

MEDICAL COMMUNICATION PLAN

This communication plan has been developed to ensure that relevant staff members are informed about the *Medical Conditions Policy*, the medical management plan and risk minimization plan for individual children and to outline avenues of communication between families and the Service. (regulation 90 (1)(iv)).

COMMUNICATION ABOUT THE MANAGEMENT OF DIAGNOSED MEDICAL CONDITIONS	DETAILS	TIMEFRAME	PERSON RESPONSIBLE
New Families	Information about diagnosed medical conditions is included in the Families Handbook Families are verbally informed about the Service's management of the Medical Conditions Policy	On enrolment On enrolment	Nominated Supervisor/ Responsible Person
Service Employees	Educators are informed about the Service's procedures and policies in relation to managing children with diagnosed health care needs, allergies and medical conditions and these children are identified All employees are informed of and are familiar with Medical Management Plans and Risk Minimisation Plans through displays within staff only areas	Orientation process Ongoing as relevant and upon enrolment of new children	Nominated Supervisor Nominated Supervisor/ Educators/Families
Relief Staff, Students, Volunteers, Early Intervention Specialists	All stakeholders are informed of and are 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

<p>Families of children who have been diagnosed with a medical condition</p>	<p>Implement all strategies identified in the Medical Conditions Policy</p> <p>Families must comply with this policy and communicate with Educators about their child’s individual needs and any changes to the Medical Management Plan. (Complete <i>Medical Communication Plan</i> below),</p>	<p>Upon learning that the child has a diagnosed medical condition</p> <p>Regularly as required</p>	<p>Nominated Supervisor/ Responsible Person/ Educators</p> <p>Families</p>
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Families must communicate with Educators about their child's individual needs and any changes to the Medical Management Plan, record any changes to the child's individual needs below.

Child's Name			Room name	
Date	___ / ___ / 20__	Parent/Guardian (name and signature)	Educator/Staff member (name and signature)	
Notes:				
Date	___ / ___ / 20__	Parent/Guardian (name and signature)	Educator/Staff member (name and signature)	
Notes:				
Date	___ / ___ / 20__	Parent/Guardian (name and signature)	Educator/Staff member (name and signature)	
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