

Medical Conditions Management Plan

The Medical Conditions Management Plan (MCMP) has been designed to assist in meeting Regulation 90 of the Education and Care Services National Regulations.

The MCMP form is to be typed and completed by the CD/AD in consultation with parent or guardian.

The MCMP Appendix is not used for food intolerances/dietary preferences. Refer to NQS2 Food and Nutrition Requirement and NQS6 Dietary Requirement Management Plan Appendix.

What information do you need to complete a MCMP?

The parents or guardian must provide you with a letter or other medical document that has been **completed and signed by a registered medical practitioner which may include:**

- what may cause / trigger a medical emergency.
- what actions are required in an emergency.
- medication and dosage to be administered.
- what the signs and symptoms are.

You may ask the parent for additional information such as:

- Will specialist equipment be needed at the centre?
- Is the reaction associated with touching or eating a product?
- How is medication administered?

Why do staff need to complete an MCMP if the parent or staff member has provided a letter from the Doctor?

A signed doctor's letter, ASCIA or Asthma document outlines the diagnosis, triggers, medication dosage and an action plan. **The MCMP is completed by the centre staff in consultation with the parent/guardian** as the centre is responsible to develop a 'communication' and 'risk minimisation plan'. In relation to staff, the MCMP will ensure all team members are aware of their condition and are equipped to take any action necessary. A MCMP also assists in:

- Complying with Regulation 90.
- Meeting National Quality Standard- Quality Area 2.1.2 - Children's health and safety.
- Reducing the chances of the diagnosed medical condition developing into a medical emergency.
- Improves communication processes between parent/guardian and centre staff.

Do my staff need additional training for a child with a diagnosed medical condition?

Only if first aid training does not cover the condition or methods to administer medication. Review the **Social Inclusion** intranet page and contact the Practice and Inclusion team for further information regarding training and funding.

Staff training should be delivered by a qualified organisation or medical professional. Staff training must be completed before the child can attend the centre. In some instances, it is sufficient for the parent/ guardian to provide training. Parents must provide User Manuals for equipment or medical fact sheets.

When should you review the MCMP or staff training requirements?

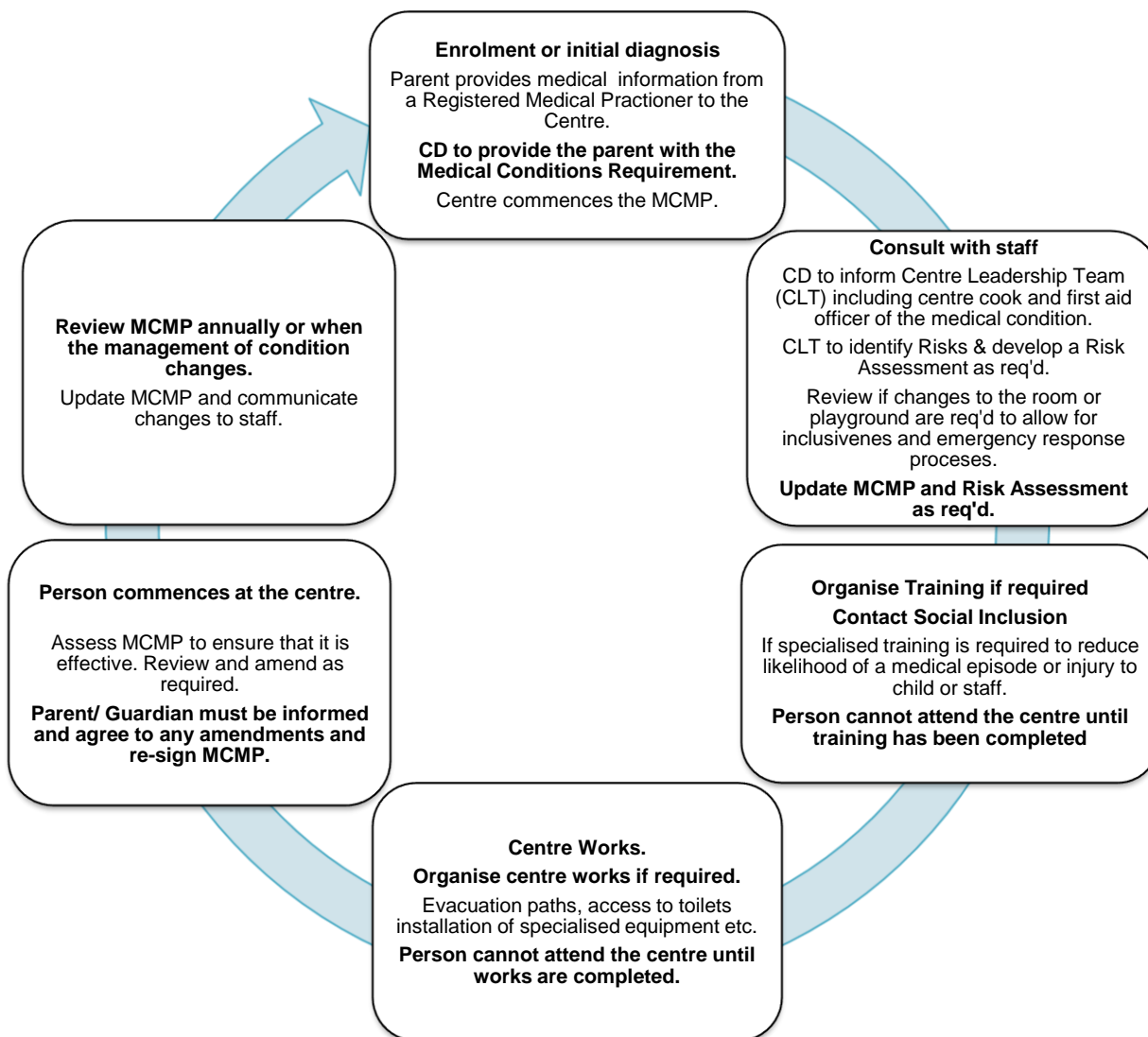
The MCMP should be reviewed annually or when a new medical document is provided; there is an incident at the centre; there are changes in the equipment, changes in the condition or changes in the method to deliver medication.

