

Medical Conditions - Risk Minimisation & Communication Plan

Anaphylaxis/Allergy Asthma Epilepsy/Seizure Disorder Diabetes Other: _____

Medical Management Plan Provided: Yes No

This plan is to be completed by the parent and the Co-ordinator on the basis of information in the child's medical management plan and enrolment forms.

Child's Information

EEYS service:	Phone:
Child's name:	
Date of birth:	Days of Attendance: Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/>

Medical Information

Health Care need, Allergy or Medical Condition:	Triggers of Medical Condition:
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Other Health Conditions:

Medication/s	Name of Medication	Storage and Location	Expiry

Applicable policy given to parent/carer (please circle): YES / NO Date given: / /.....

Medical Management Plan completed by doctor provided to service: Yes / No	Date on Plan: Review for Plan: <small>(please note plans must be reviewed every 12 months or when changes occur)</small>
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Date Parent/Carer has provided the medication to the service: / /.....

The Child's Action Plan will be displayed at the centre:	Where:
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Medical Practitioner Information 1	Medical Practitioner Information 2 (if Applicable)
Name:	Name:
Title:	Title:
Practice/ Organisation:	Practice/ Organisation:
Contact Number:	Contact Number:
Address:	Address:

Medication expiry date checks to be completed by staff:

Date: / /.....	Date: / /.....	Date: / /.....	Date: / /.....
Name: _____	Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____	Signature: _____

Parent/Carer Contact Information:	
Parent/Carer Contact (1)	Parent/Carer Contact (2)
Name:	Name:
Relationship:	Relationship:
Home phone:	Home phone:
Work phone:	Work phone:
Mobile:	Mobile:
Address:	Address:
Emergency Contact Information:	
Emergency Contact (1)	Emergency Contact (2)
Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Address:	Address:

Strategies for Minimisation Risk – Service Strategies

(Developed in consultation with the child's family in accordance with Regulation 90)

This plan outlines proactive strategies to minimise exposure to identified triggers, hazards, allergens and to minimise risks associated with the child's medical condition. Strategies are implemented by all educators to support the child's health, safety and wellbeing.

Strategies are implemented by all educators, including relief staff, students and volunteers where appropriate, in accordance with the child's Medical Management Plan and service policies and procedures.

1. Identify Child at Risk

- Information on enrolment forms is checked prior to the child commencing at the service.
- During the enrolment process the Nominated Supervisor works in partnership with the families to ensure all relevant information is gathered and documented.
- The Nominated Supervisor updates any medical, dietary or risk management information displayed within the service and communicates relevant information regarding children's medical conditions to educators, volunteers and students as appropriate.
- Medical Management Plans, Risk Minimisation and Communication Plans, medication authorisations and photographs of children with medical conditions are displayed in accessible locations to support educator awareness and emergency response, while maintaining confidentiality requirements.

2. Food, Nutrition and Medical Condition Management - Management & Allergen Control

- Foods, drinks or substances identified as triggers or risks for the child's medical condition are managed in accordance with the child's Medical Management Plan and Risk Minimisation Plan. Foods containing identified allergens (e.g. peanuts, tree nuts, egg, sesame, chocolate) are not permitted where required to minimise risk.
- No sharing or trading of food, drinks utensils, or containers is permitted.
- All food for the child:
 - Is checked and approved by the parent/guardian and be in accordance with the risk minimisation plan.
 - Is consistent with the child's Medical Management Plan and risk minimisation plan.
- The child will only consume food:
 - Provided by their parent/guardian, or
 - Prepared by the service in accordance with parent instructions and medical requirements
- All bottles, lunchboxes, and food containers are clearly labelled with the child's name
- Where required, a safe food or emergency snack box may be provided by the family
- The Risk Minimisation Plan informs:
 - food purchasing
 - menu planning
 - cooking experiences
 - celebration practices
- Where relevant to the child's condition, educators will support:
 - regular meal and snack timing
 - access to water
 - blood glucose monitoring
 - access to emergency food or medication
 - management of dietary requirements in accordance with the child's Medical Management Plan.

