

Risk Minimisation Plan

Allergen/s and Potential Reaction	Times for Potential Exposure	Strategies to minimise the risk of exposure	Responsibility
<p><i>Example:</i> Egg allergy Cannot consume or touch egg products</p>	<ul style="list-style-type: none"> Meal times Cooking experiences Other children bringing in cakes/food to share When the chicken hatching project is at the centre Excursions 	<ul style="list-style-type: none"> Ensure that NS/RP and family have discussed strategies to minimise risk Ensure communication to all educators, volunteers and cook know when child is in attendance Cook to check each day who is in attendance and plan meals accordingly 	<p>Nominated supervisor, Cook, Educators, Family</p>

Communication Plan

		Current information, including photo, will be on display near high risk areas	
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Child's Name: _____ Centre name: _____

Child's Date of birth: ____ / ____ / ____ Medical Condition/health requirement:

Plan Prepared by: _____ and _____

(Name and signature of Nominated supervisor)

(Name and signature of parent)

WHO TO CALL: The centre will follow the steps outlined in the medical management plan, if the child does not respond, please nominate in order who will be the best person/s to contact

Priority	Name	Relationship to the child	Contact number 1	Contact number 2
1.				
2.				
3.				

Checklist for the communication plan for _____

Actions to be completed by Centre	Checked	Actions to be completed by family	Checked
Nominated Supervisor will ensure that all educators, staff (including Cook), volunteers and students understand the medical conditions for this child		Medical Management plans are correct and current to ensure the correct information is provided to the centre	
Medical management plan is fully completed and visible for educators at high risk areas		If medical condition is food related, have talked with centre's cook about their child's requirements and menu alternatives	

Medical action plan for:

Date of plan implemented: ____ / ____ / ____

Date for plan to be reviewed: ____ / ____ / ____

Communication Plan

The risk minimisation plan is developed and completed with lead educators (cook, if relevant) and family (child is relevant)		The risk minimisation has been developed in consultation with family and centre	
The nominated supervisor will communicate with educators and Cook (if relevant) any changes to child's medical condition		Any changes to their child's medical condition will be communicated immediately to the nominated supervisor	
Medication will be stored out of reach of children, but in a recognisable, known location to educators. Medication will be checked to ensure it meets policy requirements		All medications required will be on premises at all times child is in attendance. Medication will be prescribed by a doctor, in date, clearly labelled	
Nominated supervisor will communicate the attendance patterns and any changes to educators and Cook		Family will ensure that changes of attendance and absences are notified to centre	
The nominated supervisor will ensure the medical management, risk minimisation and communication plan are reviewed annually, or when changes are identified		The medical management, risk minimisation and communication plan will be reviewed annually or when changes are identified	

I _____ have discussed the details of this risk minimisation and communication plan with

_____ at

(Name of Nominated supervisor)

(Name of child's parent)

_____, and I agree to the risk minimisation and communication strategies outlined above being implemented for my child.

(Name of Centre)

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.

This plan will be reviewed annually or when changed are identified. The next planned review date is: ____ / ____ / ____