

		<b>EHPS OOSH POLICY</b>	
<b>POLICY NUMBER</b> QA2/11	<b>REVISION</b> 1.3	<b>TITLE</b> Medical Conditions and Allergies Policy	<b>PAGE</b> 1 of 13

		<b>EASTWOOD HEIGHTS PUBLIC SCHOOL OOSH POLICY</b>		
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<b>Written By</b> EHOOSH Management committee	<b>Reviewed By</b> EHOOSH Management committee	<b>Approved By</b> EHOOSH Management committee	<b>Supersedes</b> Version 1.2	<b>Effective Date</b> October 2022

# Eastwood Heights Public School OOSH

## Medical Conditions and Allergies Policy

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<b>Revision Chronology:</b>		
<b>Version Number</b>	<b>Date</b>	<b>Reason for Change</b>
1.0	21/08/2018	Edited and reviewed
1.1	August 2018	Endorsed by OOSH executive committee
1.2	September 2022	Review and evaluation
1.3	October 2022	Endorsed by OOSH executive committee

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## 1 POLICY STATEMENT

Eastwood Heights OOSH (the Service) will work closely with children, families and (where relevant) schools and health professionals to manage the medical conditions and allergies of children attending the Service. We will assist and support all children to enable them to participate as fully as possible in the Service's day-to-day activities in order to promote their sense of wellbeing, connectedness and belonging. At all times educators and staff will act in the best interests of the children and ensure the health, safety and wellbeing of all children being educated and cared for at the service. Our educators and staff will be fully aware of the nature and management of all children's medical needs and allergies and will respect the child and the family's confidentiality. This policy will be provided to parents/guardians who identify that their child has a medical condition or allergy, and a Risk Minimisation Plan (See Section 2.1) will be formulated for each child so identified.

The Education and Care Services National Regulations require approved providers to ensure the service has policies and procedures in place for dealing with medical conditions in children.

## 2 PROCEDURE

Families will be asked to inform the Service of any medical conditions or allergies the child may have at the time of enrolment. This allows for the service to identify children's needs. The service may need time to develop a process and timeline for enrollment in collaboration with families to enable orientation or training of educators before the child commences care. Families will be asked to provide the following information:

- details of the diagnosed health care need, allergy or relevant medical condition including the severity of the condition
- any current medication prescribed for the child
- the response required from the service about the emergence of symptoms
- any medication required to be administered in an emergency
- the response required if the child does not respond to initial treatment
- when to call an ambulance for assistance.

This information will be recorded by the parent/guardian on the child's enrolment form. Upon notification of a child's medical condition or allergy the Service will provide the parent/guardian with a copy of this policy (Regulation 91). Specific or long-term medical conditions will require the completion of a Medical Management Plan (See Section 2.1) by the child's doctor and family.

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This policy provides particular advice in relation to anaphylaxis and asthma as they are medical conditions which are commonly experienced by children enrolled in the service. It is noted that children with other medical conditions may be enrolled in the future and which time the policy and procedure may be amended.

## 2.1 Anaphylaxis

- A completed Individual Medical Management Plan/ASCIA Management Plan must be provided to the service on enrolment signed by their child’s doctor or nurse practitioner (see Section 2.4 and Appendix A)
- Families are required to provide a prescribed adrenaline injector at all times while their child is in attendance at the service.
- The service will have at least one general use adrenaline injector. Staff will be informed of the location/s of the general use adrenaline injector/s. General use adrenaline injectors will be replaced before they expire.
- **Staff training**
- As many permanent educators as possible will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors. Where possible, casual staff will also undertake this training.

## 2.2 Asthma

- A completed Individual Medical Management Plan must be provided to the service on enrolment signed by their child’s doctor or nurse practitioner (see Section 2.4 and Appendix A)

If a parent/guardian has informed the service that their child requires reliever medicine from time to time for asthma like symptoms (i.e. wheezing and coughing), but has not yet been given a confirmed diagnosis of asthma, the Schools and Child Services Action Plan for Asthma Flare-Up will be provided to the family for the child’s doctor to complete.

