


RISK MINIMISATION & MANAGEMENT PLAN

THIS PLAN IS TO BE REVIEWED AT LEAST ANNUALLY AND UPDATED WITH ANY CHANGES

DATE	17/2/23	
CHILD'S NAME	Aidan Lao	
DATE OF BIRTH	07/02/21	
What is the medical condition that this assessment addresses? (Conditions, Symptoms, Triggers)	Anaphylactic - Dairy - Eggs	
RISK: What are the issues and/or the actual/potential situations that could lead to a medical emergency?		
<p>Sw Consuming Food Groups & Potentially touching ↳ cause anaphylactic reaction</p>		
STRATEGY: What can be done to reduce these risks? Steps to be taken to minimise risk or exposure, including medication to be administered (including location of medication)		
<p>Clean taps before & after group handwashing at meal times, encourage Aidan to go first if food meal was offered to others w/ Dairy or Eggs. Sit at another table if other meal contain dairy/eggs, sit with an educator or anyone else who is dairy free/egg free.</p>		
ACTION: Step by step actions to be taken		
Per action plan		
COMMUNICATION PLAN	DATE	
Relevant staff and volunteers have been informed about the services' medical conditions policy and medical communication plan for the child.	17/02/23	
Relevant staff and volunteers have been informed about this medical management plan and risk minimisation plan and know where to locate in the case of an emergency	17/02/23	
Parent / guardian of child have been informed to communicate any changes to the medical management plan (including risk minimisation plan) for the child in writing.	17/02/23	

EMERGENCY CONTACT DETAILS ON REVERSE




CONTACT INFORMATION

GUARDIAN NAME	THEA LAO	GUARDIAN NAME	JESTER LAO
MOBILE	0426 699 232	MOBILE	0430 598 264
WORK #		WORK #	0435 790 951

IF GUARDIANS ARE UNCONTACTABLE PLEASE USE EMERGENCY CONTACTS BELOW

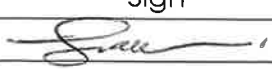
NAME	JUVITA TUNUCH	NAME	
MOBILE	0968 917 097	MOBILE	
WORK #		WORK #	

This plan is to be displayed in an area accessible by staff who are responsible for your child's education and care. This information will not be used for any purpose other than to ensure the safety and wellbeing of your child.

EDUCATOR COMPLETING PLAN	Emily Burton
DATE	09/02/23
SIGNATURE	
RESPONSIBLE PERSON	Emily Burton
DATE	11/2/23
SIGNATURE	
GUARDIAN	THEA LAO
SIGNATURE	
DATE	17-2-23

Review

(any changes a new form to be completed)

Date	Sign
14/7/23	

ACTION PLAN FOR Anaphylaxis

Name: Aidan Lao

For use with EpiPen® adrenaline (epinephrine) autoinjectors

Date of birth: 7/2/21



Confirmed allergens:

Dairy + Egg

Family/emergency contact name(s):

1. THEA MAE LAO
0426 699 232

Work Ph: _____

Home Ph: 2 JESTER LAO

Mobile Ph: 0430 598 264

Plan prepared by doctor or nurse practitioner (np):

Dr C. [Signature]

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

Signed: [Signature]

Date: 10-8-23

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- 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
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....antihistamine
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

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

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

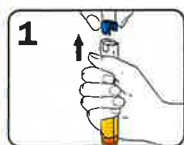
5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

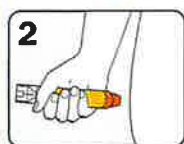
If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

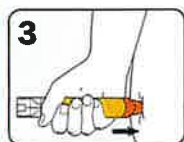
How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

