ANAPHYLAXIS
ENROLMENT
DOCUMENTS

2017

FOR FAMILIES
ANAPHYLAXIS
PACKAGE

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Therefore it is imperative for parents/guardians to take the time and in conjunction with the Co-ordinator/Assistant Co-ordinator to complete all appropriate documents.

- Anaphylaxis Policy for the parents to keep
- The red Anaphylaxis document must be completed, signed and stamped by a **DOCTOR**
- Anaphylaxis Action Plan must be completed.
- To be signed and stamped by a doctor.
- Child risk Assessment needs to be completed with a educator member
- Risk Minimisation Plan needs to be completed with a educator member
- Enrolment checklist needs to be completed with a educator member
Anaphylaxis Action Plan

This record is to be completed by parents/guardians in consultation with their child’s doctor (general practitioner). Parents/guardians should inform the OSHC immediately if there are any changes to the plan. Please cross (x) the appropriate box and print your answers clearly in the blank spaces where indicated. This plan should be reviews annually.

The OSHC collects the information contained in this form to provide or arrange first aid and other medical treatments for children. The information collected will be held at OSHC and will be made available to the staff of the OSHC and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1998 (Cwth). Parents/Guardians note that in the absence of an Emergency Action Plan only standard First Aid should be administered.

**Personal Details**

| Child’s Name:          | | | | | | |
|-----------------------| | | | | | |
| Date of Birth:        | Sex: | M | F |
| Parent/Guardian contact: | Parent/Guardian information (1) | Parent/Guardian information (2) |
| Name:                 | Name: |
| Relationship:         | Relationship: |
| Home phone:           | Home phone: |
| Work phone:           | Work phone: |
| Mobile:               | Mobile: |
| Address:              | Address: |
| Other emergency contacts (if parent/guardian not available): | Contact information (1) | Contact information (2) |
| Name:                 | Name: |
| Relationship:         | Relationship: |
| Home phone:           | Home phone: |
| Work phone:           | Work phone: |
| Mobile:               | Mobile: |
| Address:              | Address: |
| Medical Practitioner  | Name: |
| Phone:                | |
| Address:              | |
## Child’s Medical Information

This Child has been found to be allergic to

..........................................................................................................................  
And has experienced the following symptoms:

<table>
<thead>
<tr>
<th>System</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKIN</td>
<td>itchiness/redness/hives/welts/face swelling</td>
</tr>
<tr>
<td>GUT</td>
<td>stomach cramps/nausea/vomiting/diarrhoea</td>
</tr>
<tr>
<td>HEART</td>
<td>thumping of heart/dizziness/fainting/collapse/palpitations</td>
</tr>
<tr>
<td>BREATHING</td>
<td>tongue swelling/throat swelling/wheeze/noisy breathing/asthma/difficulty</td>
</tr>
<tr>
<td></td>
<td>speaking/persistent cough/blue lips indicating oxygen deficiency</td>
</tr>
</tbody>
</table>

OTHER..........................................................................................................................  

Past Reactions have been mild/moderate/severe

Dangerous symptoms have been absent/present in the past

The risk of DANGEROUS reactions if exposed is low/moderate/high

Other health conditions:

Medications at the service:

In an emergency follow the Plan below that has been crossed (x)

### STANDARD FIRST AID PLAN

- EpiPen is stored: ..............................................

If exposure is suspected:

- **Call for help** (eg. Other staff, ambulance)
- **Get child to spit** out the food
- **Rinse** mouth
- **Wash** hands and face
- **Get EpiPen** ready in case it is needed
- **Give** (dosage)................. of (medication)............... (antihistamine) Y/N
- **Observe** for dangerous symptoms such as difficulty speaking/breathing, gasping, collapse, fainting and throat/lips/tongue swelling.
- **If dangerous symptoms appear, administer EpiPen** into mid thigh and **double check** that ambulance was called
- **Note TIME** that EpiPen was given: ..................am/pm
- **Notify Parents**: Telephone: ........................................
This child **HAS / HAS NOT** been advised to have adrenaline available in case of an emergency.

