Medical Conditions Risk Minimisation Plan

Child’s Name:­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific health care need, allergy or diagnosed medical condition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medical risks at the service and how these are minimised.**

* 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. A copy of the management plan and risk minimisation plan is displayed in the kithchen and a copy is stored in our emergency evacuation bag.
* The child’s medication will be stored in our first aid cupboard or in the fridge in a lockable cupboard out of reach of children. Any required medication will be taken on excursion/emergency evacuations in the emergency evacuation/excursion first aid bag.
* Children cannot attend the service without their prescribed medication.
* Emergency asthma kit is stored in the first aid kit.
* The child’s medication will be checked to ensure it is current and has not expired
* 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. Educators will acknowledge this in writing
* Parents are required to authorise administration of medication on medication records and educators will complete administration of medication records

whenever medication is provided and inform parents of this

* The Nominated Supervisor will notify parent of any allergens that pose a risk to the child

**The triggers for the child’s health care need, allergy or medical condition are**: (list triggers using medical management plan and information from parents)

**What educators, staff and volunteers will do to minimise effect of triggers**: (This must be written in response to known allergens or child’s health care needs)

*Eg – centre will be cleaned daily to reduce allergens*

* *Centre will use damp cloths to dust so it’s not spread into the atmposhpere*

*For food allergens eg:*

* *If a child has a severe allergy to a specific food, that food will not be permitted in the centre eg. Becoming a nut free environment and users of the service will be made aware that a child attends the centre with a severe allergy to that particular food (without naming the child to anyone other than staff, volunteers and students)*
* *Educators will clean tables and floors of any dropped food as soon as practical*
* *Child will be supervised at all times vigilantly while children are eating and drinking*
* *The child will only eat food preapared and brought 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*
* *Cooking activities will be assessed for ingredients and risk to child*

I/we agree to these arrangements, including the display of our child’s picture, first name, medication held and location, and copies of our child’s medical management and risk minimisation plans in prominent places to alert all staff, volunteers and students.

Parent/s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Nominated Supervisor signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominated Supervisor name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Educator Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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