



Medical Conditions and Allergies Policy



Policy Number	QA 2/11	Title	Medical Conditions and Allergies Policy
Revision	2.1	Written By	EHOOSH Management Committee
Reviewed By	Policy Team and Nominated Supervisor	Approved By	EHOOSH Management Committee
Supersedes	Version 2.0	Effective Date	May 2025

1. Policy Statement

Eastwood Heights OOSH will work closely with children, families and schools and health professionals to manage the medical conditions and allergies of children attending the Service. We will assist and support all children to enable them to participate as fully as possible in the Service's day to day activities in order to promote their sense of wellbeing, connectedness and belonging. At all times educators and staff will act in the best interests of the children and ensure the health, safety and wellbeing of all children being educated and cared for at the service. Our educators and staff will be fully aware of the nature and management of all children's medical needs and allergies and will respect the child and the family's confidentiality. This policy will be provided to parents/guardians who identify that their child has a medical condition or allergy, and a Risk Minimisation Plan (See Section 2.1) will be formulated for each child so identified.

The Education and Care Services National Regulations require approved providers to ensure the service has policies and procedures in place for dealing with medical conditions in children.

2. Procedure

Families will be asked to inform the Service of any medical conditions or allergies the child may have at the time of enrolment. This allows for the service to identify children's needs. The service may need time to develop a process and timeline for enrolment in collaboration with families to enable orientation or training of educators before the child commences care. Families will be asked to provide the following information:

- Details of the diagnosed health care need, allergy or relevant medical condition including the severity of the condition
- Any current medication prescribed for the child
- The response required from the service about the emergence of symptoms
- Any medication required to be administered in an emergency
- The response required if the child does not respond to initial treatment
- When to call an ambulance for assistance.

This information will be recorded by the parent/guardian on the child's enrolment form. Upon notification of a child's medical condition or allergy the Service will provide the parent/guardian with a copy of this policy (Regulation 91). Specific or long-term medical conditions will require the completion of a Medical Management Plan by the child's doctor and family.

This policy provides particular advice in relation to anaphylaxis and asthma as they are medical conditions which are commonly experienced by children enrolled in the service. It is noted that children with other medical conditions may be enrolled in the future and which time the policy and procedure may be amended.

2.1. Anaphylaxis

- A completed Individual Medical Management Plan/ASCIA Management Plan must be provided to the service on enrolment signed by their child's doctor or nurse practitioner (see Section 2.5 and Appendix A).
- Families are required to provide a prescribed adrenaline injector at all times while their child is in attendance at the service.
- The service will have at least one general use adrenaline injector. Staff will be informed of the location/s of the general use adrenaline injector/s. General use adrenaline injectors will be replaced before they expire.
- As many permanent educators as possible will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors. Where possible, casual staff will also undertake this training.

2.2. Asthma

- A completed Individual Medical Management Plan must be provided to the service on enrolment signed by their child's doctor or nurse practitioner
- If a parent/guardian has informed the service that their child requires reliever medicine from time to time for asthma-like symptoms (i.e., wheezing and coughing), but has not yet been given a confirmed diagnosis of asthma, the Schools and Child Services Action Plan for Asthma Flare-Up will be provided to the family for the child's doctor to complete.

2.3. Diabetes

- A completed Individual Injection Plan/Pump Plan must be provided to the service on enrolment signed by their child's doctor (see Appendix A).
- Prior to the children's commencement, staff will undergo diabetes management and response training.

The service acknowledges that students with diabetes can do everything their peers can do, but due to their diabetes they may require:

- Special consideration
- Extra consideration if unwell
- Special provisions for privacy if testing blood glucose levels and injecting insulin at school

- Close supervision
- To eat at additional times, especially with physical activity

2.4. Other Medical Conditions

It is noted that children attending the service may live with a range of conditions, including chronic and life-threatening conditions, of which the service must be aware in order to provide a safe environment for the child. Other medical conditions may include:

- Food allergy or intolerance e.g., gluten; dairy for which an adrenaline autoinjector has not been prescribed
- Environmental allergies e.g., hay fever
- Diabetes
- Epilepsy

The service will work with parents/guardians to determine the severity and risk associated with any other medical condition in order to determine the required response.

Information provided in Section 2.4 below will guide this assessment, with further information contained in Appendix A.

2.5. Individual Action Plan / Medical Management Plan

All parents/guardians of children with known immediately life-threatening conditions, attending the service must provide an ASCIA Action Plan or other appropriate Medical Management Plan completed and signed by their child's doctor or nurse practitioner.

