



Children's Health and Safety

Medical Conditions Procedure | NQS2



1. Purpose

The Medical Conditions Procedure identifies the controls for managing children that require medical support while in care. It is designed to prevent medical related harm, support statutory compliance, and provide a consistent safe system of work.

2. Scope

This procedure applies to all Goodstart Early Learning ('Goodstart') operations, and medical conditions including, but not limited to, anaphylaxis, allergies, asthma, diabetes, epilepsy, ADHD, autism, vision or speech impairments, and food intolerances.

Goodstart does not authorise clinical procedures unless approved through the child's medical management plan.

3. Roles & Responsibilities

Role	Tasks
Centre Director or Person in day-to-day charge (PIDTDC)	Complete Goodstart Medical Condition Plan, organise training and resources, ensure an adequate number of staff are trained, communicate with staff and families, complete risk minimisation plan and any additional risk assessment (if required), plan regular reviews, monitor expiry of plans, maintain accurate in date records in the Goodstart Child Care Management System (Xap) display required notices and pause care if needed.
Centre Staff	- Educators should be consulted on risk strategies relating to a child with a medical condition, but the Centre Director/PIDTDC is accountable for the plan's content and final completion. - Read and understand Goodstart Medical Condition Plans, sign staff acknowledgement, implement risk minimisation strategies, monitor children for signs and symptoms, participate in training and follow communication protocols, document incidents accurately and report concerns to the Centre Director or PIDTDC immediately.
Parent/Guardian /Authorised Nominee	- Provide complete medical documentation, participate in plan development, provide all required medication, keep medication in date and replace when required, notify any changes to medical condition immediately with updated documentation. - Ensure emergency contact details are current, communicate health status updates, respond promptly to any requests, attend review meetings, provide equipment training (unless specialised training is required) and manage device with respect to charging, providing data updates and ensure in acceptable working order.
Safety, Health & Wellbeing team (CSO)	Develop and maintain this procedure, provide guidance on complex medical conditions, support risk assessments and environmental modifications, monitor compliance across centres, investigate serious incidents, liaise with regulatory safety authorities and provide expert advice and resources.

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4. Critical Controls

Medical conditions can present foreseeable risks of serious injury, illness, or death if symptoms are not recognised, monitored, or responded to appropriately. Risks may include deterioration of a child's condition, delayed treatment, medical emergencies including but not limited to anaphylaxis, asthma attacks, seizures, diabetic emergencies, and other acute health events requiring timely intervention.

Critical Control	Minimum Requirements
Medical Information/ Action Plan	- Medical information must be current, a medical letter, action plan or medical management plan and must include relevant information outlined in Section 5.1. - Updates to medical information must be provided in writing. High-risk medical conditions including anaphylaxis and allergies, asthma, epilepsy and diabetes must have updates provided from a medical practitioner. - Documentation stored as per Section 6.
Medication Consent	- Medication provided to the centre must be accompanied with the relevant consent form signed by the parent/ guardian/ authorised nominee. - The administration record is completed for each dose at the time administered and a paper and/or electronic copy must be kept locally.
NQS2 Goodstart medical condition plan	A documented plan developed in consultation with a child's Parent/Guardian/Authorised Nominee that outlines the child's specific health care needs, risk minimisation and communication plans. Reviewed as per Section 5.7.
Centre Medical Conditions Folder	- The centre must have at least one central Medical Conditions Folder in a location known to all staff that holds a printed copy of documentation outlined in Section 6. - Additional folders and their contents may be considered based on risk.
Childcare management system (CCMS)	Upload to CCMS completed and signed copy of the Goodstart medical condition plan, child's current medical information, and input expiry dates for documentation and medication.
Medical & Dietary Register	- A centre record of all children with a Goodstart Medical Condition Plan and/or dietary requirement. - The register must include the child's name, medical condition, and/or dietary requirements. A template is available on the Medical Management intranet page. - The register information must be readily accessible to staff.
Child Summary card	- Created for children with food-related medical conditions and dietary requirements, coloured in accordance with risk. The card must be used during food service and contain; - Child's full name - Clear and current photo of child's face - Details of dietary requirements including the medical condition - Colour coding – red for High-Risk Medical Conditions (e.g. anaphylaxis and allergy), orange for other Medical Conditions (e.g. food intolerances)
Anaphylaxis Notice	A notice must be clearly visible to anyone from the main entrance when a child is at risk of anaphylaxis. The template is on the Medical Management Intranet page
Pausing Care	Care cannot start and must not continue until up-to-date medical information, associated medication, and a completed Goodstart Medical Condition Plan are on site.

