

# RISK MINIMISATION & COMMUNICATION PLAN



Parents/Guardians are required to work with the service responsible person, to complete this combined Risk Minimisation & Communication Plan before the child commences at the service. This document is to support the medical management plan and to be kept with the child's enrolment record. This plan will ensure that the risks relation to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.

Child's name:		DOB:	
Medical Condition:			
Any medication required:			
Allergens/Triggers/Risks			
Reactions/Symptoms (including touch reactions)			
Strategies to minimise the risk			

ACTION TO BE TAKEN	PERSON(S) RESPONSIBLE	STRATEGY
Current Medical Management Plan identifies medical condition, if any medication is required & emergency treatment to be provided & when/how this is to be provided	Parent/Guardian & Educator	Medical Management Plans to be submitted with the child's enrolment record & approved by customer service before the parent/guardian can make bookings. The responsible person checks with the parent/guardian annually, to ensure this plan is current and document. Parent/guardian will provide any updated plans to the service if their child's condition changes
Child unable to attend the service without the medication if required	Parent/Guardian	The terms & conditions on the child's enrolment record and the medical conditions policy detail this requirement
Medication is located in an area that is identified to all educators on duty	Educators	Each service will have a designated place to store medication in an appropriate manner
All educators sign the medical conditions print out before the commencement of each shift	Educators	Ensures all educators are aware of which children have a diagnosed medical condition each shift. Responsible person to check this has been completed daily
Medication is in its original container, with the child's name on it & within its expiry date.	Parent/Guardian & Educator	Parent/Guardian to be reminded of the requirement on terms and conditions and responsible person to check any medication when provided
A sign is at the main entrance to the service, stating if a child diagnosed at risk of anaphylaxis is attending	Educator	Responsible person to ensure this sign is on display when appropriate
Allergens/Triggers/Risks, to be reviewed to ensure children are not exposed to triggers/risks	Educator	This will include hazard checks of the service (indoor & outdoor) & any excursion venues
Educators and the parent/guardian will communicate at least annually, to ensure the medical management plan is current	Educator	The responsible person will document the date they have asked the parent/guardian to confirm the currency of the medical management plan. This can also occur through email
Parent/Guardian to be notified of any known allergens & strategies to minimise risk	Educator	Educators to notify parent/guardian if a known allergen is located at the service and what measures are in place to protect their child from the risk of exposure
Practices & procedures in relation to the safe handling, preparation, consumption & service of food, will be in place	Educator	Food purchased for the service will consider these allergen/triggers/risks. The service will develop & implement handling/storage & preparation practices where required, to suit the identified allergen/trigger/risk. Educators will be informed of these practices in their induction to the service.
The medical conditions policy will be provided to the parent/guardian	Educator & Parent/Guardian	This is available on the TeamKids website at all times and can be printed for a parent/guardian on request
All staff and volunteers to be aware of the medical conditions policy, as well as the medical management plans & the risk minimisation plan for each child	Educator	The induction process, highlights this process, including the location of the medical conditions policy. The responsible person will ensure all educators/volunteers are aware of where all plans are maintained and how to access these

I have read & agree to the information on this risk minimisation & communication plan, that was developed in partnership between the parent/guardian and the service responsible person on \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Educator Name: \_\_\_\_\_ Signature: \_\_\_\_\_