

TeamKids

Risk Minimisation Plan



Parents/Guardians are required to develop the Risk Minimisation Plan before their child attends and in consultation with the responsible person on site. The Risk Minimisation Plan is required for every child who is enrolled who has a diagnosed health care need, allergy or relevant medical condition, and will be kept in the medical folder.

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

Child's Name _____ DOB ____ / ____ / ____

Medical Condition:
Medication:
The expiry date of Medication:

Please list any...

Allergen/Triggers/Risks:
Reactions:
Please list any strategies to minimise the risk to the child:
Parent/Guardian additional comments/instructions:

TURN OVER PAGE - SIGNATURE REQUIRED.

In relation to the child diagnosed at risk	Person Responsible	Strategies
Current Medical Management Plan, identifying known medical conditions and emergency treatment has been provided.	Parents / Guardians	Action Plan provided before attendance
Parents/guardians are aware that the child is unable to attend the program without their prescribed medication if required.	Guardian / Child / Educators	Ensure medication is at services otherwise the child will not be able to attend.
In the case the allergy is to a medication, educators will not administer this to the child. If the child is injured and attends a hospital, educators will inform whoever necessary of the medication allergy.	Educators	The child is not given any medication they are allergic to.
The prescribed medication expiry date has been checked and verified as in date	Parents / Educator	Expiry date is checked each month.
Supervision will be increased for children at risk of a severe allergic reaction, or to identify a potential medical emergency, on appropriate occasions i.e. during excursions and workshops.	Educators	Children to be monitored at a higher level when risk is increased.
Educators will review trigger factors for children's medical conditions to ensure children are not exposed to risk factors or triggers	Educators	Review service resources, facilities, excursion facilities and outside factors, for any exposure opportunities.
All parents/guardians will be asked not to send food containing ingredients containing allergens that have been identified as a potential trigger; as specified in a child's Risk Minimisation Plan.	Parents / Guardians	Parents to follow appropriate policies.
Foods used in activities should be consistent with the risk minimisation plan and will be discussed with the parent/guardian of a child at risk of a severe medical reaction such as anaphylaxis, asthma and diabetes.	Educators	Educators awareness will ensure the activities are appropriate for children at program.
The Risk Minimisation Plan will inform the children's services food purchases and menu planning.	Educators	Increased supervision during food activities to support the needs of the child.
The TeamKids Management Team are responsible for managing and maintaining regular updates about medical conditions, sourcing information for all staff regarding children who may be at in our care. This includes reviewing all policy documents annually.		
The TeamKids Management Team are responsible for ensuring that a current Medical Management Policy and Communication Plan is developed and available to all parents and staff. The communication plans will be developed in conjunction with parents/guardians and will provide information to guide all staff, children, students and parents/guardians in the management of the medical condition including potential triggers, relevant medication and the appropriate first aid response.		
The parent/guardian is responsible for informing TeamKids / Program Staff of any changes to the child's Risk Minimisation Plan and Medical Management Plan.		
I have read and agree to the conditions of the Risk Minimisation Plan. This Plan was developed/reviewed in consultation with the parent/guardian on ____ / ____ / _____,		
Signature Staff _____		Signature Parent/Guardian _____
Print Name _____		Print Name _____