

## DEALING WITH MEDICAL CONDITIONS IN CHILDREN POLICY & PROCEDURE

Section 167, Regulations 85-96, 136, 137, 161, 162(c) (d), 168-172, 173(2) (f)

# DEALING WITH MEDICAL CONDITIONS IN CHILDREN POLICY

### Policy

The primary reason for implementing a policy on dealing with medical conditions in children is to ensure the safety, health, and well-being of all children under the care of Tenison Woods College Early Learning and Community Centre. Young children may have a variety of medical conditions that require special attention and care, including allergies, asthma, diabetes, and other chronic health issues. A comprehensive policy ensures that staff are well-prepared to handle these conditions effectively, minimizing risks and ensuring that children receive appropriate care.

### Background

The Education and Care National Regulations set forth requirements that all early childhood education and care services must adhere to. These regulations mandate that services must have clear policies and procedures to manage medical conditions to ensure the health and safety of children. By developing a policy that aligns with these regulations, Tenison Woods College demonstrates its commitment to meeting legal and regulatory obligations, thereby maintaining its operating license and standing within the educational community.

### National Quality Standards (NQS) Links

QUALITY AREA 2: CHILDREN'S HEALTH & SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected
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, practiced and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
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.

### Legislative requirements

#### **Section 167 Offence relating to protection of children from harm and hazards**

#### **Regulation 85 – Incident, injury, trauma and illness policies and procedures**

- *The incident, injury, trauma and illness policies and procedures must be followed by nominated supervisors and staff members and volunteers when a child is injured, becomes ill or suffers a trauma.*

#### **Regulation 86 – Notification to parents of incident, injury, trauma and illness**

- *Parents must be informed as soon as practical but no later than 24 hours if the child was involved in any incident, injury, trauma or illness while at the Centre.*

#### **Regulation 87 – Incident, injury, trauma and illness record**

- *The Centre must keep a record in accordance with this regulation*
- *The incident, injury, trauma and illness record must include:*
  - *Name and age of the child, the circumstance leading to the incident, injury or trauma, the time and date of the incident, when the injury was received, or the child was subjected to the trauma.*
  - *Details of the illness while at the Centre, including:*
    - *The name and age of the child, relevant circumstance surrounding the child becoming ill and any apparent symptoms, the time and date of illness.*
- *In both these above incidences you must also include:*
  - *The action taken must be documented, including any medication administered or first aid provided and/or any medical personnel contacted;*
  - *Details of any person who witnessed the incident, injury or trauma;*
  - *The name of any person who the centre tries to notify or attempt to notify of the incident, injury, trauma or illness which the child suffered at the Centre, with the time and date;*

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- *The name and signature of the person making the entry in the record and the time and date the entry was made;*
- *All the above information must be included in the incident, injury, trauma or illness record as soon as possible but no later than 24 hours after the incident, injury or trauma or the onset of the illness.*

### **Regulation 88 – Infectious diseases**

- *If an occurrence of an infectious disease at the Centre, the approved provider must ensure reasonable steps are taken to prevent the spread.*
- *The approved provider must ensure that a parent or authorised emergency contact of each child being cared for at the Centre is notified as soon as possible of an infectious disease.*

### **Regulation 89 – First Aid Kits**

- *First aid kits are kept in accordance with the regulation whenever the service is providing care and education to children.*
- *There must be enough first aid kits to cater to the number of children on site.*
- *First aid kits must be suitably equipped.*
- *They must be recognisable and easily accessible for adults in charge of the children.*

### **Regulation 90 – Medical conditions policy**

- *The medical conditions policy of the Centre must lay out practices for the following:*
  - *Management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis;*
  - *Informing nominated supervisors, staff members and volunteers at the service of practices relating to managing those medical conditions;*
  - *Any requirements for a child with a specific health care need, allergy, or relevant medical condition – parent's to provide a medical management plan, medical management plan to be followed in the event of a reaction or an incident relating to the child's medical condition;*
  - *The Centre to develop a risk minimisation plan in consultation with the parents and medical management plan and is checked and signed by both parties;*
  - *Staff and volunteers are aware of the plan and have access to the plan.*

### **Regulation 91 – Medical conditions policy to be provided to parents**

- *The medical conditions policy of the Centre is to be provided to the parents of an enrolled child at the Centre when the Centre is aware that the child has a specific health care need, allergy or other relevant medical condition.*

### **Regulation 92 – Medication Record**

- *Medication record must include the following: Name of child, authorisation to administer medication signed by parent or guardian named on enrolment record as authorised to consent administration of medication, name of medication, time and date the medication was last administered, time and date the medication or circumstances, when the medication should be next administered, the dosage and manner to be administered, the name and signature of the person who administered and the signature of the witness who checked the dosage and administration.*