## 2.3 Other Medical Conditions

It is noted that children attending the service may live with a range of conditions, including chronic and life-threatening conditions, of which the service must be aware in order to provide a safe environment for the child. Other medical conditions may include:

- Food allergy or intolerance e.g. gluten; dairy for which an adrenaline autoinjector has not been prescribed
- Environmental allergies e.g. hay fever
- Diabetes
- Epilepsy

The service will work with parents/guardians to determine the severity and risk associated with any other medical condition in order to determine the required response.

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Information provided in Section 2.4 below will guide this assessment, with further information contained in Appendix A.

#### **2.4 Individual Action Plan/Medical Management Plan**

All parents/guardians of children with known immediately life-threatening conditions, attending the service must provide an ASCIA Action Plan or other appropriate Medical Management Plan completed and signed by their child’s doctor or nurse practitioner.

The plan must be updated in accordance with the date specified by the child’s doctor and recorded by the service.

In many cases parents/guardians will advise that a child has a condition which is not known to be immediately life-threatening e.g. mild allergy (i.e dust mites, grass) and no Action Plan or Medical Management Plan is available. In such instances, the family may be asked to supply information from their doctor explaining the effects of the child’s exposure to the allergen and ways the educators can assist the child if they do become exposed or in the case of a specific health care need, or relevant medical condition, the ways the service can support the child.

The Individual Action Plan or Medical Management Plan will be followed in the event of any incident relating to the child’s specific health care need, asthma, allergy, or relevant medical condition. All educators, staff and adult volunteers’ will be informed of any special medical conditions affecting children and instructed in the necessary management. In some cases, specific training may be provided to educators to ensure that they are able to effectively implement the relevant Plan.

#### **2.4 Risk Minimisation Plan**

In order to meet its regulatory obligations, it is requirement of the Service that a Risk Minimisation Plan (which incorporates a communication plan) is developed in consultation with the family of a child affected by a medical condition or allergy. In order to do so, the Nominated Supervisor or Team Leader will meet with the parents and, if relevant, any health professionals, prior to the child’s attendance at the Service. This will determine the content of the plan and assist in the smooth and safe transition of the child into the Service. Additional information is provided in Appendix B.

The Risk Minimisation Plan will consider and document:

- That the child is not to attend the Service without any medication prescribed by the child’s medical practitioner in relation to the child’s specific health care need, allergy, or relevant medical condition.
- It is the parent’s/guardian’s responsibility to keep a record of the use-by date of the child’s medication and replace as necessary
- Whether the child is able to self-administer medication (see Administration and Storage of Medicine Policy)
- The identification of any risks to the child or others by their attendance at the Service

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- The identification of any practices or procedures that need adjustment at the Service to minimise risk to the child, e.g. food preparation procedures
- The development of a process and timeline for orientation or training of educators
- The best methods of communication between the family and educators to monitor, review, and evaluate the condition, or in the event of an incident relating to the child's condition, or if changes need to be made to the child's plan.

## 2.5 Minimising the Risk of Exposure to Food Allergens

The Service will minimise the number of common allergens that children with food allergies are exposed to at the Service, whilst still providing core foods such as wheat, dairy and egg for the majority of children. The Service will not serve food containing peanuts and tree nuts as they are not considered core foods and for children without food allergies, can be eaten at home as part of a broad ranging diet.

It is not possible for the Service to guarantee that children will not be exposed to new or existing allergens. Advice will be provided to families regarding the foods which will not be allowed at Vacation Care prior to the commencement of each vacation care session, recognising that changing enrollments result in different discouraged foods each session.

During regular OOSH and on catered days during vacation care, families of children with an allergy may be asked to supply additional, safe foods if the Service considers it necessary. If a child has multiple or complex food allergies it may be decided that the child will only eat food brought from home. This should be discussed with the parent/guardian when the child is enrolled. All medical conditions, including food allergies, will be listed out of sight of general visitors and children. It is the responsibility of every educator at the Service to regularly read and refer to that list.

All staff will be informed of the list on initial employment and provided with orientation on what action to take in the event of a medical emergency, including which educators are responsible for implementing the Individual Action Plan or Medical Management Plan based on training and experience.

Whenever food is served (outside of the kitchen), a list of allergy information of a particular child will be available visible only to the staff (privacy of each child will be protected).

When families provide food for their own children it is reasonable for the service to request that food provided by parents does not contain peanuts or tree nuts as an ingredient. Families will also be requested not to supply food containing other particular allergens as listed from time to time. Where required children will be separated during mealtimes to reduce any risk of contamination and/or food sharing.

