



Queanbeyan Family Day Care
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**MEDICAL CONDITION MANAGEMENT, RISK MINIMISATION AND COMMUNICATION PLAN
for children at increased risk of medical emergencies**

The following procedures have been developed in consultation with the parent/guardian and educator, and implemented to help protect the child identified as a high risk of a medical emergency.

Child's Name: _____ DOB: _____

Specific health care needs or diagnosed condition:

A medical management plan is required for children who suffer from asthma, diabetes or have been diagnosed at risk of anaphylaxis. A medical management plan may also be required for other health conditions.

Has a medical management plan been submitted for this condition? Yes No
(A document that has been prepared and signed by a registered medical practitioner that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child)

Does your child require prescribed medication? Yes No

At the first sign of a medical condition please administer prescribed medicine:

Name of medication 1 (If your child has asthma, please provide preventer details here):

_____ Expiry date: _____

Dose and Method of application:

Frequency of application: _____

Further Instructions:

Second medication? Yes No

Name of medication 2 (If your child has asthma, please provide reliever details here):

_____ Expiry date: _____

Dose and Method of application:

Frequency of application: _____

Further Instructions:

What are the triggers that could lead to a medical emergency? Please be specific – e.g., *Insect sting (such as wasp, bee, dust mites), Food allergies (such as peanuts, milk, eggs, fish, shellfish, wheat, soy, tree nuts, sesame), Latex (found in gloves, balloons), Grass, Cleaning agents, Perfume, Exercise/physical activity, Sickness, Air pollution, Emotions.*

Triggers	Risks	Strategies to reduce risks

PARENT, please list who should be contacted in the case of emergency:

1 _____, phone no _____

2 _____, phone no _____

4 _____, phone no _____

4 _____, phone no _____

IF AT ANY TIME THE EDUCATOR DEEMS THE SITUATION TO BE LIFE THREATENING, HE/SHE WILL CALL AN AMBULANCE

	Who is responsible	Risk Management Strategies
Current Medical Management Plan, identifying known allergens/triggers has been provided	Parent/guardian	Action plan provided before Attendance
Medication (including epi-pen) will be administered as per the individual child's Medical Management Plan.	Educator	Educator to record dosage on the child's medication record.
Parents/guardian are aware that the child is unable to attend the service without their prescribed medication	Parent / guardian/ Educator	Ensure medication is at the service otherwise child is unable to attend
The prescribed medication expiry date has been checked at enrolment	Parent/guardian	
Prescribed medication expiry date is regularly checked	Educator	
In cases where a child has a severe food allergy all food for this child should be checked and approved by the child's parent/guardian in accordance with their individual Risk Minimisation Plan.	Parent/	Parent/guardian to pack an appropriate lunch box.
Drinks and lunch boxes, provided by parent/guardian for this child should be clearly labelled with the child's name.	Parent/guardian	Lunch box and drinks clearly labelled prior to attending the service
There should be no trading or sharing of food and/or drinks, utensils and containers	Educator	Discuss with children in care
Children with allergies should not be separated from other children and should be socially included in all activities	Educator	Ensure child is safe from allergens.
Close when children are eating and/or drinking. Supervision will be increased for children during excursions.	Educator	Children to be monitored at a higher level when risk is increased
Foods used in activities, should be consistent with the risk minimisation plan	Educator	Educators' awareness will ensure the activities are appropriate for children attending the service
All parent/guardians will be asked to omit providing food containing ingredients containing allergens that have been identified as a potential trigger, as specified in a child's Risk Minimisation Plan.	Parent / guardian	Parents to follow appropriate policies
Parent/guardian to provide a routine outlining times/regularity of required food intake to manage diabetes.	Parent/guardian	Parents to follow necessary procedures
Parent to provide a "treat box" for special occasions, if appropriate	Parent/guardian	Parents to provide, if necessary and/or appropriate
Educator to have appropriate training in the management of diabetes, asthma or anaphylaxis	Educator	Ensure child's illness is managed.
Appropriate sharps container for disposal of used sharps	Educator/parent/guardian	Ensure the safety of all children in care
A Risk Management and Communication Plan will be developed and maintained, which determines the preferred method of communication.	Parent / guardian / Educator	Action plan provided before Attendance
Any changes relating to the child's Risk Minimisation and Communication Plan and/or the	Parent/Guardian	Parents to follow appropriate procedures.

Medical Management Plan will be advised to the educator and Co-ordination Unit.		
If backup care is required, this person will be provided with a copy of the Risk Management and Communication Plan and the Medical Management Plan.	Parent/ Guardian	This information provided before backup care occurs.
An up to date copy of the medical condition policy will be available to parents/guardians and educators at all times.	Co-ordination Unit	

This plan was developed/reviewed in consultation with the parent/guardian on _____

Educator's Name: _____

Educator's Signature: _____

Date: _____

I have read and agree to the conditions of the Medical Condition Management, Risk Minimisation and Communication Plan. This must be updated regularly or when changes occur and reviewed every 12 months.

This will be reviewed on the _____

I have received a copy of the Queanbeyan-Palerang Family Day Care's Incident, Injury, Trauma, Illness and Emergency Procedures Policy, which includes relevant information. Yes No

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

ANNUAL REVIEW

All Medical Condition Management, Risk Minimisation and Communication Plans must be updated regularly or when changes occur and reviewed every 12 months.

This plan was reviewed in consultation with the parent/guardian on _____

Educator's Name: _____

Educator's Signature: _____

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____