# Anaphylaxis Risk Minimisation and Communication Plan
# Ripponlea Kindergarten

Ripponlea Kinder
We play, learn, grow and have fun doing it!

| **GENERAL DETAILS** | | |
|---|---|---|
| Child's Name: | | |
| Date of Birth: | | |
| Group Child Attends: | Days of Attendance: | |
| Parent/Guardian contact details: | Parent/guardian information (1) | Parent/guardian information (2) |
| | Name: | Name: |
| | Relationship: | Relationship: |
| | Phone: | Phone: |
| Other Emergency Contacts (if parent/guardian not available): | | |
| Medical Practitioner Contact: | | |
| Anaphylaxis Action Plan provided by family (please circle): YES / NO | Date Action Plan completed by doctor or nurse practitioner: | |
| | Date of next review: | |
| Other Health Conditions: | | |

| **ANAPHYLAXIS DETAILS** | |
|---|---|
| ANAPHYLAXIS TRIGGERS<br>Please tick what your child is anaphylactic to below: | |
| ☐ Milk (dairy) | Tree nuts (please specify specific nut/s)<br>☐ Almond<br>☐ Brazil nut<br>☐ Cashew<br>☐ Hazelnut |
| ☐ Peanut | |
| ☐ Egg | |
| ☐ Soy | |
| ☐ Wheat | |

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|---|---|
| ☐ Crustaceans (Shellfish) | ☐ Macadamia |
| ☐ Molluscs | ☐ Pecan |
| ☐ Fish | ☐ Pine nut |
| ☐ Sesame | ☐ Pistachio |
| ☐ Lupin | ☐ Walnut |
| ☐ Other foods *(please specify):* | ☐ All tree nuts should be avoided while at the service |
| ☐ Insect stings or bites *(please specify if known):* | |
| ☐ Medication *(please specify if known):* | |
| ☐ Latex | |
| ☐ Other/Unknown *(please specify if known):* | |

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| Sources of exposure to triggers:<br>(please make a note of what the trigger is if more than one) | Strategies to avoid triggers: |

Food / items to be excluded from the centre:

General minimisation strategies:

A copy of the child's action plan will be displayed in the room.

A copy of the child's action plan will be kept with their medication, in their enrolment file, and in the emergency backpack and bush kinder backpack (if in the Walert group).

Educators are always up to date with their first aid training, including anaphylaxis and allergy management and undertake quarterly training with an auto injector.

All staff know where the action plans and medication for each child are located.

Child's medication will be clearly labelled and kept in an unlocked cabinet not accessible to children and away from heat.

Child's medication and spare medication will be taken offsite when we go to the oval, practice emergency evacuations, or go to bush kinder.

Regular checks will be undertaken on all medication kept at the service to ensure they are in date and there is enough medication available.

All medical policies are available on the kindergarten website and parents / guardians notified of this at orientation sessions.

Parents /guardians notified of a child at risk of anaphylaxis at the service at the start of the year and made aware of food to be excluded.

Educators ensure they monitor the lunchboxes of children sitting near anaphylactic child in cases of food allergies.

Educators ensure they clean tables and chairs properly before and after children eat.

Signs are posted at the entrance to the kindergarten and near the kitchen notifying people that there is a child with anaphylaxis attending and of any foods that can't be brought to the service.

In an emergency, medication will be administered as per each child's individual policy. If the child has never had an episode before we will follow the general ASCIA plan, located with the spare epipen and displayed near the action plans and in the office.

Staff will let relief staff know the children at risk of allergic reactions and will be responsible for the administration of medication if required (relief staff are unable to administer medication).

Initial Signs: *What are the first symptoms to appear that could mean a reaction is commencing?*

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| Initial Action: *What are the initial steps of first aid to be taken? (eg. contact parents/emergency contacts, administer medication as per Anaphylaxis Action Plan etc)* |
| **MEDICATION DETAILS** |
| Name of medication 1:<br>(include adrenaline injectors) |
| Expiry date: |
| Medication Storage Location: *Stored at the service in the First Aid cupboard on the back wall near the kitchen* |
| Name of medication 2:<br>(include adrenaline injectors) |
| Expiry date: |
| Medication Storage Location: *Stored at the service in the First Aid cupboard on the back wall near the kitchen* |
| **AGREEMENT** |
| The following Anaphylaxis Risk Minimisation Plan has been developed with my knowledge and input.<br>I acknowledge I have been provided with a copy of Ripponlea Kindergarten's Anaphylaxis Management policy.<br>I am aware that my child cannot commence at the kindergarten without anaphylaxis medication that will stay at the kinder.<br>I will notify staff about any changes to my child's diagnosis or Anaphylaxis Action Plan.<br>I authorise staff to administer medication if required.<br>I acknowledge that this plan is valid for one year or until I advise the service of a change in my child's health care requirements. |

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| Name of parent/carer: | Signature: | Date: |
| Name of teacher: | Signature: | Date: |
| Name of Nominated Supervisor: | Signature: | Date: |

| Date of review of this risk minimisation plan<br>(eg. following an exposure incident or change to plan): | | |
|---|---|---|
| **STAFF ADVISED OF CHILD WITH ANAPHYLAXIS** | | |
| Staff name: | Signature: | Date: |
| Staff name: | Signature: | Date: |
| Staff name: | Signature: | Date: |
| Staff name: | Signature: | Date: |
| Staff name: | Signature: | Date: |
| Staff name: | Signature: | Date: |