



Next review date:

Medical Condition Risk Minimisation Plan

Regulation 90

To be completed by the parent / guardian in conjunction with the nominated supervisor

Regulation 90 of the Education and Care Services National Regulations requires a risk-minimisation plan for the management of medical conditions for children in care. The term medical conditions includes, but is not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. The risk management plan should be developed through consultation between the parents/guardians of the child and the child care service.

Child's full name: _____

Date of Birth: ____/____/____ Age _____

Details of medical condition / health requirements: _____

A medical management plan is required for children who suffer from asthma, diabetes or have been diagnosed at risk of anaphylaxis. A medical management plan may also be required for other health conditions.

Has a medical management plan been submitted for this condition? Y N

Predominant known triggers for the medical condition and potential reaction/s

| <u>Trigger</u> | <u>Reaction</u> |
|----------------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Frequency of symptoms / reactions

How often does your child display symptoms or suffer from reactions of the medical condition?

- Infrequent (5 or less per year)
- Monthly
- Daily
- Occasionally (6 or more per year)
- Weekly
- When exercising



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How do you as a parent / guardian recognise the symptoms / reactions?

Is your child always able to recognise the symptoms / reactions?

Y N

Details:

Medication

Does your child require medication to treat the medical condition?

Y N

Details:

Will your child require medication whilst in care?

Y N

If yes, a Medication Authorisation Form **must** be completed

Is your child permitted to self-medicate?

Y N

The circumstances under which the medication required is to be administered to your child whilst in care:

- As detailed in the management plan
- As per medication label / Doctor instructions
- Other (supply details)

How can we minimise the risks relating to your child's health care needs /medical condition and what strategies can we implement to avoid triggers.



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| Risk | Strategy | Who is Responsible |
|---|--|---|
| Child having a reaction/flare up while at the service | Centre has current and regularly updated policy's on medication and children with medical conditions. | Nominated Supervisor |
| Child requiring action for a medical condition. | Centre has an action plan for your child with a photo that is updated annually and signed off by a GP. | Parent/ Caregiver and Nominated Supervisor. |
| Child having a reaction/flare up while at the service | A staff member with first aid, Asthma and Anaphylaxis training always on site during OOSH hours. | Nominated Supervisor |
| Child has a reaction/ flare up at the service. | Centre has enough Epi-pens and Asthma medication to cover all children with medical conditions at the service. | Parent/ Caregiver and Nominated Supervisor. |
| Incorrect information | Centre always updating medical records for children based on parent communication. | Parent/ Caregiver |
| Triggers while at the service | Centre ensures it minimises or removes exposure to triggers for medical children while at the service | Nominated Supervisor |
| Child has a reaction/ flare up at the service. | Each child with a medical condition has a risk minimisation plan completed | Parent/ Caregiver and Nominated Supervisor. |



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Communication plan

| Date | Issue / Concern / Request / Information | Action Required | Actioned By |
|------|---|-----------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Parent / Guardian Contact (1)

Name
: _____
Relationship to child _____
Home phone: _____
Work phone: _____
Mobile phone: _____

Parent / Guardian Contact (2)

Name
: _____
Relationship to child _____
Home phone: _____
Work phone: _____
Mobile phone: _____

Emergency Contact is not contactable

Name
: _____
Relationship to child _____
Home phone: _____
Work phone: _____
Mobile phone: _____

Medical Practitioner contact

Name: _____
Phone: _____

This Medical Condition Risk Minimisation and Communication Plan has been developed with my knowledge and input and will be reviewed at the commencement of each school year or as required.

Next review date: _____ / _____ / _____

Parent / Guardian signature: _____

Name: _____ **Date:** ____/____/____

Nominated Supervisor signature: _____

Name: _____ **Date:** ____/____/____