3. Hygiene & Cross-Contamination Control (infection Control)

- Children and staff wash hands:
 - On arrival
 - Before and after eating
 - After toileting
 - After activities where required
- Paper Towel is provided for drying of hands to minimise cross-contamination and infection risks
- Tables, food preparation areas and shared surfaces are cleaned regularly using approved cleaning procedures. are cleaned:
- High chairs, tables, equipment and frequently touched surfaces are cleaned after use

4. Supervision & Monitoring

Active supervision is maintained at all times. Supervision is adjusted to support the child's health, safety and wellbeing during daily routines, high risk times and identified trigger situations.

- Supervision may be increased during:
 - meals and snacks
 - physical activity
 - rest periods
 - outdoor play
 - excursions and special events
 - activities identified as higher risk.

- Children:
 - Eat in designated areas
 - Are discouraged from walking around with food
- Educators actively monitor to ensure:
 - no food sharing occurs
 - signs and symptoms of medical distress
 - environmental triggers
 - fatigue
 - hydration
 - food safety requirements
 - participation and wellbeing.
- Where required the below may be adjusted to minimise risk while supporting the child's inclusion and participation.
 - seating arrangements
 - eating arrangements
 - activity participation
 - environmental access
 - rest opportunities

5. Environment & Equipment

- Where appropriate:
 - the child may use a designated highchair to minimise the risk of cross-contamination.
- For children with milk allergies:
 - other children may be held when consuming milk/formula.
- Consideration is given to the safest eating location while maintaining inclusion
- Consideration is given to environmental factors that may trigger or impact the child's medical condition, including:
 - heat
 - cold weather
 - pollen
 - dust
 - smoke
 - physical exertion
 - flashing lights
 - allergens
 - illness exposure.
- The child may use designated equipment or spaces where required to minimise risk and support safety.
- Medication and medical equipment are stored safely and remain easily accessible to educators at all times.

6. Food Preparation & Handling

- All staff and food preparation personnel (including volunteers and students):
 - Are informed of allergen risks, medical conditions, triggers and strategies.
 - Follow procedures to prevent cross-contamination
- Food preparation areas and utensils are:

- Thoroughly cleaned between use
- Separate preparation practices are used where required

7. Activities & Experiences

- Activities and experiences are planned to support the safe inclusion and participation of the child.
- The use of food, chemicals, sensory materials or other identified triggers in experiences is restricted or modified where necessary.
- Educators consult with families regarding participation requirements and strategies where appropriate.
- Activities may be adapted in accordance with the child's Medical Management Plan and Risk Minimisation Plan.

8. Excursions & Special Events

- Medication and medical equipment:
 - Accompanies the child on excursions and evacuations
 - Remains easily accessible at all times
- Medical Management Plans, Risk Minimisation Plans and emergency contact details accompany educators during excursion and emergency evacuations.
- Supervision is increased during:
 - excursions
 - incursions
 - celebrations
 - special events
 - transportation
- Excursion risk assessments consider:
 - access to medication
 - environmental triggers
 - travel arrangements
 - emergency response procedures
 - communication systems

9. Emergency Preparedness

- The child's Medical Management Plan:
 - is easily accessible
 - is followed at all times
- Educators are trained and confident in:
 - Recognising signs and symptoms of medical emergencies
 - Implementing emergency procedures
 - Administering medication
- Emergency contact details are readily available
- Educators respond immediately in accordance with:
 - The child's Medical Management plan
 - Service emergency procedures
 - Medical advice
 - Emergency services directions
- Emergency response procedures may include:
 - Administration of medication

- Timing seizure activity
 - Asthma first aid
 - Blood glucose management
 - Administration of adrenaline auto-injectors
 - Contacting emergency services
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10. Education & Awareness

