of specialised health care procedures.
- Provide centre with a current medical management plan (and action plan if applicable). Both documents must be no more than 6 months old, prepared and authorised (signed and dated) by a doctor/registered medical practitioner with current photo of child.
- Complete additional forms as requested.



Step 6 – Obtain Further Advice (Centre Director)

Is further advice needed to understand and follow the child's medical management plan, action plan and/or finalise the risk minimisation plan?

- If No, proceed to step 7.
- If Yes, immediately notify your ECEM / ECPA (WIA) for advice. If required, the advice of an external qualified/licenced health professional may be sought.



Step 7 – Specialist Health Procedures (Centre Director)

Does the child's medical condition require a specialised health procedure to be performed when they attend the centre? e.g. medication administration by injection (except EpiPen), tube feeding, tracheostomy care. Refer to appendix of this procedure for definitions

- If No, proceed to step 8.
- If Yes, teachers / educators will be asked to volunteer to the perform specialised health procedure.

Specialised Health Procedure Volunteers

- A minimum of 2 trained educator / teacher volunteers are required. Next Gen Kindergartens and childcare centres may require more than 2 teachers / educators trained. At least 1 trained volunteer must be rostered at any time child is in attendance.
- If no one volunteers or there is no trained volunteer able to be rostered immediately advise your ECEM/C. An alternative, acceptable solution will need to be arranged which may include the parent/guardian or another person authorised by the parent/guardian to attend the centre to complete the specialised health procedure.
- Volunteers are required to complete training (refer to step 4) and the [Volunteering to Perform Specialised Health Procedure Form](#).
- Teacher/educators who no longer wish to volunteer are requested to provide at least 2 weeks written notice to their centre Director/Manager or committee, this is to allow sufficient time to organise an alternative solution to support the child's health care needs.



Step 8 – Document and Communicate (Centre Director)

★ Document and implement communication plan

- Advise educators/teachers (including casuals), students and volunteers of child's health needs, including:
 - Medical Management Plan
 - Risk Minimisation Plan – **ALL staff must name, sign and date completed acknowledgment table.**
 - (If applicable) Location of medication/specialist equipment. Document communication by updating induction material and via routine team communication strategies e.g. team communication book, team memo or team meeting minutes etc.

- If the child has a complex medical condition that requires additional support to participate in the program - complete online [C&K KISS Inclusion Form](#) (kindergartens only):
 - Eligible age enrolment for current kindergarten year → Complete ASAP up until September (when funding closes)
 - Eligible age enrolment for following kindergarten year → Complete when application process starts
- If required and in consultation with child's parents / guardians, sensitively share relevant information with other children and families.
- Display medical management plan in a prominent location(s).
- If applicable, display 'medication here' sign where medication is stored. Keep a copy of child's medical management plan with medication.
- Set up and update Kidsoft (Branch) / Outlook (Affiliate) reminders to ensure the following tasks are completed:
 - Formal meetings with parents / guardians are completed at least every six months
 - Medical management plans are updated (by doctor / specialist) at least every 18 months.
 - Biannual medical emergency scenario training is completed at team meetings.
 - Add child's details to the *Medical Conditions Annual Communication Planner and Record*.
 - Finalise *Medical Condition Checklist*.

Scan and upload ALL child health documentation to the child's record in Kidsoft (branch only).

- Medical Management Plan
- Risk Minimisation Plan
- [Consent to display medical management plan and photo Form](#)
- [Volunteering to Perform Specialised Health Procedure Form](#) (if applicable)
- [Permission to access services to support inclusion Form](#) (if applicable)
- [Medical Condition Checklist](#)
- Any other documentation relevant to the child's medical condition.

