



Photo of child	<h2 style="margin: 0;">Gladesville OOSH</h2> <p style="margin: 0;">Old Stone Cottage, 178 Victoria Road, Gladesville NSW 2111</p> <div style="background-color: #c8e6c9; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em; margin: 5px 0;"> <b>MEDICAL RISK MINIMISATION PLAN</b> </div> <p style="margin: 0; font-size: 0.9em; font-style: italic;">This plan has been developed in consultation with the child's parents/guardians and is implemented to help protect the child identified as being at high risk of a medical emergency. This plan works in conjunction with the 'Medical Management Plan' and is part of the centres Medical Conditions Policy requirements under Regulation 90.</p>				
<b>Childs Name:</b>	<b>IDENTIFIED MEDICAL CONDITION</b>			<b>Location of Medical Management/Action Plan:</b>	
<b>DOB:</b>	<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				
<b>Emergency Contacts:</b>	<b>Contact Number(s)</b>	<b>Address</b>	<b>Relationship</b>	<b>Childs Dr/Specialist(s):</b>	<b>Contact No:</b>
1.					
2.					
3.					
<b>Known Allergens</b>	<b>Potential Sources / Times for Exposure</b>	<b>Potential Reactions</b>	<b>Likelihood/Impact (use Matrix)</b>	<b>Strategies to Minimise Risk</b>	<b>Who is responsible</b>




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>

RISK BENEFIT ANALYSIS MATRIX	CONSEQUENCE				
	Insignificant	Minor	Moderate	Major	Extreme



List how all staff, including relief staff, parent helpers, volunteers, etc will be able to recognise the child
List how the child will be recognised by all staff including relief staff on excursions or group activities
Who will carry the child's management plans and medication on excursions, etc?
Other:

<b>LIKELIHOOD</b>	<b>RARE</b>	<b>LOW</b>	<b>LOW</b>	<b>LOW</b>	<b>MODERATE</b>	<b>HIGH</b>
	<b>UNLIKELY</b>	<b>LOW</b>	<b>LOW</b>	<b>MODERATE</b>	<b>HIGH</b>	<b>HIGH</b>
	<b>POSSIBLE</b>	<b>LOW</b>	<b>MODERATE</b>	<b>HIGH</b>	<b>HIGH</b>	<b>EXTREME</b>
	<b>LIKELY</b>	<b>MODERATE</b>	<b>MODERATE</b>	<b>HIGH</b>	<b>EXTREME</b>	<b>EXTREME</b>
	<b>ALMOST CERTAIN</b>	<b>MODERATE</b>	<b>HIGH</b>	<b>HIGH</b>	<b>EXTREME</b>	<b>EXTREME</b>
<p>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.</p>						
Name:				Date:	Signature	

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



We all look after each other




STAFF COMMUNICATION RECORD [Reg90-1(c)(iv)]					CHILD:	
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



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