

Other Diagnosed Medical Conditions

Risk Minimisation Plan and Family Communication Plan

The following procedures have been developed in consultation with the parent/guardian and implemented to help protect the child identified as at high risk of medical emergency.

Child's Name: **Date of Birth:**

Child's diagnosed medical condition:

CHECKLIST:	WHO IS RESPONSIBLE	RISK MANAGEMENT STRATEGIES
<i>Please list:</i> What are the issues and/or the actual/potential situations that could lead to a medical emergency, e.g. triggers		
Current medical management plan identifying known allergens/triggers has been provided.	Parent/guardian	Action plan provided before attendance
Parent/guardian are aware that the child is unable to attend the program without their prescribed medication	Parent/guardian Coordinator	Ensure medication is at the service otherwise child will not be able to attend
Parent/guardian has been provided with a medication authority form for completion indicating doctor's requirements regarding administration	Coordinator	Ensure the medication authority form is completed and provided with the medication in the child's name
Parent/guardian is informed that a minimum of one educator qualified in First Aid, Anaphylaxis Management and Emergency Asthma Management is in attendance at all times	Coordinator	Inform parent/guardian that a minimum of one educator qualified in First Aid, Anaphylaxis Management and Emergency Asthma Management is in attendance at all times
The prescribed medication is provided upon enrolment and the expiry date has been checked	Parent/guardian Coordinator	Expiry date of medication:
Educators at the service check medication expiry date at the beginning of each school term/vacation care period	Coordinator/Educators	Expiry date of medication: Term 1: Term2: Term 3: Term 4:
Parents/guardians are aware that every child attending the service with an identified medical condition will have a current Individual Emergency	Coordinator/ Parent/guardians	Each child's Individual Emergency Action Plan will be displayed at the service

Action Plan with identifying photo displayed at the service		Educators will be made aware of each child with an identified medical condition and their Individual Emergency Action Plan
---	--	--

PARENT/GUARDIAN COMMUNICATION PLAN - I UNDERSTAND THAT:

<p>As the parent/guardian of, I am responsible for notifying the Nominated Supervisor of any changes to my child’s medical condition including their Individual Emergency Management Plan and this Risk Minimisation Plan. Any changes must be signed off by the treating doctor and a copy provided to the service.</p>
<p>In the event that my child suffers a medical episode whilst in care, service staff will administer emergency first aid as an immediate response and will call 000 for emergency medical treatment.</p>
<p>The service’s Nominated Supervisor is responsible for managing and maintaining regular updates about my child’s specific medical condition, sourcing information for all staff. This includes reviewing all policy documents annually.</p>
<p>All educators and other staff are informed about the medical condition of my child and have been shown their Individual Emergency Management Plan and this Risk Minimisation Plan.</p>
<p>My child’s Individual Emergency Management Plan and this Risk Minimisation Plan must be reviewed annually.</p>
<p>I have received a copy of the service’s Children with Medical Conditions Policy and the Medication Policy and have read and agree to the conditions as listed my child’s Risk Minimisation Plan. YES NO</p>
<p>Parents/guardian’s additional comments/instructions:</p>

This plan was developed in consultation with the parent/guardian on ____/____/____ and reviewed in consultation with the parent/guardian on ____/____/____.

<p>Parent/guardian printed name: _____</p> <p>Parent/guardian Signature: _____ Date: _____</p>
<p>Nominated Supervisor printed name: _____</p> <p>Nominated Supervisor signature: _____ Date: _____</p>

Medication Authority and Administering Form

MEDICATION AUTHORITY – to be completed by the parent/guardian

Childs Name: Date of birth:

Name of medication: Expiry date:

Reason for medication:

Medication storage instructions (e.g. to be refrigerated):

Please indicate how long this medication needs to be administered:

- Today only – todays date:
- 2 or more consecutive attendance days (e.g. antibiotics) Start date: Finish date:
- Ongoing, regular medication (e.g. ventolin) Start date:

DETAILS OF ADMINISTRATION

Staff will only be able to administer medication if it is received in the original packaging, with a chemist label attached stating the child’s name and dosage. All medication is administered under adult supervision.

My child can self-administer his/her own medication? YES NO

Medication to be administered: Dosage: Time:

Circumstances of administration: Please circle: Before food / with food / after food

Prescribing Doctor’s Name: Phone no:

Letter from doctor/medical management plan provided? NO YES

Parent/guardian name: Phone no:

Signature: Date:

Educator receiving medication:

Signature: Date:

Coordinator signature:

Medical Conditions Risk Minimisation Plan

Child's name:		Date of Birth:
1. What is the specific health care need, allergy or relevant medical condition that this assessment addresses?		
2. Does the child need dietary modifications? (if yes, please comment in sections below)		
3. Risk – What are the issues and/or the actual/potential situations that could lead to a medical emergency?		
4. Strategy – What can be done to reduce these risks? What resources are needed?		
5. Who – Who needs to be included in the process? Why?		
Unsafe Foods and Meals (if applicable):		
Safe foods and meals (if applicable):		

Educator's signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

All educators have been made aware of this medical conditions risk minimisation plan and understand the risk, plan to minimise the risk and how to respond if a risk has been detected.

Nominated Supervisor signature: _____ **Date:** _____