



Individual Health Care, Communication and Risk minimisation Plan

The following communication plan is prepared in accordance with regulation 90(1)(iii) to set out how: relevant staff members, parents and volunteers are informed about the medical conditions policy; and, the medical management and risk minimisation plans for the child; and a parent of the child can communicate any changes to the medical management plan and risk minimisation plan for the child

Service

The Nominated Supervisor will:

- advise all new educators, staff, volunteers and students about the location of the child's medical management plan, risk minimisation plan and medication as part of their induction;
- review the child's medical management plan, risk minimisation plan and medication regularly at staff meetings, and seek feedback from educators about any issues or concerns they may have in relation to the child's medical condition;
- regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child's medical management plan, risk minimisation information and medication information through newsletters and information on parent noticeboards; and update a child's enrolment and medical information as soon as possible after parents update the information.
- Notifying families that children are enrolled at the service who are at risk of medical conditions in the newsletter and on a notice displayed at the entrance of the service.
- Providing information on the centre website and verbal communication
- Inclusive practices that support translating information with families with a second language

Educators:

- will complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time);
- may enquire about the child's health to check if there have been any changes in their condition or treatment; and
- acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.

It is particularly important that there are procedures in place for informing casual relief Educators of children's at risk of medical conditions and the steps required for prevention and emergency response.

- A designated staff member should have responsibility for briefing new staff (including, students, volunteers or casual relief staff) about children's at risk of anaphylaxis, asthma, allergic reactions, diabetes, epilepsy and the centre's procedures and strategies for minimising risk.

Raising Children's awareness

Having supportive peers are important for children at risk of medical conditions. Educators can raise awareness in the care environment through educational programs, activities, role modelling and use of fact sheets or posters displayed classrooms.

Key messages include:

- always take allergies seriously – severe allergies are no joke
- don't share your food with friends who have food allergies
- wash your hands after eating or touching food
- know what your friends are allergic to
- don't bring any food in your school bag
- have story book on the conditions
- if a friend becomes sick or unwell, get help from an adult immediately
- be respectful of a student's adrenaline auto injector



Parents

Parents will:

- advise the Nominated Supervisor and educators of changes in the medical management plan or medication as soon as possible after the change, and immediately provide an updated medical management plan, medication and medication authorisation (if relevant);
- provide an updated medical management plan annually, whenever it is updated or prior to expiry;
- Providing the centre an ASCIA Action plan every 2 years.
- Medication that is not expired.
- Permission to display their child's photo
- Work collaboratively with educators to review Individual Health Care Plans and Risk Minimisation Plan's
- advise educators in writing on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms (if known); and
- acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.

Action Plan Colour Key

To further support the recognition of Children's Medical Action Plan's, we have created the following Colour Key that corresponds with colours used on Medical Action Plans in Victoria. The Individual Health Care Plan's will also be colour coded.

Asthma	Blue	
Allergy	Green	
Anaphylaxis	Orange	
Eczema	Light Blue	
Diabetes	Low	High
Seizures	Purple	

Privacy considerations

Privacy legislation places limitations on the collection, use and disclosure of personal and health information. It may be necessary to provide medical and other information to staff in order to implement an individual health care plan. Depending on the circumstances it may sometimes be necessary to convey such information to other parents and students. Using or disclosing information for this purpose will not breach privacy legislation.



Colour code

Name of child:
Date of Birth:



Specific health care needs or Diagnosed medical condition/s:
Predominant Triggers:
Other triggers:
Medical Action/care Plan provided by parent/guardian (please circle): YES / NO Asthma, Anaphylaxis Ascia, Allergy Ascia, Diabetes's (In the event of an emergency this medical action plan will be followed)
Medication provided by parent/guardian (please circle): YES / NO Adrenalin Auto injector Epipen, Asthma reliever puffer & Spacer, Medication
Emergency care to be provided at service:
Name and expiry date of Medication provided at service:
Name and expiry date of Medication provided at service:
Medication storage:

Parent/guardian contact:	
Parent/guardian (1)	Parent/guardian (2)
Name:	Name:
Relationship to child:	Relationship to child:
Contact no:	Contact no:

Other emergency contacts (if parent/guardian not available):

Medical practitioner contact: Doctor's name:
Name of Medical centre: Phone:
In the result of an emergency the appropriate emergency service will be contacted: (eg; Ambulance) at the discretion of the centre or emergency personnel.

