



Aranda Afters Association Incorporated

Risk Minimisation and Communication Plan

Office Use only

Action Plan Provided: Yes/No/NA **Review Date:** _____

Medication Provided: Yes/No/NA **Expiry Date:** _____

Plan Implemented By: _____

(Leadership team)

Commencement Date: _____ **Review Date:** _____

This plan will be reviewed upon enrolment each year and after any incident or medical emergency involving the child in this plan.

Child's Full Name: _____ **Date of Birth:** _____

Medical Condition: **Anaphylaxis/Allergy –**
(Please list condition)

Parent Details

Parent Guardian Name: _____ **Contact Number:** _____

Signature: _____

Parent Guardian Name: _____ **Contact Number:** _____

Signature: _____

Medical Practitioner

Name: _____ **Phone:** _____

Address: _____



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The Risk Table is used to identify and manage any potential risks to your Child's condition, as listed above, while present at Aranda Afters.

Risk Table		
Risk Identified	Actions the service will take to minimise the Risk Identified	Who is responsible
Allergen may be provided during Afternoon tea meals	Aranda Afters will consider all allergens identified and consider them in the planning of the menu, where an allergen cannot be avoided the child will be provided an alternative meal. All staff working in the Canteen are trained in food safety and are aware of food handling procedures and risk of cross contamination of foods.	Kitchen Staff
Allergen may be present during special events such as cooking and science activities	Aranda Afters will consider the child's allergen when planning special events. Aranda Afters will provide alternative resources so that the child can still engage in the activity. All food resources will be checked for ingredients.	Program Coordinators /Kitchen Staff
Food rewards may contain allergen	Food rewards will not be given at Aranda Afters	All Staff /Educators
Children are exposed to an allergen through sharing food	Children are reminded not to share food with each other. Aranda Afters provides all food at afterschool care.	All Staff /Educators
Craft resources contain allergen	Aranda Afters will ensure containers used by students at risk of anaphylaxis do not contain allergens. Activities such as face painting or mask making (when moulded on the face of the child) will be checked to ensure they do not contain allergens. When making playdough Aranda Afters will Check that nut oils have not been used in their manufacture.	Program Coordinators /Educators
Gardens may contain trees or plants that are an allergen	Peanuts and tree nuts will be excluded from garden plantings.	



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Service Communication Plan

- All persons working with children will be provided with a copy of our Medical Conditions Policy
- All Educators participate in Asthma and Anaphylaxis and Epilepsy Training every 12 months
- The service has a practice auto injector pen for staff to become familiar with
- All leadership staff members hold a complete First Aid Certificate and refresh CPR each year
- Aranda Afters Keeps an updated Epi-pen and Ventolin onsite
- General medications are stored in the one place in the office, each medication is stored in a clearly labelled box with the child's Name.
- Epi pens are stored in the one place in the first aid cupboard, each medication is stored in a clearly labelled box with the child's Name.
- Action plans are located In a folder in the office and all staff will read and sign to say they have read the folder
- Action plans are also located in the child's medication box
- Aranda Afters will keep a register of Medication and Action plan Expiry dates and will communicate to families to update these in a timely manner
- The Risk Minimisation and Communication plan for each child will be kept in the Medical conditions folder that all staff read
- Kitchen staff are provided with an updated medical conditions list each term and updated when a change is notified to the service

I, (Parent/Guardian name) _____ will communicate any changes in relation to my child's medical management plan and risk minimisation plan in writing to the nominated supervisor immediately.

Parent/Guardian Signature: _____ Date: _____

Child's Communication Plan

Date	Update	Who this was communicated to	How it was communicated