Risk Minimisation and Communication Plan (Epilepsy)

This risk minimisation and communication plan ensures that any risks associated with the child's medical condition are assessed and minimised. It must be developed in collaboration with the parent/guardian(s) of the child and reviewed at least annually or when there is a change in the child's medical condition. It must adhere to Regulation 90(1)(c)(iii) and (iv) of the Education and Care Services National Regulations 2012 (WA).

Date Created: _____ Review Date: _____

Child's Name: _____ Date of Birth: _____

Health Need/Allergy/Condition: _____

Risk Minimisation Plan

Specific risk minimisation strategies for this child			
Risk	**Triggers/More Details**	**Environmental strategies to minimise the risk of triggers**	**Responsibility**
Example: Seizure	1. Not enough sleep 2. Flashing lights	1. Communication book between family and service to communicate sleep times/lengths. 2. Ensure activities do not contain flashing lights (ie dance parties). Preview videos before showing children to ensure no flashing lights.	1. Family & Educators 2. Educators

General risk minimisation strategies			
Strategy	**Complete**		**Additional Information**
First Aid qualifications up to date & a First Aid qualified educator is rostered on at all times.	☐ Yes	☐ N/A	
Additional training completed for the child's specific need/condition.	☐ Yes	☐ N/A	
Staff to sight & sign this plan.	☐ Yes	☐ N/A	
The child who will be self-administering medication is developmentally capable & past preschool age.	☐ Yes	☐ N/A	
The appropriate authorisation has been obtained from the parent/guardian(s) for the child to self-administer.	☐ Yes	☐ N/A	
Children are educated at a developmentally appropriate level to manage risks, such as avoiding sharing food.	☐ Yes	☐ N/A	
Relief staff, students & volunteers are informed of the need, shown the child & shown the location of medication & healthcare information.	☐ Yes	☐ N/A	
Medication has been provided by the family. The child cannot attend until the medication has been supplied.	☐ Yes	☐ N/A	
If the service will be administering a medication new to the child, the first dose has been administered 24 hours prior to attendance to ensure there are no allergic/adverse reactions.	☐ Yes	☐ N/A	
Medication is stored safely & regularly checked that it is in date.	☐ Yes	☐ N/A	
The Medical Management Plan/Health Care Plan is completed & displayed with a current photo.	☐ Yes	☐ N/A	
Regular audits ensure information stays current & staff are aware of their responsibilities.	☐ Yes	☐ N/A	
Staff are aware of the child's risk of seizures and what to do in the event of a seizure.	☐ Yes	☐ N/A	
Staff are trained in administering Epilepsy medication (add name of Medication)	☐ Yes	☐ N/A	

Communication Plan

Action to be completed by the Nominated Supervisor	**Complete**		**Additional Information**
The family has been provided with a copy of the Medical Conditions Policy at enrolment	☐ Yes	☐ N/A	
The child's health need/allergy/condition has been communicated to educators.	☐ Yes	☐ N/A	
The Medical Management Plan/Health Care Plan is completed & displayed with a current photo.	☐ Yes	☐ N/A	
The risk minimisation plan has been completed in consultation with the family.	☐ Yes	☐ N/A	
Educators are informed of any changes to the child's medical condition and any communication from the family.	☐ Yes	☐ N/A	
Medication is in a location known and accessible to educators but out of reach of children.	☐ Yes	☐ N/A	
The medical management/action/health care plan, risk minimisation plan and communication plan will be	☐ Yes	☐ N/A	

reviewed annually at re-enrolment, or when changes are identified.			

Action to be completed by the family	Complete		Additional Information
Medical Management Plan/Action Plan/Health Care Plans are correct and current	☐ Yes	☐ N/A	
If the medical condition is food related, have talked with the Nominated Supervisor about the child's requirements and menu alternatives.	☐ Yes	☐ N/A	
The risk minimisation plan has been completed in consultation with the Nominated Supervisor.	☐ Yes	☐ N/A	
Any changes to the child's medical condition will be communicated immediately to the Nominated Supervisor	☐ Yes	☐ N/A	
The service will be advised in writing of any medical episodes/reactions that have occurred in the past 48 hours prior to attendance.	☐ Yes	☐ N/A	
Medication will be prescribed by a doctor, in date, and clearly labelled	☐ Yes	☐ N/A	
The medical management/action/health care plan, risk minimisation plan and communication plan will be reviewed annually at re-enrolment, or when changes are identified.	☐ Yes	☐ N/A	

Parent/Guardian Acknowledgement

This risk minimisation and communication plan has been prepared in consultation with the Nominated Supervisor named below, and I agree to the risk minimisation and communication strategies 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 for educators at the service.
This plan will be reviewed annually or when changes are identified. The next planned review date is noted at the top of this document.

Name: _____ Signature: _____

Name: _____ Signature: _____

Nominated Supervisor Acknowledgement

I have prepared this risk minimisation and communication plan in consultation with the parent/guardian(s) named above.
This plan will be reviewed annually or when changes are identified. The next planned review date is noted at the top of this document.

Name: _____ Signature: _____

Educator Acknowledgement

All educators must sign below to acknowledge the following:
I have read and understand this risk minimisation and communication plan. I agree to implement the strategies outlined above as required.