

Medical Condition (S) _____ Risk Minimisation and Communication Plan

Child's Name:	Date of Birth:
Is an Action Plan required if so, has it been provided by parent / carer / guardian (please circle) YES / NO	
Any Triggers / Behaviours we need to know about	
Other Health Conditions:	
List of Medication stored in OSHC medication cabinet (If required)	Expiry dates

Parent / Carer / guardian Information (1)	Parent / Carer / guardian Information (2)
Name:	Name:
Relationship:	Relationship:
Mobile:	Mobile:
Home Phone:	Home Phone:
Work Phone:	Work Phone:

Other emergency contact (if parent / carer / guardian is not available):		
Name:	Relationship to child:	
Mobile:	Home:	Work:
GP or Specialist contact:		

<u>Consents:</u>
I/We have been given a copy of the medical conditions policy
The following Medical Conditions Risk Minimisation and Communication Plan has been developed with my / we knowledge and input and will be reviewed as required
I/we agree to these arrangements, including the display of our child's Emergency Plan being on display in the kitchen next to the medication cupboard if required

Name and Signature of Parent / Carer / guardian:	Date:
Signature of Nominated Supervisor / Coordinator:	Date:

Medical risks at the service and how these are minimised

Strategies to Avoid Triggers / Behaviours:

Predominant Trigger / Behaviour: for example: eating certain food, using products containing certain foods, chemicals or other substances, temperature, dust, physical activity, exposure to certain animals or plants, mould, pollen, etc.)	
Triggers / Behaviours	Strategies to minimise risk

Service risk minimisation strategies

(Educator refers to all trained staff including Coordinator, Assistant Coordinator, Nominated Supervisor and Responsible Persons)

- Management of Medical Conditions / Behaviours trained Educators are on site at all times
- First aid trained Educators on site at all times
- Parents, carers, and guardians will sign an authority to administer medication
- **Emergency Management plan and risk minimisation plan** are on display for all Educators in the kitchen next to the medication cupboard. A copy of the medication authorisation is attached to the plans. (Only if required)
- The medication cupboard is unlocked during the session where the child is in attendance and locked at all other times. The kitchen has a bolt lock and is a no-go zone for children.
- The service has a record of medication administration and parents, carers and guardians will sign this when they have given medication clearly stating the time, date and name of medication. The Educators will do the same. The parent, carer or guardian will be contacted when unplanned medication has been administered.
- The service will ensure there is enough medication on site and will audit used by dates regularly.
- The service will ensure all surfaces are cleaned with warm soapy water. Where visibly soiled, a disinfectant may be used if all children are not within the area of cleaning.
- Any known risks will be communicated to the family during the enrolment / communication process
- The Decompression zone is a place for children not coping with the general routines of the service may retreat to the zone for quiet play

Communications checklist

Communication	Date Checked	Who is responsible	Risk Management Strategies
Current Medical Management plan identifying triggers has been provided		Parent / carer / guardian	Current Medical Management plan provided and on display prior to child attendance All Educators notified
Parent / carer / guardian aware that the child is unable to attend OSHC without their prescribed medication		Parent / carer / guardian / Coordinator / Nominated Supervisor	Medication is at the service prior to child attendance All Educators notified
The prescribed medication has been checked and has approved pharmacy label, expiry date and child's full name and or pharmacy label and doctors full name		Parent / carer / guardian / Coordinator / Nominated Supervisor	Expiry Date:
The prescribed medication has been checked and has approved pharmacy label, expiry date and child's full name and or pharmacy label and doctors full name by Educators each quarter and a record of checking is documented		Parent / carer / guardian / Coordinator / Nominated Supervisor	Expiry Date:
The child can eat as per the weekly menu or requires changes to the weekly menu		Parent / carer / guardian / Coordinator / Nominated Supervisor	

Updates to plans (ongoing)

Communication (Name of persons communicating changes)	Date Checked	Who is responsible	Risk Management Strategies