

# Anaphylaxis Policy

## Policy Statement & Commitments

Anaphylaxis is a severe, life-threatening allergic reaction. Up to 2% of the general population and up to 5% of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cows milk, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen; but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector.

Educators and families alike need to be made aware that it is not possible to achieve a completely allergen-free environment at Brunswick East Primary School Outside School Hours Care Service (BEPS OSHC Service). Educators and families should not have a false sense of security that an allergen has been eliminated from the environment. Instead, BEPS OSHC Service recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the Service.

BEPS OSHC Service believes that the safety and wellbeing of children who are at risk of anaphylaxis is a community responsibility. The aim of this policy is to raise the community's awareness of anaphylaxis and its management through education and policy implementation, and to minimise the risk of an anaphylactic reaction occurring while the child is in the care of the Service.

Should an anaphylactic reaction occur while a child is in the care of the Service, all educators have anaphylaxis management training as required under the Education and Care Services National Law Act, and therefore can respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device. Administering an adrenaline auto-injection device to a child is considered a high-risk practice, and legislative requirements contained within *the* Education and Care Services National Law Act (including the Education and Care Services National Regulations) are to be strictly adhered to by the Service, including educators, students and volunteers.

BEPS OSHC Service recognises the importance of all educators responsible for a child at risk of anaphylaxis in undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and applying emergency treatment, including the administration of an adrenaline auto-injector.

Nominated Educators at BEPS OSHC Service hold first aid training, anaphylaxis management training, and emergency asthma management training qualifications approved by the Australian Children's Education and Care Quality Authority (ACECQA), as prescribed in the *Education and Care Services National Law Act 2010* in accordance with regulation 137 (1) (e).

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**BEPS OSHC Service is committed to:**

- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children’s educational program and experiences
- raising awareness about allergies and anaphylaxis among BEPS OSHC Service community and children in attendance
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child
- ensuring each educator and any other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

This policy applies when a child diagnosed as being at risk of anaphylaxis, by a qualified medical practitioner, is enrolled at BEPS OSHC Service. It applies to children enrolled, their parents/guardians, educators, and the OSHC Management Sub-Committee. It also applies to other relevant members of the community, such as students, volunteers and visiting specialists.

**Definitions**

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**Adrenaline auto-injector** – A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered

**Adrenaline auto-injector kit** – An insulated container, for example an insulated lunch pack containing a current adrenaline auto-injector, a copy of the child’s Anaphylaxis Action Plan, telephone contact details for the child’s parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed, an antihistamine may be included in the kit. A permanent marker, to write on the child’s auto-injector what time it was administered, will also be included.

**Allergen** – A substance that can cause an allergic reaction.

**Allergy** – An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

**Allergic reaction** – A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

**Ambulance contact card** – A card that BEPS OSHC Service has completed, containing all the information that the Ambulance Service will request when phoned on 000. For example, the ‘How to

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call' card published by Ambulance Victoria. The Service will display an ambulance contact card by any telephone from which a 000 phone call could be made.

**Anaphylaxis** – A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

**Anaphylaxis Action Plan** – A medical management plan prepared and signed by a registered medical practitioner, providing the child's name and allergies, a photograph of the child, and clear instructions on treating an anaphylactic episode, for example, the Australian Society of Clinical Immunology and Allergy (ASCI) Action Plan.

**Anaphylaxis management training** – Comprehensive training that is provided by allergy nurse educators or other qualified professionals, such as doctors or first aid trainers, and includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practice with an adrenaline auto-injector trainer, and is reinforced at yearly intervals.

**Diagnosed as at risk of anaphylaxis** – A child's allergies have been diagnosed by a registered medical practitioner, who has deemed the child to be at risk of anaphylaxis

**Intolerance** – Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

**No food sharing** – The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from, any other person.

**Nominated educator** – An educator nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the OSHC Management Sub-Committee. This person also checks that the adrenaline auto-injector is current, that the adrenaline auto-injector kit is complete and leads educator practice sessions once educators have undertaken anaphylaxis management training.

**Risk minimisation** – A practice of reducing risks to a child at risk of anaphylaxis by removing all major sources of the allergen, as far as is practicable, from BEPS OSHC Service and developing strategies to help reduce risk of an anaphylactic reaction.

**Risk Minimisation Plan** – A plan specific to BEPS OSHC Service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of BEPS OSHC Service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan is developed by the families of children at risk of anaphylaxis and the educators at BEPS OSHC Service. The plan is reviewed at least annually, and always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. Risk minimisation planning considerations are outlined in this policy.

**Community** – All adults who are connected to BEPS OSHC Service.

**Trained educator** – For the purposes of this policy, this refers to those educators who have received relevant, professionally-run training in the treatment or technique required to administer medication, including administration of the adrenaline auto-injector. In addition, trained educators hold first-aid qualifications and have undertaken current, approved anaphylaxis management training and emergency asthma management training approved by ACECQA, as prescribed in the Education and Care Services National Law Act 2010 in accordance with regulation 137 (1) (e).

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## Approved Training & Qualifications

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Nominated educators at BEPS OSHC Service maintain current, approved first aid qualifications and have undertaken anaphylaxis management training and emergency asthma management training, approved by ACECQA, as prescribed in the Education and Care Services National Law Act 2010 in accordance with regulation 137 (1) (e).