Responsibilities throughout the child's enrolment

Parent / Guardian

Daily responsibilities

- Supply medication and specialist equipment as per the medical management plan.
- If required, ★ complete [Medication Authorisation Record](#) and other documentation as required and requested.
- Immediately advise centre when child's medical condition/health needs and emergency contact details change.
- Understand their child may not be able to attend the centre if:
 - A current medical management plan, prepared, signed, and dated by a doctor, has not been provided.
 - Medication and specialist equipment as per the medical management plan have not been provided.
 - Medication has expired.
 - Specialist equipment is not in good working order.
 - There are no appropriately trained educators / teachers at the centre.

Meet with centre Director every six months,

when requested or when child's medical condition or health needs change:

- Review and update (if necessary) child's medical information including medical management plan (and if applicable action plan) that has been prepared, signed and dated by a doctor/ medical practitioner. Medical Management Plan must be updated by a doctor / medical practitioner at least every 18 months.
- Replace child's photograph (if required) on medical management plan.
- With centre Director and relevant educators, assist in the review of the risk minimisation plan.



**Centre Director
Daily responsibilities**

- Ensure at least one trained (teacher/educator) volunteer is rostered whenever a child with a complex medical condition is in attendance. If this is not possible, seek the immediate advice of your ECEM/C or committee. An alternative solution will need to be arranged which may include the parent / guardian or another person authorised by the parent / guardian to attend the centre.
- Regularly monitor and support teacher/educator (including casuals, students, and volunteers) understanding of and implementation of all actions/strategies to support and manage child's medical condition and health needs.



Centre Director

★ Continue to implement/document communication plan

- Schedule and document communication activities via the [Medical Conditions Annual Communication Planner and Record](#).
- If child has a complex medical condition, maintain communication with ECEM/C and ECPA (WIA) regarding the child's inclusion and care needs.
- Formally meet with parents/guardians at least every six months (or more frequently if the child's needs change) to discuss/review child's medical condition(s) and health needs, replace child's photograph and revise risk minimisation plan. Medical Management Plan must be updated by a doctor / medical practitioner at least every 18 months.
- Ensure ALL staff (including casuals, students, and volunteers) are advised of child's health needs as they change. Document communication by updating induction material and via routine team communication strategies e.g. team communication book, team memo or team meeting minutes etc. All staff to complete acknowledgement table when changes are made to the risk minimisation plan.
- Consult with parents/guardians prior to excursions and special events to ensure all matters of care are considered. When needed, update risk minimisation plan before events and advise all staff, students, and volunteers of changes.
- Maintain educator/teacher understanding of child's health needs by facilitating biannual medical emergency scenario training at team meetings.
- Ensure ALL staff are aware of child's health care needs when the child transitions to next (new) group.
- Set up and update Kidsoft (Branch) / Outlook (Affiliate) reminders to ensure the following tasks are completed:
 - Formal meetings with parents / guardians are completed at least every six months
 - Medical management plans are updated (by doctor / specialist) at least every 18 months.
 - Biannual medical emergency scenario training is completed at team meetings.
- **Scan and upload updated Medical Management Plan Risk Minimisation Plan to Kidsoft (branch only).**



**ALL educators / teachers
Daily responsibilities**

- **Do not undertake any specialised health procedures that that you are not approved, authorised and trained to perform.**
- Maintain an understanding of child's health needs, medical management plan and risk minimisation plan, and consistently implement all actions/strategies.
- Support colleague's (including casuals, students, and volunteers) understanding and implementation of all actions/strategies to support and manage child's medical condition and health care needs.
- Ensure supplied medication and equipment is consistent with medical management plan.
- Undertake a weekly audit of medication expiry dates as per daily indoor and/outdoor safety checklist.
- Notify parent/guardian when medication is 6 weeks prior to expiry.
- Consider and plan for child's health needs during curriculum activities, excursions, and emergencies. When required and in consultation with parent/guardian and centre Director, update risk minimisation plan.
- When needed, contact ECPA (WIA) for advice.



