

Anaphylaxis Risk Minimisation Plan

Centre: Goodstart -	Date:
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Risk Identification and Minimisation

Child at Risk	Room Name	Known Allergen/s	Potential Sources of Exposure (for each allergen)	Strategies to minimise exposure to Allergen/s	Location of Child's Medical Management Plan, including photo
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		•	•	•	
		•	•	•	

Communication and Management

Family Name and Contact Details	Date Allergy & Anaphylaxis Requirement provided to Family.	Date Adrenaline Auto-Injection Device Kit Provided	Location of Child's Adrenaline Auto-Injection Device Kit	Strategy/ies to ensure all Centre Staff
				<ul style="list-style-type: none"> - Recognise Child; - Are aware of Adrenaline Auto-Injection Device Kit location; - Can identify and manage risk.
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DOCUMENT NUMBER & TITLE	NQS2 Anaphylaxis Risk Minimisation Plan APPENDIX		
CONTENT OWNER	Kylie Warren-Wright, National Health and Safety Manager – Governance and Risk	DOCUMENT AUTHOR	Rebecca Gillanders, Health and Safety Officer – Governance and Risk
DATE PUBLISHED	13/12/2013	DOCUMENT VERSION	V12.0
		REVISION DUE DATE	31/08/2017
RECORD MANAGEMENT SCHEDULE	Child Enrolment - C+3yrs		
Ensure you are using the latest version of this policy. You can find it at http://policies.goodstart.org.au/PoliciesandProcedures/NQS2%20Anaphylaxis%20Risk%20Minimisation%20Plan%20APPENDIX.docx			
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Communication with Parents/Guardians on Agreed Strategies and Person/s Responsible

Identified Strategies	Person/s Responsible	Date Implemented	Date Reviewed
•	•		
•	•		
•	•		

Goodstart Early Learning's Commitment – where a child at risk of anaphylaxis is enrolled:

All centre staff and families are aware and informed of how the centre manages the risk of anaphylaxis	
<ul style="list-style-type: none"> Regular checks by family and nominated centre staff will be undertaken. All families will be made aware of the medical conditions policy and allergy and anaphylaxis management procedure, namely that no child who has been prescribed an Adrenaline Auto-Injection Device is permitted to attend the centre without the device. A Medical Management Plan for anaphylaxis in a staff-only area, though permission from the parent to display it in the room may be requested if centre staff believe this will be beneficial. A copy of a current Medical Management Plan for a child at risk of anaphylaxis, signed by a registered medical practitioner and the child's family, is maintained in the child's enrolment records. Details of the known allergies are noted and maintained in the child's enrolment records. 	<ul style="list-style-type: none"> The centre will write to all families informing and requesting specific procedures to be followed to minimise the risk of exposure to a known allergen. Should food allergen/s for a child change, a new written request is sent to all families. The Adrenaline Auto-Injection Device and all anaphylaxis medication must be handled, stored, dispensed, administered and disposed of appropriately and in accordance with the Administering Medication Procedure and the child's Medical Management Plan. The Adrenaline Auto-Injection Device and Medical Management Plan is taken on all excursions attended by the at-risk child and is carried by a nominated centre staff member (ideally a staff member that has received anaphylaxis training).
All centre staff are aware of how the centre aims to minimise the risk of a child being exposed to a known allergen	
<ul style="list-style-type: none"> Appropriate strategies will be developed including the identification of persons responsible to prevent exposure to known allergen/s and how to manage the occurrence of anaphylactic shock. Appropriate hygiene procedures and practices will be undertaken to minimise the risk of contamination of surfaces, food utensils and containers by food allergens. This includes. <ul style="list-style-type: none"> Centre staff changing gloves and washing hands, changing cutting boards, cleaning benches with clean or different cloths when preparing meals for the centre and at-risk children. Ensuring each child enrolled at the centre washes his/her hands upon arrival at the centre as well as before and after eating. 	<ul style="list-style-type: none"> Menus will be planned in conjunction with the family of at risk child/ren: <ul style="list-style-type: none"> As far as practical, the need to exclude food products from the menu that an at-risk child is allergic to will be assessed as part of menu planning. At-risk children should not be given food if the label for the food states that the food may contain traces of a known allergen. No food is introduced to a baby if the parent/guardian has not previous given this food to the baby. Teaching strategies will be used to raise awareness of all children about anaphylaxis and the importance and reasons for no sharing of food with at-risk children.

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<ul style="list-style-type: none"> All ingredients and food products are clearly labelled and appropriately stored. Any product containing a known allergen for an at-risk child is stored away from any other food to avoid any risk of cross contamination as a result of an ingredient entering or falling into the food. The child only consumes food prepared specifically for them using close supervision at meal times. Bottles, other drinks, lunch boxes and containers provided by families are clearly labelled with the name of the at-risk child, and sealed to avoid any food products entering or falling in. 	<ul style="list-style-type: none"> If appropriate, alternative food may be provided by the family of each at-risk child. Consideration is given to obtaining a list of ingredients for any food brought in for an event. For example, if a birthday cake is purchased from a store or brought from home. Consideration will be given to the safest place for the at-risk child to be served and consume their food, while ensuring they are socially included in all activities.
All relevant persons at the Centre will be informed and know what action to take if a child has an anaphylactic reaction	
<ul style="list-style-type: none"> It is the responsibility of all centre staff to know and understand what each child's anaphylaxis Medical Management Plan says, and how to implement it. Where a child at risk of anaphylaxis is enrolled, all staff must have undertaken anaphylaxis management training and regular practice sessions for the administration of the Adrenaline Auto-Injection Device. Training and practice in the administration of an Adrenaline Auto-Injection Device must occur at least annually. Staff training records must be maintained in staff personnel files. The records must note specific skills, knowledge and competencies in Anaphylaxis, including the administration of the Adrenaline Auto-Injection Device (e.g. certificate of completion or currency). 	<ul style="list-style-type: none"> In the event of a child experiencing anaphylactic shock / reaction, each centre will have in place clear roles and responsibilities, e.g. who will: <ul style="list-style-type: none"> Administer the Adrenaline Auto-Injection Device and stay with the child. Telephone the ambulance and the family. Ensure the supervision of the other children. Let the ambulance officers into the service and take them to the child.
Ensure effective monitor and review activities	
<ul style="list-style-type: none"> The anaphylaxis risk minimisation plan for each at-risk child will be reviewed in collaboration with families at least annually. 	<ul style="list-style-type: none"> The anaphylaxis risk minimisation plan for each at-risk child will always be reviewed in collaboration with the family upon enrolment and after any incident or accidental exposure.

I have read, understood and confirm that the above anaphylaxis risk minimisation strategies have or will be put in place in accordance with agreed timeframes, and will be monitored and reviewed in accordance with relevant Goodstart Early Learning policies, procedures and relevant legislative standards.

Centre Director Name:

Signature:

Date:

Parent/Guardian Name:

Signature:

Date:

Date for plan to be reviewed:

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