ATTACH PHOTO OF CHILD



# Medical Condition Management, Risk Minimisation & Communication Plan

## **MEDICAL CONDITION MANAGEMENT**

Child's Name

**Date of Birth** 

**Today's Date** 

## PLEASE NOTE: THERE ARE SPECIFIC MEDICAL CONDITION PLANS FOR ANAPHYLAXIS, ASTHMA, AND DIABETES.

Please complete the details below in order to assist us to effectively manage the condition whilst your child is at Day Care. Please refer to the Sevice's Medical Conditions Policy.

I	Date for Review						
					T		
Meeting	with parents/guardians to d	evelop communication plan			Y	N	
Symptoms or Condition of Concern:				Action to take (Emergency Plan):			
	Please tick the preferred method of communication with parents/ guardians (to communicate about any changes to the child's diagnosis or medical management plan)				email in pers via pho		rt
All educators (including Assistance Educators, Tutors, Volunteers, Relief Staff) are  - aware of child's medical condition/symptoms  - informed of the location of the medication equipment and medical management plan.  - inducted & familiar with Policy & procedures for the management of the diagnosed medical condition				Υ	N	I	
		Name:	Name	2:			
Family / emergency contact name(s):  Phone:  Phone:		e:					
		Relationship:	Relati	ionship:			
Respons	ibilities for managing medica	l conditions					
Who		What			When		
Parents	Inform the service of any specific condition for their child.	health care need, allergy or relevant medication		sefore a child so while the child a			going
	Provide a medical management p	an to the service for their child.		sefore the child			
			ild starts at the service				
		llergy or relevant medical condition. changes relating to the nature or manageme	nt \	Vhile the child	attends the se	rvice	
		need, allergy or relevant medical condition.	11L V	ville the ciliu	atterius trie se	TVICE	
	Provide an updated medical mana		٧	Vhile the child	attends the se	rvice	
I acknowledge that in case of emergency or incidents during services, I am the person who takes all relevant responsibility of child's medical condition.			aiii	Parents Sign:			
Educator is responsible for providing appropriate care according to the medical management plan provided by parents/medical practitioner.			the	ducator Sig	gn:		

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#### RISK MININISATION PLAN - Strategies to Avoid Triggers (Prepared by Parents and Service)

#### 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. Explain where they are kept eg a copy of the medical management plan and risk minimisation plan will be stored in the medical management plan folder in the service accessed by the child, with the child's medication, with the First Aid Kit and in our emergency evacuation bags.
- The child's medication is stored\_\_\_\_\_ (location) and the child's Epipen/asthma medication is accessible in the environment where educators are supervising the child.
- 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 educator will identify all children with specific health care needs, allergies or diagnosed medical conditions to
  assistant educator, tutors and volunteers, 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 medical authorisation folder for child.
- The educator will notify the parents of any allergens that pose a risk to the child.
- The educator will display the child's picture, name, medication held and location, and brief description of allergy/condition on a poster in the service and prominent places to alert assistant educator, tutors and volunteers. It is necessary to get parents approval for this or the information must be displayed so it is not visible to other families and visitors to protect the child's privacy.

Child Name:	Date of Birth:			
Specific health care needs or diagnosed medical condition:				
The triggers for the child's health care need, aller	gy or medical condition are:			
List triggers using medical management plan and	<del></del>			
Service may have a separate section for kitchen if	f child has an allergy to a food.			

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What educators, assistant educator, tutors and volunteers will do to minimise effect of triggers:

This must be written in response to known allergens or child's health care needs.

(For example: Service will be cleaned daily to reduce allergens; Service will use damp cloths to dust so it's not spread into the atmosphere, Child will be supervised to prevent movements from hot or warm environments to cold environments; Child will not feed pets; Educators to clean tables and floors of any dropped food as soon as practical; Child will be supervised while other children are eating and drinking; The child will only eat food prepared and bought 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, etc).

PLEASE NOTE THE RELEVEANT RISKS, STRATEGIES AND WHO RESPONSIBILITIES IN THE TABLE BELOW.

Risks	Strategy	Who is Responsible?
		I

Other C	omments:				
-					



# **MEDICAL COMMUNICATION PLAN (Prepared by Parents and Service)**

Child's Name		Date of Birth			
Specific health care needs or diagnosed medical condition:					

The following communication plan is prepared in accordance with regulation 90(1)(iii) to set out how: relevant staff members, parents and volunteers are informed about the medical conditions policy; and, the medical management and risk minimisation plans for the child; and a parent of the child can communicate any changes to the medical management plan and risk minimisation plan for the child.

#### Service

Educator will:

- will complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time).
- may enquire about the child's health to check if there have been any changes in their condition or treatment
- advise parents if child's medication needs to be replenished.
- advise all new assistant educators and volunteers about the location of the child's medical management plan, risk minimisation plan.
- update a child's enrolment and medical information as soon as possible after parents update the information.

#### **Parents**

Parents will:

- verbally advise educators of changes in the medical management plan or medication as soon as possible after the change, and immediately provide an updated medical management plan, medication and medication authorisation (if relevant)
- provide an updated Medical Condition Management, Risk Minimisation & Communication Plan annually, whenever it is updated or prior to expiry
- advise educators verbally or in writing on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms if known
- ensure the service has adequate supplies of the child's medication..

I/we agree to these arrangements, including the display of our child's picture, first name, medication held and alert

location, and brief description of allergy/condition on a po all educators and volunteers.	ster in all children's rooms and p	rominent places to a
Parent/s Name:		
Parent/s signature	Date	
Educator signature	Date	+

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Date	Communication	Educator Signature	Parent Signature