All children's individual needs and allergies will be addressed when planning menus. Parents of children with special dietary requirements will be informed of the menu via the service website so they can provide an alternative if required.

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### 3 ROLES AND RESPONSIBILITIES

Approved Provider	<ul style="list-style-type: none"> <li>• Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow the policy and procedures</li> <li>• Ensure all educators and staff have training as part of the induction process and ongoing training for the management of medical conditions (e.g. asthma, anaphylaxis and specific requirements for the enrolled child in the service)</li> <li>• Ensure inclusion of all children in the service</li> <li>• notify families at least 14 days before changing the policy or procedures if the changes will: <ul style="list-style-type: none"> <li>• significantly impact the service’s education and care of children or</li> <li>• significantly impact the family’s ability to utilise the service</li> </ul> </li> </ul>
Nominated Supervisor	<ul style="list-style-type: none"> <li>• Notify the approved provider if there are any issues with implementing the policy and procedures</li> <li>• Ensure the Medical Conditions and Allergies Policy and procedures are met, the appropriate medical management plans and risk assessments are completed, and all relevant actions are managed to minimise the risks to the child’s health (regulation 90)</li> <li>• Ensure families of children that have a specific medical condition have been given a copy of the Medical Conditions and Allergies policy (regulation 91) and any other relevant policies</li> <li>• In consultation with families, develop risk minimisation plans for children with medical conditions or specific health care needs</li> <li>• Ensure a written plan for ongoing communication between families and educators is developed as part of the Risk Minimisation Plan, relating to the medical condition and any changes or specific needs. It should be in place before a child commences at the service, or as soon as possible after diagnosis for children already attending.</li> <li>• If a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service</li> <li>• Ensure any changes to the policy and procedures or individual child’s medical condition or specific health care need and medical management plan are updated in the Risk Minimisation Plan and communicated to all educators and staff</li> <li>• Display, with consideration for the children’s privacy and confidentiality, their medical management plan (from the doctor) and ensure that all educators and staff are aware of and follow the risk minimisation plans (developed by the service) for each child</li> <li>• Ensure communication is ongoing with families and there are regular updates as to the management of the child’s medical condition or specific health care need</li> <li>• Ensure a new Risk Minimisation Plan is completed and implemented when circumstances change for the child’s specific medical condition</li> <li>• Ensure all educators and staff are aware of and follow the risk minimisation procedures for the children, including emergency procedures for using EpiPens</li> </ul>



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	<p>(adrenaline autoinjectors) and asthma medication</p> <ul style="list-style-type: none"> <li>• Ensure this is part of the induction for new educators and staff and any changes are covered in ongoing training.</li> <li>• Conduct regular staff meetings to ensure timely and accurate information about the medical condition, any updates, and the management of the medical condition, is provided to all educators and staff</li> </ul>
Vacation Care Co-ordinator	<ul style="list-style-type: none"> <li>• Ensure all children’s health and medical needs are taken into consideration on excursions (first aid kit, personal medication, management plans, etc)</li> </ul>
Responsible Persons In Charge	<ul style="list-style-type: none"> <li>• Maintain current approved first aid, CPR, asthma and anaphylaxis training</li> <li>• Undertake specific training (and keep it updated if required) to ensure appropriate management of a child’s specific medical condition</li> </ul>
All Educators & Staff	<ul style="list-style-type: none"> <li>• Continuously check ingredient labels for food and play substances and have adequate knowledge of allergens</li> <li>• Ensure all the action plans are carried out in line with the Medical Conditions and Allergies policy and procedures</li> <li>• Ensure close monitoring of the child’s health and identification of symptoms and signs of ill health, with families contacted as changes occur</li> <li>• Ensure that two people are present any time medication is administered to children</li> <li>• Ensure communication with families is regular and all educators and staff (including the nominated supervisor) are informed of any changes to a child’s medical condition</li> <li>• Understand the individual needs of and action plans for the children with specific medical conditions</li> <li>• Regularly reflect on supervision plans and monitoring children’s health.</li> <li>• Attend staff meetings</li> </ul>
Cook and kitchen staff	<ul style="list-style-type: none"> <li>• Ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are adhered to</li> <li>• Provide food which meets individual children’s health care needs, ensuring no child is served food that contain, or may contain, food they are allergic/anaphylactic to</li> <li>• Ensure all changes to child’s medical management plan or risk minimisation plan are implemented immediately within the menu preparation.</li> <li>• Continuously check ingredient labels for food substances and have adequate knowledge of allergens</li> </ul>
Families	<ul style="list-style-type: none"> <li>• Advise the service of the child’s medical condition and their specific needs as part of this condition</li> <li>• Provide regular updates to the service on the child’s medical condition including any changes, and ensure all information required is up-to-date</li> <li>• Provide a medical management plan from a doctor on enrolment or diagnosis of the medical condition sand provide an updated plan as required</li> <li>• Provide the required medication each day the child attends the service</li> <li>• Collaborate with the service staff to develop a Risk Minimisation Plan</li> </ul>