### **Regulation 93 - Administration of medication**

- *Approved provider and nominated supervisor must ensure the administration is authorised and is in accordance with regulation 95 and 96.*
- *Medication is allowed to be given to a child if it has previously been shared with the Centre either through a medication action plan or a medication prescribed by a medical professional and authorised by the parent (in regulation 92).*
- *In case of an emergency, medication can be administered if parents provide verbal consent to administration of medication or if a parent or person named in the enrolment cannot be reasonably contacted by a registered medical practitioner or emergency service.*

### **Regulation 94 – Exception to authorisation requirement – anaphylaxis or asthma emergency**

- *Medication may be administered to a child without authorisation in the case of anaphylaxis or asthma emergency.*
- *In this event the approved provider or nominated supervisor must ensure the parent or in serious cases the emergency services as soon as possible.*

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### **Regulation 95 – Procedure for administration of medication**

- If medication is administered, it must be prescribed by a registered medical practitioner from its original container, bearing the original label with the name of the child to whom the medication is to be administered before the expiry or used by date. It must be from its original container, bearing the original label and instructions.
- The medication must be administered in accordance with the instructions attached to the medication or written instructions by a registered medical practitioner.
- When administered this **MUST** be witnessed by another person, checking the dosage of the medication administered and the identity of the child to whom the medication is to be administered.

### **Regulation 96 – Self-administration of medication**

- No child in the services care will self-administer medication as they are under preschool age.

### **Regulation 136 – First Aid Qualifications**

- At least one staff member or nominated supervisor holds a current approved first aid qualification, anaphylaxis management training and emergency asthma management training.
- The approved first aid qualification is current only when emergency life support training and cardiopulmonary resuscitation training was completed in the last year.

### **Regulation 137 – Approval of qualifications**

- The Centre abides by the National Authorities and has a list of approved first aid qualifications and anaphylaxis management and emergency asthma management training.

### **Regulation 161 – Authorisations to be kept in enrolment record**

- Authorisations to be kept in enrolment record for each child at the Centre:
  - Authorisation signed by a parent or person named in the enrolment record as authorised to consent to the medical treatment of the child
    - a. Medical treatment for the child from a medical practitioner, hospital or ambulance service
    - b. Transportation of the child by an ambulance service

### **Regulation 162 – Health information to be kept on enrolment record**

- Specific healthcare needs of the child, including medical conditions;
- Allergies, including whether the child has a diagnosed as at risk of anaphylaxis;
- Any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to specific healthcare need, medical need, medical condition or allergy; .

### **Regulation 168 – Education and care services must have policies and procedures**

- Our Centre has policies and procedures as set out in sub regulation 2 in Regulation 168.

### **Regulation 170 – Policies and procedures to be followed**

- Nominated supervisors, staff members and volunteers all have an understanding of all policies and procedures and ensure they are followed at the service.

### **Regulation 171 – Policies and procedures to be kept available**

- Digital copies of our policies and procedures are available via a QR code in our foyer, in our digital PowerQIP and in our handbook. A hard copy of our policies and procedures can be found in the ELCC Office.

### **Regulation 172 – Notification of change of policies and procedures**

- All families are notified and sent updated policies and procedures.
- If a change to policy is planned, significantly affecting families, they will be given 14 days' notice.

### **Regulation 173 – Prescribed information to be displayed – education and care service other than family day care services**

- If applicable the Centre will display:
  - A notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
  - A notice stating if an outbreak of an infectious disease has occurred. It is considered an outbreak when 2 or more cases have been diagnosed by a medical professional.

### **Principles to inform our policy**

All decision-making should be carried out in accordance with the principles of our service's Dealing with Medical Conditions in Children Policy.

- All staff are informed of any children diagnosed with a medical condition or specific health care need and the risk minimisation procedures in place.
- All staff are informed where medication is stored and/or any specific dietary restrictions relating to their health care need or medical condition.

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- All children with diagnosed medical conditions have a current risk minimisation plan and communication plan that is accessible to all staff.
- Staff are trained in the administration of emergency medication.
- 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.
- 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 children's health requirements in a culturally sensitive way.

### Key Terms

- **ACECQA (Australian Children's Education and Care Quality Authority):** The independent national authority that administers the National Quality Framework.
- **Approved anaphylaxis management training:** Management training Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.
- **Approved first aid qualification:** 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 cardiopulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device.
- **Communication plan:** A plan that outlines how relevant educators, staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child. It also sets out how families can communicate any changes to the medical management plan and risk minimisation plan for the child.
- **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 condition:** This may be described as a condition that has been diagnosed by a registered medical practitioner.
- **Medical Management Plan (MMP):** A document that has been written and signed by a doctor. A MMP includes the child's name and photograph. It also describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition.
- **Risk Minimisation Plan:** A plan developed with a child's parents to ensure that:
  - The risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised;
  - Practices and procedures in relation to the safe handling, preparation, consumption, and service of food are developed and implemented (if relevant);
  - Practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented (if relevant);
  - Practices and procedures ensuring that all educators, staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented;
  - Practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented (if relevant).

