



## Medical Conditions Risk Minimisation Plan and Communication Plan

|   |   |                       |            |
|---|---|-----------------------|------------|
| <b>Child's full name:</b>   |   | <b>Date of Birth:</b> |            |
| <b>Medical Condition:</b>   | <ul style="list-style-type: none"><li>•</li><li>•</li></ul> |                       |            |
| <b>Identified risks in the preschool environment:</b><br>(eg. Pets hair, food allergy, accessibility) |   | <b>Risk</b>           |            |
| 1.  |   |                       |            |
| 2.  |   |                       |            |
| 3.  |   |                       |            |
| 4.  |   |                       |            |
| 5.  |   |                       |            |
| <b>Overall Assessment of Risk:</b>  | <b>High</b>   | <b>Medium</b>         | <b>Low</b> |

## Assessing Risks

| Food handling, preparation, consumption  |          |                              |  |
|--|----------|------------------------------|--|
| Is there a potential allergen food in the preschool environment?   | Yes / No | Location:                    |  |
| Can it be stored in an inaccessible location?  | Yes / No | Suggested Location:          |  |
| Will the child be exposed to the allergen/s when eating in a group?  | Yes / No | Possible causes of exposure? |  |
| Environmental considerations (for eg plants/grasses; animals; insects; disinfectant, physical environment) |          |                              |  |
| Is there a potential allergen or other source of hazard (eg. steps) in the preschool environment?          | Yes / No | Location:                    |  |
| Can it be stored in an inaccessible location?  | Yes / No | Suggested Location:          |  |
| Will the child be exposed to the allergen/hazard during both indoor and outdoor experiences?               | Yes / No | Possible causes of exposure? |  |

## Minimising Risks

|  |  |
|--|--|
| <p>How can the risks be minimised? (see <a href="#">Appendix A for ideas</a>)</p> <ol style="list-style-type: none"> <li>1. Experiences modifications (eg. no eggs in craft, prune lavender before flowering)</li> <li>2. Procedures modifications (eg. alternate spray table sanitiser, change bike track)</li> <li>3. Additional supervision considerations (eg. Reminders about playing in gardens, staff alert to peanut products brought from home during meal breaks)</li> </ol> |  |
| Procedures for checking if hazards or foods have been brought into the preschool   |  |

|                                      |  |
|--------------------------------------|--|
| environment?                         |  |
| Procedures for managing party events |  |

## Medical Communication Plan

**Child's Name:**

**DOB:**

### <School Name> Preschool Unit - Responsibilities

#### Executive Teacher / First Aid Officer will:

- Ensure that emergency contact details are kept in an easily accessible place, known to all staff and that these are updated regularly as needed.
- Ensure that all staff members are aware of where child's medication (if applicable) and actions plans are kept.
- Advise all new educators, staff, relief staff, volunteers and students about the location of the child's medical condition response plan, care and action plans as part of their induction.
- Ensure that child's enrolment and medical information has been updated as soon as possible after parents advise any updated information.
- Ensure that the Principal (Nominated Supervisor) and staff on site are informed of any changes to child's medical condition response plan as soon as possible after the change, and immediately provide them with an updated medical condition response plan.
- Implement the use of a daily communication book if applicable.

#### Educators will:

- Enquire on child's arrival each day about their general health and wellbeing since they were last at the preschool unit.
- Ensure that child's parents are kept regularly updated regarding their child's wellbeing throughout the day, especially if something out of the ordinary happens.
- Ensure that medication (if needed) is administered in accordance with a Medication Authorisation form and that a medication record is completed.
- Update the medical condition response plan as required depending on child's needs.
- Ensure that the child's parents are kept informed about any outbreak of contagious diseases which present at the preschool unit.

## Parents Responsibilities

### Parents will:

- Ensure that the preschool unit has current emergency contact details and that these are updated as needed.
- Verbally advise the Executive Teacher and/or the Lead Educator of the group of changes in the medical condition response plan or medication as soon as possible after the change, and immediately provide an updated medical condition response plan, risk minimisation and communication plan, medication and medication authorisation (if relevant).
- Participate in the review of the medical condition response plan every 6 months, whenever it is updated or prior to expiry.
- Provide details annually in enrolment documentation of any changes to the child's medical condition.
- Advise educators verbally or in writing, on arrival at the centre, of child's general wellbeing over the last few days and of any symptoms that have required the administration of medication in the past 24 hours and the cause of the symptoms if known.
- Ensure the service has adequate supplies of any medication (if applicable) required to manage the child's medical condition.

I/we agree to these arrangements, including the display of our child's picture, first name, symptoms of the medical condition, risks and prevention on a poster (attached) in the preschool environment to alert all staff, volunteers and students to the additional needs of my child. I acknowledge that all care is taken to protect the confidentiality related to my child's specific medical condition and understand that information is made available to all staff who may be responsible to act on the information in the Medical Condition Response Plan.

Parent/s signature

Date:

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Principal (Nominated Supervisor) signature

Date:

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## Office Use Only

|  |          |          |       |
|--|----------|----------|-------|
| Medical Condition Response Plan or / and Medical Action Plan has been received from the Parent/Guardian                                  |          | Yes / No | Date: |
| Medical Information and Consent Form has been received from the Parent/Guardian  |          | Yes / No | Date: |
| Risk Minimisation Plan and Communication Plan completed in consultation with Parents   |          | Yes / No | Date: |
| Location of plans:   |          |          |       |
| Preschool Kitchen  | Yes / No | Date:    |       |
| In medical information folder  | Yes / No | Date:    |       |
| Excursion folder   | Yes / No | Date:    |       |
| Other (specify)  | Yes / No | Date:    |       |
| Medical Conditions Procedure, Medical Management Plan and Risk Minimisation Plan discussed with Nominated Supervisor and/or Principal    |          | Yes / No | Date: |
| Medical Conditions Procedure, Medical Management Plan and Risk Minimisation Plan discussed with all Staff and volunteers:                |          | Yes / No | Date: |
| Medical Conditions Procedure provided to the family of the child   |          | Yes / No | Date: |
| Confirmation that a copy of the following has been placed into the child's 'student record file' and in the 'medical conditions' folder: |          |          |       |
| Medical Condition Response Plan or / and Medical Action Plan   | Yes / No | Date:    |       |
| Medical Information and Consent Form   | Yes / No | Date:    |       |
| Risk Minimisation Plan and Communication Plan  | Yes / No | Date:    |       |
| Date of next review:   |          |          |       |

*This record must be kept in the 'student record file' until the end of 3 years after the record was made.*