

RISK MINIMISATION PROCEDURES

The following procedures should be developed in consultation with the parents/guardians of children in the service who have been diagnosed as at risk of anaphylaxis or other allergies and implemented to protect those children from accidental exposure to allergens. These procedures should be regularly reviewed to identify any new potential for accidental exposure to allergens.

In relation to the child diagnosed as at risk:

- where the service is preparing food for the child:
 - ensure that our Chef does not prepare meals/snacks that contain nut or egg products
 - ensure that food has been prepared according to the instructions of parents/guardians
 - parents/guardians are to check and approve the instructions in accordance with the risk minimisation plan
 - ensure that the Allergies and Food Preferences chart is kept up to date and that the Chef checks it daily for any additions or modifications
 - the child should only eat food that has been specifically prepared for him/her
- water bottles provided by parents/guardians should be clearly labelled with the child's name
- ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions such as excursions and other service events
- children diagnosed as at risk of anaphylaxis who are allergic to insect/sting bites should wear shoes and long-sleeved, light-coloured clothing while at the service

In relation to other practices at the service:

- ensure that all children and adults wash hands upon arrival at the service
- supervise all children at meal and snack times and ensure that food is consumed in specified areas. To minimise risk, children should not move around the service with food
- do not use food of any kind as a reward at the service
- ensure that children's risk minimisation plans inform the service's food purchases, menu planning and the planning of cooking activities
- ensure that staff and volunteers who are involved in food preparation and service undertake measures to prevent cross-contamination of food during the storage, handling, preparation and serving of food, including careful cleaning of food preparation areas and utensils
- request that all parents/guardians avoid bringing food to the service
- request that all parents/guardians avoid bringing food boxes and packages (for use in crafts) that may have previously contained allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis
- restrict the use of food and food in cooking and science experiments, according to the allergies of children at the service
- ensure staff discuss the use of foods in children's activities with parents/guardians of at-risk children. Any food used at the service should be consistent with the risk management plans of children diagnosed as at risk of anaphylaxis.
- ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.
- ensure that families are made aware of particular weather conditions that may trigger allergies or Asthma such as high pollen count days.
- ensure that children at risk of a Asthma attack or allergic reaction are protected from the weather on these days if it puts their health at risk

Enrolment checklist for children diagnosed as at risk of Anaphylaxis and other Allergies:

- 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 Asthma, Anaphylaxis and other allergies.
- Parents/guardians of a child diagnosed with a medical condition 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 Anaphylaxis, Allergic reaction or Asthma medical management action plan for the child is completed and signed by the child's registered medical practitioner.
- The child's Anaphylaxis, Allergic Reaction or Asthma medical management action plan is displayed in the kitchen and the child's room, and a copy is kept with the child's enrolment form.
- A copy of the child's medical management action plan is included in the child's adrenaline auto-injector and/or medication (including Ventolin Inhaler) kit.
- The child's adrenaline auto-injection and/or medication kit is stored 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.
- A spare EpiPen (adrenaline auto-injection device) and Asthma Ventolin Inhaler (with a visible expiry date) is available for use at all times the child is being educated and cared for by the service.
- All staff, including casual and relief staff, are aware of the location of each child's medical kit and the location of each child's medical management action plan and risk minimisation plan.
- All staff have undertaken approved anaphylaxis and asthma management training which includes strategies for anaphylaxis and asthma 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*).
- The above training is updated as required and includes practise with an auto-injection device and Ventolin Inhaler.
- Procedures for first aid treatment for anaphylaxis and other medical conditions are in place and all staff adhere to it.
- Contact details of all parents/guardians and authorised nominees are current and accessible.
- Information regarding any other medications or medical conditions in the service are available to staff.
- If food is prepared at the service, measures are in place to prevent any risks to the child at risk of anaphylaxis or allergic reaction.

Medical Conditions Risk Minimisation

This risk minimisation plan is to be completed by the Educators and the Nominated Supervisor in consultation with the at-risk child's parents/guardian and staff working with the child.

