

# Risk Minimisation Plan

<b>Child's Name:</b>		<b>Centre Name:</b>	
<b>Child's Date of Birth:</b>		<b>Medical Condition/Health Requirement:</b>	
<b>Plan Prepared By:</b>			
	<i>(Name and Signature of Nominated Supervisor)</i>	<i>(Name and Signature of Parent)</i>	
<b>Allergen/s and Potential Reaction / Area of Risk</b>	<b>Time for Potential Exposure</b>	<b>Strategies to Minimise the Risk of Exposure</b>	<b>Responsibility</b>
<i>Example:</i> Egg allergy Cannot consume or touch egg products	<ul style="list-style-type: none"> <li>• Mealtimes</li> <li>• Cooking experiences</li> <li>• Other children bringing in cakes/food to share</li> <li>• When the chicken hatching project is at the centre</li> <li>• Excursions</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that NS/RP and family have discussed strategies to minimise risk</li> <li>• Ensure communication to all educators and volunteers know when child is in attendance</li> <li>• Current information (including photo) will be on display near high-risk areas</li> </ul>	Nominated Supervisor, Educators, Family

# Communication Plan

**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 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, 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, families will ensure they have spoken with centre about their child's requirements and menu alternatives	
The Risk Minimisation Plan is developed and completed with lead educators and family (child is relevant)		The Risk Minimisation Plan has been developed in consultation with the family and center	
The Nominated Supervisor will communicate with educators any changes to child's medical condition		Any changes to the 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, and clearly labelled	
Nominated Supervisor will communicate the attendance patterns and any changes to educators		Family will ensure that changes of attendance and absences are notified to centre	
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	

# Declaration

I \_\_\_\_\_ have discussed the details of this Risk Minimisation and Communication Plan with \_\_\_\_\_  
(Name of child's parent) (Name of Nominated Supervisor)

at \_\_\_\_\_ and I agree to the risk minimization and communication strategies outlined above being implemented for my child.  
(Name of Centre)

I also give 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 changes are identified. The next planned review date is: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Parent's Signature)      \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

\_\_\_\_\_  
(Nominated Supervisors Signature)      \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

**Risk Minimisation and Communication Plan for:**

**Date Plan Implemented:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date for Plan to Be Reviewed:** \_\_\_\_/\_\_\_\_/\_\_\_\_