

Medical Conditions Pack



Anaphylaxis

Child's Name:	Insert child's photo here
Known Allergens:	

Emergency Contacts:		
Name	Relationship to Child	Phone

Expiry Dates:		
Medical Practitioner: Action/Management Plan		
Medication 1:		
Medication 2:		
Medication 3:		

Review of Medical Pack Completed:			
Term One:		Term Three:	
Term Two:		Term Four:	

Please insert the
child's ASCIA Action
Plan for Anaphylaxis
here.

This pack contains documents for children enrolled at Lady Forster Kindergarten, who have been diagnosed as being at risk of Anaphylaxis.

The pack contains:

1. Communications Plan
2. Communications Plan Checklist
3. Individual Anaphylaxis Risk Management Plan
4. First Aid Treatment for Anaphylaxis

These documents are to be read in conjunction with the *LFK Anaphylaxis Policy*.

Anaphylaxis Communications Plan



This plan should be read in conjunction with the LFK Anaphylaxis Policy.

Introduction

The parent(s)/guardian(s) will advise LFK at the time of enrolment when a child is diagnosed as being at risk of anaphylaxis. LFK will be provided with a current ASCIA Action Plan for Anaphylaxis and a current photograph of the child:

- during the enrolment process and prior to the child's attendance at LFK
- as soon as possible after diagnosis
- on an annual basis during the child's enrolment at LFK
- whenever the current Plan expires and requires updating.

All parent(s)/guardian(s) of the child will be provided with a copy of the *LFK Anaphylaxis Policy* prior to commencing at Lady Forster Kindergarten.

Individual Anaphylaxis Management Plan

When LFK receives the Action Plan, the child's teacher will develop an individual Anaphylaxis Management Plan based on the information in the ASCIA Action Plan. The Management Plan will be reviewed in consultation with the child's parent(s)/guardian(s) annually; as applicable if the child's condition changes; and immediately after, should the child have an anaphylactic reaction at LFK.

ASCIA Action Plan for Anaphylaxis

A copy of the child's Action Plan will be

- displayed in the child's kindergarten room
- attached to the child's enrolment documents
- copied into the '*Medical Conditions*' folder containing information about children with medical conditions enrolled at LFK.

Action Plans should be reviewed annually or after an incident.

Photos on the Action Plans should be clear and updated annually.

Staff Training

All staff will be briefed once per term by the Director of Lady Forster Kindergarten.

The briefing will include:

- information about LFK's *Anaphylaxis, Asthma, First Aid, Medication and other medical policies*
- identifying all children diagnosed with a medical condition that is related to allergy and potential anaphylactic reaction
- review of ASCIA Action Plan for each child
- where the child's medication is located (and its expiry date)
- how to use an adrenaline auto-injector including a practice session for all staff
- documenting of the auto-injector practice session

Temporary or casual staff will be briefed during staff induction about all children with medical conditions in attendance at LFK. Volunteers are under the supervision of the Kindergarten Teacher and are to follow any instructions provided by the teacher or other members of staff.

Medication

If a child has been prescribed an auto-injector or any other medication, it must be provided by the child's parents/carers to LFK. The child's own auto-injector will be stored in an accessible place (hanging on the front of the fixed First Aid Cabinet)

LFK Excursions

The child's auto-injector will be carried by a staff member in the LFK Portable First Aid Pack during any excursion away from the kindergarten that the child participates in. The child's auto-injector will be accessible for treatment of the child at all times.

Responding to an Incident

Emergency Response Procedure

1. Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
2. Give EpiPen.
3. Staff member to phone the ambulance 000
4. Phone family/emergency contact
5. Further adrenaline dose may be given if no response after 5 minutes

Post Incident

Following responding to an anaphylactic reaction, staff will engage in the following:

- Notify the parents/guardians immediately
- Complete the LFK Incident, Injury, Trauma and Illness Record
- Debrief with children/staff involved
- Collect the child's belongings if transported by ambulance
- The Director or delegate is to discuss the incident (later) with the parents/guardians and to review the child's Individual Management Plan and ASCIA Action Plan
- The Director to implement further risk prevention strategies where appropriate
- Offer post incident counselling to those involved in the incident
- Review the adequacy of the LFK response and consider additional training and other corrective actions.

Anaphylaxis

Communication Plan Checklist



Name of Child:	Date:
Kindergarten Teacher:	Kindergarten Programs:
<p>The following communication steps have been taken in relation to this child's medical condition: (Please tick items completed)</p>	
	Copies of LFK's <i>Anaphylaxis Policy</i> and <i>Dealing with Medical Conditions Policy</i> have been provided to parents/guardians.
	ASCIA Action Plan signed by the child's registered medical practitioner has been provided by the parents/guardians annually or on diagnosis.
	A copy of the child's ASCIA action plan for anaphylaxis is included in the child's adrenaline auto-injector kit.
	An adrenaline auto-injector (within a visible expiry date) has been provided for use by the parent/guardian to LFK - for use at all times the child is being educated and cared for by the service.
	An adrenaline auto-injector is stored in an insulated container (adrenaline auto-injector kit) in a location easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold.
	All staff, including casual and relief staff, are aware of the location of each adrenaline auto-injector kit which includes each child's ASCIA action plan for anaphylaxis.
	Individual Anaphylaxis Management Plan completed by Kindergarten Teacher based on information provided in the ASCIA Action Plan and in consultation with child's parents/guardians.
	Communication Plan developed by Kindergarten Teacher in conjunction with child's parents/guardians.
	A copy of the child's ASCIA Action Plan with current photograph of child is displayed in child's Kindergarten Room. The child's Medical Conditions Pack is attached to the child's enrolment documents and copied for the LFK <i>Medical Conditions</i> folder.
	Each term ensure procedures are in place to: <ul style="list-style-type: none"> - Check that all staff have current and valid Anaphylaxis training certification. - Staff practice administering auto-injection with 'training EpiPen' - Prescribed medication expiry date checked at enrolment and each term - Check parent/guardian/emergency contact details are correct and accessible.
Parent/Guardian Signature	
Kindergarten Teacher Signature:	
Date:	