### Links to other policies:

This policy is linked to related policies and procedures, including:

- Incident, Injury, Trauma, and Illness
- Nutrition, food and beverage, dietary requirements
- The administration of first aid

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- Enrolment and Orientation
- Providing a Child Safe Environment
- Acceptance and Refusal of Authorisations

### Induction and Ongoing Training:

- Induction training and ongoing training will be provided to managers, coordinators, educators, and staff to assist them in fulfilling their roles effectively in implementing this policy.

### Policy Created/Reviewed:

- This policy was created in January 2024 and will be reviewed annually or as necessary to ensure compliance with regulations and alignment with best practices.

### Monitoring, Evaluation, and Review:

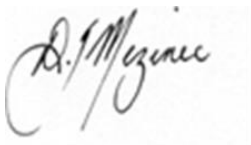
- This policy will be regularly monitored for compliance by designated staff members and reviewed as necessary to ensure it aligns with current regulations and guidelines.

### References:

- Education and Care Services National Regulations
- South Australian Education Policy and regulations
- Catholic Education South Australia policy and regulations
- Protective Practices
- The Australian Children's Education and Care Service Authority (ACECQA)
- National Quality Standard (NQS)
- Early Years Learning Framework (EYLF)
- SafeWork SA Approved Code of Practice for First Aid in the Workplace
- Cancer Council Australia regulations

Reviewed by David Meziniec  
*Tenison Woods College Principal*

Reviewed by Fran Scanlon  
*Early Learning & Community Centre Director*



Signed:  
Dated: 14.7.24

Signed:  
Dated: 10.7.24

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# DEALING WITH MEDICAL CONDITIONS IN CHILDREN PROCEDURE

### Procedure Statement

Tenison Woods College Early Learning and Community Centre adheres to stringent standards for administering medication to children, as mandated by the National Education and Care Regulations and ACECQA guidelines. Recognizing medication administration as a high-risk practice, the Centre emphasizes meticulous attention to detail, comprehensive record-keeping, and collaborative teamwork to mitigate health and legal risks. Parents are required to provide detailed documentation of their child's medical needs and medication requirements, which staff rigorously verify before administering any medication. Medical conditions such as asthma, diabetes, and anaphylaxis risk are managed with heightened vigilance, necessitating effective communication with families. The Centre assumes responsibility for sharing pertinent medication and medical condition information with families to ensure informed care. Ultimately, the Approved Provider or Nominated Supervisor establishes and enforces comprehensive policies and procedures for managing medical conditions and medication, ensuring compliance with regulatory standards and the provision of high-quality care.

### Procedure

#### Compliance with Regulations and Standards

The Centre will comply with the Education and Care Services National Regulations, South Australian Education Policy and regulations, Catholic Education South Australia policy and regulations, and the SafeWork SA Approved Code of Practice for First Aid in the Workplace, regarding the following aspects of first aid administration:

- a. First aid areas, kits, and contents of kits
- b. First aid personnel and their qualifications
- c. Training requirements for educators
- d. Management of critical incidents
- e. Safe use of first aid equipment suitable for children
- f. Availability of Material Safety Data Sheets for accessible chemicals

#### Medical conditions in children

Upon enrolment or if diagnosed during their time at the Centre, parents or guardians are to make the Centre aware of any medical conditions.

- These are to be entered on Spike and Responsible person in the room to be made aware and share with staff. Any changes the administration staff and responsible person, is to be made aware.
- When a diagnosed condition with recommendations from medical professionals, changes cannot be made without a letter from the medical practitioner.
- If a parent or guardian wishes to change an aspect of dealing with their child's medical conditions, they will need to discuss this with the Responsible person (Director). Any changes must be emailed through in writing from a medical practitioner
- If a parent of caregiver wishes to have their child take a non-prescribed medication as a cream to ease eczema, they will need to sign a medical form
- If a parent wishes to give their child Panadol, they will need to come in and administer this medication themselves. Only in severe cases where it is an emergency and risking the health of the child, parents maybe rung and to give permission for Panadol to be administered. The permission from the Responsible Person at the ELCC must be given before this action occurs.

#### Risk minimisation medical plans

- Risk minimisation plans are to be prepared by administrative staff and updated annually or as required.
- These are to be signed by the parent or authorised caregiver and the Centre, with all room staff having knowledge of the plans. As part of signing these plans, parents are allowing photos and a visual summary of children's medical plans, allergies, first aid or dietary restrictions.
- These are displayed in each room and in the piazza. The hard copy of the plans will be kept in the Centre First Aid cupboard, with the child's action plan.
- All action plans will be accessible also in the child's room(s) in the Centre.