ALL C&K Early Childhood Team Management and Advisory personnel Responsibilities

- Provide support and advice to allocated centres. ECEMs to make regular contact with teachers / educators when a child with a complex medical condition is enrolled.
- Monitor compliance to this procedure (and relevant guide), child's medical management and risk minimisation plans:
- Approach non-compliance as a serious breach of regulation and C&K procedure. Prioritise non-compliance and ensure centre takes immediate action. Evidence of remedied non-compliance must be provided in email by the centre Director to the C&K Early Childhood team member by a nominated due date.
- When applicable, monitor teacher / educator volunteer compliance when performing specialised health procedure against child's medical management and risk minimisation plan.
- Complete an audit (at least annually) of required documentation for each enrolled child with a medical condition:
- Medical Management Plan (no more than 18 months old) displayed and uploaded onto Kidsoft
- Risk Minimisation Plan (reviewed at least every 18 months) read and signed by all staff and uploaded onto Kidsoft
- Induction material includes current Medical Management and Risk Minimisation Plans
- Consent to display medical management plan and photo Form and uploaded onto Kidsoft
- Volunteering to Perform Specialised Health Procedure Form (if applicable) and uploaded onto Kidsoft
- Permission to access services to support inclusion Form (if applicable) and uploaded onto Kidsoft
- **Medical Condition Checklist** and uploaded onto Kidsoft
- Child's details / communication activities planned and recorded via the Medical Conditions Annual Communication Planner and Record displayed in centre office.
 - Kidsoft (Branch) / Outlook (Affiliate) reminders set up.

Appendix 1 - Definitions

<p>Medical Management Plan</p>	<p>A Medical Management Plan is a document containing the following details:</p> <ul style="list-style-type: none"> • The child's name • A recent photograph of the child • Name of medical practitioner • Name and description of medical condition / illness • Symptoms and signs of the medical condition / illness • First aid and / or emergency treatment • Medication name, frequency, dosage, method and possible side effects • Prepared, signed, and dated by doctor / medical practitioner.
<p>Diabetes Action Plan</p>	<p>A Diabetes Action Plan is a document used in conjunction with the Medical Management Plan and contains the following details: https://www.diabetesqld.org.au/about-diabetes/young-people/school-plans/</p> <ul style="list-style-type: none"> • The child's name • Signs, symptom and actions to be followed in response to the child's medical condition • Signed by parent / guardian • Authorised – signed and dated by an appropriately qualified health professional in the previous 6 months e.g. Credentialed Diabetes Educator (CDE)
<p>Complex Medical Condition</p>	<p>The criteria for defining medical condition complexity include illness severity, degree of impairment, the presence of multiple co-occurring medical conditions and the need to perform specific care management tasks (i.e. specialised health procedures).</p> <p>Complex medical condition examples include (but not limited to):</p> <ul style="list-style-type: none"> • Diabetes • Epilepsy • Any medical condition or impairment that require tube feeding, catheter care, tracheostomy care or rectal suppositories. <p>For the purposes of this procedure, Asthma and Anaphylaxis are not considered complex medical conditions.</p>
<p>Specialised Health Procedure</p>	<p>A specialised health procedure is a task performed to care for a child with a complex medical condition.</p> <p>Trained teachers / educators are able to undertake the following specialised health procedures (but not limited to):</p> <ul style="list-style-type: none"> • Medication administration by injection (except EpiPen) • Tube feeding • Tracheostomy care <p>Please note: Due to the nature of the procedure and risk of infection, teachers / educators <u>cannot</u> perform catheter care tasks.</p> <p>Educators are asked to volunteer to perform specialised health procedures.</p>
<p>Required content for specialised training</p>	<ul style="list-style-type: none"> • What is the medical condition? • Treatment • Medication action and timing • Storage of medication • Administration of medication • Everyday management of the medical condition including communication with family and what to do in a medical emergency. • If possible, a copy of child's medical management plan (with child's name blocked out) is taken to the training session to discuss / explore with trainer.