Individual Anaphylaxis

Risk Management Plan



This plan is to be completed by the Educator on the basis of information from the child's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent/guardian. It is the parent's responsibility to provide LFK with a copy of the child's Action Plan containing the emergency procedures plan (signed by the child's medical practitioner) and an up-to-date photo of the child, to be appended to this plan; and to inform LFK if their child's medical condition changes.

Lady Forster Kindergarten: Anaphylaxis Risk Management Plan		
Child's Name:	Date of Birth:	Known Allergen(s):
List of potential sources of known allergen(s):		
Programs the child participates in:		
Room location for child:		
Teacher/Educator responsible for the program(s):		
PLAN	WHO IS RESPONSIBLE?	STRATEGIES
All LFK staff (permanent and casual) have current training in anaphylaxis and auto-injection.	Educators	All staff at LFK have training in anaphylaxis management and use a 'training EpiPen' to practice each term.
Child has a current Medical Action Plan and a Wall Action Plan containing their photograph so the child can be recognised by all staff (permanent, casual and visitors)	Parent/Guardian/ Educator	Current ASCIA Action Plan and current photo of child to be provided as part of enrolment process and <u>before</u> child attends. LFK Educators will display the Wall Action Plan and make visitors to the Kindergarten aware of the risks.
The child may not attend LFK without their prescribed medication.	Parent/Guardian/ Educator	Ensure medication is on the premises and has not expired or the child cannot attend LFK. The child's auto-injector hangs on the front of the fixed First Aid cabinet.
The Kindergarten has two emergency adrenaline auto-injectors on site at all times. One is carried in a portable first aid kit by the supervising Teacher for any excursions outside LFK. The child's prescribed medication expiry date is checked at enrolment.	Educator Parent/Educator	LFK staff will only provide this medication in the event of an emergency. The location(s) are known to all staff, stored in easily-accessible locations and away from heat. Medication 1: Expiry Date:

		Medication 2: Expiry Date:
Educators check the expiry date of medication at the beginning of each term	Educators	Expiry Date(s): Expiry Date(s): Expiry Date(s): Expiry Date(s):
A notice at the entrance to the Kindergarten Room will alert all entering that there is a child at risk of anaphylaxis attending the program and will list the known allergens.	Educators	Staff will check the children with medical conditions attending each LFK program.
All children will be educated about the risks and the need to not share food with a child with allergies.	Educators	Discussions with large and small groups of children on a regular basis.
Children with allergies will have their own food prepared at home in clearly labelled containers.	Parent/Guardian	Parent to pack appropriate healthy lunch and snacks for child daily.
The child may need to sit at a different table if food in another child's lunch box may present a risk.	Educators	The need for this will be clearly explained to all children, however the child at risk will not be isolated.
Appropriate hygiene practices will be enforced with children and educators.	Parent/Guardian/ Educators	Children and Educators will be asked to wash their hands before and after consuming food.
Supervision will be increased for a child at risk of allergic reaction especially during meal times, celebrations, excursions and special events.	Educators	Children will be monitored with added vigilance when risk is increased.
Ensure tables and benches are wiped down before and after food is served.	Educators	Educator to follow standard practices.
Prior to parties or celebrations, communicate with the parents/guardians to ensure the child only eats approved food.	Parent/Guardian/ Educators	Parent/Guardian/Educator to communicate regarding food supplied by other families for parties/celebrations to ensure the child is not placed at increased risk.

Parent/Guardian's additional comments/requests/instructions:	
This Plan was developed by the LFK Educator below and reviewed in conjunction with the parent/guardian listed:	
_____ Parent/Guardian Name _____ Parent/Guardian Signature _____ Date	_____ Educator Name _____ Educator Signature _____ Date

Upon enrolment of a child with a risk of anaphylaxis, the Educator will implement this communication plan.

All LFK educators (including relievers, students and volunteers) will be made aware of this Child's medical condition and the Risk Management Plan.


Please sign below to show you have read this Plan:

Educator Full Name	Signature	Date

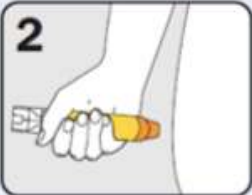
ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

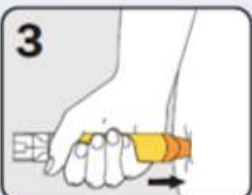
How to give EpiPen®

1 

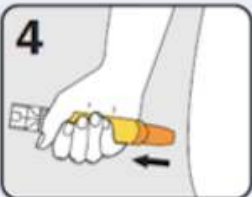
Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.

2 

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 10 seconds.

4 

Remove EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at www.allergy.org.au/health-professionals/anaphylaxis-resources

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For use with EpiPen® adrenaline autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® (or EpiPen® Jr if aged 1 - 5 years)
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® (or EpiPen® Jr if aged 1 - 5 years)**
- 3 Phone ambulance* - 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

After giving adrenaline:

- Commence CPR if there are no signs of life
- Give asthma medication if unsure whether it is asthma or anaphylaxis

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.