**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

risk management and communication plan guidelines

When developing a risk minimisation plan ensure:

* that risks relating to the child’s specific health care needs, allergy or relevant medical condition are assessed and minimised;
* if relevant, policies and procedures in relation to safe handling, preparation, consumption, and service of food, are developed and implemented;
* if relevant, policies and procedures to ensure parents are notified of any known allergens posing a risk to a child, and strategies for minimising risks, are developed and implemented;
* policies and procedures ensuring all ECT/educators/staff members and volunteers can identify the child, the child’s medical management plan, and the locations of the child’s medication, are developed and implemented;
* if relevant, policies and procedures to ensure the child does not attend the service without medication prescribed by the child’s medical practitioner in relation to the child’s specific health care need, allergy or relevant medical condition, are developed and implemented;

When developing a communication plan ensure:

* ECT/educators/staff members and volunteers are informed about the medical conditions policy, and the medical management plans, and risk minimisation plans for the child;
* ECT/educators/staff members must sign the Risk Minimisation and Communication Plan to indicate they understand the triggers, allergens and risk involved;
* the child’s parents/guardians can communicate any changes to the medical management plan, and risk minimisation plan for the child, and set out how that communication can occur;
* to advise parents/guardians when a medical management plan has been implemented in response to a child’s medical condition;
* the medication and incident, injury, illness and trauma records are completed as soon as practicable after a medical management plan has been implemented and medication was administered;
* that the nominated supervisor is notified when a medical action plan has been implemented;
* parents/guardians provide permission for their child’s medical management plan (with photo), allergens, food restrictions, condition triggers, and any other relevant information, to be displayed in the service
* all relevant children’s medical management plans (with photo), allergens, food restrictions, condition triggers, and any other relevant information, are displayed and visible to all ECT/educators/staff and volunteers at the service; This also needs to be included in the Evacuation and excursion Backpacks.
* relief ECT/educators and staff are informed of the children who have current medical management plans and shown the location of these plans and medication that has been prescribed for use.

Ensure that all medications prescribed for children with medical management plans are:

* stored in a location that is known and easily accessible to all staff;
* a copy of the medical management plan is with the medication;
* not locked away;
* inaccessible to children; and
* away from a direct source of heat.
* Ensure all ECT/educators, including relief staff, have knowledge of the regular medications and method of administration of these for all children with medical management plans. These may include, but is not limited to asthma puffers, spacers, and adrenaline auto injection devices such as EpiPen®
* ECT/Educators, regardless of whether they have a child diagnosed at risk of anaphylaxis, are to complete training in the administration of the auto injection device, asthma and CPR every 12 months, and record this in the staff records.
* ECT/educators are also required to undertake quarterly practise with an auto injection device trainer, and record this in the staff records. If a child is enrolled with Anaphylaxis at the service, all ECT/educators at the service must undertake quarterly practice with an adrenaline auto injection device.
* Display a list of children with medical conditions, including known triggers or allergens, doctor’s contact details, and emergency contact details.
* Maximise, in consultation with the parents, the health and safety of their child through supervised management of the child’s medical condition.
* Promptly communicate to parents/guardians any concerns, should it be considered that a child’s medical condition is impacting on his/her ability to participate fully in all activities.
* Implement the Protection from Allergen procedures to support children’s health and safety.

**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 |  | |
| Allergy |  | |
| Anaphylaxis |  | |
| Eczema |  | |
| Diabetes | Low | High |
| Seizures |  | |

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**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.

|  |
| --- |
| **Name of child:** |
| **Date of Birth:** |

Photo of child

|  |
| --- |
| **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 Allergy( Ascia) Diabetes**  (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: |

In the result of an emergency the Ambulance emergency service will be contacted:

at the discretion of the centre or emergency personnel.

|  |
| --- |
| **Preferred emergency contacts (if parent/guardian not available):** |

|  |
| --- |
| **Medical practitioner contact:** Doctor’s name**:**  Name of Medical centre: Phone: |

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

|  |
| --- |
| Office use only:  NominatedSupervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian)Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Review** | **List of educators that this plan is communicated with** | |
| Signature of Parent/Guardian: |  | Date: / /20 |
| Signature of Director/: |  | Date: / /20 |
| 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 RELEVEANT 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: 5 | Endorsed By: CoM | Approved Date: 2012 | Reviewed Date: April 2023 |