

This Risk Minimisation and Communication document complies with relevant and compliance requirements outlined in Education and Care Services National regulations-Part 7, Division 4 and National Quality Standards 2.3.2. NB the **communication procedures are embedded in the document in italics**

CHILD	IDENTIFIED MEDICAL CONDITION			Location of Medical Management/Action Plan:	
Name: DOB: Action Plan/Medical Management provided (date supplied): Review date:	<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: (give details) <input type="checkbox"/> Asthma <input type="checkbox"/> Intolerances <input type="checkbox"/> Epilepsy			Action plan/ risk minimisation plan are kept in a folder above the First Aid area	
Emergency Contacts:	Contact Number(s)	Address	Relationship	Childs Dr/Specialist(s):	Contact No:
<p>The purpose of this document is to:</p> <ul style="list-style-type: none"> <li>• Ensure that effective and consistent health information is shared and documented between the child, their parent/carer, medical practitioner and the Service</li> <li>• Ensure that all areas of compliance are maintained</li> <li>• Assess, document and manage all risks</li> <li>• Develop effective and consistent communication procedures (<i>in italics</i>)</li> </ul>					
Known allergen/s (hazards):	Known Reactions/Severity (risk):	Potential sources/times for exposure:			
		<b>Anaphylaxis-</b> Food service times: <ul style="list-style-type: none"> <li>- Contact with food service receptacles prior to washing up</li> <li>- During cooking or craft activities</li> <li>- Contact with food that induces anaphylaxis</li> <li>- Contact with food brought by other children</li> </ul>			

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		<p>Environmental:</p> <ul style="list-style-type: none"> <li>- Exposure to environmental allergens eg dust, pollen or smoke</li> <li>- Exposure to animals/insects eg bees, spiders, ants</li> </ul> <p>Indoor play:</p> <ul style="list-style-type: none"> <li>- Exposure to surfaces containing known allergens</li> </ul>	
Tasks/Identification of hazards	Strategies to eliminate risk/Timeframe	Who is responsible	
Identify child at risk	Question on enrolment form to be checked before attendance	Nom sup/Educational Leader	
Notification of educators	<p><i>All educators to be given a copy of the of the Medical conditions policy and ensure they have read and understand all the information pertaining to the educator communication record below. Including location of Medical Action Plan, Risk Minimisation Plan, location of medications and emergency procedures. Ensure this is done for volunteers, relief staff and any afterschool class tutors.</i></p> <p><i>New educator orientation to include priority of introduction to children with medical action plans.</i></p>	Nom sup/Educational Leader	
Educator Training	<p>First Aid, Asthma and Anaphylaxis Management training to be completed by educators every three years in accordance with Reg 136 (2). List of such training to be maintained and up-dated.</p> <p>A list of educators with First Aid certificates to be displayed on notice board and their expiry dates to be kept</p>	Educational Leader/RP	
Provision of Action Plan	Parents to provide Action Plan and any relevant documentation to the service upon enrolment, prior to the child’s attendance at the service (see general Risk Assessment for Administration of Medication).	Nominated Supervisor	
		Nominated Supervisor/Senior Educator	
		Medical practitioner/parent	

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Inform Service of any new medical condition	<b><i>If a new condition is diagnosed or escalates in severity, requiring a Medical Action Plan and Risk Minimisation/Communication Plan, the parent is responsible for communicating this IMMEDIATELY to the service by email and ensuring the service is provided with a Medical Action Plan prior to the child's next attendance.</i></b>	Medical Practitioner/parent  Nominated Supervisor
Periodic review of currency of Action Plan and Risk Minimisation/Communication Plan	Yearly review (at start of school year) of Action Plan and Risk Minimisation/Communication Plan currency (to be documented in record table below) and <i>communication of request to parents for new or updated documentation</i>	Parent/Medical Practitioner and Nominated Supervisor  Nominated Supervisor/Educational Leader
Up-date Action Plan	<b><i>Up-dates to Action Plan on Risk Minimisation Plan/Communication Plan and educators to be informed accordingly. To be done prior to attendance</i></b> Prepare list of Action plans with expiry date and ensure it is referenced with steps to be taken in Risk Minimisation/Communication plan.	Nom sup/Educational Leader/parent  Nom sup/Educational Leader
Provide appropriate medication	Prepare list of Medications and expiry date. Ensure it is referenced with steps to be taken in each child's Risk Minimisation/Communication Plan <b><i>Note expiry dates in diary</i></b> <b><i>Email parent/carer as far in advance as possible</i></b> <b><i>Follow-up with parent</i></b>	Parent/medical practitioner Parent/Nominated Supervisor Parent Parent
Administer medication	In accordance with Action Plan provided by parent Authorisation obtained from parent <b><i>Authorisation box checked on enrolment form</i></b> <b><i>Email from parent</i></b>	Nom sup/Educational Leader
Storage of Medications	Medication to be clearly labelled, in its original packaging and with an expiry date Service to provide a second auto-injector and asthma medication which will be administered in an emergency	Nom sup/Educational Leader Senior educator
Use of spacer for asthma	There will always be one educator on duty with a first Aid certificate authorised to administer medication. That educator will be aware of procedures to handle,	Parent