I/we agree to these arrangements, including the display of our child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children's rooms and prominent places to alert all staff, volunteers and students. Also the above information on forms is correct and current

The following Plan has been developed with my knowledge and input and will be reviewed on _____/_____/202

Name of Parent/Guardian _____

(Parent/Guardian)Signed: _____
Date: _____

Office use only: Nominated Supervisor Signature: _____ Date: _____
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Review Dates	
Signature of Parent/Guardian:	Date: _____ / _____ / 20
Signature of Director/:	Date: _____ / _____ / 20
Signature of Parent/Guardian:	Date: _____ / _____ / 20
Signature of Director:	Date: _____ / _____ / 20

What educators, staff and volunteers will do to minimise effect of triggers:

(For example: Service will be cleaned daily to reduce allergens; Service will use damp cloths to dust so it's not spread into the atmosphere, Child will be supervised to prevent movements from hot or warm environments to cold environments; Child will not feed pets; Educators to clean tables and floors of any dropped food as soon as practical; Child will be supervised while other children are eating and drinking;; Child to be seated a safe distance from other children when eating and drinking with an educator positioned closely to reduce the risk of the child ingesting other children's food or drinks, etc). PLEASE NOTE THE RELEVANT RISKS, STRATEGIES AND WHO RESPONSIBILITIES IN THE TABLE BELOW.

Risks	Strategy	Who is Responsible?



Appendix

Examples of Risks, Situations, Concepts to consider when completing the Asthma Risk Minimisation Plan

- Who are the children and what are their asthma triggers (is information provided on their Asthma Action Plan)?
- What are the potential sources of exposure to their asthma triggers?
- Where will the potential source of exposure to their asthma triggers occur?
- Are all staff (including relief staff, visitors and parent/carer volunteers) aware of which children have asthma?
- Is there age appropriate asthma education for children at the service and are children actively encouraged to seek help if they feel unwell?
 - Do you have asthma information available at the service for parents/carers?
 - What are the lines of communication in the children's service?
 - What is the process for enrolment at the service, including the collection of medical information and Action Plans for medical conditions?
- Who is responsible for the health conditions policy, the medications policy, Asthma Action Plans and Risk Minimisation plans?
 - Does the child have an Asthma Action Plan and where is it kept?
 - Do all service staff know how to interpret and implement Asthma Action Plans in an emergency?
 - Do all children with asthma attend with their blue/grey reliever puffer and a spacer? (a children's face mask is recommended for children unable to use a spacer correctly, consider face mask use in children under 5 years old)
 - Where are the Asthma Emergency Kits kept?
 - Do all staff and visitors to the service know where Asthma Emergency Kits are kept?
 - Who is responsible for the contents of Asthma Emergency Kits? (checking reliever medication expiry dates, replacing spacers and face masks as needed)
 - Do you have one member of staff on duty at all times who has current and approved Emergency Asthma Management training?
 - Who else needs training in the use of asthma emergency equipment?
 - Do you have a second Asthma Emergency Kit for excursions?
 - What happens if a child's reliever medication and spacer are not brought to the service?
 - Does the child have any other health conditions, such as allergies or anaphylaxis?
 - Do they have an Action Plan and Risk Minimisation plan for each health condition?
 - Do plants around the service attract bees, wasps or ants?
 - Have you considered planting a low-allergen garden?
 - Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
 - Could traces of food allergens be present on craft materials used by the children? (e.g. egg cartons, cereal boxes, milk cartons)
 - Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
 - Do your staff use heavy perfumes or spray aerosol deodorants while at work?
 - What special activities do you have planned that may introduce children to asthma triggers?
- The child's and service medication is stored in the prescribed location for the room and service.
- The child's medication will be checked to ensure it is current and has not expired.
- There is a notification of child at risk of anaphylaxis displayed in the front foyer with other prescribed information.
- The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child's medical management plan, risk minimisation plan and medication.
- Parents are required to authorise administration of medication on medication record, and educators will complete administration of medication record whenever medication is provided. • A copy of parent's authorisation to administer medication is attached to medical management plan and original filed in child file.
- The Nominated Supervisor will discuss with the parents of any allergens that pose a risk to the child.
- The service will display the child's picture, first name, medication held and location, and brief description of medical condition on a poster/schedule in all children's rooms and prominent places to alert all staff, volunteers and students.

Version: 4	Endorsed By: CoM	Approved Date: 2012	Reviewed Date: April 2020
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