MEDICAL RISK MINIMISATION & COMMUNICATION PLAN

Photo	**Childs name:**	**Date of Birth:**

Clovelly Out Of School Care		
Diagnosed Medical Condition **(i.e. anaphylaxis, allergy, asthma etc)**	**List of known triggers**	
Medical Action Plan received by service?	Yes / No	
Medical Management Action Plan review date		
Medication 1: **Expiry Date:**	**Medication 2:** **Expiry Date:**	
Quarterly Checks for date of expiry on medication **(WHS Officer to complete)**	**Date:**	**Signature:**
	Date:	**Signature:**
	Date:	**Signature:**
	Date:	**Signature:**

Risk: *what are the issues and/or the actual/potential situations that could add to the risk of a reaction occurring?*	***Strategy:*** *what can be done about these risks? What resources do you need? What is the time frame for this to occur?*	***Who:*** *Who needs to be included in the process? Why?*
COOSC team not being aware of medical conditions	Anaphylaxis, asthma, and first aid qualified team member/s on site at all time Medical summary available to COOSC team Medical summary on each trolley Annual first aid training is scheduled for staff	● Nominated Supervisor (Sam) to ensure qualified RP on every session ● Nominated Supervisor (Sam) responsible for organising annual training ● Educators ensure that they are aware of signs and symptoms of medical conditions
Medication at COOSC	Educators are all aware of the location of first aid, EpiPens, ventolin, medication etc for each child as well as COOSCs first aid kit. In the first aid cupboard, children have individual medical bags which are colour coded and labelled with a photo and medical condition on the outside and relevant medication and medical action plan inside. Educators are aware of the location of the medical bags. Expiry dates of medication are recorded in the medical register that is accessible in the COOSC red medical folder Quarterly checks of expiry dates are conducted by the COOSC Management team	● Parent/guardian are responsible on enrolment for ensuring COOSC is aware of children's medical condition ● Nominated Supervisor is responsible for overseeing that an up-to-date record of children's expiry dates is recorded ● Nominated Supervisor is responsible for overseeing communication with families regarding medical conditions ● Educators are responsible for knowing the location of first aid kits and medication and who to refer medical issues to

Food handling, preparation and consumption during COOSC hours	Children with dietary requirements and/or anaphylactic reactions to food items have separate food containers, with their names on them for afternoon tea food service There is a menu in the kitchen that specifies the alternatives required. Olga (COOSC Cook) to reference and prepare COOSC does not purchase products with any nuts Any new food products are checked for any allergens before use Children's allergy boxes are prepared separately to the afternoon trays to avoid cross contamination. The Medical Summary is regularly updated and discussed with Olga for food preparation	• Educators are responsible for ensuring that children are always supervised whilst eating • COOSC Management is responsible for adding newly diagnosed/enrolled children on to the COOSC Medical Summary • Parent/gaurdians are responsible for abiding with our procedures that specify that COOSC is a nut free service
Allergens: dust, mould, pollen, exposure to animals or plants, chemicals or other allergens	Children attending COOSC are discouraged from sharing food with each other from out of their lunchboxes. This is especially relevant in Vacation Care when children bring their own food from home. COOSC is professionally cleaned daily and the carpet is professionally cleaned every three months COOSC obtains MSDS records for all chemicals used to assist with potential reactions that may occur as a result of children accidently interacting with chemicals. All chemicals are stored away from the reach of children	• Nominated Supervisor is responsible for the correct storage of chemicals • Nominated Supervisor is responsible for organising external cleaning staff • Parents/Guardians are responsible for informing service of any allergens and/or triggers

Triggers including seasonal changes	Responsible Person on Duty assesses weather conditions to determine appropriate programming with asthma triggers in mind Nominated Supervisor is up to date with NSW Health or Department of Education warnings regarding extreme weather conditions	● Educational Leader is responsible for programming alternative experiences for children that cannot partake in physical activity during extreme weathers as a result of asthma ● Nominated Supervisor is responsible for conveying information regarding weather conditions to COOSC team ● During supervision, Educators are responsible for monitoring children with asthma for signs and symptoms (especially during physical activity)

The Approved Provider (Management Committee) is responsible for ensuring Medical Management Plans are received for all children as required by legislation, and that this COOSC Risk Minimisation Plan and Communication plan is developed. The Management Committee may delegate this responsibility to the Nominated Supervisor / COOSC Management Team.

The Nominated Supervisor is to ensure all persons who may be nominated as the Responsible Person on Duty are aware of the Risk Minimisation and Communication Plan and implement this with all educators each session.

The Nominated Supervisor will ensure notations are available at the service and regularly sent out to families reminding them that there are children enrolled at the service with intolerances.

Parent/Guardian Approval:

- I am aware that my child's medical need information and all relevant supporting documents/plans will be shared with the COOSC team regularly to ensure my child's safety
- I have read and agree with the above Risk Minimisation and Communication Plan
- I am aware it is my responsibility to ensure that I communicate any updates/changes in the status of my child's medical need directly to COOSC

Date: _____

Parent/Guardian name:_____

Parent/guardian signature:_____

Date: _____

COOSC Team Member name:_____

COOSC Team Member signature:_____

Communication Plan

Name of Child:_____

Date	Request	Action required	Actioned by	Communicated to Family
Example - xxx	*Example -Expired medication*	*Example - New medication due to service by xxx*	*Example - xxxx*	*Example - xxx*