Date plan is being Initiated:				
Child Full Name		Date of Birth:		Comments / notes
Centre:		Group name:		
		Nursery <input type="checkbox"/> Toddler <input type="checkbox"/> Kinder/ Preschool <input type="checkbox"/>		
Name of person and role of person completing plan: Full Name Role:		Parent/ Guardian Full Name		
Medical Condition/s:				
Anaphylaxis <input type="checkbox"/>	Allergy <input type="checkbox"/>	Asthma <input type="checkbox"/>	Other <input type="checkbox"/>	Other medical condition <input type="checkbox"/>
Known Triggers	Known Triggers	Known Triggers	Known Triggers	



<p>Medical Condition Risk Assessment Please assess the risk and consequences of this child coming into contact with potential risks and circle the one that you believe most applies</p>	Risk assessment Matrix		What would be the consequence of contact with this risk				
	<p>What is the likelihood that this child could be at risk?</p>		<i>Insignificant</i>	<i>Minor</i>	<i>Moderate</i>	<i>Major</i>	<i>Catastrophic</i>
		<i>Almost certain</i>	Moderate	High	High	Extreme	Extreme
		<i>Likely</i>	Moderate	Moderate	High	Extreme	Extreme
		<i>Possible</i>	Low	Moderate	High	High	Extreme
		<i>Unlikely</i>	Low	Low	Moderate	High	High
<i>Rare</i>	Low	Low	Low	Moderate	High		

Identify the risk using the above risk assessment: (what is the likelihood of this medical condition occurring)

Risk Minimisation strategies (what strategies are in place to manage the risk, what resources are required)

Who needs to be included in this communication and why?



Is there a Medical Action Plan	Yes	No
Has the Medical Action Plan been received by the services	Yes	No
Medical Action Plan Review Due:	DATE:	
Where is the Medical Action Plan Displayed?		
Does everyone recognise the child at risk?	Yes	No
How will the child be known to others? State the strategies for ensuring all staff, including relief staff and parent helpers, families, recognise the child.		
State what hazard has been removed and how it has been replaced (for example if it is to a food substance, what will be used or removed in the cooking process, own sun cream, etc..)		
State who will administer procedures (i.e.: If in food – the cook or supplier, director, educator or parent and what the role is to ensure safe practices to eliminate hazard,)		

The following people have read, understood, and agree to the details in this Medical Condition Risk Minimisation Plan:

Director/Nominated Supervisor	<p>First Name: _____ Surname: _____</p> <p><i>I, as Nominated Supervisor have shared this Risk Minimisation Plan with the responsible team/ room leader and they understand their responsibilities according to this plan.</i></p> <p>Signature _____ Date _____</p>
Room/Team Leader	<p>First Name _____ Surname _____</p> <p><i>I, as Room Leader have shared this Risk Minimisation Plan with the other staff members in the team and they understand their responsibilities according to this plan.</i></p> <p>Signature _____ Date _____</p>
Parent / Guardian:	<p>First Name _____ Surname _____</p> <p>Signature _____ Date _____</p>

Informing staff and families on how the service manages the risk of anaphylaxis?

Record when the child's family are provided with a copy of the centres anaphylaxis and medical conditions policy:	First Name: _____ Surname: _____ Signature: _____	Date: _____
Record when the family provides a complete EpiPen/medication/Asthma (Ventolin Inhaler) kit	First Name: _____ Surname: _____ Signature _____	Date: _____

- Relief agency staff will be informed of any child with a medical condition during their orientation to the centre.
- Regular checks of the expiry date of each EpiPen/Medication/Ventolin Inhaler are undertaken by a nominated staff member and the families of each at risk child (checks are managed by the Nominates Supervisor and First Aid Officer).
- A back-up EpiPen and Ventolin Inhaler are stored at the centre, they are checked quarterly and replaced at the beginning of the expiry month. However, the EpiPen and Ventolin Inhaler are not intended to be relied upon by parents – each child must have their own individually prescribed EpiPen that always remains at the centre.

The Nominated Supervisor, staff and family of the child with a medical condition must understand the following points:

- Families are responsible for updating the Nominated and staff if any changes need to be made to the child's medical action plan, risk minimisation plan or medication needs.
- All families must be aware that no child who has been prescribed with an EpiPen, or Ventolin Inhaler are permitted to attend the centre without an EpiPen/Ventolin Inhaler.
- The centre displays the ASCIA generic poster and the child's Action Plan for Anaphylaxis or Asthma in a key location in the kitchen and in the child's room.
- A new Action Plan must be filled out, signed by the doctor and given to the service at any time it is reviewed (approximately every 12 – 18 months)

The EpiPen kit and Ventolin Inhaler are taken on all excursions attended by the at-risk child and on emergency evacuations

DO RELEVANT PEOPLE KNOW WHAT ACTION TO TAKE IF A CHILD HAS AN ANAPHYLACTIC, ASTHMA OR ALLERGIC REACTION?

The Nominated Supervisor, staff and family of the at-risk child are aware of the information contained in the child's action plan and how to implement it.

