

Medical Condition Management, Risk Minimisation & Communication plan



Please complete the details below in order to assist us to effectively manage the condition whilst your child is at OSHC. Please refer to the services' Medical Conditions Policy for guidelines.

Child's Name: _____

Date of Birth: _____ Today's Date: _____ Date for Review _____



Medical Condition Management

Specific health care needs or diagnosed medical condition:

Please describe what symptoms will become evident when your child experiences the medical condition:

When your child has the medical condition:

At the first sign of a medical condition please administer prescribed medicine:

Name of medication: _____

Dose and method of administration: _____

Frequency of application: _____

Further instructions: _____

Name and number to contact: _____

If symptoms get worse:

Medical practitioner has provided medical action plan? Yes No If yes, Please attach a copy to this form.

Steps to take:

- _____
- _____
- _____

RISK MINIMISATION PLAN - Strategies to avoid triggers (Prepared by parents and service)

- 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. Discussions to explain where these items are kept are held with parents, educators and volunteers.
- The child's and service medication will be stored in the prescribed location in the service.
- 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 sign in area with other prescribed information.
- 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 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 child file.
- The Nominated Supervisor will discuss with the parents any allergens that pose a risk to the child.
 - The Service will display the child's picture, first name, medication held and location, and a brief description of medical condition on a poster in kitchen/near medical management plans folder, alerting all staff, volunteers and students.

Child name:	Date of birth: / /
Specific health care needs or diagnosed medical condition:	
Predominant Trigger/s (For example: eating certain food, using products containing certain foods, chemicals or other substances, the temperature, dust, physical activity, exposure to certain animals or plants, mould, pollen, missed meals etc.) PLEASE LIST THAT RELATE TO CHILD:	
Other Allergy Triggers:	

What educators, staff and volunteers will do to minimise effect of triggers:

(For example: services will be cleaned daily to reduce allergens; Service will use damp cloths to dust, so it is 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 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 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 while 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 RELEVANT RISKS, STRATEGIES AND WHO IS RESPONSIBLE IN THE TABLE BELOW.

<u>Risks</u>	<u>Strategy</u>	<u>Who is responsible?</u>

Other comments:

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MEDICAL COMMUNICATION PLAN (Prepared by Parents and Service)

Child 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.

Service

Educators:

- 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; and
- acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.

The Nominated Supervisor will:

- advise all new educators, staff, volunteers and students about the location of the child's medical management plan, risk minimisation plan and medication as part of their induction;
- review the child's medical management plan, risk minimisation plan and medication regularly at staff meetings, and seek feedback from educators about any issues or concerns they may have in relation to the child's medical condition;
- regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child's medical management plan, risk minimisation information and medical information through newsletters and information on parent noticeboards and email; and
- update a child's enrolment information as soon as possible after parents update the information.

Parents

Parents will:

- advise the Nominated Supervisor and 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 management plan annually, whenever it is updated or prior to expiry;
- Provide details in enrolment documentation of any medical condition;
- advise educators on arrival of any symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms (if known); and
- acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.

Other comments:

I/We agree to these arrangements, including the display of our child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in a prominent place in the service to alert all staff, volunteers and students. Also, the above information is correct and current.

Signed: _____ Date: _____

Parent/Guardian

Name of Parent/Guardian

I/We have been provided with the services' Medical Conditions policy & Health, Hygiene and Safe Food Policy

Signed: _____ Date: _____

Parent/Guardian

Name of Parent/Guardian

Office use only:

Enrolment form pages have been reviewed and completed. Nominated Supervisors:

Signature: _____

Date: _____



Communication Plan (regulation 90)

Date	Concern/request/Information	Action Required	Actioned By	Communicated to staff