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#### 4 REFERENCES

##### 4.1 Statutory Authority

<b>National Quality Standard QA2: 2.1, 2.1.2/ QA3: 3.1.1, 3.2.1/ QA6: 6.2.2/ QA7: 7.1.3</b>	
QA2: 2.1	Each child's health and physical activity is supported and promoted.
2.12	Effective illness and injury management and hygiene practices are promoted and implemented
QA3: 3.1.1	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose including supporting the access of every child.
3.2.1	Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.
QA6: 6.2.2	Effective partnerships support children's access, inclusion and participation in the program
QA7: 7.1.3	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

<b>Education and Care Services National Law Act 2010</b>	
Section 167	Offence relating to protection of children from harm and hazards
Regulation 85	Incident, injury, trauma and illness policy and procedures
Regulation 86	Notification to parent of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 89	First Aid Kits
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement-anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 96	Self-administration of medication
Regulation 136	First aid qualifications
Regulation 162(c) and (d)	Health information to be kept in enrolment record (c) details of any – (i) specific healthcare needs of the child, including any medical condition; and (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis (any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c).

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Regulation 168	Education and care services must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies and procedures
Regulation 173	Prescribed information to be displayed (i) in the case of a centre-based service, a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service;

- Early Childhood Education Directorate, NSW Department of Education
- Disability Discrimination Act 1992
- Anti-discrimination Act 1977 (NSW)
- Work Health and Safety Act 2011
- Best Practice Guidelines for anaphylaxis prevention and management in Children’s education and Care services (including outside school hours care)

#### 4.2 Service Policies

- Administration and Storage of Medication Policy
- Enrolment and Orientation Policy
- Food and Nutrition Policy
- Confidentiality and Privacy Policy
- Illness and Infectious Diseases Policy
- Incident Injury trauma and Illness Policy
- Providing a Child Safe Environment Policy
- Emergency and Evacuation Policy
- Governance and Management Policy


#### 4.4 National Frameworks

- Framework for School Age Care in Australia, “My Time, Our Place” (1.2, 1.4, 3.1), [http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/my\\_time\\_our\\_place\\_framework\\_for\\_school\\_age\\_care\\_in\\_australia.pdf](http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/my_time_our_place_framework_for_school_age_care_in_australia.pdf)

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## Appendix A

### Medical Management Plans or Anaphylaxis and Allergic Reactions



For use with EpiPen<sup>®</sup> adrenaline (epinephrine) autoinjectors

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**SIGNS OF MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

**ACTION FOR MILD TO MODERATE ALLERGIC REACTION**

- For insect allergy - flick out sting if visible
- For tick allergy - seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give anti-histamine (if prescribed)
- Phone family/emergency contact

**Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis**

**WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Whoosh or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION FOR ANAPHYLAXIS**

- LAY PERSON FLAT - do NOT allow them to stand or walk
  - If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
  - If breathing is difficult allow them to sit with legs outstretched
  - Hold young children flat, not upright
- GIVE ADRENALINE AUTOINJECTOR
  - Phone ambulance - 000 (AU) or 111 (NZ)
  - Phone family/emergency contact
  - Further adrenaline may be given if no response after 5 minutes
  - Transfer person to hospital for at least 4 hours of observation


**IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR**

**CONTINUE CPR at any time if person is unresponsive and not breathing normally**

**ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (no wheezing, persistent cough or hoarse voice) even if there are no other symptoms**

**Always give adrenaline autoinjector first, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (no wheezing, persistent cough or hoarse voice) even if there are no other symptoms**

