## Medical Condition Management, Risk Minimisation & Communication Plan

PLEASE NOTE: THERE ARE SPECIFIC MEDICAL CONDITION PLANS FOR ANAPHYLAXIS, ASTHMA, AND DIABETES. DO NOT USE THIS FORM FOR THESE MEDICAL CONDITIONS. Please complete the details below in order to assist us to effectively manage the condition whilst your child is at child care. Please refer to the Centre's Medical Conditions Policy in the Policy Handbook for guidelines. ATTACH PHOTO Child's Name: OF CHILD Today's Date: Date for Review: Date of Birth: MEDICAL CONDITION MANAGEMENT Specific health care needs or diagnosed medical condition: Please describe what symptoms will become evident when your child the medical condition: When your child has 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: If symptoms get worse: Medical practitioner has provided medical action plan? Yes No **If yes**, Please attach a copy to this form. Steps to take:

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#### 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. Discussions to explain where these items are kept are held with parents, educators and volunteers.
- The child's and service medication is stored in the prescribed location for the room and 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 on medication record, 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 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, medication held and location, and brief description of medical condition on a poster/schedule in all children's rooms and prominent places 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). PLEASE LIST		
TRIGGERS THAT RELATED TO CHILD:		
Other Allergy Triggers:		
other function in agents.		

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What educators, staff and voluntee	rs will do to minimise effect of triggers:	
atmosphere, Child will be supervised to pre pets; Educators to clean tables and floors o eating and drinking; The child will only eat f clearly. Educators may refuse to give the ch drinking with an educator positioned closel	to reduce allergens; Service will use damp cloths to dust so it's invent movements from hot or warm environments to cold envire from the fany dropped food as soon as practical; Child will be supervised ood prepared and bought to the service by the parents; The child unlabelled food; Child to be seated a safe distance from othey to reduce the risk of the child ingesting other children's food TEGIES AND WHO RESPONSIBILITIES IN THE TABLE	onments; Child will not feed d while other children are ild's food items will be labelled er children when eating and or drinks, etc). PLEASE
Risks	Strategy	Who is Responsible?
Other comments:		

## Medical Conditions Management, Risk Minimisation & Communication Plan

MEDICAL COMMUNICATION PLAN (Prepared by Parents and Ser	rvice)
Child Name:	Date of Birth: / /
Specific health care needs or diagnosed medical condition:	
The following communication plan is prepared in accordance with members, parents and volunteers are informed about the medical conminimisation plans for the child; and a parent of the child can commu and risk minimisation plan for the child.	ditions policy; and, the medical management and risk
Service	
Educators:	
<ul> <li>will complete an Incident, Injury, Trauma and Illness form and ad this has not previously been authorised (for a specific day or time);</li> </ul>	
<ul> <li>may enquire about the child's health to check if there have been as</li> <li>acknowledge a copy of the Medical Conditions Policy has been pro</li> </ul>	· -
The Nominated Supervisor will:	
• advise all new educators, staff, volunteers and students about t risk minimisation plan and medication as part of their induction;	he location of the child's medical management plan,
<ul> <li>review the child's medical management plan, risk minimisation passed feedback from educators about any issues or concerns they remain the concerns the concerns they remain the concerns the conc</li></ul>	
<ul> <li>regularly remind parents of children with health care needs, aller child's medical management plan, risk minimisation information a information on parent noticeboards; and</li> </ul>	gies or diagnosed medical conditions to update their
update a child's enrolment and medical information as soon as pos	ssible after parents update the information.
Parents	·
Parents will:	
<ul> <li>advise the Nominated Supervisor and educators of changes in the possible after the change, and immediately provide an updated m authorisation (if relevant);</li> </ul>	
• provide an updated medical management plan annually, whenever	it is updated or prior to expiry;
<ul> <li>provide details annually in enrolment documentation of any medic</li> </ul>	
advise educators in writing on arrival of symptoms requiring admi	nistration 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 pro	vided and is available in the service.
Other comments:	
I/we agree to these arrangements, including the display of our child's	picture, first name, medication held and location, and
brief description of allergy/condition on a poster in all children's roor	
and students. Also the above information on forms is correct and curre	
Signed: Date:	Enrolment form pages have been reviewed
Signed: Date: Parent/Guardian	and completed. Nominated Supervisors:
	Signature:

Date:\_

Name of Parent/Guardian