- Educators support children to develop awareness and understanding of health, safety and inclusion in age-appropriate ways.
 - Ongoing discussions occur with children to:
 - Hand hygiene
 - Food safety (the importance of not sharing food)
 - Allergies
 - Asthma awareness
 - Inclusion
 - Safe practices
 - raise awareness of allergies and medical conditions in an age-appropriate way
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11. Review

- This plan is reviewed regularly (at least annually) or when:
 - During enrolment procedure
 - At least annually
 - Following any incidents, accidental exposure or medical emergency
 - when changes occur to the child's medical condition, medication or medical management plan.
 - Reviews occur in consultation with the child's family
 - The service critically reflects on practices and updates procedures in response to
 - Incidents
 - Feedback
 - Medical advice
 - Legislative changes
 - Emerging best practice
 - Continuous improvement processes are used to enhance the effectiveness of risk minimisation strategies.
 - Changes are documented and signed
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12. Staff Training

- All educators, teachers and casual staff are required to maintain current:
 - approved first aid qualifications
 - CPR training
 - asthma management training
 - anaphylaxis management training where required.
- Additional training may be provided depending on the medical needs of children attending the service, including:
 - epilepsy and seizure management

- diabetes management
- medication administration
- use of medical equipment.
- There will always be at least one staff member on duty who has completed a full first aid course, allergic reactions and anaphylaxis course and asthma training who is authorised to administer medication. They are aware of all procedures around handling, storing, administering and disposing of any devices used in the management of medical conditions.
- EEYS offers training for other medical conditions depending on service needs.
- EEYS has the below policies in place:
 - Allergic reactions and anaphylaxis policy
 - asthma Management
 - Diabetes
 - Epilepsy and Seizures
 - Dealing with medical conditions policy.
- The service conducts regular refresher training and emergency response practice sessions.

13. Medications

- On receipt of medication the expiry date is recorded and monitored by the Nominated Supervisor. The dates are to be documented on the Risk Management and Communication plan. The Nominated Supervisor will follow procedures on checking and communicating with families when medication need to be replaced.
- Administration of medication will follow EEYS administration of medication policy, the Medical Action Plan and completed medication authorisation forms.
- Medication and medical equipment are stored according to manufacturer instructions and service procedures. (see the Administration of Medication Policy)
- Service to store a spare auto- injector and asthma medication which will be administered in an emergency where the supplied medication is ineffective or when staff are advised administer it by emergency services.

Early Years Staff and parents/ guardians of the at-risk child are confident in what the action plans states and how to correctly implement its procedures.

Other Risk Minimisation Strategies

Identified Triggers, Risks and Risk Minimisation Strategies

- List all known triggers, hazards, potential sources of exposure, identified risks and risk minimisation strategies in the following table.

Trigger/ Hazard	Sources of Exposure/ Identified Risk	Risk Minimisation Strategies	Responsible Person

All staff members, including relief staff, know where the medication and medical equipment is kept for the at-risk child:

Staff Member Name	Signature	Date

Procedure to follow during a medical Emergency

Actions

The staff member that is closest to the child at the time symptoms / medical episode emerge will remain with the child whilst the other staff member will complete the other actions.

All staff to follow the Medical Management Plan and its specific procedures

Medication will be administered by two trained staff and time to be documented.

A staff member will always stay with the child including if they child gets transported in an ambulance.

A telephone call is made to the emergency services (000) for an ambulance

A telephone call is made to the parent/ guardian

Staff will communicate together and ensure other children are being cared for and appropriately supervised

A Staff member meets ambulance drivers at the service door and leads them to the child

Staff to communicate with Emmerge Head office the situation so they can provide support where needed.

Staff to document incident and medication authorization forms

Communication Plan

(In accordance with Regulation 90 of the Education and Care Services National Regulations)

The service works in partnership with the child's family to ensure all information is current, accurate and reflects the child's individual medical condition, needs, risks and required management strategies. This ensures the health, safety and wellbeing of the child while attending the service.

