



MEDICAL COMMUNICATION PLAN

This communication plan has been developed to ensure that relevant staff members are informed about the Management of Medical Conditions Policy and to outline avenues of communication between families and the Service.

COMMUNICATION ABOUT THE MANAGEMENT OF DIAGNOSED MEDICAL CONDITIONS	DETAILS	TIMEFRAME	PERSON RESPONSIBLE
New Families	Information about diagnosed medical conditions is included in the Parent Handbook	On enrolment	Nominated Supervisor/ Responsible Person
	Families are verbally informed about the Service's Management of Medical Conditions Policy	On enrolment	
Service Employees	Educators are informed about the Service's procedures and policies in relation to managing children with diagnosed medical conditions and these children are identified	Orientation process	Nominated Supervisor
	All employees are informed about and familiar with Medical Management Action Plans and Risk Minimisation Plans	Ongoing as relevant	Nominated Supervisor/ Educators/Families
Relief Staff, Students, Volunteers, Early Intervention Specialists	All stakeholders are informed about and familiar with any Medical Management Plans and Risk Minimisation Plans	Initial contact with the Service. E.g. orientation process, first visit	Nominated Supervisor/ Responsible Person/ Educators
Families of children who have been diagnosed with a medical condition	Implement all strategies identified in the Management of Medical Conditions Policy	Upon learning that the child has a diagnosed medical condition	Nominated Supervisor/ Responsible Person/ Educators
	Families are encouraged to communicate with Educators about their child's individual needs	Regularly as required	Families



MEDICAL MANAGEMENT ACTION PLAN

This form is to be completed by the child’s medical practitioner and provides a description of the health condition and first aid requirements for a child with complex medical needs. This information will assist the Service in developing a Medical Management Plan, which outlines how the Educators will support the child’s medical needs.

CHILD’S NAME:		D.O.B:	
CHILD’S DOCTORS NAME:		PHONE:	
MEDICAL ALERT NUMBER: (If relevant)		REVIEW DATE:	

DIAGNOSED MEDICAL CONDITION:	DESCRIPTION OF MEDICAL CONDITION:
<div style="border: 1px solid gray; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p>PHOTO OF CHILD</p> </div> </div>	<div style="border: 1px solid gray; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px;"> Level of support required: Including level of supervision; </div> <div style="border: 1px solid gray; height: 40px;"></div>
PARENT/GUARDIAN CONTACT DETAILS:	Type of health support requirements:
Name: Home Phone: Work Phone: Mobile:	<div style="border: 1px solid gray; height: 60px;"></div>
PARENT/GUARDIAN CONTACT DETAILS:	General supervision for safety: Symptoms that staff should recognise as signs that medical assistance is required;
Name: Home Phone: Work Phone: Mobile:	<div style="border: 1px solid gray; height: 60px;"></div>

Medical Practitioners Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Nominated Supervisor Signature: _____ Date: _____



MEDICAL RISK MINIMISATION PLAN

CHILD'S NAME:		
1.	What is the medical condition that this assessment addresses?	
2.	Does the child need dietary modifications? <i>(If yes, please comment in sections below.)</i>	
3.	RISK: What are the issues and/or the actual/potential situations that could lead to a medical emergency?	
4.	STRATEGY: What can be done to reduce these risks? What resources are needed?	
5.	WHO: Who needs to be included in the process? Why?	
Unsafe foods & Meals: (If applicable)		
Safe foods & Meals: (If applicable)		

Educator's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

All relevant staff members have been made aware of this plan and understand the risk, plan to minimise the risk and how to respond if a risk has been detected.

Nominated Supervisor Signature: _____ Date: _____