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	store, administer and dispose of any device used in the management of anaphylaxis and asthma.	
	Provide own spacer for child If no spacer, Service to use a disposable one or replacement to be provided by parent	
Food purchases	Known allergens and triggers to be excluded from purchases (see list in medical information folder, located at the First Aid station) Provide alternative foods if unable to be purchased by Service <b><i>Parent to email a list to service and provide alternative foods when needed</i></b>	Senior Educator who orders food  Parent
Food preparation	A weekly list of children’s conditions and the days they attend to be kept on side of fridge and up-dated as attendances change	Senior Educator/Nom sup to keep this with child’s information
	A general list of medical conditions with the child’s photo to be kept in First Aid area. (Noted that will be public on enrolment form) Containers and utensils kept in separate container and washed separately Special food to be kept in separate container in cupboard/fridge and marked appropriately ie with child’s name or gluten free	Nom sup/Educational Leader Nom sup/Educational Leader  Senior educator
Food-based activities	Food to be consumed in a designated area ie normally the kitchen under direct supervision only if necessary so that the child is not excluded socially	Educational Leader/Senior Educator
Food consumption	Known allergens/asthma food triggers will be avoided in cooking/food prep activities by children or educators at the service	Senior Educator to ensure educator on duty completes
Other factors	Other factors that are needed to be reduced or eliminated in the care environment	Senior Educator
Hygiene	Kitchen surfaces cleaned and sanitised after food is prepared and before eating	All Educators

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Educator response to allergies	All educators to wash hands before each shift and be aware of their own food consumed either at the Service or prior to start of their shift.	
Craft materials/ cooking	Educators to be made aware of food and their containers e.g. egg boxes, used in activities which may be restricted depending on allergens and triggers of children attending the service at any one time.	Nom sup/Educational Leader
Outdoor play	Observe weather conditions eg windy, high pollen count. Direct asthmatic children to play indoors. Observe those children more closely	All educators/RP
Indoor play	Regular cleaning to minimise allergens, including regular washing of bedding and soft furnishings/toys	
<b>Vacation Care</b>	List of children with medical conditions to be kept in Red Emergency Bag. RP to check that the bag also contains the Blue pouch with an up-to-date Ventolin/EpiPen. RP to organise groups of children with medical conditions with Educator who has FirstAid certificate. That educator to carry the individual child's medication. All educators are aware of which children on the excursion have medical conditions.	All educators briefed prior to the excursion by Nom sup/Educational Leader Nom sup/Educational leader Educator in charge of the group with the child
Medical conditions risk assessment	Warning notice to all parents regarding vacation care being a nut free zone is on vacation care permission note	Nom sup/Educational leader
Food consumption	Children may be required to sit separately and be directly supervised when in a public area.	All educators
	Service's kit containing EpiPen, asthma medication and parent contact details to be taken on excursion	RP
Medical kits	Individual children's medication pouch to be given to their group leader. <b><i>This kit has a photo on outside to identify the child and the Action plan is inside the pouch.</i></b>	All educators
	Each group leader with a child with a medical condition will have appropriate First Aid training.	Educators with FirstAid Certificate

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	Each educators to make sure they have other educator’s phone numbers in their phone in case of emergency	All educators
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I agree that I have read and understand the NNOOSH *Dealing with Medical Conditions and Administration of Medication* policy (at [www.nnoosh.org](http://www.nnoosh.org) in the ‘Policies’ section [2023]):

Parent/Carer Signed:..... Printed: ..... Date:  
 .....

Co-ordinator Signed: ..... Printed: ..... Date:  
 .....

I agree that as the Parent/Guardian, it is my responsibility to inform the nominated supervisor/RP of any changes/alterations to my child’s medical information and provide updated action plans and medication:

Parent/Carer Signed:..... Printed: ..... Date:  
 .....

Co-ordinator Signed: ..... Printed: ..... Date:  
 .....

I agree that a photo and information regarding my child’s medical conditions/allergies are put on public display in the FirstAid area:

Parent/Carer Signed:..... Printed: ..... Date:  
 .....

Co-ordinator Signed: ..... Printed: ..... Date:  
 .....







