

Name: _____

Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

Date: _____

Action Plan due for review – date:

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors.

Instructions are on the device label.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 10-20kg.

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 and call for help
- Give other medications (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/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

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

- If unconscious, place in recovery position

- If breathing is difficult allow them to sit



2 Give adrenaline (epinephrine) autoinjector if available

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

If adrenaline is accidentally injected (e.g. into a thumb) follow this action plan if a person has anaphylaxis and phone your local poisons information centre

Allergies

Risk Minimisation Plan and Family Communication Plan

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 medical emergency.

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

CHECKLIST:	WHO IS RESPONSIBLE	RISK MANAGEMENT STRATEGIES
<i>Please list:</i> What are the issues and/or the actual/potential situations that could lead to a medical emergency, e.g. triggers		
Current medical management plan identifying known allergens has been provided.	Parent/guardian	Action plan provided before attendance
Parent/guardian has been provided with a medication authority form for completion indicating doctor's requirements regarding administration	Coordinator	Ensure the medication authority form is completed and provided with the medication in the child's name
The prescribed medication is provided upon enrolment and the expiry date has been checked	Parent/guardian Coordinator	Expiry date of medication:
Educators at the service check medication expiry date at the beginning of each school term/vacation care period	Coordinator/Educators	Expiry date of medication: Term 1: Term 2: Term 3: Term 4:
Parents/guardians are aware that every child attending the service with an identified medical condition will have a current Individual Emergency Action Plan with identifying photo displayed at the service	Coordinator/ Parent/guardians	Each child's Individual Emergency Action Plan will be displayed at the service Educators will be made aware of each child with an identified medical condition and their Individual Emergency Action Plan

FOOD RELATED ALLERGIES

The child is allowed to eat healthy snacks that are provided by the service (i.e. shared fruit, afternoon tea and/or cooking activities)	Coordinator/Educators	Educators monitor food provided to child to ensure compliance with identified dietary requirements
In cases where the child has a severe food allergy, all food for this child provided by the service will be approved by the parent/guardian and monitored by	Coordinator/ Parent/guardian	Parent/guardian to approve food provided to their child by the service or alternatively, supply a sufficient amount of food for their child themselves

educators. If necessary, food will be supplied by the child's parent/guardian		
Drinks and food provided by the parent/guardian for this child should be clearly labelled with the child's name	Parent/guardian	Lunch box and drinks clearly labelled prior to the child attending the service
Food provided or supplied for this child will not be shared or traded with other children/adults. This includes food utensils and containers	Educators/Child	Educators will have discussions with children regarding sharing of food, food utensils and containers
Food will be consumed in designated areas and all children will be closely supervised during meal/snack times	Educators	Ensure food is eaten in designated areas
Supervision will be increased for children at risk of severe allergic reaction on special occasions (e.g. excursions, workshops, birthday celebrations)	Educators	Children at risk of severe allergic reactions will be closely monitored by educators during special occasions
Ensure tables and bench tops are cleaned and sanitised before and after meal routines and cooking activities	Educators	Educators to follow service hygiene policies and practices
Some food, food containers, boxes and packaging used during craft activities and science experiments may be restricted depending on the allergens and/or triggers of the children attending the service at the time	Educators	Educators to monitor equipment and resources required when planning specific activities Educators to eliminate resources and/or equipment that may contain allergens
This Risk Minimisation Plan will inform the service's food purchasing practices	Coordinator	Ensure food purchased is consistent with individual children's health needs

ENVIRONMENT RELATED ALLERGIES

During outdoor activities, the environment will be monitored for potential hazards such as bees, hornets, wasps and ants	Coordinator/ Educators	Environment checklists will identify the presence of such hazards
The service environment will be monitored for latex products including balloons, disposable gloves, bandaids and/or bandages	Coordinator/ Educators	First aid kits and food handling gloves will be checked and monitored regularly for known allergens

PARENT/GUARDIAN COMMUNICATION PLAN - I UNDERSTAND THAT:

As the parent/guardian of, I am responsible for notifying the Nominated Supervisor of any changes to my child's medical condition including their Individual Emergency Management Plan and this Risk Minimisation Plan. Any changes must be signed off by the treating doctor and a copy provided to the service.
The service's Nominated Supervisor is responsible for managing and maintaining regular updates about allergies, sourcing information for all staff regarding children who may be at risk of mild to moderate allergic reactions in care. This includes reviewing all policy documents annually.
All educators and other staff are informed about the medical condition of my child and have been shown their Individual Emergency Management Plan and this Risk Minimisation Plan.

Medication Authority and Administering Form

MEDICATION AUTHORITY – to be completed by the parent/guardian

Childs Name: Date of birth:

Name of medication: Expiry date:

Reason for medication:

Medication storage instructions (e.g. to be refrigerated):

Please indicate how long this medication needs to be administered:

- Today only – todays date:
- 2 or more consecutive attendance days (e.g. antibiotics) Start date: Finish date:
- Ongoing, regular medication (e.g. ventolin) Start date:

DETAILS OF ADMINISTRATION

Staff will only be able to administer medication if it is received in the original packaging, with a chemist label attached stating the child’s name and dosage. All medication is administered under adult supervision.

My child can self-administer his/her own medication? YES NO

Medication to be administered: Dosage: Time:

Circumstances of administration: Please circle: Before food / with food / after food

Prescribing Doctor’s Name: Phone no:

Letter from doctor/medical management plan provided? NO YES

Parent/guardian name: Phone no:

Signature: Date:

Educator receiving medication:

Signature: Date:

Coordinator signature:

Medical Conditions Risk Minimisation Plan

Child's name:	Date of Birth:
1. What is the specific health care need, allergy or relevant medical condition that this assessment addresses?	
2. Does the child need dietary modifications? (if yes, please comment in sections below)	
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 and Meals (if applicable):	
Safe foods and meals (if applicable):	

Educator's signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

All educators have been made aware of this medical conditions risk minimisation plan and understand the risk, plan to minimise the risk and how to respond if a risk has been detected.

Nominated Supervisor signature: _____ **Date:** _____