### ADMINISTERING EPIPEN

- Check it is child’s EPIPEN
- Remove container
- Check expiry date has not passed
- Check fluid is clear
  **THEN**
- Reassure and explain what will happen and why
  **THEN**
- Form fist around EpiPen and pull off blue cap
- Hold in fist grip (do not touch either end)
- Press orange end of device into the front of the mid-thigh
- Listen for a “click” as the device is activated
- Hold EPIPEN in place for 10 seconds (if knocked out, don’t try to readminister)
- Remove EpiPen – be careful not to touch needle
- Place in sharps container & hand to ambulance officer

Continue to observe and reassure child

Commence resuscitation if child
- Loses consciousness
- Stops breathing
- Loses pulse

Coordinator or Staff to travel in ambulance with child if parents have not arrived.

Fill out Accident Report Form and inform the parent that a new EPIPEN is required.

**Note:** Have a copy of Action Plan kept **WITH** EpiPen. That way it can be followed by the person giving First Aid, the steps can be “ticked off” as they are done, and the used EpiPen and health information about the child and parent contact details can be given to the ambulance officers when they arrive. As exercise can make reactions worse, it is better to either carry the child closer to help OR bring adrenaline to the child.

I verify that I have read the preferred Anaphylaxis Emergency Action Plan and agree with its implementation;

Signature of Doctor: ................................................................. Date: .................................

Date of Plan: .................................

Signature of Parent/Guardian: .......................................................... Date: .................................
a). I/We (Parent/Guardian)................................................................................................................

give permission for my/our child (Name)..........................................................................................

1). To be treated in an emergency by staff at the OSHC using preferred Anaphylaxis Emergency Action Plan (including the use of Adrenaline) if in their judgement it is required for the treatment of an allergic reaction.

2). To be identified by a Medical Alert poster including a photograph of my child and personal information which is to be displayed in the OSHC’s first aid and other locations as considered necessary. These locations will be discussed with the parents/guardians prior to action.

b). As a Parent/Guardian I will notify you in writing if there are any changes to these instructions.

Signed: .................................................................................................................. Date: ..................
CHILD RISK ASSESSMENT

This form is used to identify the most suitable control measures that will be implemented to minimise the risk of personal injury or ill-health of an individual with a known health or behavioural condition. This assessment should be reviewed and revised at regular intervals.

<table>
<thead>
<tr>
<th>CHILD’S NAME:</th>
<th>DATE OR BIRTH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RISK ASSESSMENT DATE:</td>
<td>REVIEW DATE DUE:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REVISION PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAILY</td>
</tr>
<tr>
<td>QUARTERLY</td>
</tr>
</tbody>
</table>

DETAILS OF THE CONDITION/BEHAVIOUR

FORMS COMPLETED BY: .................................................................

SIGNED: ..........................................................................................

IN CONSULTATION WITH: ................................................................. DATE: ..................

CONTENTS UNDERSTOOD BY: (SUPERVISING ADULT)

................................................................. DATE: ..................

SUMMARISE THE CONTROL MEASURES THAT WILL BE IMPLEMENTED

AVOID KNOWN ALLERGENS:

- NO SHARING OF FOOD
- ALL TABLES AND SPILLS WIPED DOWN AFTER MEALS
- NO FOOD REWARDS TO CHILDREN
- ASCIA ACTION PLANS UP TO DATE
- STAFF INSERVICE AND BRIEFING ON ANAPHYLAXIS AS PER DEECDF RECORDS.
CHILD RISK ASSESSMENT

HAZARD:
A hazard is something with the Potential to cause harm.
ALLERGEN CHILD MUST AVOID NUTS

ASSESS THE RISK

WHAT IS THE RISK?
A risk is the likelihood that injury or death might result because of the hazard.