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Critical Control	Minimum Requirements
	Goodstart reserves the right to determine what additional support, staff training, equipment or resources are required prior to attendance, and as a condition of enrolment as per the agreed Goodstart Medical Condition Plan.
Training	- Goodstart's approved provider for first aid training in cardiopulmonary resuscitation (CPR) anaphylaxis, asthma and seizure management. - If first aid training does not cover requirements of condition management or medication administration methods, log a Safety Support Request in ServiceNow. - Where a requirement for specialised training has been identified, it should be delivered by a qualified organisation or medical professional and completed before a child commences or continues enrolment. - Refer to Section 5.4 for training requirements.

5. Procedure

Step	Task	Process to be undertaken
1	Identify the Medical Condition	A medical condition may be identified during enrolment, when an existing child receives a new diagnosis, or when updated medical information is provided by a Parent/Guardian/Authorised Nominee. The Parent/Guardian/Authorised Nominee must provide: - Current medical documentation signed by a registered medical practitioner (i.e., doctor, specialist, or health professional qualified to diagnose and treat the medical condition). This may include a medical letter, medical action plan, medical management plan or other written clinical instruction. - Medical documentation must identify where relevant: - the diagnosis or suspected diagnosis; - known triggers or risk factors; - signs and symptoms to monitor; - risk minimisation strategies; - required medication; - emergency response instructions; - dietary requirements; - equipment or resources required; and - any restrictions or conditions affecting attendance. The Centre Director/PIDTDC must: - provide the Parent/Guardian/Authorised Nominee with the Medical Conditions Procedure. - enter details and upload all medical information provided to CCMS (Xap). - ensure the child is added to a Medical & Dietary Register - display an anaphylaxis notice at the main entrance where a child at risk of anaphylaxis is enrolled - ensure the kitchen receives a Child Summary Card for any food related medical condition and follow the Food service procedure - refer to the Inclusion support procedure where relevant

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Step	Task	Process to be undertaken
		For care after a child has suffered an acute injury i.e., an injury resolved in 12 weeks or less complete the Return to Care plan appendix instead of a Goodstart Medical Condition plan.
CENTRE CRITICAL STOP POINT		
		A child must not start or continue care until all required controls are in place including: - current medical documentation; - completed Goodstart Medical Condition Plan; - required medication on site and in date; - required equipment on site and in good working order; - specialised staff training completed; and - centre staff briefed and acknowledgements signed.
1 cont.	Pausing care	Where care is paused, the Centre Director/PIDTDC must ensure all requirements are met before attendance restarts, including engaging your State Performance Lead and State Manager. Centre Director/PIDTDC must: - consult relevant stakeholders as required, including the safety team, Inclusion teams, and any other CSO supporting function. - speak to your State Performance Lead or State Manager if you are unsure or have concerns. You can also raise a safety support request using ServiceNow. - discuss with the parent/guardian or authorised nominee the reason for pausing care and requirements for care to resume. Confirm discussion and required actions by email. - follow the Inclusion Support Procedure
2	Identify & consider risks	The Centre Director/PIDTDC must: - consider the risks of medical conditions, and the centre's capacity to support the child's needs. This means looking beyond the medical practitioners' recommendations in isolation, and is about the centre environment, availability of workforce, risks to staff, the risks to other children, existing mix of children i.e., behavior of concern, any supervision constraints, and overall centre performance. - create a Personal Emergency Evacuation Plan (PEEP) for a child who has a medical or physical condition that may impact on their ability to respond effectively to any emergency and requires assistance. - raise a Safety Support Request using ServiceNow if you are unsure or need help before the enrolment proceeds. - review the Goodstart risk considerations for medical conditions on the Goodstart Medical Management Intranet page. If you are unsure or need any help with this process – the Centre Director/PIDTDC must raise a ServiceNow Safety Support Request with the Safety, Health & Wellbeing Team before the enrolment proceeds.
3	Complete the Goodstart Medical Condition Plan	The Centre Director/PIDTDC must complete a Goodstart Medical Condition Plan in consultation with the Parent/Guardian/Authorised Nominee, before the child commences care or returns to the service. The plan must include both a risk minimisation plan and a communication plan.

