## **RISK MINIMISATION AND COMMUNICATION PLAN**

| CHILD DETAILS                 |                        |
|-------------------------------|------------------------|
| Name:                         |                        |
| Date of Birth:                |                        |
|                               |                        |
| PARENT 1 DETAILS              | PARENT 2 DETAILS       |
| Name:                         | Name:                  |
| Relationship to Child:        | Relationship to Child: |
| Contact Number:               | Contact Number:        |
|                               |                        |
| MEDICAL PRACTITIONER DETAILS  |                        |
| Doctor Name:                  |                        |
| Contact Number:               |                        |
|                               |                        |
| IDENTIFIED MEDICAL CONDITIONS |                        |

| <b>IDENTIFIED MEDICA</b> | L CONDITIONS       |              |        |
|--------------------------|--------------------|--------------|--------|
| [ ] Anaphylaxis          | [ ] Severe Allergy | [ ] Diabetes | Other: |
| [ ] Intolerances         | [ ] Asthma         | [ ] Epilepsy |        |

| KNOWN TRIGGERS<br>(e.g. food, exercise, dust,<br>low blood sugar) | POTENTIAL SOURCES<br>(Nuts, dust storms, storms,<br>breath, milk bottles, direct<br>contact) | POTENTIAL<br>REACTIONS | LIKELIHOOD<br>OF<br>REACTIONS |
|---|--|------------------------|-------------------------------|
|   |  |                        |                               |
|   |  |                        |                               |
|   |  |                        |                               |
|   |  |                        |                               |

| II medications named                          | on Medical Mana    | <u> </u>                          | sted here.                   |
|---|--------------------|-----------------------------------|------------------------------|
| Medication Name                               | Expiry Date        | Location Kept (at OSHC Service)   | Comments/Notes               |
|   |                    |                                   |                              |
|   |                    |                                   |                              |
|   |                    |                                   |                              |
|   |                    |                                   |                              |
|   |                    |                                   |                              |
|   |                    |                                   |                              |
|   |                    |                                   |                              |
| O BE COMPLETED                                | BY NOMINA          | TED SUPERVISOR                    |                              |
| hat will you do to mir                        | nimise the risk of | f a reaction?                     |                              |
|   |                    |                                   | cal activity when windy)     |
|   |                    |                                   |                              |
|   |                    |                                   |                              |
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|   |                    |                                   |                              |
|   |                    |                                   |                              |
|   |                    |                                   | provided is true and correct |
| y signing, the parent<br>grees to update this |                    |                                   | provided is true and correc  |
|   |                    |                                   | provided is true and correct |
| grees to update this frent Name:              |                    | states all information Signature: | Date:                        |
| grees to update this                          |                    | states all information            |                              |

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## **COMMUNICATION STRATEGY**

- Risk Minimisation Plan will be available at the educator's residence and carried by the educator during outings and excursions.
- Staff and relief educators will be shown location of plan and introduced to child.
- Families are requested to notify of any changes to the medical condition on this plan (below) as soon as possible after the change. This includes if the child no longer has medical condition.
- Medical Management Plan must be provided to the service upon enrolment.
- Medical Management Plan expires annually and an updated plan, completed by a doctor, must be given to service.
- Risk Minimisation Plan must be completed upon enrolment where children have medical conditions.
- Risk Minimisation Plan expires annually and must be updated annually in conjunction with educator and parent.
- Families are requested to complete 'Medical Details' section of enrolment form upon annual re-enrolment process.

## **COMMUNICATION RECORD**

Families are requested to notify of any changes to the medical condition as soon as possible after the change. This includes if the child no longer has medical condition.

| formation Update | Given By | Date |
|------------------|----------|------|
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