THE RISK IS MINIMAL AS ALL OSHC RISK MINIMISATION STRATEGIES ARE IN PLACE AND ADHERED TO BY STAFF. STAFF ARE TRAINED IN ANAPHYLAXIS AND FIRST AID. ALL POLICIES AND PROCEDURES ARE CURRENT AND REVIEWED REGULARLY.

WHAT ARE THE SPECIFIC CIRCUMSTANCES RELATING TO THE RISK

SEE DETAILS OF ABOVE.

WHO IS AT RISK

WHAT IS THE LIKELIHOOD THAT AN INJURY WILL OCCUR:

<table>
<thead>
<tr>
<th></th>
<th>Very Likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very Unlikely</th>
</tr>
</thead>
</table>

WHAT ARE THE LIKELY CONSEQUENCES OF THAT INJURY:

<table>
<thead>
<tr>
<th></th>
<th>Extreme</th>
<th>Major</th>
<th>Moderate</th>
<th>Minor</th>
</tr>
</thead>
</table>

RISK PRIORITY CHART – Rank the risk to indicate how important it is to do something about it.

LIKELIHOOD How likely could it happen?

<table>
<thead>
<tr>
<th></th>
<th>EXTREME</th>
<th>MAJOR</th>
<th>MODERATE</th>
<th>MINOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Death or permanent disablement</td>
<td>Serious bodily harm</td>
<td>Casualty treatment</td>
<td>First Aid only No lost time</td>
</tr>
</tbody>
</table>

CONSEQUENCES – How severely could it hurt someone?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERY LIKELY</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>LIKELY</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>UNLIKELY</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>VERY UNLIKELY</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Record result of likelihood and Consequences eg. 1,2,3,4,5,6,7

Risk priority score 1, 2 or 3 Action Do something about these risks immediately
Risk priority score 4 or 5 Action Do something about these risks as soon as possible
Risk priority score 6 or 7 Action These risks may not need immediate attention

DECIDE ON CONTROL MEASURES

DESCRIBE ANY CONTROL MEASURES THAT ARE ALREADY IN PLACE:

ALL POLICIES AND PROCEDURES ARE REVIEWED REGULARLY AND UPDATED ANNUALLY OR IN THE EVENT OF AN INJURY.
## Child Risk Assessment

### What Are the Possible Control Options?

**As per risk strategies:**
1. ASCIA
2. Individual Plan
3. Staff Training and

### What Is the Preferred Control Option? Why?

**Avoidance of Contact with Allergen**

### The Following Section Is to Be Completed by the Coordinator

#### Implement the Control Measures

<table>
<thead>
<tr>
<th>Who Is Responsible for Implementing the Preferred Control Option?</th>
<th>Do They Have a Copy of This Form?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person: .................................................................</td>
<td>YES  NO</td>
</tr>
<tr>
<td>Department: ..............................................................................</td>
<td>Date Given: ..............................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When Will the Control Measures Be Implemented?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: ..........................................................</td>
</tr>
</tbody>
</table>

**Monitor and Review the Control Measures**

<table>
<thead>
<tr>
<th>Are Control Measures in Place?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES  NO</td>
</tr>
</tbody>
</table>

**Comment:** All procedures and policies in relation to anaphylaxis in place.

### How Will the Control Measures Be Implemented?

<table>
<thead>
<tr>
<th>Who is responsible: .................................................................</th>
<th>Date: .............................</th>
</tr>
</thead>
</table>

**Comment:**

### Are the Controls Minimising the Risk?

**Comment:** Avoidance of contact with allergen (risk minimisation) and staff awareness are key to minimising the risk.

### Are There Any New Problems with the Risk?

**Comment:**

### Risk Control in Place

<table>
<thead>
<tr>
<th>Signature of Coordinator: ...............................................................</th>
<th>Date: ...............................</th>
</tr>
</thead>
</table>

**Assessment Notes:**

Assessment undertaken with parents. Reviewed annually, or earlier if any incident or changes to the child. All policies and procedures at OSHC are reviewed annually.

