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| Photo of child | | **Annandale After School Centre Inc.**  25 Johnston Street Annandale Tel 02 95198180 | | | | | | | | | |  |
| **MEDICAL RISK MINIMISATION AND COMMUNICATION PLAN** | | | | | | | | | |
| *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.* | | | | | | | | | |
| **Childs Name:** | | **IDENTIFIED MEDICAL CONDITION** | | | | | | | | **Location of Medical Management/Action Plan:** | | |
| **DOB:** | | * Anaphylaxis * Asthma | | * Allergies * Intolerances | | * Diabetes * Epilepsy | | * Other: (give details) | |  | | |
| **Emergency Contacts:** | | **Contact Number(s)** | | | **Address** | | | | **Relationship** | **Childs Dr/Specialist(s):** | **Contact No:** | |
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| **Known Allergens** | **Potential Sources / Times for Exposure** | | **Potential Reactions** | | | | **Likelihood/Impact (use Matrix)** | | **Strategies to Minimise Risk** | | **Who is responsible** | |
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| **DETAILS OF MEDICATION REQUIRED.** | | | | **CHILD:** | |
| **Medication Name:** | **Expiry Date:** | **Supplied by & date:** | **Comments/Notes** | **Location Medication Kept:** | **Checked by & Date:** |
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| **COMMUNICATION STRATEGIES** |  | **RISK BENEFIT ANALYSIS**  **MATRIX** | | **CONSEQUENCE** | | | | |
| *List how/when parents will update the child’s medical plans* | **Insignificant** | **Minor** | **Moderate** | **Major** | **Extreme** |
| **LIKELIHOOD** | **RARE** | **LOW** | **LOW** | **LOW** | **MODERATE** | **HIGH** |
| *List how all staff, including relief staff, parent helpers, volunteers, etc will be able to recognise the child* | **UNLIKELY** | **LOW** | **LOW** | **MODERATE** | **HIGH** | **HIGH** |
| **POSSIBLE** | **LOW** | **MODERATE** | **HIGH** | **HIGH** | **EXTREME** |
| *List how the child will be recognised by all staff including relief staff on excursions or group activities* | **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?* | *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.* | | | | | | |
| *Other:* | Name: | | | | Date: | Signature | |
|  | | | |  |  | |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Child’s Parent) have discussed the details of this plan with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Nominated Supervisor/Responsible Person) at Annandale After School Centre, and I agree to the plan outlined above being implemented for my child. This plan will be reviewed when required by the child’s medical practitioner or when changes are identified. I also give my permission for this information (including a current photo of my child) to be prominently displayed near locations where risk is high.

I also give permission for an educator who holds a current First Aid certificate to administer my child’s medication to them when it is required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nominated Supervisor Child’s Parent/Guardian**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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** |
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| **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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