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Step	Task	Process to be undertaken
		The Goodstart Medical Condition Plan must be developed using the medical information provided in Section 5.1. It is intended to support the management of the child's medical action plan (i.e., ASCIA, Asthma and/or Seizure Action Plan or Diabetes Management Plan). Any medical action plan must be attached to the Goodstart Medical Condition Plan and followed as the primary clinical instruction. Before the child commences care or returns to the service, the Centre Director/PIDTDC must: - meet with the Parent/Guardian to review the Goodstart Medical Condition Plan. - confirm the agreed management, support and communication arrangements. - ensure all required documentation is complete and current. - provide a copy of the Goodstart Medical Condition Plan to the Parent/Guardian upon request - upload to CCMS (Xap) a complete and signed copy of the Goodstart medical condition plan.
4	Confirm training, medication, aids and equipment	Training Before the child commences or returns to care, the Centre Director/PIDTDC must check whether educators require additional training to standard first aid. Some children may have health conditions or medical equipment that requires specialised training. Examples: - Diabetes: Staff need to complete Diabetes in Schools training and attend training provided by a Credentialed Diabetes Educator. - Enteral (tube) feeding: Educators require training from a registered nurse or another qualified member of the child's healthcare team. - Midazolam (emergency medication prescribed for seizure management): Administration of Midazolam training should be provided by a specialist provider. For example, Epilepsy Smart Australia or Epilepsy Australia Funding may be available for complex medical requirements, and support must be sought from the Goodstart's Inclusion team to understand what additional support options may be available. Before the child commences or returns to care, the Centre Director/PIDTDC must check whether educators require additional training to standard first aid. Specialised Training may be delivered by a qualified organisation, registered nurse, medical practitioner or specialist provider. In some cases, including use of equipment and under special circumstances, it is sufficient for the Parent/Guardian/Authorised Nominee to provide the training. The Centre Director/PIDTDC must maintain a training record, a Goodstart approved template is on the Medical Conditions Intranet page with minimum requirements. Medication Required medication must be available, accessible, in date and stored correctly before the child attends. Refer to the Medication Procedure.

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Step	Task	Process to be undertaken
		The centre and parent/guardian must establish and agree on a consistent approach for medication management, including whether the medication is retained on site or collected each day. The Medication Consent and Administration Record must be completed for medication provided to the centre. For insulin, the Daily Insulin and BGL Record Form is completed. A copy is stored in accordance with Centre Records Management, Section 6.
4 cont.	Confirm training, medication, aids and equipment Cont.	Aids and equipment Aids and equipment to help manage the child's medical condition require medical information from a qualified professional before staff commence use. You will need to revise your risk assessment and consider whether the introduction of any aids or equipment are suitable for use in an early learning environment and if training is required by a suitably qualified person. An example is specialised training in safe use of paediatric mobility equipment (walker) by an Occupational Therapist. Where training is undertaken a record of training must be retained. If you are unsure or have questions – raise a Safety Support Request in ServiceNow for additional help. Where a medical condition requires a parent provided device capable of storing images and/or videos of children, the Digital Safety (Model Code) Requirement must be followed, including completion of the Family Authorisation for Child Personal Device Form. The requirement must be supported in the medical information/ Action plan provided by the child's practitioner. An example is a mobile phone used for Diabetes Management of an enrolled child.
5	Communicate the plan to staff	Before the child attends or returns to care, the Centre Director/PIDTDC must brief (induct) all relevant centre staff, including: - educators in the child's room; - relief and casual staff; - kitchen staff, where food or dietary controls apply; - any other staff who may supervise or support the child. The briefing must cover: - the Goodstart Medical condition plan including risk strategies and communication requirements. - location of the Medical Conditions Folder; - location of medication and equipment; Relevant staff must sign the Staff Acknowledgement section of the Goodstart Medical Condition Plan. Staff must re-sign the acknowledgement whenever the plan is updated.
6	Child attends – Daily requirements	Once all requirements are complete, staff must implement the Goodstart Medical Condition Plan each day. All relevant staff must: - monitor the child for signs and symptoms - follow the risk minimisation strategies, including avoiding known triggers - ensure medication and equipment remain accessible and stored correctly - check medication is in date - take required medication and documentation on excursions

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Step	Task	Process to be undertaken
		- follow the emergency response instructions if symptoms occur - report changes in child's condition or incidents to the Centre Director/PIDTDC immediately. - follow the Goodstart Incident Management Procedure if a near miss or incident occurs, including reporting this on ServiceNow within required timeframes. Parent/Guardian/Authorised Nominee must: - notify the centre immediately if there are changes to the child's condition, medication, symptoms, triggers, equipment or medical documentation. - ensure required medication and equipment remain current, in date and available. Any concerns regarding the implementation or effectiveness of risk management strategies must be promptly escalated to the Centre Director/PIDTDC for review and action.
CENTRE CRITICAL STOP POINT		
		When a child's medical condition requires more than existing ratio support. The Centre Director must review their risk assessment to determine there are sufficient educators to support the child's needs – this may include applying for SOAP hours or pausing care. Centre Directors should engage their state leadership team and raise a ServiceNow safety support request for help with this.
7	Review and update	The Centre Director/PIDTDC must review the Goodstart Medical Condition Plan: - at least annually; before medical documentation expires; - after a medical emergency, incident or near miss; - when the child's diagnosis changes; - when medication changes; - when equipment changes; - when risk controls need to change; - When staff raise concerns - when requested by the Parent/Guardian/Authorised Nominee; or - before the child next attends, where a change affects safe care. Medical Action Plans and supporting medical information will remain current unless an expiry date has been specified by the child's medical practitioner. If a review date is recommended, it is sufficient for the parent to confirm in writing that the plan is still current. The Goodstart Medical Condition Plan must still undergo annual review even if the medical practitioners documentation remains current. Families are not required to provide updated medical documentation unless: - the child's medical condition, diagnosis, treatment or medication changes; - a revised medical information or Action plan is issued by the child's medical practitioner; or