Staff are to fill in the table below regarding the administering of the EpiPen or Ventolin Inhaler medication in an emergency

Action	Staff member
1. Who will administer the EpiPen or Ventolin Inhaler and stay with the child;	
2. Who will telephone the ambulance and parents;	
3. Who will ensure the supervision of the other children;	
4. Who will let the ambulance officers into the centre and direct them to the child.	
<p>* The staff member that is closest to the child at the time symptoms emerge will remain with the child , a Responsible person will complete action 1, whilst the other staff member will complete actions 2, 3, 4.</p> <p>* All Responsible Persons have current anaphylaxis and asthma management training. If the RP on duty is not available another educator who holds current first aid, asthma, anaphylaxis and asthma management training will remain with the child and administer required medication.</p> <p>* Relief staff will only follow actions 2, 3, 4</p> <p>* A completed ambulance card is located next to the telephones.</p>	

How effective is the centres risk minimisation plan?

*The risk minimisation plan will be reviewed with the family of the at-risk child at least annually, but always upon enrolment of the at-risk child and after any incident or accidental exposure.

In the unlikely event of a failed or expired EpiPen or Ventolin Inhaler, is there permission to administer the backup EpiPen or Ventolin Inhaler?

*The backup EpiPen and Ventolin Inhaler are kept on the premises (in the downstairs first aid kit) and checked quarterly. It is only appropriate to use the spare medication if the child's prescribed EpiPen or Ventolin Inhaler is not functioning or expired and there is certainty that none of the EpiPen medication has been injected into the child.

Medication Permission Form – Backup EpiPen Junior

I, _____ (Parent / Guardian name) authorise FROEBEL staff to administer the centre's spare EpiPen Jr (150 micrograms) Adrenaline Auto-Injector to my child only if every point of the following criteria occur:

- My child has come into contact with a known allergen that may cause an anaphylactic reaction;
- My child is displaying breathing difficulties as stated in their management plan;
- My child's own EpiPen was unable (due to it being either unavailable or expired) to be administered to my child – this means that it did not come into contact with my child's skin and none of the adrenalin has been administered.

Signed: Date:

Medication Permission Form – Backup Ventolin Inhaler

I, _____ (Parent / Guardian name) authorise FROEBEL staff to administer the centre's spare Ventolin Inhaler to my child only if every point of the following criteria occur:

- My child has been exposed to a known allergen that may cause an Asthma attack;
- My child is displaying breathing difficulties as stated in their management plan;
- My child's own Ventolin Inhaler was unable (due to it being either unavailable or expired) to be administered to my child

Signed: Date:



Attachment 1		
Example scenarios to list strategies for minimisation.		
Scenario	Strategy	Who
Centre hygiene practices	Ensure each child enrolled at the centre washes his / her hands upon arrival at the centre.	Parent / Staff
Bottles	Water bottles provided by the family of the child at risk should be clearly labelled with the child's name.	Parent
Mealtimes	Staff assess the food served daily to ensure it contains no nut or egg products. Children are supervised when eating at mealtimes.	Staff
Centre Events	Give plenty of notice to families about planned celebrations where external food items may be present.	Nominated supervisor/ Qualified staff
Protection from insect bite allergies	Specify play areas that are lowest risk to the at-risk child and encourage his/her and peers to play in the area Decrease the number of plants that attract bees Ensure the at-risk child wears shoes at all times outdoors Quickly manage any instance of insect infestation. It may be appropriate to request the exclusion of the child at risk during the period required to eradicate the insects.	Staff Provider Staff Nominated Supervisor
Latex Allergies	Avoid the use of party balloons or contact with latex gloves.	Staff
Sunscreen Allergy	Families must provide a labelled bottle of sunscreen (to be kept at the centre) if their child is allergic to the sunscreen provided at the centre. Staff will apply the child's supplied sunscreen as needed.	Parent/Staff
Asthma Triggers	Families need to inform staff if their child is susceptible to an asthma attack if the pollen count is high. If the child's health is at risk families need to discuss with staff how best to protect the child, within the limits of centre staffing and adult to child ratios.	Parents/ Staff
Note – This is not a conclusive list and may be added to as the need arises.		

Ongoing Communication Plan for children with medical conditions – Record of changes made

CHILDS NAME:.....**Room:**.....

Date of initial discussion for changes	Changes made (including issues, concerns, requests)	Any action required	Action taken by (full name)	Changes communicated to staff/ volunteers/ casuals	Method of communication and date communicated and file note on child's file