Staff training needs to be considered whenever there has been a change in the equipment or method to deliver medication or there is an insufficient number of trained staff at the centre during attendance.

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The diagram below outlines the process flow in the management of diagnosed medical conditions.



Further information can be found by contacting the Social Inclusion team or the Safety, Health and Wellbeing team on 1300 376 583 or email at safework@goodstart.org.au.

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Centre Communication Plan

The CD/AD should complete this checklist before the child diagnosed with a medical condition attending the centre. This form is not used for food intolerances or dietary preferences. **Goodstart staff are only authorised to administer medication via an auto injector pen or pump, orally, aurally, via inhalation or topically.** Staff are not authorised to draw up medication into a syringe needle from a vial and inject any medication, insert catheters or insert suppositories.

(Select the box once completed - Do not select the box if it is not applicable to the condition)

Name: [Persons Name.](#) DOB [Click to enter date.](#)

Parent's responsibilities (Tick once completed)

- ☐ To provide a signed medical document or signed Medical Management Plan to centre staff.
- ☐ To provide centre staff with the pharmacy labelled prescribed medication as per the medical practitioner's directions.
- ☐ Provide the centre with any required equipment, manufacturer's instructions, and safety manuals for any specialised equipment.
- ☐ To inform the CD of any changes to the treatment and management of the medical condition.
- ☐ Contribute to the communication and risk minimisation plan.

Centre responsibilities (Select the box once completed - Do not select the box if it is not applicable to the condition)

- ☐ CD/AD has reviewed the NQS6 Inclusion Support Procedure
- ☐ Plan a meeting with the parents and associated centre staff to discuss the methods to manage the condition.
- ☐ Entered the child's details into Childcare Management System (CCMS)
- ☐ Upload medical information into Childcare Management System (CCMS)
- ☐ To provide the parents/guardian with the Medical Conditions Requirement
- ☐ Centre Leadership Team to evaluate if modifications are required to allow access, emergency exit or reduce manual handling for staff. **Contact Regional Facilities Maintenance and raise work orders as required.**
- ☐ A Medical Conditions Management Plan Appendix (MCMP) has been developed in consultation with the parent.
- ☐ Child Summary Card (CSC) has been created for the child and distributed as required within the centre.
- ☐ MCMP has been distributed as required within the centre.
- ☐ Centre Cook and those responsible for food planning, preparation and serving of food have been informed of the condition.
- ☐ First Aid Officer has been informed of the Medical Condition and the location of the child's medication and equipment.
- ☐ Specialised training has been organised and provided to associated centre staff by an RTO, peak medical body or medical authority.
- ☐ A Risk Assessment has been completed (if required) in consultation with staff to reduce risks of injuries to the child, staff and other children.
- ☐ Centre Leadership Team has implemented communication strategies for required staff, casuals and students prior to the child commencing at the centre.
- ☐ Staff have been informed of the location of medication and administration methods.
- ☐ Senior Educator or ECT to inform relevant contractors of allergies and/or medical conditions within the room.
- ☐ Peer support strategies - Staff to develop and implement children peer support strategies as applicable to age group.

CD/AD Name: Click to enter Name.	Date completed: Click to enter date.	Signature:
Parent/Guardian Name Click to enter Name.	Date Completed Click to enter date.	Signature:

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Name: Persons Name. D.O.B: Click to enter date. Room: Click to enter text.			MCMP completed: Click to enter date. MCMP review due: Click to enter date.		Goodstart: Click to enter text.
Medical Condition/s	Causes/triggers	Symptoms	Action Plan		
Choose a medical condition.	Click and enter text	Click to enter text.	Click to enter Action Plan as per medical document.		
Choose a medical condition.	Click and enter text	Click to enter text.	Click to enter Action Plan as per medical document.		
Choose a medical condition.	Click and enter text	Click to enter text.	Click to enter Action Plan as per medical document.		
Choose a medical condition.	Click and enter text	Click to enter text.	Click to enter Action Plan as per medical document.		
Name/s of Medication: Click to enter text. Click to enter text. Click to enter text. Click to enter text.	Medication Expiry: Click to enter date. Click to enter date. Click to enter date. Click to enter date.		Location of Medication: Click to enter text. Click to enter text. Click to enter text. Click to enter text.		
Additional information as per medical documentation: Click to enter text.					
Is the child able to tell a staff member when they are unwell? Choose an item. Add comments if required: Click to enter text.					
Indicate if there are specific times when medication or specific /testing is required AM/PM / AM/PM / AM/PM / AM/PM / AM/PM / AM/PM / AM/PM / AM/PM					
Parent / Guardian/Nominee Authorisation and Release: I give my authorisations for the employees of this service to administer medication to my child. I understand this information may be released to emergency personnel in the event of an emergency. Parent / Guardian Name Click to enter text. Signature/s					
Emergency Contacts 1. Name: Name. Mobile: Mob Number Home Ph: Phone Work Ph: Phone Emergency Contacts 2. Name: Name. Mobile: Mob Number Home Ph: Phone Work Ph: Phone If there is only one emergency contact as per the child's enrolment, the CD/AD is to put a line through the second signature block and the CD/AD and parent/guardian are to initial next to the crossed-out signature.					

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Risk Minimisation Plan (Select the box once completed - Do not select the box if it is not applicable to the condition)

Persons Name: Persons Name.	DOB: Click here to enter a date.	Room Room
General Risk minimisation strategies		Allergies / Respiratory risk minimisation strategies
<input type="checkbox"/> CD has checked/ensured that associated Staff First aid qualifications are current. <input type="checkbox"/> All menus have been reviewed and updated as required. <input type="checkbox"/> CD has informed the Centre Leadership Team (CLT) of the medical condition. <input type="checkbox"/> Senior Educator/ ECT has informed room staff of the condition prior to the first attendance day. <input type="checkbox"/> Room staff have been informed of the storage location of the medication. <input type="checkbox"/> Personal Emergency Evacuation Plan (PEEP) has been developed - (If the condition impacts on the ability for the person to respond to an emergency). <input type="checkbox"/> Centre staff are to discuss and record the medical condition at the next staff meeting. Date of staff meeting. Click or tap to enter a date. <input type="checkbox"/> CLT have implemented the parent/guardian's specific risk minimisation request Click to enter parent request <input type="checkbox"/> CLT have implement specific risk minimisation plans required by the Dr. Click to enter the Dr's specific requirements. <input type="checkbox"/> Additional Centre risk minimisation strategies. Click here to enter text.		<input type="checkbox"/> Parents have been provided access of the centre menu for review. <input type="checkbox"/> CLT have reviewed and implemented practical strategies as per the ASCIA Risk Minimisation Strategies for Childcare services <input type="checkbox"/> Centre has subscribed to Allergy and Anaphylaxis Australia to access product recalls and educational tools. <input type="checkbox"/> Staff to undertake free ASCIA and online E training as required. <input type="checkbox"/> Food handlers to undertake Food Allergy training and implement any additional practices. <input type="checkbox"/> Centre Cook and other persons responsible for food planning, preparation and serving of food have been informed of the condition. <input type="checkbox"/> Staff to review the Weatherzone website for the centre area and communicate pollen count to staff and families. <input type="checkbox"/> Asthma / Anaphylaxis first aid posters are displayed in a prominent position. <input type="checkbox"/> Senior Educator/ECT to monitor the room/play environment for any possible allergy triggers. <input type="checkbox"/> Allergy Aware posters have been displayed at the centre <input type="checkbox"/> Cleaning practices reviewed to reduce accidental exposure to known allergens. <input type="checkbox"/> Additional Centre risk minimisation strategies. Click here to enter text.

I, the Centre Director have read, understood and confirm that the above risk minimisation strategies will be implemented, monitored and reviewed as per the MCMP, relevant Goodstart Early Learning Requirements, Procedures and relevant Legislative requirements.

CD/AD Name: [Click here to enter text.](#)

Signature:

Date: [Click here to enter date.](#)

This plan is to be placed in an area accessible by staff who are responsible for the child's education and care.

The parent/guardian or staff member **DOES / DOES NOT** consent to have this Medical Condition Management Plan displayed openly within the room.
 The parent/guardian or staff member **DOES / DOES NOT** approve the release of this information to supervising staff and emergency personnel if required.
 The parent/guardian or staff member **DOES / DOES NOT** authorise centre staff to administer the required medication.

Parent/Guardian Name: [Click here to enter text.](#)

Signature:.....

Date: [Click here to enter date.](#)

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Name Date of Birth

Diagnosed Condition/s

Additional staff training required Yes ☐ No ☐

Staff acknowledgement:

By signing this document, you acknowledge that you:

1. Have read and understand the Medical Conditions Management Plan.
2. Are accountable and responsible to ensure the risk minimisation strategies associated with this child's medical condition are followed and continually reviewed.
3. Have been provided with training to manage the medical condition.
4. Have reviewed and updated food allergen systems within the centre
5. Are subject to disciplinary action if you fail to implement the risk minimisation strategies.
6. Are responsible for keeping this child safe.

Staff name & surname	Position	Signature	Date	Date of Training.
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