

## RISK MINIMISATION PLAN

**NAME:**

**D.O.B:**

**MEDICAL CONDITION:**

Child's current medical management plan with the photo is displayed. Location:		Y/ N
Family provided with a copy of the services "Medical conditions Policy Including Asthma, Diabetes and Anaphylaxis Policy" & "Administration of Medication Policy"		Date:
Is a written request required to be sent to all families at the service to follow specific procedures to ensure the wellbeing of the diagnosed child?		Y/ N Date:
Potential Risks to the child:	Appropriate strategies:	Person Responsible:
The Educator will implement the child's medical management plan & stay with child?		
The Educator will telephone the ambulance & the Emergency person, Emergency person where applicable will call At Home Family day Care Office and parents/ guardians?		
Educator Emergency person will ensure the supervision of the other children at the service until the Coordinator arrives from At Home Family Day Care Scheme?		
Educators Have: <ul style="list-style-type: none"> <li>• A Location of Medication/equipment if applicable (e.g. spacer, EpiPen) .....</li> <li>• A Location of Medical management plans</li> <li>• Risk minimisation plan &amp; Communication plan stored in child's enrolment record</li> <li>• Understand Child can only attend if 'in date' medication is present at the service</li> </ul>		Y/ N Date:  Exp. Date:
All educators are informed, inducted & familiar with : <ul style="list-style-type: none"> <li>• Medical management plan</li> <li>• Policy &amp; procedures for the management of the diagnosed medical conditions</li> </ul>		Y/ N Date:
All assistant educators, volunteers & students are informed, inducted & familiar with the medical management plan and the Risk Management plan for emergency situations.'		
All educators have undertaken approved management training and participate in regular practise sessions if required		Y / N
Medication/ equipment (including a copy of medical management plan) is carried by an educator when a child with a diagnosed medical condition is taken outside the service premises e.g. on excursion		Y / N
Incursion/Excursion Personnel are advised of medical conditions/allergies.		Y / N
Any necessary modifications are implemented to minimise risk		Y / N

## COMMUNICATION PLAN

**NAME:**

**D.O.B:**

Talking with parents/guardians to develop communication plan	Y / N    Date:
Family provided with a copy of the services "Medical conditions Policy Including Asthma, Diabetes and Anaphylaxis Policy" & "Administration of Medication Policy"	Y / N
Preferred method of communication with parents/ guardians (to communicate about any changes to the child's diagnosis or medical management plan)	
All Educators(including assistant Educators)/volunteers/students are informed of the location of: <ul style="list-style-type: none"><li>• Medication/equipment</li><li>• Medical management plans</li><li>• Risk minimisation plan &amp; Communication plan</li></ul>	
All educators(including assistant educators)/volunteers/students are informed, inducted & familiar with : <ul style="list-style-type: none"><li>• Medical management plan and Risk Minimisation Plan</li><li>• Policy &amp; procedures for the management of the diagnosed medical condition</li></ul>	
All assistant educators, volunteers & students are informed, inducted & familiar with the medical management plan and the Risk Management plan for emergency situations.'	
Medication Forms: (e.g. when child last had medication) <ul style="list-style-type: none"><li>• Educators ensure the Medication Form is Completed Fully .....</li><li>• Parent preferred home to service communication method (e.g. email/text / in person/via phone or mobile)</li></ul>	Y / N  Preferred Communication method:

I have been consulted in preparing & developing this risk minimisation plan & communication plan	
Signature: (parent/guardian)	Date:
Signature: (Child's Educator)	Date:
Signature: (Nominated Supervisor)	Date:
Notes:	