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### Medication Management:

- When a child requires an additional medication as directed by a registered medical practitioner, the staff member will create a medication record and fill out relevant information with the parent or authorised guardian: name of the child, details of the medication, administration records, and signatures.
- The medication administered MUST follow the doctor prescription, and times to be calculated from the last administered dose from home, it is NOT following what the parent would like. If the parent would like to administer the medication before this, they can come and do it. The ELCC will only follow the prescription.
- The staff member must ensure medication administration is authorised, with exceptions outlined in for anaphylaxis or asthma emergencies. Following the medical prescription.
- The administered medication must be witnessed by another staff member and both parties must sign and date the document. When finished, the medication record is to be kept in the child's enrolment file.

### Anaphylaxis management plan:

- If a child in our care has been diagnosed with anaphylaxis a notice is displayed in a position visible from the main entrance to inform families and visitors to the service.
- The Sugarloaf Café are made

### Food Preparation

- Weekly lists are sent through to the Sugarloaf Café, where the food is prepared the Friday before the start of the new week, showing allergies, intolerances and cultural requirements
- Each afternoon, a new email is sent to the Sugarloaf Café, with any changes, for example sick children, swap days or changed days.
- Monthly meetings occur with the Sugarloaf manager and ELCC specific cook to go over changes, updates or edits to food menus.
- Families are made aware there is no specific allergy free area in the Sugarloaf café, before preparation all surfaces are disinfected and wiped down before all foods are prepared, including allergy free dishes and variations. All families are made aware of this.
- Ingredients cards of all recipes are to be made by the ELCC and the Sugarloaf Café. There are sets kept in the ELCC and the Sugarloaf. If any changes occur the Sugarloaf Café id to let the ELCC know immediately.
- All ELCC and Sugarloaf staff have completed the National Allergy <https://nationalallergyCouncil.org.au/resources-links/food-service> certificate specific to their area annually.
- Stickers stating – gluten free, dairy free, lactose free, halal or the child's name and their allergies, intolerances or requirements will be made and should be placed on the correct food daily by the Sugarloaf staff.
- In the Centre before cooking experiences all dietary and allergy requirements are taken into consideration, benches are cleaned down thoroughly and following our policy and procedure, when applicable ingredients causing reactions or medical conditions should be avoided.

### Risk Assessment for Excursions:

- Before an excursion staff must conduct risk assessments for excursions, focusing on first aid requirements and the safety of children attending.
- This risk assessment must take into account existing medical first aid needs of all children attending, the safety of the transport and any first aid needs it could potentially cause, the environmental factors impacting first aid as UV rate and the area of the intended excursion.

### Duty of Care and Reporting

- Staff members have a duty of care to promptly call an ambulance in emergency situations where a child's health is at risk due to parental delay in collecting them. They are also responsible for providing first aid and seeking emergency support when appropriate.
- Parents are responsible for following up medical care and consulting a doctor for non-emergency conditions.
- If a parent consistently fails to collect their unwell child and does not provide alternative emergency contact details, the service may consider making a mandatory notification to ensure the child's ongoing wellbeing.
- Under no circumstances should staff transport injured or unwell children using personal vehicles, except when instructed by paramedics to meet an ambulance.

### Documentation and Reporting

- All incidents, minor or major, will be appropriately documented.

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- Minor incidents will be recorded in an accident register, and a note will be placed in the day sheet to notify collecting parents/guardians about the incident. Major incidents must be reported to ACECQA and CESA via the designated portal within 24 hours.
- The Director, Assistant Director, Nominated Supervisors and Administrative Management have access to the ACECQA NQA IT portal for serious incidents. Instructions can also be found in the office.

### Responsibilities

The approved provider will be responsible for:

- Ensure the Dealing with medical conditions in children 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 (regulation 90)
- Ensure families of children that have a specific medical condition have been given a copy of the Dealing with 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 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
- 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 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:
  - 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.

The nominated supervisor and responsible person (Director) will be responsible for:

- Implementing the 'Dealing with 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 EpiPens.

The educators will be responsible for:

- Ensure all the action plans are carried out in line with the Dealing with medical conditions in children 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



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- Ensure that two people are present any time medication is administered to children (except for FDC or permitted services) (regulation 95(c))
- 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 condition
- 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.

The cooks/kitchen staff will be responsible for:

- Ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are adhered to
- Ensure all changes to child's medical management plan or risk minimisation plan are implemented immediately within the menu preparation.

The families will be responsible for:

- Advise the service of the child's medical condition and their specific needs as part of this condition
- Provide regular updates to the service on the child's medical condition including any changes, and ensure all information required is up-to-date
- Provide a medical management plan from a doctor on enrolment or diagnosis of the medical condition (refer to links for requirements) and provide an updated plan as required
- Collaborate with the service staff to develop a risk minimisation plan.