

Jindalee School Age Care Program

Medical Risk Minimisation Plan/ Family Communication Plan / Medication Authorization

The following procedures have been developed in consultation with the parent/guardian and implemented to help support the child with ongoing medical needs and/or identified as at high risk of medical emergency.

Child's Name		Date of Birth						
Parent's Name completing the form								
Medical Condition								
Diagnosed Medical Condition, Health Need, Allergy or Other?				Supporting Documentation Provided?		ation		
Medical Action/Management Plan Supplied by Parent?				Date Rec	Date Received		Date to be reviewed	
Medication Details								
Medication Name:	Medication Name:				Medicati	Medication Expiry:		
Medication Storage Instructions (e.g. refrigerated):			od of Administration e.g. oral/topical)			-	hild taken this on previously:	
Length of Administration (e. Ventolin, EpiPen)	g. ongoing – Ritalin, as require	:d —	 Today Only (date) 2 or more consecutive days (e.g. antibiotics). Start Date: Finish Date: Ongoing, regular medication (e.g. Ritalin). Start Date: Ongoing, as required medication (e.g. Ventolin/Adrenaline). Start Date: 					
Name of Prescribing Doctor:		Medication Received Date:						

CHILD'S PHOTO

Details of Administ	ration						
Dosage R	equired	Medication Administ Time	ration	Circumstances of Administration: Circumstances of Administration: Does your child receive and dosage of this medication ou (please provide details- da			edication outside of JSACP
			Befo	ore Food / With Food	/ After Food		
Child can self -adr	minister own med	ication?	Yes No				
Child will be respo only)?	onsible for storing	own medication (Vente	olin Yes No				
		<u> </u>			me and dosage. All medica lication is provided and acc		
PARENTAL AUTHO	DRISATION TO ADI	MINISTER MEDICATION	(including ADRENALINE	AUTO INJECTOR, VENT	OLIN)		
doctor or adminis	ter necessary first		-		ge Care Program staff to ad k listed above and/or displa		
Medication Admi	nistering Record						
Last administered (Time/Date	Date Administe	red Time Administered	Medication Name	Dose & Method of Administration	Name of educator Administering Medication	Witness	Parent/ guardian Signature

.ast administered (Time/Date	Date Administered	Time Administered	Medication Name	Dose & Method of Administration	Name of educator Administering Medication	Witness	Parent/ guardian Signature
(Time) bute							Jighttire

Asthma, Allergy & Anaphylaxis Communication					
Triggers:	Symptoms (after exposure to trigger):	Control Measure/Strategy:			

Risk Assessment – risk in relation consumption of food				
The child is allowed to eat healthy snacks that are provided by the service that are not listed on the medical action plan (i.e. shared fruit, afternoon tea and/or cooking activities)	Moderate	Educators monitor food provided to child to ensure compliance with identified dietary requirements	Eating area/ Mealtime / Cooking activities	JSACP Management
In cases where the child has a severe food allergy, all food for this child provided by the service will be approved by the parent/guardian and monitored by educators. If necessary, food will be supplied by the child's parent/guardian	Moderate	Parent/guardian to approve food provided to their child by the service or alternatively, supply a sufficient amount of food for their child themselves	Eating area/ Mealtime / Cooking activities	JSACP Management
Drinks and food provided by the parent/guardian for this child should be clearly labelled with the child's name	Moderate	Lunch box and drinks clearly labelled prior to the child attending the service	Eating area/ Mealtime / Cooking activities	Parent/guardian
Food provided or supplied for this child will not be shared or traded with other children/adults. This includes food utensils and containers	Moderate	Educators will have discussions with children regarding sharing of food, food utensils and containers	Eating area/ Mealtime / Cooking activities	Parent/guardian
In extreme circumstances, highly allergic children will not consume food and/or drinks at the same table as other children consuming food or drink which may contain or potentially contain the allergen.	High	Ensure the child is safe from known allergens Ensure children use handwashing procedures before and after meals Ensure food utensils and tables are sanitised prior to use	Eating area/ Mealtime / Cooking activities	Educators/Child
Food will be consumed in designated areas and all children will be closely supervised during meal/snack times	Moderate	Ensure food is eaten in designated areas	Eating area/ Mealtime / Cooking activities	Educators/Child
Supervision will be increased for children at risk of severe allergic reaction on special occasions (e.g. excursions, workshops, birthday celebrations)	Moderate	Children at risk of severe allergic reactions will be closely monitored by educators during special occasions	Eating area/ Mealtime / Cooking activities	Educators/Child
Ensure tables and bench tops are cleaned and sanitised before and after meal routines and cooking activities	Moderate	Educators to follow service hygiene policies and practices	Eating area/ Mealtime / Cooking activities	Educators/Child