The plan must be updated in accordance with the date specified by the child's doctor and recorded by the service.

In many cases parents/guardians will advise that a child has a condition which is not known to be immediately life-threatening e.g. mild allergy (i.e dust mites, grass) and no Action Plan or Medical Management Plan is available. In such instances, the family may be asked to supply information from their doctor explaining the effects of the child's exposure to the allergen and ways the educators can assist the child if they do become exposed or in the case of a specific health care need, or relevant medical condition, the ways the service can support the child.

The Individual Action Plan or Medical Management Plan will be followed in the event of any incident relating to the child's specific health care need, asthma, allergy, or relevant medical condition. All educators, staff and adult volunteers will be informed of any special medical conditions affecting children and instructed in the necessary management. In some cases, specific training may be provided to educators to ensure that they are able to effectively implement the relevant Plan.

2.6. Risk Minimisation Plan

In order to meet its regulatory obligations, it is requirement of the Service that a Risk Minimisation Plan (which incorporates a communication plan) is developed in consultation with the family of a child affected by a medical condition or allergy. In order to do so, the Nominated Supervisor or Team Leader will meet with the parents and, if relevant, any health professionals, prior to the child's attendance at the Service. This will determine the content of the plan and assist in the smooth and safe transition of the child into the Service. Additional information is provided in Appendix B.

The Risk Minimisation Plan will consider and document:

- That the child is not to attend the Service without any medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy, or relevant medical condition.
- It is the parent's/guardian's responsibility to keep a record of the use-by date of the child's medication and replace as necessary.
- Whether the child is able to self-administer medication (see Administration and Storage of Medicine Policy).
- The identification of any risks to the child or others by their attendance at the Service.
- The identification of any practices or procedures that need adjustment at the Service to minimise risk to the child, e.g., food preparation procedures.
- The development of a process and timeline for orientation or training of educators.
- The best methods of communication between the family and educators to monitor, review, and evaluate the condition, or in the event of an incident relating to the child's condition, or if changes need to be made to the child's plan.

2.7. Minimising the Risk of Exposure to Food Allergens

The Service will minimise the number of common allergens that children with food allergies are exposed to at the Service, whilst still providing core foods such as wheat, dairy and egg for the majority of children. The Service will not serve food containing peanuts and tree nuts as they are not considered core foods and for children without food allergies, can be eaten at home as part of a broad ranging diet.

It is not possible for the Service to guarantee that children will not be exposed to new or existing allergens. Advice will be provided to families regarding the foods which will not be allowed at Vacation Care prior to the commencement of each vacation care session, recognising that changing enrollments result in different discouraged foods each session.

During regular OOSH and on catered days during vacation care, families of children with an allergy may be asked to supply additional, safe foods if the Service considers it necessary. If a child has multiple or complex food allergies it may be decided that the child will only eat food brought from home. This should be discussed with the parent/guardian when the child is enrolled. All medical conditions, including food allergies, will be listed out of sight of general visitors and children. It is the responsibility of every educator at the Service to regularly read and refer to that list.

All staff will be informed of the list on initial employment and provided with orientation on what action to take in the event of a medical emergency, including which educators are responsible for implementing the Individual Action Plan or Medical Management Plan based on training and experience.

Whenever food is served (outside of the kitchen), a list of allergy information of a particular child will be available visible only to the staff (privacy of each child will be protected).

When families provide food for their own children it is reasonable for the service to request that food provided by parents does not contain peanuts or tree nuts as an ingredient. Families will also be requested not to supply food containing other particular allergens as listed from time to time. Where required children will be separated during mealtimes to reduce any risk of contamination and/or food sharing.

All children's individual needs and allergies will be addressed when planning menus.

Parents of children with special dietary requirements will be informed of the menu via the service website so they can provide an alternative if required.