Please attach all notes of discussions, reports, copies of emails, quotes, photos and drawings etc., that are undertaken throughout the risk assessment process, plus relevant sections of the code, standard or guide.
RISK MINIMISATION PROCEDURES

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her. Some parents may choose to provide all food for their child.

- All food for this child should be checked and approved by the child’s parent/guardian and be in accordance with the risk minimisation plan.

- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child’s name.

- There should be no trading or sharing of food, utensils and containers with this child.

- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.

- Increase supervision of this child on special occasions such as excursions, incursions or family days.

In relation to other practices at the service:

- Ensure tables, chairs and bench tops are washed down after eating.

- Ensure hand washing for all children before and after eating and, if the requirement is included in a particular child’s anaphylaxis medical management action plan, on arrival at the children’s service.

- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Educators should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk minimisation plan.

- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not ‘wander around’ the service with food.

- Educators should minimise food rewards, for example stickers, for all children.

- The risk minimisation plan will inform the children’s service’s food purchases and menu planning.

- Food preparation personnel (educators and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
ENROLMENT CHECKLIST FOR CHILDREN AT RISK OF AND ANAPHYLAXIS

☐ A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented including following procedures to address the particular needs of each child diagnosed as at risk of anaphylaxis.

☐ Parents/guardians of a child diagnosed as at risk of anaphylaxis have been provided with a copy of the service’s Anaphylaxis Policy and Dealing with Medical Conditions Policy.

☐ All parents/guardians are made aware of the service’s Anaphylaxis Policy.

☐ An ASCIA action plan for anaphylaxis for the child is completed and signed by the child’s registered medical practitioner and is accessible to all staff.

☐ A copy of the child’s ASCIA action plan for anaphylaxis is included in the child’s adrenaline autoinjector kit (refer to Definitions).

☐ An adrenaline autoinjector (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service.

☐ An adrenaline autoinjector is stored in an insulated container (adrenaline autoinjector 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 autoinjector kit which includes each child’s ASCIA action plan for anaphylaxis.

☐ All staff have undertaken approved anaphylaxis management training (refer to Definitions), which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions and emergency first aid treatment. Details regarding qualifications are to be recorded on the staff record (refer to Definitions).

☐ All staff have undertaken practise with an autoinjector trainer at least annually and preferably quarterly. Details regarding participation in practice sessions are to be recorded on the staff record (refer to Definitions).

☐ A procedure for first aid treatment for anaphylaxis is in place and all staff understand it (refer to Attachment 4).

☐ Contact details of all parents/guardians and authorised nominees are current and accessible.

☐ Information regarding any other medications or medical conditions in the service (for example asthma) is available to staff.

☐ If food is prepared at the service, measures are in place to prevent cross-contamination of the food given to the child diagnosed as at risk of anaphylaxis.


..................................................  ..................................................
Parent/Guardian  Co-ordinator/Educators Member

Date: ...../...../.....  Date: ...../...../.....
QUESTIONNAIRE TO ASK PARENTS DURING THE CHILD RISK ASSESSMENT

HISTORY

1. WHEN WAS THE CHILD DIAGNOSED (YEAR)?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. WHAT HAPPENED? e.g. ingested nuts, taken to hospital, swollen lips/breathing difficulty?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. WHAT IS THE CHILD ALLERGIC TO?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. HAS THE CHILD HAD AN ANAPHYLAXIS REACTION OR WAS IT DIAGNOSED THROUGH THE ALLERGEN TESTING?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. DOES THE CHILD HAVE ASTHMA?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. DOES THE CHILD REQUIRE EPIPEN OR ANTIHISTIMINE OR BOTH?

________________________________________________________________________
________________________________________________________________________