**How to give EpiPen<sup>®</sup>**



1. Lay person flat - do NOT allow them to stand or walk

2. Give adrenaline autoinjector

3. Lay person flat - do NOT allow them to stand or walk

4. Phone ambulance - 000 (AU) or 111 (NZ)

5. Phone family/emergency contact

6. Further adrenaline may be given if no response after 5 minutes


7. Transfer person to hospital for at least 4 hours of observation

8. If in doubt give adrenaline autoinjector

9. Continue CPR at any time if person is unresponsive and not breathing normally

10. Always give adrenaline autoinjector first, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has sudden breathing difficulty (no wheezing, persistent cough or hoarse voice) even if there are no other symptoms

11. Always give adrenaline autoinjector first, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has sudden breathing difficulty (no wheezing, persistent cough or hoarse voice) even if there are no other symptoms



Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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**ACTION FOR MILD TO MODERATE ALLERGIC REACTION**

- For insect allergy - flick out sting if visible
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**Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis**

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**ACTION FOR ANAPHYLAXIS**

- LAY PERSON FLAT - do NOT allow them to stand or walk
  - If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
  - If breathing is difficult allow them to sit with legs outstretched
  - Hold young children flat, not upright
- GIVE ADRENALINE AUTOINJECTOR IF AVAILABLE
- Phone ambulance - 000 (AU) or 111 (NZ)
- Phone family/emergency contact
- Transfer person to hospital for at least 4 hours of observation


**IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR**

**CONTINUE CPR at any time if person is unresponsive and not breathing normally**

**ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (no wheezing, persistent cough or hoarse voice) even if there are no other symptoms**

**Always give adrenaline autoinjector first, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (no wheezing, persistent cough or hoarse voice) even if there are no other symptoms**

**How to use a puffer with a spacer**



1. Lay person flat - do NOT allow them to stand or walk

2. Give adrenaline autoinjector if available

3. Lay person flat - do NOT allow them to stand or walk

4. Phone ambulance - 000 (AU) or 111 (NZ)

5. Phone family/emergency contact

6. Transfer person to hospital for at least 4 hours of observation

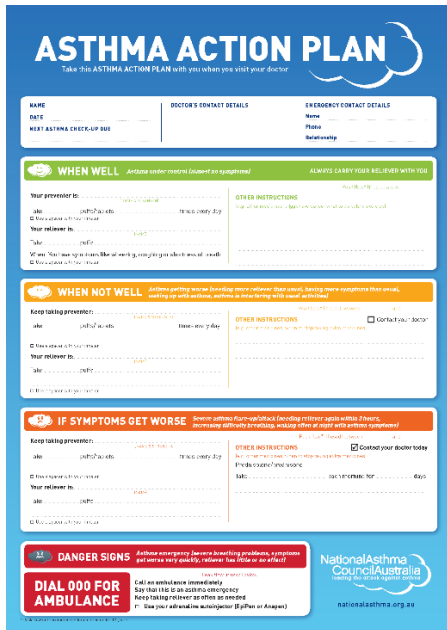
7. If in doubt give adrenaline autoinjector

8. Continue CPR at any time if person is unresponsive and not breathing normally

9. Always give adrenaline autoinjector first, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has sudden breathing difficulty (no wheezing, persistent cough or hoarse voice) even if there are no other symptoms

10. Always give adrenaline autoinjector first, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has sudden breathing difficulty (no wheezing, persistent cough or hoarse voice) even if there are no other symptoms

### Medical Management Plans or Asthma



**ASTHMA ACTION PLAN**

Take this ASTHMA ACTION PLAN with you when you visit your doctor

Name: \_\_\_\_\_ Doctor's contact details: \_\_\_\_\_ Emergency contact details: \_\_\_\_\_