Some food, food containers, boxes and packaging used during craft activities and science experiments may be restricted depending on the allergens and/or triggers of the children attending the service at the time	Moderate	Educators to monitor equipment and resources required when planning specific activities	Eating area/ Mealtime / Cooking activities	Educators/Child	
This Risk Minimisation Plan will inform the service's food purchasing practices	Moderate	Ensure food purchased is consistent with individual children's health needs	Eating area/ Mealtime / Cooking activities	Educators/Child	
Risk Assessment -risk on relation to environmental factors					
During outdoor activities, the environment will be monitored for potential hazards such as bees, hornets, wasps and ants	Moderate	Environment checklists will identify the presence of such hazards	Play space	JSACP Management	
The service environment will be monitored for dust, latex products including balloons, disposable gloves, band aids and/or bandages	Moderate	First aid kits and food handling gloves will be checked and monitored regularly for known allergens	Play space	JSACP Management	

Communication and training Plan	
Location of the child's Medication Management (Action) Plan and Medication	In SACP Office / On Student
Strategies/training for staff and volunteers to be able to identify the child, the Medical Management Plan and medication	Children with identify medical condition will be communicated to staff via email, staff memo. Photo of a child with medical condition is posted in staff room and kitchen wall if required.
How parents can communicate any changes to health/medical needs, <i>Medical Management Plan or Risk Minimisation Plan:</i>	Parents/ guardian are required to update MacGregor Outside School Hours Care of any update or changes of the child Medical Condition this include Medical Management Plan and Medication

PARENT/GUARDIAN COMMUNICATION PLAN - I UNDERSTAND THAT:

- As the parent/guardian, I am responsible for notifying the Jindalee School Age Care Program of any changes to my child's medical condition including their Individual Emergency Management Plan and this Risk Minimisation Plan. Any changes must be signed off by the treating doctor and a copy provided to the service.
- In the event that my child suffers a medical emergency (anaphylactic attack, asthma) whilst in care, service staff will administer a medication (EpiPen, Ventolin) as an immediate response and will call 000 for emergency medical treatment.
- Jindalee School Age Care Program is responsible for managing and maintaining regular updates about any medical condition (anaphylaxis, allergies asthma), sourcing information for all staff regarding children who may be at risk in care. This includes reviewing all policy documents annually.
- Parent/guardian are aware that the child is unable to attend the program without their prescribed medication
- All educators and other staff are informed about the medical condition of my child and have been shown their Individual Emergency Management Plan and this Risk Minimisation Plan.
- The service will notify other families using the service that a child at risk of Anaphylaxis or any high risk medical condition is attending the service and will endeavour to ensure that the allergens as identified in my child's Individual Emergency Management Plan and this Risk Minimisation Plan are not present in the service.
- My child's Individual Management Action Plan and this Risk Minimisation Plan must be reviewed annually including medication if required.
- I have received a copy of the service's Children with Medical Conditions Policy and the Medication Policy and have read and agree to the conditions as listed my child's Risk Minimisation Plan.
- Parent/guardian has been provided with a medication authority form for completion indicating doctor's requirements regarding administration
- Parent/guardian is informed that a minimum of one educator qualified in Anaphylaxis Management is in attendance at all times
- Parents/guardians are aware that every child attending the service with an identified medical condition will have a current Individual Emergency Action Plan with identifying photo displayed at the service

Parents/guardian's additional comments/instructions:

This plan was developed in consultation with the parent/guardian on	
And reviewed in consultation with the parent/guardian on	
Parent/guardian printed name:	
Parent/guardian Signature:	Date:
JSACP Management Name:	
JSACP Management Signature:	Date:
Communicated to Staff and volunteers:	

	Communication Plan:						
Date:	Parent/Guardian Name:	Communication Notes:	Communication Received By:				