3. Roles and Responsibilities

Approved Provider

- Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures.
- 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 the service).
- Ensure inclusion of all children in the service.
- Notify families at least 14 days before changing the policy or procedures if the changes will:
 - Significantly impact the service's education and care of children or
 - Significantly impact the family's ability to utilise the service

Nominated Supervisor

- Notify the approved provider if there are any issues with implementing the policy and procedures.
- Ensure the *Medical Conditions and Allergies 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 *Medical Conditions and Allergies 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 a written plan for ongoing communication between families and educators is developed as part of the 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

	<p>inform families and visitors to the service.</p> <ul style="list-style-type: none"> • 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 the Risk Minimisation Plan and communicated to all educators and staff. • 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 a new Risk Minimisation Plan is completed and implemented when circumstances change for the child's specific medical condition. • Ensure all educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens (adrenaline autoinjectors) and asthma medication. • Ensure this is part of the induction for new educators and staff and any changes are covered in ongoing training. • Conduct regular staff meetings to ensure timely and accurate information about the medical condition, any updates, and the management of the medical condition, is provided to all educators and staff.
Responsible Person in Charge	<ul style="list-style-type: none"> • 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. • Ensure all children's health and medical needs are taken into consideration on excursions (first aid kit, personal medication, management plans, etc.)

All Educators and Staff	<ul style="list-style-type: none"> • Continuously check ingredient labels for food and play substances and have adequate knowledge of allergens. • Maintain hygiene and infection control • Ensure all the action plans are carried out in line with the <i>Medical Conditions and Allergies Policy</i> and procedures. • Ensure close monitoring of the child's health and identification of 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 with specific medical conditions. • Regularly reflect on supervision plans and monitoring children's health. • Attend staff meetings.
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. • Provide food which meets individual children's health care needs, ensuring no child is served food that contain, or may contain, food they are allergic/anaphylactic to. • Ensure all changes to child's medical management plan or risk minimisation plan are implemented immediately within the menu preparation. • Continuously check ingredient labels for food substances and have adequate knowledge of allergens.
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 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 conditions and provide an updated plan as required.
- Provide the required medication each day the child attends the service.
- Collaborate with the service staff to develop a Risk Minimisation Plan.

4. References

4.1. Statutory Authority

National Quality Standard QA2: 2.1, 2.1.2/ QA3: 3.1.1, 3.2.1/ QA6: 6.2.2/ QA7: 7.1.3

QA2: 2.1	Each child's health and physical activity is supported and promoted.
2.12	Effective illness and injury management and hygiene practices are promoted and implemented.
QA3: 3.1.1	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose including supporting the access of every child.
3.2.1	Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.
QA6: 6.2.2	Effective partnerships support children's access, inclusion and participation in the program.
QA7: 7.1.3	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

4.2. Legislation

- Early Childhood Education Directorate, NSW Department of Education
- Disability Discrimination Act 1992
- Anti-discrimination Act 1977 (NSW)
- Work Health and Safety Act 2011
- Best Practice Guidelines for anaphylaxis prevention and management in Children's education and Care services (including outside school hours care)
- Staying Healthy Guide 6th Edition

4.3. Relevant Service Policies

- *Administration and Storage of Medication Policy*
- *Enrolment and Orientation Policy*
- *Food and Nutrition Policy*
- *Confidentiality and Privacy Policy*
- *Illness and Infectious Diseases Policy*
- *Incident Injury trauma and Illness Policy*
- *Providing a Child Safe Environment Policy*
- *Emergency and Evacuation Policy*
- *Governance and Management Policy*

4.4. National Frameworks

Framework for School Age Care in Australia, 'My Time, Our Place' (1.2, 1.4, 3.1), <https://www.acecqa.gov.au/sites/default/files/2023-02/MTOP-2022-V2.0.pdf>

5. Legislative Requirements

Regulation 167	Offence relating to protection of children from harm and hazards
Regulation 85	Incident, injury, trauma and illness policy and procedures
Regulation 86	Notification to parent of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 89	First Aid Kits
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement-anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 96	Self-administration of medication
Regulation 136	First aid qualifications
Regulation 162(c) and (d)	<p>Health information to be kept in enrolment record</p> <p>(c) details of any –</p> <p>(i) specific healthcare needs of the child, including any medical condition; and</p> <p>(ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis (any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c)).</p>
Regulation 168	Education and care services must have policies and procedures

Regulation 170

Policies and procedures to be followed

Regulation 171

Policies and procedures to be kept available

Regulation 172

Notification of change to policies and procedures

Regulation 173

Prescribed information to be displayed (i) in the case of a centre-based service, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service

Appendix A

Medical Management Plans for Anaphylaxis and Allergic Reactions

ascia
Allergy Society of Australia
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis
For use with EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____
Date of birth: _____

Confirmed as allergic: _____

Family/emergency contact names:
1. _____
2. _____
3. _____

The treating doctor or paediatrician has authorised this plan to be given according to the plan, as consented by the patient or parent/guardian.

