

Risk Minimisation and Communication Plan (Asthma)

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	Possible Consequences/More Details	Environmental strategies to minimise the risk of triggers	Responsibility
Example: Asthma Attack	1. Pollen 2. Dust mites 3. Physical Activity	1. Monitor the pollen count daily 2. Vacuum daily 3. Monitor symptoms & encourage rest breaks	1. Nominated Supervisor 2. Educators 3. 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Additional training completed for the child's specific need/condition.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Staff to sight & sign this plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
The child who will be self-administering medication is developmentally capable & past preschool age.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
The appropriate authorisation has been obtained from the parent/guardian(s) for the child to self-administer.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Children are educated at a developmentally appropriate level to manage risks, such as avoiding sharing food.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Relief staff, students & volunteers are informed of the need, shown the child & shown the location of medication & healthcare information.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Medication has been provided by the family. The child cannot attend until the medication has been supplied.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Medication is stored safely & regularly checked that it is in date.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
The Medical Management Plan/Health Care Plan is completed & displayed with a current photo.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Regular audits ensure information stays current & staff are aware of their responsibilities.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
The child's health need/allergy/condition has been communicated to educators.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
The Medical Management Plan/Health Care Plan is completed & displayed with a current photo.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
The risk minimisation plan has been completed in consultation with the family.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Educators are informed of any changes to the child's medical condition and any communication from the family.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Medication is in a location known and accessible to educators but out of reach of children.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	

Action to be completed by the family	Complete		Additional Information
Medical Management Plan/Action Plan/Health Care Plans are correct and current	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
If the medical condition is food related, have talked with the Nominated Supervisor about the child's requirements and menu alternatives.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
The risk minimisation plan has been completed in consultation with the Nominated Supervisor.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Any changes to the child's medical condition will be communicated immediately to the Nominated Supervisor	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
Medication will be prescribed by a doctor, in date, and clearly labelled	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.