**Anaphylaxis Medical Conditions Communication Plan**

**Childs name: ...........................................**

**Specific health care need, allergy or diagnosed medical condition:**

**Educators will:**

* Enquire about the child’s health to check if there have been any changes in their condition or treatment
* Advise parents if the child’s medication needs to be replenished
* Communicate about updating your child’s medical management plan if deemed necessary

**Director/Assistant Director on behalf of Nominated Supervisor will:**

* Advise all new educators, staff, volunteers and students about the location of the child medical management plan, risk minimization plan and medication as part of their induction.
* Review the child’s medical management plan, risk minimisation plan and medication regularly at staff meeting and seek feedback from educators about any issues or concerns they may have in relation to the child’s health needs or medical condition
* Regularly remind families of children with health care needs, allergies or diagnosed medical management plans, risk minimisation information and medication information through newsletters, conversations and information parent notice boards.
* Update a child’s enrolment and medical information as soon as parents provide new documentation ( eg medical plans)
* Share information about the child’s updated health and medical needs with relevant educators , staff and volunteers

**Parents will:**

* Verbally advise the Director of changes in the medical management plan or change of medication as soon as possible and immediately provide an updated medical management plan medication and medication authorisation (if relevant)
* Provide an updated medical management plan annually, whenever it is updated or prior to expiry
* Provide details annually in enrolment documentation of any medical condition
* Ensure the services has adequate supplies of the child’s medication

A copy of the medical Conditions Policy and procedures is attached.

A record of communication about your child’s medical needs will be maintained.

I/We agree to these communication arrangements

Parent Name: ......................................................................... Parent Signature................... ...............................

Directors /Delegate Name........................................................Directors /Delegate Name..................................

**Medical Conditions Risk Minimisation Plan**

**Medical Risks at the service and how these are minimised**

* Anaphylaxis, asthma and first aid trained educators are on the premises at all times
* The medical management plan, communication plan and risk minimisation plans are accessible to all educators. Plans are kept in the Medical records Health Care Plans folder located on the grey shelf in the OSHC office. This folder is included in the emergency evacuation trolley which all educators take with them during evacuations and lockdowns.
* All medications are kept in the locked filing cabinet in the office adjacent to the First aid on which is located on grey bookshelf
* A list of children and their identified allergies are displayed in the kitchen cupboard, all educators are to be familiar with the child’s requirements
* Children are unable to attend the service without a current medical care plan
* Emergency asthma kits are located on the First Aid shelf in the OSHC office
* Educators will check the medication that is onsite is current, prescribed by a medical practitioner, in its original container, is labeled with the childs name on it, name of medication and dosage required and has not expired.
* There is a notification of a child at risk of anaphylaxis and prescribed information

displayed in the kitchen and at both entry/exit doors.

Educators discuss and educate children about food allergys and importance of washing hands after eating and not leaving food on tables and floor.

* The Director will identify all children with specific health needs, allergies or diagnosed medical conditions to all new educators, and volunteers ensuring they know the location of the child’s medical management plan, risk management and medication. Educators will acknowledge this in writing using the induction checklist.
* Parents are required to have a medical authorisation form for each child requiring medication.
* Educators will complete administration of medication record whenever medication is provided two educators will sign and check date and name of medication before administering.

**Food Handling, preparation,consumption and service**

* Educators will clean tables and floors of any dropped foods food as soon as practical
* Children will be supervised at all times while eating and drinking children will sit in the seated areas allocated for eating.
* Cooking activities will be assessed for ingredients and risk to child.

**Anaphylaxis Risk Minimisation Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Children’s Service or School Name: | | | | |
| Phone: | | | | |
| Student’s name: | | | | |
| Date of birth: | | Year level: | | |
| Anaphylaxis Action Plan provided by parent/carer (please circle): YES / NO | | | | |
| Anaphylaxis Triggers: | | | | |
| Other health conditions: | | | | |
| Medication at school: | | | | |
| Parent/carer contact: | Parent/carer information (1) | | Parent/carer information (2) | |
| Name: | | Name: | |
| Relationship: | | Relationship: | |
| Home phone: | | Home phone: | |
| Work phone: | | Work phone: | |
| Mobile: | | Mobile: | |
| Address: | | Address: | |
| Other emergency contacts  (if parent/carer not available): | | | | |
| Medical practitioner contact: | | | | |
| Emergency care to be  provided at school: | | | | |
| Medication Storage: | | | | |
| The following Anaphylaxis Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on (record date):  ...........................................................  (insert date of proposed review). | | | | |
| Signature of parent/carer: | | | | Date: |
| Signature of principal (or nominee): | | | | Date: |

**Strategies to Avoid Anaphylaxis Triggers**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s name: | | | |
| Date of birth: | | Year level: | |
| Predominant Anaphylaxis Trigger/s: | | | |
|  | | | |
| Other Anaphylaxis Triggers: | | | |
|  | | | |
| Risk (suggested risks listed in **Appendix**) | Strategy | | Who is Responsible? |
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**Appendix**

**Examples of Risks, Situations, Concepts to consider when completing the Anaphalaxis Risk Minimisation Plan**

**Triggers:**

* **Eating certain food**
* **Products containing certain foods, chemicals or other substances**
* **Temperature**
* **Dust**
* **Physical activity**
* **Laughing**
* **Exposure to certain animals or plants**
* **Mould/pollens**
* Who are the children and what are their triggers (is information provided on their Action Plan)?
* What are the potential sources of exposure to their triggers?
* Where will the potential source of exposure to their triggers occur?
* Are all staff (including relief staff, visitors and parent/carer volunteers) aware of which children have anaphylaxis
* Does the bullying policy include health related bullying?
* Is there age appropriate anaphylaxis education for children at the service and are children actively encouraged to seek help if they feel unwell?
* Do you have anaphylaxis information available at the service for parents/carers?
* What are the lines of communication in the children’s service?
* What is the process for enrolment at the service, including the collection of medical information and Action Plans for medical conditions?
* Who is responsible for the health conditions policy, the medications policy, Asthma Anaphylaxis Action Plans and Risk Minimisation plans?
* Does the child have an Anaphylaxis Action Plan and where is it kept?
* Do all service staff know how to interpret and implement Anaphylaxis Action Plans in an emergency?
* Do all children with ananphylaxis attend with their epipen?
* Where are the medications kept?
* Do all staff and visitors to the service know where they are kept
* Do you have one member of staff on duty at all times who has current and approved Emergency Anaphylaxis Management training?
* Who else needs training in the use of epipens
* What happens if a child’s medication and are not brought to the service?
* Does the child have any other health conditions, such as allergies or asthma?
* Do they have an Action Plan and Risk Minimisation plan for each health condition?
* Do plants around the service attract bees, wasps or ants?
* Have you considered planting a low-allergen garden?
* Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
* Could traces of food allergens be present on craft materials used by the children? (*e.g.* egg cartons, cereal boxes, milk cartons)