While this plan does not expire, review is recommended by (10/10/17)

Signed: _____
Date: _____

How to give EpiPen®

1. Remove cap from EpiPen®
2. Push cap back and hold EpiPen® against the outer thigh
3. Push down hard until you hear a click and feel a vibration

EpiPen® is prescribed as follows:
• EpiPen® 0.1mg for children 7.5-20kg
• EpiPen® 0.3mg for children over 20kg and adults

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 stinging if visible
- For tick allergy - seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (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 or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Whoops or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- LAY PERSON FLAT - do NOT allow them to stand or walk
- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

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, insect or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma reliever/puffer if someone with known asthma and allergy to food, insect or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Adrenaline autoinjector - give now, Y.

Adrenaline autoinjector - give now, Y.

ascia
Allergy Society of Australia
www.allergy.org.au

ACTION PLAN FOR Allergic Reactions

Name: _____
Date of birth: _____

Confirmed as allergic: _____

Family/emergency contact names:
1. _____
2. _____
3. _____

The treating doctor or paediatrician has authorised this plan to be given according to the plan, as consented by the patient or parent/guardian, including use of adrenaline if available.

While this plan does not expire, review is recommended by (10/10/17)

Signed: _____
Date: _____

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 stinging if visible
- For tick allergy - seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Give antihistamine (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 or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Whoops or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- LAY PERSON FLAT - do NOT allow them to stand or walk
- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

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, insect or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Adrenaline autoinjector - give now, Y.

Adrenaline autoinjector - give now, Y.

Medical Management Plans for Asthma

ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

<p>NAME _____</p> <p>DATE _____</p> <p>NEXT ASTHMA CHECK-UP DUE _____</p>	<p>DOCTOR'S CONTACT DETAILS</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>EMERGENCY CONTACT DETAILS</p> <p>Name _____</p> <p>Phone _____</p> <p>Relationship _____</p>
---	---	--

WHEN WELL Asthma under control (based on symptoms) ALWAYS CARRY YOUR RELIEVER WITH YOU

Keep taking preventers: _____

Your reliever is: _____

Other instructions: _____

WHEN NOT WELL Asthma getting worse (breathing more wheezy than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)

Keep taking preventers: _____

Your reliever is: _____

Other instructions: _____

IF SYMPTOMS GET WORSE Severe asthma flare-up (asthma breathing difficulty again within 2 hours, increasing asthma symptoms waking you at night with asthma symptoms)

Keep taking preventers: _____

Your reliever is: _____

Other instructions: _____

DANGER SIGNS Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)

DIAL 000 FOR AMBULANCE

Call an ambulance immediately
Say that this is an asthma emergency
Keep taking reliever as often as needed
Use your adrenaline inhaler (if given or Anaprep)

National Asthma Council Australia
nationalasthma.org.au

SCHOOLS AND CHILD SERVICES ACTION PLAN FOR ASTHMA FLARE-UP

NSW Health

Note for Medical or Nurse Practitioner: This plan has been developed as a guide only. It does not replace the clinical judgement of a doctor or nurse. It is to be completed and signed by a doctor or nurse. It is to be carried with the child at all times. It is to be reviewed and updated as needed. It is to be reviewed and updated as needed. It is to be reviewed and updated as needed.

SIGNS OF A MILD TO MODERATE ASTHMA FLARE-UP*

- Waking at night or early in the morning
- Wheezing, coughing or shortness of breath
- Increased symptoms
- Increased symptoms
- Increased symptoms

ACTION FOR A MILD TO MODERATE ASTHMA FLARE-UP

Use inhaler and reliever, if possible, per doctor's advice.

SIGNS OF A SEVERE / LIFE-THREATENING ASTHMA FLARE-UP*

- Extreme difficulty breathing, unable to talk
- Fast breathing, chest pain, or wheezing
- Blue lips or face, or cyanosis
- Unconscious or unresponsive

ACTION FOR A SEVERE / LIFE-THREATENING ASTHMA FLARE-UP

Call an ambulance - DIAL 000

Use inhaler and reliever, if possible, per doctor's advice.

Attention Parents / Guardian

Please complete this form and return it to your child's school or child care.