Stakeholder: Child's Family (Parents/Guardians)

What do they need to know?

- A current **Medical Management Plan (MMP)** completed and signed by a medical practitioner (where applicable), including a photo of the child, must be provided prior to the child commencing at the service.
- Families are required to complete a **Risk Minimisation and Communication Plan** with the Nominated Supervisor prior to commencement. This will be reviewed at least every 12 months, or sooner if the child's condition, triggers, medication or treatment changes. All updates must be documented and signed by both the family and Nominated Supervisor.
- Families must complete **medical authorisation forms** for all prescribed and emergency medications required to be administered by educators.
- The Medical Management Plan must be reviewed:
 - when changes occur to the child's condition or treatment
 - in accordance with medical practitioner recommendations
 - at least annually (recommended by the service)
- Required medication and/or medical equipment (e.g. inhalers, spacers, adrenaline auto-injectors, insulin, glucose supplies, anti-seizure medication) must:
 - be provided to the service
 - be in date
 - be in original packaging
 - include a pharmacy label
 - be available at all times the child is in attendance
- The service cannot safely care for the child without the required medication and documentation in accordance with the Medical Management Plan.
- The child may be unable to attend the service if required medication or documentation is not provided, is expired, or is not current.

- Families are responsible for ensuring medication is replaced before expiry. The Nominated Supervisor will support reminders; however, families are ultimately responsible for maintaining current medication.
- Families must inform the service as soon as possible of any changes to:
 - the child's medical condition
 - symptoms or triggers
 - medication or dosage
 - treatment plan or medical advice
- Medical Management Plans, Risk Minimisation Plans, Communication Plans and medication authorisations:
 - are reviewed at least every 12 months
 - are reviewed whenever changes occur
 - are updated in consultation with families and relevant medical professionals where required
 - Are reviewed according to the doctors' instructions and any expiry dates or recommended review dates listed on the MMP.
- Individual medical plans (including photographs where applicable) will be displayed in appropriate areas of the service to support educator awareness and emergency response, while maintaining confidentiality.
- Relevant emergency posters (e.g. asthma, anaphylaxis, epilepsy or diabetes where applicable) will be displayed in key locations within the service.
- Relevant Policies and Procedures are provided for the medical conditions are accessible at all times
- Medication and medical equipment will be stored securely and accessed by authorised educators in accordance with service procedures.
- All medical documentation, medication and equipment will accompany educators when the child leaves the service (e.g. excursions, emergency evacuations).
- Families are encouraged to maintain regular communication with educators regarding the child's health, wellbeing and any changes in their condition.
- Where required, the Nominated Supervisor may request families avoid providing items that may increase risk to a child's medical condition. This will be determined in consultation with families and reflected in individual risk plans. The Nominated Supervisor will write to all families requesting that specific procedures are to be followed to minimise the risk of exposure to a known allergen/ trigger:

-food

-food packaging intended for craft purposes

A new letter will be sent if known allergens change

How will information be shared?

- During enrolment and orientation (Nominated Supervisor)
 - Ongoing verbal communication at drop-off and pick-up
 - Written communication via:
 - email
 - newsletters
 - service communication apps
 - Regular reminders regarding:
 - medication expiry dates
 - plan review dates
 - Scheduled review meetings (at least annually or as required)
 - Immediate communication when:
 - a medical incident or emergency occurs
 - changes are made to the child's plan or condition
 - Policy and procedure updates via:
 - service displays
 - newsletters
 - website or communication platforms
 - Policies are available at the service at all times upon request or on EEYS website
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Stakeholder: Nominated Supervisor

What do they need to know?

