Anaphylaxis/ Allergy Management, Risk Minimisation & Communication Plan

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Important Information: please ticl Anaphylaxis Drug Allergy		osed	
MPORTANT – PLEASE COMPLETE AN ANAPHYL HIS IS REQUIRED TO BE COMPLETED AND SIGN	ATTACH PHOTO OF		
Child's Name:	f Birth:	CHILD	
Date on Plan:	Review for Plan:		
ALLERGY MANAGEMENT		L	
STAGE 1 – <u>List of Allergies:</u>			
Please describe what symptoms will become e	vident when your child has an adverse re	eaction:	
TAGE 2 – When your child has an aller	gic reaction:		
Dose and Method of application: (must be in lin			
If symptoms get worse: (Please note in teps to take: • • • • •	f Anaphylaxis – call OOO immed	iately)	
•			
Parent Contacts:	Parent Information (1)	Parent Information	(2)
First Name			
Last Name			
Contact No: Mobile/work			
Signature (At least one parent to sign)			

UNIVERSAL RISK MININISATION PLAN - Strategies to Avoid Allergy Triggers

- Anaphylaxis, asthma and first aid trained educators/educator assistants are always in the presents of children.
- The medical management plan, risk minimisation plan and medication are accessible to educators. Discussions to explain where these items are kept are held with parents, educators, and educator assistants.
- The child's and Educators medication are stored in the prescribed location of the home.
- 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 with other prescribed information.
- The Service will identify all children with specific health care needs, allergies or diagnosed medical conditions to all required educators, on enrolment 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 always available and original filed in child's file.
- The educator will discuss with the parents of any allergens that pose a risk to the child.

Specific Health Care Risk Minimisation Plan: (To be filled in by Educator in relation to child in care)

Specific Health Condition	What triggers are there: (List from previous page)	What strategies are in place to reduce triggers/risks	Likelihood of occurring Rare, unlikely, possible, likely, almost certain

COMMUNICATION PLAN (Prepared by Parents and Educator)

Child Name:	Date of Birth:	1	1
Specific health care needs or diagnosed medical condition:			

The following communication plan is prepared in accordance with regulation 90(1)(iii) to set out how: relevant staff members, parents and educators are informed about the medical conditions policy; and the medical management and risk minimisation plans for the child; and a parent of the child can communicate any changes to the medical management plan and risk minimisation plan for the child.

Service

Educators:

- will complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time);
- may enquire about the child's health to check if there have been any changes in their condition or treatment; and
- acknowledge a copy of the Medical Conditions Policy has been provided and is available at the Family Day Care residence.

Coordination Unit Staff will:

- advise all new educators, about the location 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 and medication regularly and seek feedback from educators about any issues or concerns they may have in relation to the child's medical condition;
- update a child's enrolment and medical information as soon as possible after parents update the information.

Parents

Parents will:

Educator Signature: Dat	Coordinator Signature:
	Office use only: Sighted and saved on behalf of My Place Family Day Care
I/we agree to these arrangements, including the displ information on this form is correct and current.	lay of the above child's Anaphylaxis Action Plan. Also, the above
Other comments:	
	olicy has been provided and is available at the service and educators
 provide details annually in enrolment documentati advise educators on arrival of symptoms requiring of the symptoms (if known); and 	g administration of medication in the past 48 hours and the cause
• provide an updated medical management plan ann	
•	medical management plan or medication as soon as possible after lated medical management plan, medication and medication