Emergency contact details:

Name _____ Phone _____

Relationship _____

Other contact details:

Injection Management Plan

injection management plan

diabetes australia

Student details

Name _____

DOB _____ Grade / Year _____

School _____

Key contact details

Name _____

Phone _____ Alternate Phone _____

Relationship _____

Name _____

Phone _____ Alternate Phone _____

Relationship _____

Diabetes health care team

Hospital/Clinic _____

Phone number _____

Endocrinologist / Specialist _____

Diabetes Educator _____

diabetesaustralia.com.au

Place current photograph of student here

Planning for Events, Camps and Excursions

All planning should be undertaken in consultation with parents/carers.

Notify parents/carers as early as possible of upcoming events to ensure additional planning can be done.

The diabetes management and action plans are adjusted by student's parents/carers and the diabetes healthcare team depending on activity and duration of the event, camp or excursion.

Insulin Administration

Insulin can be administered in multiple ways. An insulin injection (bolus) is given at a meal times.

Insulin injection required at school ☐ Yes ☐ No

Type of device ☐ Insulin Pen ☐ Syringe

Student can self-administer injection ☐ Yes ☐ Supervised ☐ No

Nominated staff to supervise _____

Injection times _____

injection management plan

diabetes australia

Glucose level checking

Type to be used ☐ Finger prick /lancet

☐ Continuous Glucose Monitoring

☐ Flash Monitoring

Is student able to check their own glucose levels? ☐ Yes ☐ No

☐ Yes nominated staff member needs to:

☐ Remind ☐ Observe ☐ Assist ☐ No assistance

☐ No, a nominated staff member needs to check glucose levels.

Nominated staff name/s _____

Glucose levels need to be checked: (Please select all that apply)

☐ When student feels unwell ☐ Prior to recess or snack

☐ Prior to lunch ☐ When hypo suspected

☐ Prior to physical activity ☐ Prior to exam/tests

Other _____

Additional glucose checks may be needed in addition to those scheduled if staff or the student are concerned about levels.

Ketone level checking

Ketone level checking may be needed for some students if glucose levels are above target or they are unwell. Not all students will need ketone checks.

Ketone checks required: ☐ No ☐ Yes when glucose levels are > _____

Notify parents if ketone levels are > _____

diabetesaustralia.com.au

Physical Activity

All students should be encouraged to participate in physical activities, including students living with diabetes.

Some students will require a glucose check before sport.

Glucose check before sport: ☐ Yes ☐ No

The students BGL needs to be above _____ before sport.

If the BGLs are between _____ and _____, student can participate immediately.

If below _____ student to have _____ of carbohydrate.

Check _____ minutes later and if within their target range then student can participate as per usual.

If above _____ refer to hyperglycaemia action plan

Check _____ minutes later and if within their target range then student can participate as per usual.

Physical education instructors and sports coaches must have a copy of the action plan and be able to recognise and assist with the treatment of low glucose levels.

Additional management notes

Version: 240130 | Injection action plan | 1 of 4

Version: 240130 | Injection action plan | 2 of 4

Roles and Responsibilities Agreement

Parent/Guardian:

- Inform the school of the student's condition upon enrolment. If the student is already enrolled, they should inform the school as soon as possible after diagnosis
- Contribute to the development of the school-based diabetes management /action plans
- Ensure the school has the current diabetes management plan
- Provide all the equipment the student needs to be safely supported which may include medication, blood glucose meter with test strips, insulin pump consumables and hypo treatment foods/drinks
- Provide guidance and support to school staff when concerns or issues arise
- Provide consent for the school to contact the appropriately qualified health professionals about the student's condition

The Student:

- Bring diabetes supplies to school and allowed to carry hypo treatment and BGL equipment with them at all times
- Be permitted to have immediate access to water by keeping a water bottle on their desk
- Be permitted to use the bathroom without restriction
- Have open communication with their teachers
- Notify their teachers when they are low or feel unwell
- Engage in glucose checks and insulin administration documented in this plan

Diabetes Healthcare Team:

- Assist in developing the student's individual management plan
- Provide relevant contact details in case specific questions arise from parents/schools and Diabetes Australia

School Principals:

- Co-ordinate an encouraging and safe and school environment that:
 - Recognises the student and their family are covered under the Disability Discrimination Act and Disability Standard of Education
 - Involve all students with health conditions in school activities
 - Support students who need supervision or assistance in administering medication
 - Ensures this management plan is adhered to in the school setting
- Ensure that all staff, including casual staff, are aware of the signs and symptoms of low glucose levels and the location of medication including the hypo kit.
- Communicate with parent/carer and health care teams in regards to the student's diabetes management plan in an agreed manner

