





Education and Care Services Legislation Compliance

❖ Education and Care Services National Regulations 77, 90-96, 160-162, & 168 (2)(d).

 Medical Condition		OTHER	
 Child and Parent Details			
Child Name		Date of Birth	
Diagnosed Medical Condition, Health Need or Other			
Parent Details	Name: _____ Relationship: _____ Contact Number: _____		

 Medication	
How will the provision and access to medication be managed?	
<ul style="list-style-type: none"> Any prescribed medication is to be stored on site in an individual storage box in the Child Medication cupboard located in the OSHC Office. This storage box will also be taken on all excursions. Any prescribed medication must be in the original packaging, with a chemist label attached, stating the child full name and dosage. 	
Parents have been informed and acknowledge: <ul style="list-style-type: none"> ✓ The service's policies require identify medication to be accessible to the service for the child to attend. ✓ Where the child is without medication for any reason, the parent (or authorised nominee) will be called to collect the child. ✓ Expiry dates on medication will be closely monitored and parents will be notified three (3) months in advance that the medication is due to expire and must provide in date medication prior to the expiry date or child cannot attend. A new Authorisation to Administer Medication form must be completed. 	Initials: _____

 Communication and Training Plan	
Location of the child's Medical Management (Action) Plan and medication	
YELLOW Medical Bag (located in the Child Medication cupboard) <ul style="list-style-type: none"> Any medication to be stored on site in an individual medical bag. If applicable, a copy of the Medical Action Plan will be stored in the individual medical bag with the child medication. 	

Child Medical Conditions Folder (located in the OSHC Office)

- If applicable, a copy of the **Medical Action Plan** will be stored in this folder.
- A copy of the **Medical Risk Minimisation and Communication Plan** will be stored in this folder.
- If applicable, the child's **Authority to Administer Medication** and **Administration Record** will be stored in this folder. Parents will be requested to acknowledge each administration of medication.

Child Enrolment Form (located in the locked filing cabinet in the OSHC Office)

- If applicable, a copy of the **Medical Action Plan** will be stored in the child's enrolment folder.
- Any outdated versions of these documents will be stored in the child's enrolment folder.

Strategies/training for staff and volunteers to be able to identify the child, the Medical Management Plan and medication

- A photo of the child will be on display in the kitchen, the staff room and the Child Medication cupboard located in the OSHC office.
- Educator and volunteer induction processes will include children with medical conditions and information on where to locate a photo of the child and the Child Medical Conditions folder.

How parents can communicate any changes to health/medical needs, Medical Management Plan or Risk Minimisation Plan:

- Parents are to email the OSHC Management Team if any changes are to be made to the Medical Management Plan or Risk Minimisation Plan. This information will be stapled to this document until such time as the document is reviewed (*annually or as deemed necessary by a medical practitioner*).
- Parents will be requested to provide a letter from a medical practitioner if medication is no longer required for the specified medical condition stating that the child is no longer at risk.

I _____ agree to these arrangements, including the display of our child's photo, name, medication held and location, and a brief description of allergy/condition on display in the areas described above.

Plan prepared by:	OSHC Management	Date:	___/___/___
Prepared in consultation with:	OSHC Management, OSHC Educators and parent/guardian	Date for review:	JAN 2024 (<i>or as needed before this date</i>)

Parent Name:		Date:	___/___/___
Signature:			

Please note: This plan must be read in conjunction with the service's Medical Conditions policy.

OFFICE USE ONLY: To be completed by the Service

Diagnosed Medical Condition, Health Need or Other		Supporting Documentation Provided	Yes	No
Medical Action Plan supplied by parent?	Yes	Date Received: ___/___/___	Date to be Reviewed: ___/___/___	
	No			
Medication Required	Yes	Authorisation to Administer Medication form completed?	Yes	No

Service Representative:		Date:	___/___/___
Signature:			

Risk Assessment Matrix



Risk Assessment

Triggers	Risk	Service Risk Minimisation Control Measure/Strategy	Location/Activity	Person Responsible
	Low Moderate High	(Service to complete)	(Service to complete)	(Service to complete)
	Low Moderate High	(Service to complete)	(Service to complete)	(Service to complete)
	Low Moderate High	(Service to complete)	(Service to complete)	(Service to complete)

Risks relating to the safe handling, preparation, consumption, and service of food (if relevant)

Safe handling of food		▪		
Preparation of food		▪		
Consumption of food		▪		
Service of food		▪		

Notification relating to known triggers that pose a risk to the child

Allergen	Areas of potential exposure	Strategies for minimising risk	Person Responsible
		▪	

Risk Assessment Matrix

Consequence						
Likelihood		Insignificant	Minor	Moderate	Major	Catastrophic
	Almost Certain	MODERATE	HIGH	HIGH	EXTREME	EXTREME
	Likely	MODERATE	MODERATE	HIGH	EXTREME	EXTREME
	Possible	LOW	MODERATE	HIGH	HIGH	EXTREME
	Unlikely	LOW	LOW	MODERATE	HIGH	HIGH
	Rare	LOW	LOW	LOW	MODERATE	HIGH

Consequence: Evaluate the consequences using the following guiding definitions.	
Insignificant	No injury
Minor	Injury or health issue requiring first aid
Moderate	Injury or health issue requiring medical attention
Major	Injury or health issue requiring hospital admission
Severe	Fatality

Likelihood: Evaluate the likelihood of an incident occurring using the following guiding definitions.	
Rare	May occur somewhere, sometime (i.e. once in a lifetime)
Unlikely	May occur at some point over an extended period of time
Possible	May occur several times across over a period of time.
Likely	May be anticipated multiple times over a period of time or may occur once every few repetitions of the activity or event
Almost Certain	Prone to occur regularly or it is anticipated for each time the activity or event is held