

Requirements of Parent/Guardian on commencement

- Allergic Reaction Action Plan must be provided prior to commencement.
- Risk Minimisation and Communication Plan to be completed in conjunction with our service.
- Medication: Any named Antihistamine or treatment in plan must be provided to the service to keep on site.

ascia ACTION PLAN FOR Allergic Reactions

www.ascia.org.au

Name: _____ Date of birth: _____

Child's name: _____ Date of birth: _____

Child's photo: _____

Child's gender: Male Female

Child's medical history: _____

Child's allergies: _____

Family/emergency contact name(s): _____

Mobile Ph: _____

Home Ph: _____

Emergency contact Ph: _____

Signature: _____ Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes or mouth
- Itching mouth
- Rash or hives
- Abdominal pain, vomiting, these are signs of anaphylaxis for insect allergy

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Give antihistamine if prescribed
- Phone family/emergency contact

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheezing or persistent cough
- Paracetamol tablets or capsules
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1. LAY PERSON FLAT - do NOT allow them to stand or walk
2. GIVE ADRENALINE INJECTOR IF AVAILABLE
3. PHONE ambulance - 000 (AU) or 112 (NZ)
4. PHONE family/emergency contact
5. Transfer person to hospital for at least 4 hours of observation
6. IF IN DOUBT GIVE ADRENALINE INJECTOR

ALWAYS GIVE ADRENALINE INJECTOR FIRST and then asthma reliever/puff. If someone with severe asthma and always to treat, asthma or anaphylaxis has SEVERE DIFFICULTY BREATHING, GROSS SWELLING OR LOSS OF CONSCIOUSNESS, IT IS SAFE TO GIVE ADRENALINE INJECTOR FIRST.

Allergy Individual Risk Minimisation & Communication Plan

This plan is to be completed in accordance with information provided by the child's medical practitioner (ASCLIA Action Plan for Allergic Reaction) and their parent/guardian.

Child Name: _____ Date of Birth: _____

Allergic to: _____

Any other health conditions: _____

Medication provided to Peak: _____ Medication Storage: _____

It is the parent/carer's responsibility to ensure adequate and correct medication is provided to the centre. This medication must be in date and in its full original packaging with doctor's directions/dosage.

Emergency Contact Information		
Parent/Guardian	Parent/Guardian	Doctor
Name	Name	Name
Relationship	Relationship	Medical Centre
Phone	Phone	Phone
Address	Address	Address

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed)
- Phone family/emergency contact

Any antihistamine named on the plan, must be provided to the service to be stored in the medication box

Ongoing Parent/ Guardian Requirements

- To provide an up-to-date Allergic Reaction Action Plan (reviewed annually) signed by a Medical Practitioner to the service.
- To ensure any named Antihistamine in plan must be provided to the service to keep on site. This medication must be in date and in its full original packaging with doctor's directions/dosage.
- To communicate any changes to the medical management plan and risk minimisation plan for my child to the centre or it's representative as soon as reasonably possible. This can be done via email or in person and should be documented on the communication page of the Risk Minimisation and Communication Plan.

Please access our important policies below from our website:

<https://www.peaksportslearning.com.au/policies-procedures>

CHILDREN'S HEALTH AND SAFETY

Medical Conditions Policy including Anaphylaxis, Asthma and Diabetes Management

Administration of Medication Policy