School Staff:

- Have a comprehensive understanding of the requirements of the student with diabetes
- Support the student in the access and care of their diabetes devices, equipment and supplies
- Understand the signs and symptoms of a hypoglycaemic (hypo) and hyperglycaemic (hyper) episode
- Assist the student with diabetes if a hypo or hyper episode occurs and what treatment is needed according to the Action Plan
- Support the student in management of their condition when the student is unable to do so. This may include glucose checking and/or administering insulin

Parent	Student	Healthcare Staff	Principal
Name _____	Name _____	Name _____	Name _____
Date _____	Date _____	Date _____	Date _____
Signed _____	Signed _____	Signed _____	Signed _____

diabetesaustralia.com.au

Version: 240130 | Injection action plan | 3 of 4

HYPOGLYCAEMIA

LOW if Blood Glucose Level is below: _____
TREAT IMMEDIATELY

Signs and symptoms

Note: Symptoms may not always be obvious

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Pale | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Shaky / sweaty | <input type="checkbox"/> Drowsy |
| <input type="checkbox"/> Angry or irritable | |

**DO NOT LEAVE STUDENT UNATTENDED
DO NOT DELAY TREATMENT**

Student conscious & cooperative
Able to eat/drink hypo treatment

Hypo treatment as listed below

Recheck BGL
after _____ mins
If level is below _____
repeat fast acting carb

Student unconscious or drowsy
Risk of choking or unable to swallow

First aid
Place student on their side and stay with the student

**CALL AN AMBULANCE
DIAL 000**

Contact parent or guardian
when safe to do so

Student

DOB _____
Grade _____

Key contact details

Name _____
Phone _____
Relationship _____
Name _____
Phone _____
Relationship _____

Injection

Student can self-administer insulin injection

☐ Yes ☐ With Supervision ☐ No

In room/location _____

Staff supervisor/s _____

Routine glucose level checking times

- | | | |
|---|--|---|
| <input type="checkbox"/> Finger Prick/ Lancet | <input type="checkbox"/> Continuous Glucose Monitoring | <input type="checkbox"/> Flash Monitoring |
| <input type="checkbox"/> When feels unwell | <input type="checkbox"/> Prior to recess/snack | |
| <input type="checkbox"/> Prior to lunch | <input type="checkbox"/> When hypo suspected | |
| <input type="checkbox"/> Prior to exam/tests | <input type="checkbox"/> Prior to physical activity | |

HYPERGLYCAEMIA

HIGH if Blood Glucose Level is above _____
(High BGLs are not uncommon)

Signs and symptoms

Note: Symptoms may not always be obvious

- | | |
|---|---|
| <input type="checkbox"/> Thirsty | <input type="checkbox"/> Needing the toilet |
| <input type="checkbox"/> Poor concentration | <input type="checkbox"/> Drowsy |
| <input type="checkbox"/> Angry or irritable | |

Student well
Re-check BGL in 2 hours

Encourage student to drink water and return to class.
Allow extra toilet privileges.

In 2 hours, if BGL still above _____ call key contacts for advice

Clinic: _____

Clinic contact: _____

Contact No: _____

Student unwell
e.g. vomiting

Check ketones

☐ Yes (refer to plan)

☐ No

Call key contact(s)
to collect student ASAP

diabetesaustralia.com.au

Version: 240130 | Injection action plan | 4 of 4

Student details

Name _____

DOB _____ Grade / Year _____

School _____

Place current photograph of student here

Planning for events, camps and excursions

All planning should be undertaken in consultation with parents/carers.

Notify parents/carers as early as possible of upcoming events to ensure additional planning can be done.

The diabetes management and action plans are adjusted by student's parents/carers and the diabetes healthcare team depending on activity and duration of the event, camp or excursion.

Insulin administration

An insulin pump continually delivers insulin and uses a glucose level and/or a carbohydrate amount when entered – to calculate and deliver a dose (bolus) of insulin.

