Risk Minimisation Plan

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| **Name**: |  | | | | **DOB:** |  | **Group** | | |  | | | | |
| **Medical Condition:** | | |  | | | | | | | | | | | |
| Child’s current medical management plan with the photo is displayed: | | | | | | | | | **Yes:** | |  | **No:** | |  |
| **Location** | |  | | | | | | | | | | | | |
| Family provided with a copy of the services ‘Dealing with Medical Conditions Policy’ & specific policy relating to the medical condition e.g. asthma, diabetes, allergy. | | | | | | | | | | | **Date** | |  | |
| Is a written request required to be sent to all families at the service to follow specific procedures to ensure the wellbeing of the diagnosed child? | | | | | | | | | **Yes:** | |  | **No:** | |  |
| **Details** | | | | | | | | | | | | | | |
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| **Potential risks to the child** | | | | **Appropriate strategies** | | | | **Person responsible** | | | | | | |
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| Who will implement the child’s medical management plan & stay  with child? | | | | | | | |  | | | | | | |
| Who will telephone the ambulance & parents/ guardians? | | | | | | | |  | | | | | | |
| Who will ensure the supervision of the other children at the service? | | | | | | | |  | | | | | | |
| Who will let the ambulance officers into the service and take them to the child? | | | | | | | |  | | | | | | |

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| **All Educators are informed of:** | | | | | | | | |
| * Location of Medication/equipment if applicable (e.g. spacer, Epipen) | | | | | **Yes:** |  | **No:** |  |
| **Location** | |  | | | | | | |
| * Location of Medical management plans. | | | | | **Yes:** |  | **No:** |  |
| **Location** | |  | | | | | | |
| * Risk minimisation plan & Communication plan stored in child’s enrolment record | | | | | **Date:** |  | | |
| * Child can only attend if ‘in date’ medication is present at the service. | | | | | | | | |
| **Date** |  | | **Staff initials** | |  | | | |
| **All educators are informed of, inducted & familiar with:** | | | | | | | | |
| * Medical management plan. * Policy & procedures for the management of the diagnosed medical condition. | | | | **Date** | |  | | |
| **Yes:** | |  | **No:** |  |
| All relief educators, volunteers & students are informed, inducted & familiar with the medical management plan as per the ‘Guidelines for Emergency Staff’. | | | | **Yes:** | |  | **No:** |  |
| All Room Leaders and Kindergarten teachers have undertaken approved management training and participate in regular practice sessions if required. | | | | **Yes:** | |  | **No:** |  |
| A completed Ambulance Victoria AV ‘How to call card’ is located next to all telephones. | | | | **Yes:** | |  | **No:** |  |
| Medication/equipment (including a copy of medical management plan is carried by an educator when a child with a diagnosed medical condition is taken outside the service premises e.g. on excursion. | | | | **Yes:** | |  | **No:** |  |
| Incursion/Excursion Personnel are advised of medical conditions/allergies. | | | | **Yes:** | |  | **No:** |  |
| Any necessary modifications are implemented to minimise risk. | | | | **Yes:** | |  | **No:** |  |
| **Additional Notes** | | | | | | | | |
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