**WHEN WELL** - Always carry your reliever with you

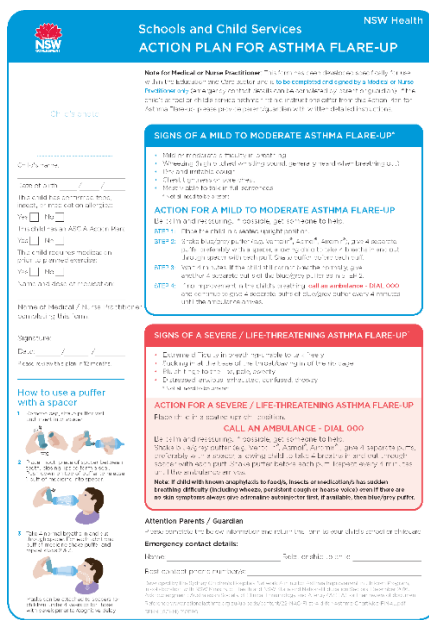
**WHEN NOT WELL** - Keep taking preventer

**IF SYMPTOMS GET WORSE** - Call an ambulance immediately

**DANGER SIGNS** - Call an ambulance immediately

**DIAL 000 FOR AMBULANCE**

National Asthma Council Australia



**SCHOOLS AND CHILD SERVICES ACTION PLAN FOR ASTHMA FLARE-UP**

NSW Health

**SIGNS OF A MILD TO MODERATE ASTHMA FLARE-UP**

**ACTION FOR A MILD TO MODERATE ASTHMA FLARE-UP**

**SIGNS OF A SEVERE / LIFE-THREATENING ASTHMA FLARE-UP**

**ACTION FOR A SEVERE / LIFE-THREATENING ASTHMA FLARE-UP**

Call an ambulance - dial 000

Attention Parents / Guardian

		<b>EHPS OOSH POLICY</b>	
<b>POLICY NUMBER</b> QA2/11	<b>REVISION</b> 1.3	<b>TITLE</b> Medical Conditions and Allergies Policy	<b>PAGE</b> 13 of 13

## Medical Management Plans for Other Medical Conditions

Child's Name: \_\_\_\_\_ Individual Health Care Plan Condition: \_\_\_\_\_

**Condition Description:**

Contact	Number	Relationship
Parent		Mother
Parent		Father
Other		E.g. Grandmother
Doctor		

What to do	When	Why	By Whom

## Appendix B

## Risk Minimisation Plan

Photo of child	<b>EASTWOOD HEIGHTS OOSH</b> <div style="background-color: #92d050; padding: 5px; text-align: center; font-weight: bold;">MEDICAL RISK MINIMISATION PLAN</div> <p style="font-size: small; text-align: center;">This plan has been developed in consultation with the child's parents/guardians and is implemented to help protect the child wherever as being at high risk of a medical emergency. This plan works in conjunction with the 'Identification Management Plan' and is part of the overall Medical Conditions Policy requirements under Regulation 35.</p>															
Child's Name:	<b>IDENTIFIED MEDICAL CONDITION</b> <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: (give details) <input type="checkbox"/> Asthma <input type="checkbox"/> Intolerances <input type="checkbox"/> Epilepsy															
DOB:	Notes If there is a new allergen at the service other parents will need to be notified of the new allergen that poses a risk to a child															
Parent Signature	RPIC Signature                      NS Signature															
<b>Managing a medical condition</b> <input type="checkbox"/> Parents provided with Medical Conditions Policy <input type="checkbox"/> Action Plan attached <input type="checkbox"/> Asthma Plan attached <input type="checkbox"/> Medical management plan attached <input type="checkbox"/> Parents advised where to find notification of changed medical status form <input type="checkbox"/> Medication received at service <input type="checkbox"/> Uptake reviewed at service <input type="checkbox"/> Communication plan with staff in place <input type="checkbox"/> Communication plan with family in place <input type="checkbox"/> Whistleblower updated																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Medical Condition</th> <th>Triggers</th> <th>Symptoms</th> <th>Strategies to Minimise Risk/who</th> <th>Modifications</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Asthma</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="font-size: x-small;">The child's preventer/reliever medication will be</td> <td style="font-size: x-small;">Child's bag Med cupboard Use of services (if/when on site)</td> <td></td> <td></td> <td style="font-size: x-small;">Likelihood/impact (use Matrix)</td> </tr> </tbody> </table>		Medical Condition	Triggers	Symptoms	Strategies to Minimise Risk/who	Modifications	<input type="checkbox"/> Asthma					The child's preventer/reliever medication will be	Child's bag Med cupboard Use of services (if/when on site)			Likelihood/impact (use Matrix)
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Eastwood Heights OOSH Risk Minimisation Plan (Reg35) (1/27/2022) (v3) (Rev 001)