



For children at increased risk of medical emergencies (Anaphylaxis/Diabetes/Asthma)

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

Child's Name..... DOB..... / ..... / .....

In relation to the child diagnosed at risk of .....

Checklist:	Who is Responsible	Risk Management Strategies
List the potential triggers:		
Current Medical Management Plan, identifying known allergens has been provided.	Parent/Guardian	Action Plan provided before attendance.
Parent/guardian are aware that the child is unable to attend the program without their prescribed medication.	Parent/Guardian/ Child/Educator	Ensure medication is at the service otherwise child will not be able to attend.
Parent/guardian has been provided with a medication form for completion indicating doctor's requirements of administration.	Educator	Ensure that medication form is completed and provided with the medication in child's name.
Parent/guardian is informed that the The Service has a spare EpiPen and Ventolin that may be administered by centre staff as directed by an emergency medical advisor if required.	Educators	Inform parent/guardians that the Service has a spare EpiPen and Ventolin to be administered in case of emergency ONLY.
Parent/guardian is informed that a minimum of one staff member qualified in Anaphylaxis and Asthma Management is in attendance at all times.	Educators	Inform parent/guardians that a member of staff qualified in Anaphylaxis and Asthma Management is in attendance at all times.

The prescribed medication expiry date has been checked at enrolment.	Parents	Expiry date.....
Staff at the Service have checked prescribed medication expiry date quarterly.	Educators	Expiry date.....
The child is allowed to eat healthy snacks that are provided by the centre (i.e. shared fruit or cooking activities)	Educators/ Child/ Guardian	Child is allowed to eat snacks provided.
In cases where the child has a severe food allergy all food for this child should be checked and approved by the child's parent/guardian in accordance with their individual Risk Minimisation Plan.	Parent/ Guardian	Parent/guardian to assist child to pack an appropriate lunch box.
Drinks and lunch boxes, including any treats, provided by the parent/guardian for this child should be clearly labelled with the child's name.	Parent/Guardian / Child	Lunch box and drinks clearly labelled before attending the centre.
There should be no trading or sharing of food, food utensils and containers with this child.	Child/ Educator	Discuss at the centre with children and educators.
In extreme circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.	Child/ Educator	Ensure the child is safe from allergens while maintaining a social environment at all times. Hand washing before and after eating. Tables sanitized, hygiene practices.
Parents/guardians are aware that every child attending the centre with a medical management plan will have a current Action Plan and identifying photo displayed in the child's room.	Parents/ Educators	The children's safety overrides privacy law. Action plan with photo will be displayed in each room. Each room will have a current print out list of children with medical conditions. Staff room will have a list and photos of all children with medical conditions so that all staff in the centre are familiar with all children's medical needs.
Supervision will be increased for children at risk of a severe allergic reaction on special occasions i.e. during excursions, workshops, birthday celebrations.	Educators	Children to be monitored at a higher level when risk is increased.
Ensure tables and bench tops are washed down before and after eating.	Educators	Educators to follow correct hygiene policies and procedures.
Some food, food containers, boxes and packaging in crafts, cooking and science experiments, may be restricted depending on the allergens/triggers of the children attending the centre at the time.	Educators	Where necessary and practical allergens and triggers will be removed from the centre.
Foods used in activities, should be consistent with the risk minimisation plan and will be discussed with the parent/guardian of a child at risk of a severe medical reaction such as anaphylaxis, asthma and diabetes.	Educators	Educator's awareness will ensure the activities are appropriate for children at the centre.

Food must be consumed in designated areas and all children will be closely supervised at meal and snack times.	Educators / Children	Keep food to designated areas.
The Risk Minimisation Plan will inform the centre's food purchases.	Educators	Increased supervision during food activities to support the needs of the child.
All parents/ guardians will be asked not to send food containing ingredients containing allergens that have been identified as a potential trigger; as specified in a child's Risk Minimisation Plan.	Parents/ guardians	Parents to follow appropriate policies and procedures.
<p>Communication Plan</p> <ul style="list-style-type: none"> <li>relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child</li> <li>a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.</li> </ul>	Parents/ Educators	<p>On induction and staff meetings, staff and volunteers will be informed of all medical conditions and management plans.</p> <p>An update form will be available for parents to communicate any changes to the child's medical condition.</p> <p>At any time the parent can request a meeting or form to update any medical requirement for their child.</p>

**I acknowledge and agree to the following terms:**

- I as the parent/guardian are responsible for informing the Nominated Supervisor of any changes to the child's Risk Minimisation Plan and Anaphylaxis, Asthma or Medical Management Plan. I understand that I can update my Child's Medical condition information by completing the Update Medical Conditions Form available in the Parent room.
- All staff and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for your child.
- The staff will inform families and the centre community that a child at risk of anaphylaxis is in care and will endeavour to ensure that the items identified in the Medical Management Policy, Anaphylaxis Management Plan and Risk Minimisation Plan are not present in the centre.
- I have received a copy of the QLECS Management of Medical Conditions Policy (2B.12) and have read and agreed to the conditions of the Risk Minimisation Plan.
- That my child's Medical Action Plan and Risk Minimisation Plan must be reviewed annually.

**Parents additional comments/instructions:**

This plan was developed in consultation with the parent/guardian on \_\_\_\_/\_\_\_\_/\_\_\_\_

This plan will be reviewed in consultation with the parent/guardian on \_\_\_\_/\_\_\_\_/\_\_\_\_

Name Parent/guardian: .....

Signature: .....

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

Nominated Supervisor Name: .....

Signature: .....

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

**Staff Form** (all staff working at the Service are required to sign the form)

I have read and understood the risk minimisation plan for .....

I have read and understood the QLECS Management of Medical Conditions Policy (2B.12)

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_