Anaphylaxis Management, Risk Minimisation & Communication Plan

	OMPLETE AN ANAPHYLAXIS ACTIO SIGNED BY YOUR CHILD'S DOCTOR:	N PLAN DEVELOPED BY ASCIA: THIS	IS REQUIRED	
		fectively manage the condition whilst and Anaphylaxis Policy in the Policy F		ATTACH PHOTO OF CHILD
Child's Name:				
Date of Birth:	Today's Date:	Date for Review:		
ANAPHYLAXIS MANA	AGEMENT			
STAGE 1 – <u>Anaphylax</u>	is Causes:			
Please describe what sym	nptoms will become evident when y	our child has an anaphylaxis reaction:		
STAGE 2 – When you	r child has an Anaphylaxis re	eaction:		
At the first sign of a react	ion please administer:			
Name of medication:				
Dose and Method of appl	ication:			
Frequency of application:				
Name and number to con	tact:			
Medical practitioner has p	provided medical action plan?	es No If yes, Please attach a cop	by to this form.	(THIS IS REQUIRED)
Steps to take:				
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RISK MININISATION PLAN - Strategies to Avoid Anaphylaxis Triggers (Prepared by Parents and Service)

- Anaphylaxis, asthma and first aid trained educators are on the premises at all times.
- The medical management plan, risk minimisation plan and medication are accessible to all educators. Discussions to explain where these items are kept are held with parents, educators and volunteers.
- The child's and service medication is stored in the prescribed location for the room and service.
- The child's medication will be checked to ensure it is current and has not expired.
- There is a notification of child at risk of anaphylaxis displayed in the front foyer with other prescribed information.
- The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child's medical management plan, risk minimisation plan and medication.
- Parents are required to authorise administration of medication on medication record, and educators will complete administration of medication record whenever medication is provided.
- A copy of parent's authorisation to administer medication is attached to medical management plan and original filed in child file.
- The Nominated Supervisor will discuss with the parents of any allergens that pose a risk to the child.
- The service will display the child's picture, first name, medication held and location, and brief description of medical condition on a poster/schedule in all children's rooms and prominent places to alert all staff, volunteers and students.

Child Name:	Date of Birth: / /			
Specific health care needs or diagnosed medical condition:				
Predominant Trigger/s (For example: eating certain food, using products containing certain foods, chemicals or other substances, temperature, dust, physical activity, exposure to certain animals or plants, mould, pollen, missed meals, etc). PLEASE LIST TRIGGERS THAT RELATED TO CHILD:				
Other Triggers:				

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What educators, staff and voluntee	ers will do to minimise effect of triggers:	
atmosphere, Child will be supervised to prepets; Educators to clean tables and floors of eating and drinking; The child will only eat for clearly. Educators may refuse to give the charming with an educator positioned closely	to reduce allergens; Service will use damp cloths to dust so it's revent movements from hot or warm environments to cold envir from dropped food as soon as practical; Child will be supervised food prepared and bought to the service by the parents; The child unlabelled food; Child to be seated a safe distance from oth by to reduce the risk of the child ingesting other children's food ATEGIES AND WHO RESPONSIBILITIES IN THE TABLE	onments; Child will not feed d while other children are ild's food items will be labelled er children when eating and or drinks, etc). PLEASE
Risks	Strategy	Who is Responsible?
Other comments:		

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MEDICAL COMMUNICATION PLAN (Prepared by Parents and Service	e)					
Child Name:	Date of Birth: / /					
Specific health care needs or diagnosed medical condition:						
The following communication plan is prepared in accordance with regmembers, parents and volunteers are informed about the medical condition minimisation plans for the child; and a parent of the child can communicate and risk minimisation plan for the child.	ons policy; and, the medical management and risk					
Service						
Educators:						
will complete an Incident, Injury, Trauma and Illness form and advise	e you when your child requires medication where					
this has not previously been authorised (for a specific day or time);						
	, 1					
 acknowledge a copy of the Medical Conditions Policy has been provide 	eu anu is avaliable in the service.					
The Nominated Supervisor will:						
• advise all new educators, staff, volunteers and students about the l	ocation of the child's medical management plan,					
risk minimisation plan and medication as part of their induction;						
review the child's medical management plan, risk minimisation plan						
seek feedback from educators about any issues or concerns they may						
regularly remind parents of children with health care needs, allergies	-					
child's medical management plan, risk minimisation information and	medication information through newsletters and					
information on parent noticeboards; and	l					
• update a child's enrolment and medical information as soon as possib	le after parents update the information.					
Parents will:						
 advise the Nominated Supervisor and educators of changes in the me 	adical management plan or medication as soon as					
possible after the change, and immediately provide an updated mediauthorisation (if relevant);						
• provide an updated medical management plan annually, whenever it is	s updated or prior to expiry;					
• provide details annually in enrolment documentation of any medical co	ondition;					
advise educators in writing on arrival of symptoms requiring administ						
cause of the symptoms (if known); and	cause of the symptoms (if known); and					
acknowledge a copy of the Medical Conditions Policy has been provided and is available in the service.						
Other comments:						
I/we agree to these arrangements, including the display of our child's pict	ure, first name, medication held and location, and					
brief description of allergy/condition on a poster in all children's rooms a	and prominent places to alert all staff, volunteers					
and students. Also the above information on forms is correct and current.	Office use only:					
Signed: Date:	Enrolment form pages have been reviewed					
Parent/Guardian	and completed. Nominated Supervisors:					
	Signature:					

Date:

Name of Parent/Guardian