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Step	Task	Process to be undertaken
		- the service requests updated information based on identified concerns. Updated Goodstart medical condition plans must be communicated to relevant staff, and staff must re-sign the acknowledgement. Follow the protocols for temporary pause of care in Section 5.1 if the following are not in place; - current medical documentation; - completed Goodstart Medical Condition Plan; - required medication on site and in date; - required equipment on site and in good working order; - specialised staff training completed; and - centre staff briefed and acknowledgements signed.

6. Centre Records Management

Location	Document/Information	Key Requirements
Centre Medical conditions folder	- Goodstart medical condition plan - Child's Medical information - Medication consent - Training record	- Central location known to all staff - Additional folders and required contents considered based on centre layout, access and risk.
Medical & Dietary register	All medical and dietary requirements	Readily accessible to all staff in relevant spaces throughout the centre (e.g. kitchen, rooms, dining spaces).
Classroom	- For relevant children in the room: - Medical and dietary register - Goodstart medical condition plan - Medical Action plans	Accessible and known location to educators working in the room
Kitchen	- Child summary cards - Medical and dietary register for food-related conditions.	Refer to the NQS2 Food service procedure for food-related condition requirements
Child's Medication storage bag (where applicable)	- Medication consent and administration record - Medical Action Plan	- Accessible to staff and inaccessible to children - Refer to the NQS2 medication procedure for all requirements
Facilities/ Emergency Folder	PEEP	Chief Warden must have access to any child's PEEP during an evacuation
CCMS (Xap)	- Goodstart medical condition plan and medical information uploaded - Health condition and medication type entered - Documentation and medication expiry dates entered	Updated whenever information, plans or medication changes.

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Location	Document/Information	Key Requirements
ServiceNow	- Injury, illness and near miss reports - Investigation and Regulatory documentation (where required)	Follow the NQS2 Goodstart Incident Management Procedure

7. Definitions

Critical Control	Minimum Requirements
<u>CCMS</u>	Child care management system (Xap). The Child Care Management Software used at Goodstart interact with the Australian Government's Child Care Subsidy System and to support administration and management activities for childcare services
<u>Medical condition</u>	Any medically diagnosed condition, whether physical or mental. Examples of medical conditions include epilepsy, seizures, anaphylaxis, allergies, asthma, diabetes, cerebral palsy, cancer, etc.
<u>Medical Practitioner</u>	A person who holds formal registration or licensing to practice medicine under state, territory, or national law. Examples include a doctor, general practitioner or medical specialist.
<u>Medical Management Plan or Medical Action Plan</u>	A document that has been prepared and signed by a registered medical practitioner that describes symptoms, causes, clear instructions on action and treatment for a child's specific medical condition and includes the child's name and where relevant a photograph of the child.
<u>Risk minimisation plan</u>	A document prepared by staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating to the child's specific health care need, allergy or other relevant medical condition.
<u>Communication Plan</u>	A plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.
<u>Medication</u>	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.
<u>Approved First Aid Qualification</u>	A qualification that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Matters are likely to include: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an autoimmune adrenalin device.

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Critical Control	Minimum Requirements
<u>Emergency Medication</u>	Medication required for immediate administration during a medical emergency as part of first aid or emergency response. Examples include adrenaline (EpiPen), salbutamol (asthma reliever), and midazolam.

8. Supporting Tools and Appendices

- NQS2 Goodstart Medical Condition Plan
- NQS2 Goodstart Medication and Administration Form
- NQS2 Daily Insulin and BGL Record Form
- NQS2 Return to Care Plan Appendix
- [Flowchart - Can a child safely enrol or continue care?](#)
- [Flowchart – Medical Conditions Management Review Triggers](#)
- [Medical Management Intranet Page](#)
- [Food Service, Allergies and Dietary Requirements Intranet Page](#)

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Please click the below link

[NQS2 Goodstart Medical Conditions Plan APPENDIX](#)

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