Insulin pump management is required at school:

☐ Yes ☐ No

Pump model: _____

Student can self-manage their insulin pump:

☐ Yes ☐ Supervised ☐ No

Nominated name/s of staff to supervise _____

The alternate staff supervisor is: _____

Key contact details

Name _____

Phone _____ Alternate Phone _____

Relationship _____

Name _____

Phone _____ Alternate Phone _____

Relationship _____

Diabetes health care team

Hospital/Clinic _____

Phone number _____

Endocrinologist / Specialist _____

Diabetes Educator _____

diabetesaustralia.com.au

Version: 240130 | Pump management plan | 1 of 4

Glucose level checking

Type to be used ☐ Finger prick /lancet

☐ Continuous Glucose Monitoring

☐ Flash Monitoring

Is student able to check their own glucose levels? ☐ Yes ☐ No

☐ Yes nominated staff member needs to:

☐ Remind ☐ Observe ☐ Assist ☐ No assistance

☐ No, a nominated staff member needs to check glucose levels.

Nominated staff name/s _____

Glucose levels need to be checked: (Please select all that apply)

☐ When student feels unwell ☐ Prior to recess or snack

☐ Prior to lunch ☐ When hypo suspected

☐ Prior to physical activity ☐ Prior to exam/tests

Other _____

Additional glucose checks may be needed in addition to those scheduled if staff or the student are concerned about levels.

Ketone level checking

Ketone level checking may be needed for some students if glucose levels are above target or they are unwell. Not all students will need ketone checks.

Ketone checks required: ☐ No ☐ Yes when glucose levels are > _____

Notify parents if ketone levels are > _____

diabetesaustralia.com.au

Physical activity

All students should be encouraged to participate in physical activities, including students living with diabetes.

Some students will require a glucose check before sport.

Glucose check before sport ☐ Yes ☐ No

The students BGL needs to be above _____ before sport.

If the BGLs are between _____ and _____, student can participate immediately.

If below _____ student to have _____ of carbohydrate.

Check _____ minutes later and if within their target range then student can participate as per usual.

If above _____ refer to hyperglycaemia action plan

Check _____ minutes later and if within their target range then student can participate as per usual.

Physical education instructors and sports coaches must have a copy of the action plan and be able to recognise and assist with the treatment of low glucose levels.

During physical activity, pump is to be: ☐ On ☐ Off

Additional notes

Version: 240130 | Pump management plan | 2 of 4

Pump Management Plan

pump management plan

Roles and responsibilities agreement

Parent/Guardian:

- Inform the school of the student's condition upon enrolment. If the student is already enrolled, they should inform the school as soon as possible after diagnosis
- Contribute to the development of the school-based diabetes management /action plans
- Ensure the school has the current diabetes management plan
- Provide all the equipment the student needs to be safely supported which may include medication, blood glucose meter with test strips, insulin pump consumables and hypo treatment foods/drinks
- Provide guidance and support to school staff when concerns or issues arise
- Provide consent for the school to contact the appropriately qualified health professionals about the student's condition

The Student:

- Bring diabetes supplies to school and allowed to carry hypo treatment and BGL equipment with them at all times
- Be permitted to have immediate access to water by keeping a water bottle on their desk
- Be permitted to use the bathroom without restriction
- Have open communication with their teachers
- Notify their teachers when they are low or feel unwell
- Engage in glucose checks and insulin administration documented in this plan

Diabetes Healthcare Team:

- Assist in developing the student's individual management plan
- Provide relevant contact details in case specific questions arise from parents/schools and Diabetes Australia

School Principals:

- Co-ordinate a encouraging and safe and school environment that:
 - Recognises the student and their family are covered under the Disability Discrimination Act and Disability Standard of Education
 - Involve all students with health conditions in school activities
 - Support students who need supervision or assistance in administering medication
 - Ensures this management plan is adhered to in the school setting
- Ensure that all staff, including casual staff, are aware of the signs and symptoms of low glucose levels and the location of medication including the hypo kit.
- Communicate with parent/carer and health care teams in regards to the student's diabetes management plan in an agreed manner

School Staff:

- Have a comprehensive understanding of the requirements of the student with diabetes
- Support the student in the access and care of their diabetes devices, equipment and supplies
- Understand the signs and symptoms of a hypoglycaemic (hypo) and hyperglycaemic (hyper) episode
- Assist the student with diabetes if a hypo or hyper episode occurs and what treatment is needed according to the Action Plan
- Support the student in management of their condition when the student is unable to do so. This may include glucose checking and/or administering insulin

