

INDOOROOPILLY AFTER SCHOOL CARE ASSOCIATION SCHOOL AGED CARE

RISK MINIMISATION PLAN AND COMMUNICATION PLAN FOR CHILDREN AT INCREASED RISK OF MEDICAL EMERGENCIES (ANAPHYLAXIS/ DIABETES/ ASTHMA)

THE FOLLOWING PROCEDURES HAVE BEEN DEVELOPED IN CONSULTATION WITH THE PARENT/GUARDIAN AND IMPLEMENTED TO HELP PROTECT THE CHILD IDENTIFIED AS AT HIGH RISK OF A MEDICAL EMERGENCY.

CHILDS NAME: _____ DOB ____/____/____

IN RELATION TO THE CHILDREN DIAGNOSED AT RISK OF:

DUE TO:

Action	Who is responsible	Risk Management Strategies
Current ASCIA has been provided	Coordinator	Do not accept a child at risk without an up to date and completed ASCIA
Parents/ guardian is aware that the child is unable to attend without their prescribed medication	Coordinator/ Lead Educators	Ensure that medication is in date and functional
Parent/ guardian is informed that IASC holds a second auto injection device on site and may be administered by program staff as directed by an emergency medical advisor if required	Coordinator/ First Aid Responder/ Admin Assistant	Keep records up to date with permissions and acknowledgements
The prescribed medication expiry date has been checked at enrolment and periodically	Coordinator/ Team Leader	Expiry date: _____
Staff at the service have completed training on how to use the device	Educators/ Coordinator/ Team Leader	Set date for team training in Feb to ensure all staff have their Anaphylaxis and Asthma training as well as in date CPR and First Aide
The child is allowed to eat food prepared in the kitchen by the chef who is aware of the child's needs	Kitchen/ Coordinator	
Drinks and lunchboxes provided by the parent/ guardian are clearly labelled with the child's name	Kitchen/ Parent/ Coordinator	
No trading or sharing food with this child	Kitchen, Lead Educator, Parent, Child, Coordinator	

In serve allergen the child will be removed from danger of the food/ substance	Child, Lead Educator, Coordinator	
Parents/ guardians aware that		