



**Risk Minimisation Plan and Communication Plan
in relation to a child’s specific health care need, allergy
or relevant medical condition (Regulation 90).**

To be completed in consultation with the parent/guardian, to develop a risk-minimisation and communication plan for a child (90.1,c,iii)

The Education and Care Services National Regulations (Reg 90) sets out practices in relation to:

- (1a) the management of medical conditions, including asthma, diabetes, seizures or a diagnosis that a child is at risk of anaphylaxis;
- (1b) informing the nominated supervisor and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions; and
- (1c) the requirements arising if a child enrolled at the education and care service has a **specific health care need, allergy or relevant medical condition, including –**

Medical Condition: _____

Childs Name: _____ **Date of Birth:** _____

<p>Do you have a medical management plan for the child? (1c,i) YES NO</p> <p>If YES, has the <u>medical management plan</u> been supplied to the coordination unit? YES NO If NO please attach a copy.</p> <p>Has this plan been reviewed in the last 12 months? YES NO</p>
<p>Are there any further conditions, requiring the medical management plan, <u>or for the child’s health care/medical needs</u> to be followed in the event of an incident relating to the child’s specific health care need, allergy or relevant medical condition? (1c,ii)</p>
<p>Name of Medication?</p>
<p>How can our service ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition continue to be assessed and minimised for the child? (1c,iii,A)</p>
<p>If relevant, how can our service, ensure that practices and procedures, in relation to the safe handling, preparation, consumption and service of food are developed and implemented? (1c,iii,B)</p>

If relevant, how can our service notify the parent/guardian of any **known allergens** that may pose a risk to the child? (1c,iii,C)

How can our service develop and implement strategies to minimise the allergens risks to the child?

If the child has a medical management plan, it will be **displayed** in what location at the Educators premises? (1c,iii,D)

If the child does not have a medical management plan, are there any further requirements for the child's health care/medical needs, not already identified? (1c,iii,D)

Where will the child's medication be located?

Please note: All medication MUST be labelled with the child's name displayed, from a Pharmacy (if it is prescription medication) and from a Pharmacy (if it is any other medication).

I understand and agree to the following statements:

- That all visiting coordinators and any relevant parties, will be made aware of **this Risk Minimisation Plan and Communication Plan**. (1c,iv,A)
- I will communicate any changes to the medical management plan and risk minimisation plan for the child and set out how that communication should occur. (1c,iv,B)
- If relevant, I understand that my child cannot attend the service without their medication, that has been prescribed, or required by my child (1c,iii,E)
- I will review all documentation every 12 months, or when anything changes and supply a copy to Ausscot Family Day Care, when required.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Educator Name: _____

Educator Signature: _____