

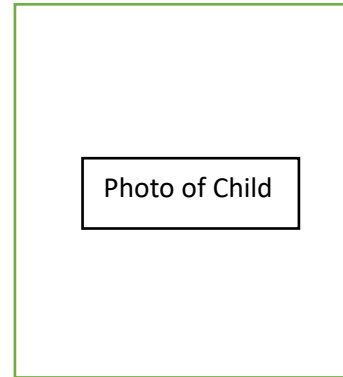
Risk Minimisation Plan



Centre Name: _____

Child's Name: _____ Date of Birth: ____ / ____ / ____

Diagnosed Medical Condition: _____



IDENTIFIED MEDICAL CONDITION				Location of Medical Management/Action Plan:	
Emergency Contacts:	Contact Number(s)	Relationship	Childs Dr/Specialist(s):	Contact No:	
1.					
2.					
3.					
Trigger Mechanism	Potential Sources/Times for Exposure	Potential Reactions	Likelihood/Impact (Use Matrix)	Strategies to Minimise Risk	

Medical action plan for:

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

Risk Minimisation Plan



DETAILS OF MEDICATION REQUIRED.				CHILD:	
Medication Name:	Expiry Date:	Supplied by & date:	Comments/Notes	Location Medication Kept:	Checked by & Date:

Guardian Signature: _____

RISK BENEFIT ANALYSIS MATRIX		CONSEQUENCE				
		Insignificant	Minor	Moderate	Major	Extreme
LIKELIHOOD	RARE	LOW	LOW	LOW	MODERATE	HIGH
	UNLIKELY	LOW	LOW	MODERATE	HIGH	HIGH
	POSSIBLE	LOW	MODERATE	HIGH	HIGH	EXTREME
	LIKELY	MODERATE	MODERATE	HIGH	EXTREME	EXTREME
	ALMOST CERTAIN	MODERATE	HIGH	HIGH	EXTREME	EXTREME

The following people undersigned have been involved in the preparation of and have read, understood and agree that this document is best practice for the risk minimisation of the 'at risk' child identified in this plan. The parents/guardians agree to notify the centre of any changes asap.

Name:	Date:	Signature

Comments

Medical action plan for:

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

Risk Minimisation Plan



RECORD OF UPDATES TO INFORMATION / NOTES			CHILD:	
Info update/issue/concern/request	Given By/To & Date	Action Required	Actioned By & Date	Communicated to staff & Date

Medical action plan for:

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

Risk Minimisation Plan



STAFF COMMUNICATION RECORD [Reg90-1(c)(iv)]

CHILD:

Educator/Staff Name	I have read medical conditions policy	I am informed about child's medical condition and individual care plan	I have read and know the location of the Medical Management Plan	I have read and know the location of the Risk Minimisation Plan	I know how to use the child's medications & where they are stored	Date/Signature of Educator/Staff

Medical action plan for:

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

Risk Minimisation Plan



I _____ (Nominated supervisor) have discussed the details of this risk minimisation and communication plan with _____ (Child's parent) at _____, (Name of Centre) and I agree to the risk minimisation outlined above being implemented for my child _____.

. 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: ____ / ____ / ____

Nominated Supervisor
 Name _____

Child's Guardian
 Name _____

Date of Change	Changes Made	Nominated Supervisor (Name and Sign)	Child's Guardian (Name and Sign)

Medical action plan for:

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

Risk Minimisation Plan



Medical action plan for:

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