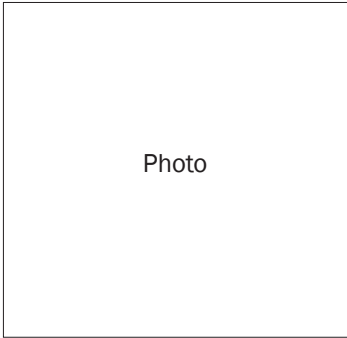


For use with adrenaline (epinephrine) autoinjectors

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: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- 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
- Locate adrenaline autoinjector
- 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

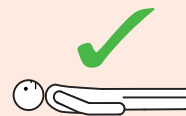
WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

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 autoinjector

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

4 Phone family/emergency contact

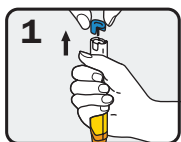
5 Further adrenaline doses may be given if no response after 5 minutes

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

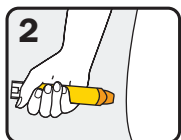
If in doubt give adrenaline autoinjector

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

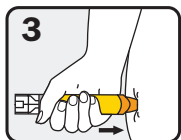
How to give EpiPen® adrenaline (epinephrine) autoinjectors



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2 Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen®Jr is prescribed for children 10-20kg

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 (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

Anaphylaxis

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
Please list: 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 are aware that the child is unable to attend the program without their prescribed medication	Parent/guardian Coordinator	Ensure medication is at the service otherwise child will not be able to attend
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
Parent/guardian is informed that the service has a spare EpiPen that may be administered by educators as directed by an emergency medical advisor, if required	Coordinator	Inform parent/guardian that the service has a spare EpiPen to be administered in the case of an emergency ONLY
Parent/guardian is informed that a minimum of one educator qualified in Anaphylaxis Management is in attendance at all times	Coordinator	Inform parent/guardian that a minimum of one educator qualified in Anaphylaxis Management is in attendance at all times
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: Term2: 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
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FOOD RELATED ANAPHYLAXIS

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 educators. If necessary, food will be supplied by the child's parent/guardian	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
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
In extreme circumstances, highly allergic children will not consume food and/or drinks at the same table as other children consuming food or drink which may contain or potentially contain the allergen.	Educators/Child	Ensure the child is safe from known allergens Ensure children use handwashing procedures before and after meals Ensure food utensils and tables are sanitised prior to use
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 ANAPHYLAXIS

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

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:** _____