



- Only appropriately qualified Health Professional or a Nurse Practitioner can complete and review an Allergy Response Plan
- Staff members must be appropriately trained to administer medication
- Where the use of EpiPens is included, staff must be trained in the use of the device before attempting to administer the medication. Subcutaneous injections fall under the category of High Intensity Daily Personal Activity (HIDPA).

Personal Details			
Name:			
CIRTS ID:			
Date of Plan:		Review Date:	

Section 1: Safeguarding Requirements		
The following safeguarding options are available for all people that LWB support with the management of their allergies.		
Product Type	Risk Management Options	
Shared and Supported Living (SSL)	Option 2 or 3 below must be selected	
Lifestyle Supports (LS)	Option 1, 2 or 3 below must be selected	
Agreed Risk Management Strategy		Tick
1	The person chooses to self-manage their allergies and agrees to LWB following general emergency response only if required (*Only LS)	<input type="checkbox"/>
2	The person has provided a completed, current Allergy Response Plan and it is attached to Section 1 of this document	<input type="checkbox"/>
3	The person will complete this NDIS LWB 5582 Allergy Response Plan with staff and a doctor	<input type="checkbox"/>

Section 2: Allergy Response Plan			
This Allergy Response Plan is <u>only</u> to be completed by a Health Professional or a Nurse Practitioner and cannot be altered without their permission.			
Confirmed allergens?	Known reactions to allergens?	Prescribed medications? (record in the person's Compact Medication Chart)	
Is the person at risk of anaphylaxis (severe allergic reaction) as a result of their allergens?			<input type="checkbox"/> No <input type="checkbox"/> Yes
Is the use of an Adrenaline Auto Injector / Epi Pen required? Staff must complete training in administration of Epi Pens – this can be via previously completed First Aid training or specific training for this person. Only trained staff can administer. Sign off for training is in Section 4 of this plan.			<input type="checkbox"/> No <input type="checkbox"/> Yes
If symptoms get worse (look for: swelling of lips, face and eyes, hives or welts, tingling mouth, abdominal pain, vomiting)			
To be completed by health professional only and also recorded within the person's Compact Medication Chart.			
Staff to sign for administration of the below listed medication in the person's Compact Medication Chart.			
Medication		Dose	
To be taken			
Response:			
Danger Signs – symptoms get worse very quickly (look for: difficult/noisy breathing, swelling of tongue, swelling/tightness of throat, wheeze or persistent cough, difficulty taking and/or hoarse voice, persistent dizziness or collapse, pale and floppy in young children)			
Response:			

Dial 000 Ambulance if:			
Doctor's name:		Phone:	
Nearest Emergency Department:		Phone:	
Signs a review of this plan should occur immediately:			
Health Professional involved in the development of this plan (to be completed and signed by Health Professional only)			
Name:		Profession:	
Phone Number:		Date:	
Signature:			

Section 3: Consent and Authorisation			
<p>I consent to the support requirements as detailed in my Allergy Response Plan to be implemented in order to assist in the management of my allergies or receive general emergency response as required. If I am unable to give consent, LWB will seek consent from my guardian/person responsible.</p>			
Name	Relationship	Signature	Date
	Self		
	Authorised Decision Maker		

Section 4: LWB Staff and Health Professional Declaration (*All staff who work with this person to sign along with treating Health Professional*)

I have read and understood this Allergy Response Plan and agree to implement the attached plan.

Where the person requires Epi Pen / Adrenaline Auto Injector, I have received training on administration via First Aid training or, a Health Professional has provided person specific training. Where person specific training has been provided, the Health Professional signs off against the staff member also.

Staff Name	Signature	Date	Health Professional Name	Signature	Date

Upload to CIRTS as follows:

Plans & Assessments > New Plan >— [select from drop down] Allergy Response Plan > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD

Review – Only to be completed by a Health Professional

- A Health Professional must review Plans at least annually or as often as determined by the Health Professional. The Health Professional should also include signs that, if observed by staff, indicate an immediate review should take place. LWB Disability Support Staff must also monitor the person's health in the context of the STOP AND WATCH principles outlines in the [NDIS LWB 5501 Health and Wellbeing - Procedure](#)
- Plan Reviews can only be completed by the health professional who originally developed the plan or another health professional with equivalent qualifications. If the health professional has changed since the original plan was developed, they may wish to develop a new plan.
- If the current plan no longer meets the needs of the person, a new plan is required.

Treating Health Professional Declaration

I have today reviewed this plan and confirm that it remains appropriate to meeting the needs of the person.

Health Professional Name and Title	Signature	Date