Parent

Name

Date

Signed

Student

Name

Date

Signed

Healthcare Staff

Name

Date

Signed

Principal

Name

Date

Signed



diabetesaustralia.com.au

Version: 240130 | Pump management plan | 3 of 4

pump action plan

HYPOGLYCAEMIA

LOW if Blood Glucose Level is below: _____
TREAT IMMEDIATELY

Signs and symptoms

Note: Symptoms may not always be obvious

- ☐ Pale ☐ Headache
☐ Shaky / sweaty ☐ Drowsy
☐ Angry or irritable ☐

DO NOT LEAVE STUDENT UNATTENDED
DO NOT DELAY TREATMENT

Student conscious & cooperative
able to eat/drink hypo treatment

Give fast acting carbs
as listed below

Recheck BGL
after _____ mins
If level is below _____
repeat fast acting carb

Student unconscious
or drowsy
risk of choking or
unable to swallow

First aid
Place student on their
side and stay with the
student

**CALL AN
AMBULANCE
DIAL 000**

Contact parent
or guardian
when safe to do so

Student

DOB

Grade

Key contact details

Name

Phone

Relationship

Name

Phone

Relationship

Insulin Pump Management

Student can push buttons independently

☐ Yes ☐ With Supervision ☐ No

Staff supervisor/s

Routine glucose level checking times

- ☐ Finger Prick/ Lancet ☐ Continuous Glucose Monitoring ☐ Flash Monitoring
- ☐ When feels unwell ☐ Prior to recess/snack
☐ Prior to lunch ☐ When hypo suspected
☐ Prior to exam/tests ☐ Prior to physical activity

HYPERGLYCAEMIA

HIGH if Blood Glucose Level is above _____
(High BGLs are not uncommon)

Signs and symptoms

Note: Symptoms may not always be obvious

- ☐ Thirsty ☐ Needing the toilet
☐ Poor concentration ☐ Drowsy
☐ Angry or irritable ☐

Student well
Re-check BGL in
2 hours

Encourage student to
drink water and
return to class.
Allow extra toilet
privileges.

In 2 hours, if BGL still above _____ call
key contacts for advice

Clinic:

Clinic contact:

Contact No:

Student unwell
e.g. vomiting

Check ketones

☐ Yes (refer to plan)
☐ No

Call key contact(s)
to collect student ASAP



diabetesaustralia.com.au


Version: 240130 | Pump action plan | 4 of 4

Medical Management Plans for Other Medical Conditions

Individual Health Care Plan			
Child's Name:		Condition:	
Condition Description:			
Contact	Number	Relationship	
Parent		Mother	
Parent		Father	
Other		E.g. Grandmother	
Doctor			
What to do	When	Why	By Whom

Appendix B

Risk Minimisation Plan

EASTWOOD HEIGHTS OOSH				
Photo of child		MEDICAL RISK MINIMISATION PLAN 		
<small>This plan has been developed in consultation with the child's parents/guardians and is implemented to help protect the child identified as being at high risk of a medical emergency. This plan works in conjunction with the 'Medical Management Plan' and is part of the centre's Medical Conditions Policy requirements under Regulation 80.</small>				
Child's Name:	IDENTIFIED MEDICAL CONDITION			Notes
DOB:	<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies <input type="checkbox"/> Intolerances	<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other: (give details)	<small>If there is a new allergen at the service other parents will need to be notified of the new allergen that poses a risk to a child</small>
Parent Signature	RPC Signature	NS Signature		
Managing a medical condition <input type="checkbox"/> Parents provided with Medical Conditions Policy <input type="checkbox"/> Action Plan attached <input type="checkbox"/> Asthma Plan attached <input type="checkbox"/> Medical management plan attached <input type="checkbox"/> Parents advised where to find notification of changed medical status form <input type="checkbox"/> Medication received at service <input type="checkbox"/> Epi pens received at service <input type="checkbox"/> Communication plan with staff in place <input type="checkbox"/> Communication plan with family in place <input type="checkbox"/> Kitchen to be updated				Comments
Medical Condition <input type="checkbox"/> Asthma		Triggers	Symptoms	Strategies to Minimise Risk/who
The child's preventer/reliever medication will be		Child's bag Med cupboard Use of service's (please circle)		
				Likelihood/impact (use Matrix)

Eastwood Heights OOSH Medical Risk Minimisation Plan (Reg 80) v1.0 (Updated September 2022)

1 of 8

Revision Chronology

Version Number	Date	Reason for Change
1.0	21 August 2018	Edited and reviewed
1.1	August 2018	Endorsed by OOSH executive committee
1.2	September 2022	Review and evaluation
1.3	October 2022	Endorsed by OOSH executive committee
2.0	May 2024	Updated policy
2.1	May 2025	Reviewed and updated