- Ensure all required medical documentation is completed and verified prior to the child commencing at the service.
- Maintain systems to monitor:
 - Medical Management Plan review dates
 - medication expiry dates
 - communication plan updates
 - risk minimisation plan updates

- Ensure all educators are informed of:
 - the child's medical condition and needs
 - triggers, symptoms and required responses
 - location of medication and medical equipment
 - emergency procedures and contacts
 - location of relevant documentation
- Ensure all volunteers and students are informed of:
 - relevant medical conditions in the service
 - emergency procedures
 - location of emergency contacts and relevant plans
 - supervision requirements
- Ensure compliance with:
 - Medical Management Plans
 - Risk Minimisation Plans
 - Communication Plans
 - Administration of Medication Policy
- Ensure effective communication with all families regarding known medical conditions within the service where required to reduce risk and promote safety. A communication document will be display at the service.
- Ensure all medical documentation, medication and equipment accompany staff when children leave the service (excursions, regular outings or emergency evacuations).
- Conduct inductions for all new educators, casual staff, students and volunteers prior to commencement of duties.
- Support families to complete all required documentation prior to commencement of attendance.
- Regularly communicate with families regarding:
 - updates to plans
 - medication expiry dates
 - annual review requirements
- Coordinate regular staff training and emergency response practice sessions relevant to medical conditions present in the service.
- Communicating changes to MMP, Risk assessments and communications plans and medications to staff, volunteers and students as they occur.

- Contacting families for their yearly review.
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How will information be shared?

- Enrolment and orientation processes
 - Staff induction and onboarding
 - Daily communication with educators
 - Staff meetings and training sessions
 - Direct communication with families (verbal and written)
 - Service policies and procedures
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Stakeholder: Educators (including relief staff)

What do they need to know?

- Service Medical Conditions Policy and related procedures
- Participation in policy review processes
- Completion of required training:
 - first aid (current)
 - CPR (annual renewal)
 - asthma management training
 - anaphylaxis management training (where required)
 - additional condition-specific training (e.g. epilepsy, diabetes) where relevant
 - Participation in quarterly refresher training of auto injector devices and other medical conditions medications and equipment.
- Completion of induction at each service prior to commencing duties
- Awareness of:
 - which children have medical conditions and days and times of attendance.
 - symptoms, triggers and warning signs
 - emergency response procedures

- location of medication and medical equipment
 - location of Medical Management Plans and related documentation
 - emergency numbers and phone locations.
 - Responsibility to:
 - actively supervise and reduce risk
 - follow Medical Management Plans at all times
 - respond immediately to medical emergencies
 - communicate concerns promptly to the Nominated Supervisor
 - Daily communication at the start of each shift regarding children in attendance and associated medical risks
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How will information be shared?

- Staff induction process
 - Employee agreement and onboarding process.
 - Access to:
 - Medical Management Plans
 - Risk Minimisation Plans
 - Communication Plans
 - Daily room briefings
 - Staff meetings and professional learning sessions
 - Regular refresher training
 - Email and internal communication systems
 - Policy review participation
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Stakeholder: Volunteers and Students

What do they need to know?

- Basic awareness of children with medical conditions relevant to the service
- Understanding of emergency response procedures
- Awareness of location of medical plans and emergency contacts

- They must not administer medication
- Must follow educator direction at all times
- Must complete induction prior to commencement

Responsibilities include:

- supporting supervision under educator direction
- minimising risk where appropriate
- responding to emergencies under instruction

How will information be shared?

- Induction on arrival
- Direct supervision and instruction by educators
- Information shared relevant to their role only

Other Comments:

Closing Statement

This plan is developed in consultation with the child's family and is reviewed regularly, including when any changes occur to the child's medical condition, diagnosis, triggers, treatment or medication requirements.

Date plan Developed: _____ Date plan to be reviewed: _____

Authorisation

This Risk Minimisation and Communication Plan was developed and agreed upon by:

EEYS Representative: _____

Signature: _____

Date: _____



Parent/Carer: _____

Signature: _____

Date: _____