

Individual Risk Minimisation and Communication Plan



| Child's Details | |
|---|---|
| Child's Name: | Date of Birth: |
| Group: | |
| Parent/Guardian Contact Details | |
| Name: Relationship to Child: Phone: | Name: Relationship to Child: Phone: |

| Medical Condition Details | | |
|--|--|---|
| Name of Medical Condition: | | |
| Risk: What are the issues and/or the actual/potential situations that could add to the risk of an incident occurring? E.g., Allergies, triggers, situation | Strategy: What can be done about these risks? What resources do you need? What is the time frame for this to occur? | Who: Who needs to be included in the process? Why? |

| Medication |
|---------------------------------------|
| Name of Medication: |
| Expiry Date: |
| Action Plan (Asthma or Anaphylaxis) |
| Date Action Plan Completed by Doctor: |
| Date of Next Review: |

Risk Minimisation and Communication Plan

Minimisation Strategies:

- All educators will be made aware of the child at risk prior to the child commencing in the program
- A photo of the child will be displayed within their kinder room
- Medications will be clearly labelled and readily available to access by all staff
- Copies of the child's Action Plan will be displayed in the room
- Any relief staff, students and volunteers will be made aware of the child's condition and the location of the medication
- Educators will undertake the required training as necessary
- All children will be encouraged to wash their hands upon arrival and prior to eating
- Staff will supervise snack/lunch times to check food provided and to discourage sharing of food
- Staff will ensure that medication is taken on excursions or whenever leaving premises e.g., Emergency evacuation

Communication Plan:

- Child's parents ensure that all details on the Action Plan and Enrolment form are accurate and up to date
- A notice of a child at risk of Anaphylaxis will be displayed at the entrance to their room
- All medications kept at the kindergarten will be checked by staff each term
- Staff will inform all families of known allergens and request that these are excluded from lunches and snacks
- All families will be alerted to celebrations or special events involving food
- Art and craft activities will exclude egg cartons and boxes that have contained nuts

Signatures/Agreement

Parent/Guardian Name:

Teacher Name:

Signature:

Signature:

Date:

Date: