

Ermington OOSH

14 Winbourne Street, West Ryde, NSW 2114



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Photo of child

MEDICAL RISK MINIMISATION PLAN

This plan has been developed in consultation with the child's parents/guardians and is implemented to help protect the child and is part of the centres Medical Conditions Policy requirements under Regulation 90. identified as being at high risk of a medical emergency. This plan works in conjunction with the 'Medical Management Plan'

Childs Name:		IDENTIFIED MEDICAL CONDITION			Location of Medical Management/Action Plan:	
DOB:		<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: (give details) <input type="checkbox"/> Asthma <input type="checkbox"/> Intolerances <input type="checkbox"/> Epilepsy				
Emergency Contacts:		Contact Number(s)	Address	Relationship	Childs Dr/Specialist(s):	Contact No:
1. 2. 3.						
Known Allergens	Potential Sources / Times for Exposure	Potential Reactions	Likelihood/Impact (use Matrix)	Strategies to Minimise Risk	Who is responsible	

DETAILS OF MEDICATION REQUIRED.				CHILD:	
Medication Name:	Expiry Date:	Supplied by & date:	Comments/Notes	Location Medication Kept:	Checked by & Date:

COMMUNICATION STRATEGIES
<i>List how/when parents will update the child's medical plans</i>
<i>List how all staff, including relief staff, parent helpers, volunteers, etc will be able to recognise the child</i>
<i>List how the child will be recognised by all staff including relief staff on excursions or group activities</i>

RISK BENEFIT ANALYSIS MATRIX		CONSEQUENCE				
		Insignificant	Minor	Moderate	Major	Extreme
LIKELIHOOD	RARE	LOW	LOW	LOW	MODERATE	HIGH
	UNLIKELY	LOW	LOW	MODERATE	HIGH	HIGH
	POSSIBLE	LOW	MODERATE	HIGH	HIGH	EXTREME
	LIKELY	MODERATE	MODERATE	HIGH	EXTREME	EXTREME
	ALMOST CERTAIN	MODERATE	HIGH	HIGH	EXTREME	EXTREME

Who will carry the child's management plans and medication on excursions, etc?

Other:

The following people undersigned have been involved in the preparation of and have read, understood and agree that this document is best practice for the risk minimisation of the 'at risk' child identified in this plan. The parents/guardians agree to notify the centre of any changes asap.

Name:	Date:	Signature
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RECORD OF UPDATES TO INFORMATION / NOTES			CHILD:	
Info update/issue/concern/request	Given By/To & Date	Action Required	Actioned By & Date	Communicated to staff & Date

STAFF COMMUNICATION RECORD [Reg90-1(c)(iv)]	CHILD:
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Educator/Staff Name	I have read medical conditions policy	I am informed about child's medical condition and individual care plan	I have read and know the location of the Medical Management Plan	I have read and know the location of the Risk Minimisation Plan	I know how to use the child's medications & where they are stored	Date/Signature of Educator/Staff
