



# Medical Risk Minimisation & Communication Plan

This form must be completed for any child with a known medical condition which is potentially life threatening such as asthma, diabetes, or anaphylaxis.

Service Name: Arabanoo INC

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male Female

Parent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_ (Arabanoo representative)

in consultation with \_\_\_\_\_ (Parent/Carer)

Is there an Action Plan completed by a Medical Practitioner provided to the service?  YES  NO  
**If 'no' the child will not be able to attend the service until this has been provided.**

The following information must be available on the Action Plan accessible to ALL educators.

- Known allergens, triggers
- Signs and symptoms
- Medication and Action to be taken

The following have been identified as triggers that may contribute to the child's health care needs, allergy or medical condition. If needed, attach an additional documentation.

Trigger/Symptoms	Risk Minimisation measures put in place by Arabanoo

**Known Triggers** - Arabanoo limits the products and activities that trigger symptoms as much as possible to reduce symptoms. E.g. Not using Kiwi Fruit.

**Failure of control measures** - If elimination or control measures fail, refer immediately to the child's emergency action management plan located within their medication box, go bag and action plan folder.

**High Risk** - Where the service cannot reasonably reduce the exposure to triggers the enrolment may not be deemed safe to continue.

What Medication is supplied to the service for administration: \_\_\_\_\_

Has this been supplied?  YES  NO

**If 'no' the child will not be able to attend the service until this has been provided.**

Expiry date of this medication \_\_\_\_/\_\_\_\_/\_\_\_\_ Medication must be within expiry date

**Medication for this child is stored at the service in the following places**

Western Campus location - Medication cupboard in the centres kitchen

Eastern Campus location - In the portable black box

On an Excursion - In the Go Bag or with the supervisor or educator in the same group as the child

**Risk Minimisation Communication Plan & Action Plan location -**

Medical Action Plan Folder in the Western Campus Kitchen.

In the child's medication box

Both Go Bags (Emergency Bags)

**Additional skills or knowledge needed for educators:** \_\_\_\_\_

Changes to the Medical Action Plan, medication or known triggers must be provided to the service immediately by the family, a child will not be able to attend if this is not communicated to the service. Where a change is identified a NEW action plan (if applicable) must be supplied and a NEW Medical Risk Minimisation and Communication Record completed and distributed PRIOR TO THE CHILD'S NEXT ATTENDANCE.

**Additional Information relevant to the safety, health and wellbeing of the child:** \_\_\_\_\_

**Educators are informed of this Risk Minimisation Plan, associated documents & location of medication via -**

Staff Briefings, Inductions and during one to one and group staff meetings.

**Parent/Carer**

I understand that the following are my responsibilities & I will ensure these are met for care to continue for my child;

- I will ensure that the required medication is provided to the centre everyday that my child is in attendance. If not already provided, I understand that I will be unable to leave my child if I do not have this medication with the child upon arrival.
- I will ensure that the medication provided is in a functioning condition and has not expired.
- I will keep the centre informed of any changes to my child's medical condition and any changes to contact details for parents/carers, authorised collectors and my child's doctor.
- I understand that a condition of enrolment is that I provide an Action Plan completed by a medical practitioner and complete an Administration Medication Form.
- I understand that there will be activities held at Arabanoo that may trigger my child's allergy. e.g. Running
- I consent to my child's photo being displayed on Arabanoo's medication display board, in the action plan locations and their medical details spoken about during staff inductions, staff briefings and staff meetings to ensure all staff.
- I have received, read, understood Arabanoo's Adminstrating Medication and Dealing with Medical Conditions Policy.

I agree to meet the above responsibilities and will work with Arabanoo educators to ensure the health and safety of my child whilst at Arabanoo.

Parent/Care Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Nominated Supervisor**

I have discussed this Risk Minimisation Plan with all educators via the above methods. I have also placed this plan in a number of locations in the service for educator's accessibility.

I will ensure that new educators & others involved in the education & care of the child are made aware of this & associated documents. Where products in the service are known to contribute to this medical condition the use & purchase of them will be reviewed and this will be communicated to all educators and the child's family.

I have explained to the family that if we are unable to control triggers and believe attendance to be too high risk for the child we will not complete or continue with the enrolment.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_