**Medical Condition Management, Risk Minimisation & Communication Plan**

**-------------------------------------------------------------------------------------------------**

***Please complete the details below in order to assist us to effectively manage the condition whilst your child is at Out of School Hours Care. Please refer to the Centre’s Medical Conditions Policy in the Policy Handbook for guidelines.***

**MEDICAL RISK MINIMISATION PLAN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CHILD DETAILS** | | | | | | |
| Child’s Name |  | | | | | |
| Date of Birth | | | | | | |
| Days Attending:  (Please tick) |  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Before School |  |  |  |  |  |
| After School |  |  |  |  |  |
| Vacation Care |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **MEDICAL CONDITION DETAILS** | | |
| Medical condition | Anaphylaxis Allergy Asthma Diabetes Epilepsy Medication Dietary ASD ADHD  Other: | |
| Medication has been supplied to the Centre: | Yes No | Expiry Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| **PARENT AND MEDICAL PRACTITIONER DETAILS** | | | |
| Parent Name |  | Contact Number |  |
| Medical Practitioner Name |  | Contact Number |  |

**Please describe what symptoms/signs will become evident when your child is experiencing the medical condition:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Strategies to help calm your child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When your child experiences a medical condition:**

**At the first sign of a medical condition please administer prescribed medicine:**

**Name of medication:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dose and Method of application:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Frequency of application:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Further Instructions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and number to contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Condition Management, Risk Minimisation & Communication Plan -------------------------------------------------------------------------------------------------**

**RISK MININISATION PLAN - Strategies to Avoid Triggers** (Prepared by Parents and Service)

• Anaphylaxis, asthma and first aid trained educators are on the premises at all times.

• The medical management plan, risk minimisation plan and medication are accessible to all educators. Discussion to explain where these items are kept are held with parents, educators and volunteers.

• The child’s medication is stored in the prescribed location for the service.

• The child’s medication will be checked to ensure it is current and has not expired.

• There is a notification of child at risk of anaphylaxis displayed in the front foyer with other prescribed information.

• The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child’s medical management plan, risk minimisation plan and medication.

• Parents are required to authorise administration of medication, and educators will complete administration of medication record whenever medication is provided.

• A copy of parent’s authorisation to administer medication is attached to medical management plan and original filed in child’s file.

• The Nominated Supervisor will discuss with the parents of any allergens that pose a risk to the child.

• The service will display the child’s picture, first name, and brief description of medical condition on a poster / schedule in a prominent place to alert all staff, volunteers and students.

|  |  |
| --- | --- |
| **Child Name:** | **Date of Birth: / /** |
| **Specific health care needs or diagnosed medical condition:** | |
| **Predominant Trigger/s** (For example: eating certain food, using products containing certain foods, chemicals or other substances, temperature, dust, physical activity, exposure to certain animals or plants, mould, pollen, missed meals, etc) | |
| **Other Triggers:** | |

**Medical Condition Management, Risk Minimisation & Communication Plan**

**-------------------------------------------------------------------------------------------------**

**MEDICAL COMMUNICATION PLAN** (Prepared by Parents and Service)

|  |  |
| --- | --- |
| Child Name: | Child’s Date of Birth: / / |
| Specific health care needs or diagnosed medical condition: | |

The following communication plan is prepared in accordance with regulation 90(1)(iii) to set out how: relevant staff members, parents and volunteers are informed about the medical conditions policy; and, the medical management and risk minimisation plans for the child; and a parent of the child can communicate any changes to the medical management plan and risk minimisation plan for the child.

**Service**

**Educators:**

• will complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time);

• may enquire about the child’s health to check if there have been any changes in their condition or treatment; and

• acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.

**The Nominated Supervisor will:**

• advise all new educators, staff, volunteers and students about the location of the child’s medical management plan, risk minimisation plan and medication as part of their induction;

• review the child’s medical management plan, risk minimisation plan and medication regularly at staff meetings, and seek feedback from educators about any issues or concerns they may have in relation to the child’s medical condition; • regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child’s medical management plan, risk minimisation information and medication information through newsletters and information on parent noticeboards; and

• update a child’s enrolment and medical information as soon as possible after parents update the information.

**Parents**

**Parents will:**

• advise the Nominated Supervisor and educators of changes in the medical management plan or medication as soon as possible after the change, and immediately provide an updated medical management plan, medication and medication authorisation (if relevant);

• provide an updated medical management plan annually, whenever it is updated or prior to expiry;

• provide details annually in enrolment documentation of any medical condition;

• advise educators in writing on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms (if known); and

• acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.

Other comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/we agree to these arrangements, including the display of our child’s picture, first name, and brief description of allergy/condition on a poster in prominent places to alert all staff, volunteers and students. Also, the above information on forms is correct and current.

Office use only:

Enrolment form pages have been reviewed and completed. Nominated Supervisors:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent/Guardian**

**Medical Condition Management, Risk Minimisation & Communication Plan**

**-------------------------------------------------------------------------------------------------**

|  |  |  |
| --- | --- | --- |
| **What educators, staff and volunteers will do to minimise effect of triggers:**  *(For example: Service will be cleaned daily to reduce allergens; Service will use damp cloths to dust so it’s not spread into the atmosphere, Child will be supervised to prevent movements from hot or warm environments to cold environments; Educators to clean tables and floors of any dropped food as soon as practical; Child will be supervised while other children are eating and drinking; The child will only eat food prepared and bought to the service by the parents; The child’s food items will be labelled clearly. Educators may refuse to give the child unlabelled food; Child to be seated a safe distance from other children when eating and drinking with an educator positioned closely to reduce the risk of the child ingesting other children’s food or drinks, etc).*  **PLEASE NOTE THE RELEVEANT RISKS, STRATEGIES AND WHO RESPONSIBILITIES IN THE TABLE BELOW** | | |
| **Risks** | **Strategy** | **Who is Responsible?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **COMMENTS:** | | |