

MEDICAL CONDITION RISK MINIMISATION AND COMMUNICATION PLAN

To be attached to child's Medical Action Plan

1. Child Information

Child's Name: _____

Child's D.O.B: _____

Child's Group: _____

2. What is the child's medical condition?

MEDICAL CONDITION	RISK MINIMISATION																			
<p>Allergy <input type="checkbox"/></p> <p>What is the child Allergic to? _____</p> <p>Diabetes <input type="checkbox"/></p> <p>Epilepsy <input type="checkbox"/></p> <p>Immune Disorder <input type="checkbox"/></p> <p>Cancer <input type="checkbox"/></p> <p>Other (name) <input type="checkbox"/></p> <p>PLACE PHOTO OF CHILD</p>	<p>This service aims to minimise the risks associated with a child with a medical condition by e.g. removal of/limiting access to allergens, types of food brought into/provided by the service, access to medication, other environmental triggers such as physical activity.</p> <p>Please list possible sources of exposure and strategies to reduce risk:</p> <table border="1" data-bbox="635 1025 1417 1962"> <thead> <tr> <th data-bbox="635 1025 987 1077">EXPOSURE</th> <th data-bbox="987 1025 1417 1077">STRATEGIES</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		EXPOSURE	STRATEGIES																
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3. Does everyone recognise the “AT RISK” child?

STRATEGIES TO INFORM ALL STAFF / RELIEF STAFF / VOLUNTEERS / STUDENTS	
<p>*How will relief staff/volunteers/students be notified?</p>	<p>— Relief staff are notified upon their induction to the service via the ‘Induction Checklist’ and directed to the black Emergency Kits hanging in each room.</p> <p>— Students/volunteers will be informed during their orientation to the kindergarten via the ‘Induction Checklist’ for volunteers/students as per the Participation of Volunteers and Students Policy.</p>
<p>*Ensure all staff, relief staff, volunteers and students are familiar with:</p> <ul style="list-style-type: none"> • The child with the specific health need or medical conditions • Child's Medical Management (this Risk Minimisation/ Communication Plan) and Action Plan • Location of Child's medication (if there is any medication) 	<p>— Display of child’s photo with medication, Action Plan and Risk Minimisation/Communication Plan.</p> <p>— Everyone understands and recognises the needs and strategies for the child with a medical condition.</p> <p>— Everyone refreshes self with Medical Conditions Policy and or other specific policy e.g. Diabetes Policy</p> <p>— Location of Child's Medication is with the Action Plan and Risk Minimisation/Communication Plan located within the black Emergency Kits hanging in the child's classroom.</p>
<p>*Are there any other specific strategies requested by the medical practitioner on the child’s Medical Action Plan or by the parent, e.g. the way medication is administered?</p>	<p>List strategies/actions:</p>
<p>Are there any specific actions required for this child in a medical emergency, or any other sort of emergency (eg. evacuation, fire etc)?</p>	<p>List actions:</p>

4. Communication with Families

STRATEGIES TO INFORM FAMILIES	
<p>*Do families know how the kindergarten manages medical conditions?</p>	<p>Upon enrolment, all families are provided with the details of where the kindergarten's policies can be accessed and encouraged to read them.</p> <p>What date was the "AT RISK" child's parents directed to relevant Kinder Policies relevant to the child's medical condition (tick as appropriate):</p> <ul style="list-style-type: none"> • Diabetes Policy • Epilepsy Policy • Dealing with Medical Conditions Policy • Administration of Medication Policy • Medical Condition Risk Minimisation Plan and Communication Plan • Other _____ <p>Date: _____</p>
<p>*Do all parents/guardians need to be notified of the child's Medical Condition and any known allergens that pose a risk to the child? (please tick)</p> <ul style="list-style-type: none"> • Yes <input type="checkbox"/> • No <input type="checkbox"/> <p>If yes, how will you notify all parents/guardians?</p>	<p>YES: A statement will be issued to all parents/guardians, notified by email/flyer when appropriate and as soon as is practicable. Included in this information will be strategies to minimise and manage the Medical Condition/Allergen.</p> <p>NO: No action is required.</p>
<p>*Communication of changes to this child's Medical Condition Risk Minimisation/Communication Plan will occur by:</p>	<p>Reviewing the risk minimisation plan with families and always upon enrolment of each child and after any incident or medical emergency.</p> <p>Date of change:</p> <p>Change required:</p> <p>Action Required:</p> <p>Actioned By:</p> <p>Communicated to Relevant Educators/Staff:</p>

5. Medication

MEDICATION			
Name of Medication:	Expiry Date:	Quarterly Expiry checks (done at start of each term):	
		Date:	Sign:
		Date:	Sign:
		Date:	Sign:
		Date:	Sign:
		Date:	Sign:
		Date:	Sign:
		Date:	Sign:
		Date:	Sign:

Plan Prepared By: _____ (Child's Teacher/
Nominated Supervisor).

I, (Parent/Guardian name) _____ will
communicate any changes in relation to my child's Medical Condition Risk
Minimisation/Communication Plan in writing to my child's Teacher/Nominated Supervisor
immediately.

I give permission for my child's photo to be displayed with this plan and in all rooms of this
service.

Parent/Guardian Signature: _____ Date: _____