



RISK MINIMISATION PLAN

Regulation 90 of the Education and Care service National Regulation require a Risk – Minimisation Plan for the management of medical conditions for children in care. The term medical condition includes but is not limited to an allergy, asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. The risk management plan should be developed through consultation between parents / guardians of the child and the service.

Child's Full Name _____ Date of birth _____

Details of medical conditions / health condition / allergy requirements / personal care / physical health / neurodiversity:

A Health Care Plan must be submitted for children who suffer [asthma](#), [diabetes](#), [disability](#), [seizure](#), a child is at risk of [anaphylaxis](#) or [allergic reactions](#).

Predominant known triggers for the medical condition / allergy and potential reaction/s

TRIGGER	REACTION
_____	_____
_____	_____
_____	_____
_____	_____

How often does your child display symptoms or reactions of the medical condition or allergy?

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Daily | <input type="checkbox"/> During exercise /illness |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Infrequent (5 or less annually) |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Occasionally (5+ annually) |

How do you as a parent / caregiver recognise the symptoms and reactions?

Is your child able to recognize the symptoms or reactions? **YES / NO**



Does your child require medication to treat the medical condition or allergy ? **YES / NO**

Is your child permitted to administer medication under staff supervision? **YES / NO**

Details of mediation and circumstances under which medication is required to be administered to your child whilst in care:

Will your child require medication while in care? **YES / NO**

If yes a [Medication Agreement](#) must be provided.

List all the care or action plans required:

Please circle if any of these listed considerations if applicable for your child:

Complex needs and/or invasive health support (gastrostomy, nasogastric, oxygen, catheter management)

First Aid (other than standard care – please complete [individual first aid plan](#))

Routine Supervision (diabetes monitoring, identified self-harm, diagnosed medication health disorder, illness -related problems)

Personal care (continence care or oral eating and drinking)

Cultural and language (customs, beliefs, or spirituality)

or *other considerations* (psychological wellbeing, grief or loss, palliative care):

Please provide details:



How we can minimise risks relating to your child’s health care needs / medical conditions and what strategies can we implement to avoid triggers.

RISK	STRATEGY	WHO IS RESPONSIBLE

The Medical Condition Risk Minimisation and Communication Plan has been developed with consultation of parent / caregiver and educators within the care setting and will be reviewed as required or if the care plan, action plan or health care plan has been reviewed and updated or as soon as practical after a medical emergency or incident at OSHC.

Reason for Review _____ Review Date _____

By signing here, I understand that all the above information is accurate for my child _____ and I am required to provide Redwood Park OSHC staff with up to date Medication and Health Care Plans. If the required Health Care Plans or Medication have expired, care cannot be provided until these are updated.

(Name)

I have participated in the development of, and understand, the Medical Condition Risk Minimisation and Communication Plan

I approve the release and sharing of this information to supervising staff and emergency medical staff (if required)

I understand staff may seek additional information and /or advice regarding the medical information contained in the Medical Condition Risk Minimisation and Communication Plan from the Access Assistant Program (AAP) to inform duty of care.

Parent / Caregiver Name and Signature _____ Date _____

RESPONSIBLE PERSON ACKNOWLEDGEMENT

Name _____ Signature _____ Date _____



COMMUNICATION PLAN

We will communicate via text message, phone call or email as required.

Child Name _____ Parent / caregiver _____

DATE	ISSUE / CONCERN	ACTION	BY WHO	EXTRA INFO