There are a range of providers offering anaphylaxis training, including the Royal Children’s Hospital Department of Allergy, first aid providers and registered training organisations (RTOs). Ensure that the anaphylaxis management training provided is comprehensive, as described in this policy, and approved by **ACECQA and meet the requirements of the National Act and National Regulations**.

Royal Children’s Hospital Department of Allergy posts training dates on its website: [www.rch.org.au](http://www.rch.org.au); follow the prompts to the Community Allergy Education Service.

## Procedures for Policy Implementation

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Active implementation of this policy is a shared community responsibility.

### The BEPS OSHC Coordinator will:

- Discuss with the educators their knowledge of issues following participation in anaphylaxis management training.
- Audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.
- Discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
- Respond to complaints.
- Review the adequacy of the response of the Service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

### A Nominated Educator (as nominated by the OSHC Coordinator) will:

- Conduct ‘anaphylaxis scenarios’ and supervise practise sessions in adrenaline auto-injector administration procedures to determine the level of an educator’s competence and confidence in locating and using an adrenaline auto-injector kit.
- Routinely review the the contents of the adrenaline auto-injector kit to ensure that it is complete, and record the review in the OHS Register stored in the Anaphylaxis Management Folder.
- Liaise with the OSHC Management Sub-Committee (through the Coordinator) and parents of children at risk of anaphylaxis.

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**Parents/guardians/families will:**

- read and be familiar with the policy
- identify and liaise with the nominated educator
- bring relevant issues to the attention of both educators and the coordinator.

**Procedures for Managing Anaphylaxis**

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**The OSHC Coordinator/Nominated Supervisor/Responsible Person Present will:**

- conduct an assessment of the potential for accidental exposure to allergens while children at risk of anaphylaxis are in the care of the Service and develop a risk minimisation plan for the Service in consultation with educators and the families of the children
- ensure educators responsible for the children at risk of anaphylaxis complete anaphylaxis management training that is reinforced at yearly intervals, including in-house training for this purpose
- ensure that all relieving educators are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the location of their Anaphylaxis Action Plan and adrenaline auto-injector kit. If the relieving educator is not trained in anaphylaxis management, the Coordinator will ensure at least one educator trained in anaphylaxis management is present at the Service, and ensure that educator is aware they are responsible for the administration of an adrenaline auto-injector in an emergency. If this is not possible, parents/guardians must be informed of this situation before a child at risk of anaphylaxis is left at the Service
- ensure that no child who has been prescribed an adrenaline auto-injector is permitted to attend the Service without that adrenaline auto-injector
- make families aware of this policy, and provide access to it on request
- encourage ongoing communication between families and educators regarding the current status of the child's allergies, this policy and its implementation
- display an ASCIA generic poster *Action Plan for Anaphylaxis* in the hall at the main entrance
- display an ambulance contact card by all BEPS OSHC Service telephones
- comply with the procedures in this policy to minimise the risk of a child at risk of anaphylaxis from accidental exposure to allergens.

**Educators responsible for the child at risk of anaphylaxis will:**

- ensure a copy of the child's anaphylaxis action plan is visible to all educators, including students and volunteers
- follow the child's Anaphylaxis Action Plan in the event of an allergic reaction, which may progress to anaphylaxis (anaphylactic shock)

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- practise adrenaline auto-injector administration procedures using an adrenaline auto-injector trainer and ‘anaphylaxis scenarios’ (as described in this policy) on a regular basis, preferably quarterly
- ask all families as part of the enrolment procedure, prior to their child’s attendance at the Service, whether the child has allergies and document this information on the child’s enrolment record. If the child has allergies, ask the family to provide a medical management plan signed by a register medical practitioner
- ensure that families provide an anaphylaxis action plan signed by the child’s registered medical practitioner and a complete adrenaline auto-injector kit whilst the child is present at the Service
- ensure that each child’s own adrenaline auto-injector kit is stored in a clearly labelled area that is easily identifiable to all educators, including relief staff; easily accessible to adults (not locked away); inaccessible to children, and away from direct sources of heat
- ensure that the adrenaline auto-injector kit for each child at risk of anaphylaxis is carried by a trained educator on excursions that this child attends
- regularly check the adrenaline auto-injector expiry date on all adrenaline auto-injectors at the Service (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injector to the end of the nominated expiry month)
- provide information to the community about resources and support for managing allergies and anaphylaxis
- comply with the practices outlined in the procedures to protect the child at risk of anaphylaxis from accidental exposure to food allergens.

**In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:**

- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Contact the parent/guardian.
- Contact the person to be notified in the event of illness as per the child’s enrolment record if the parent/guardian cannot be contacted.

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## **Procedures for Enrolment of a Child at Risk of Anaphylaxis**

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All families are required to comply with the procedures outlined in this policy as they have been designed to minimise the risk of accidental exposure of a child at risk of anaphylaxis to an allergen.

### **Families of a child at risk of anaphylaxis shall:**

- inform educators, either upon enrolment or upon diagnosis, of their child’s allergies
- provide educators with an Anaphylaxis Action Plan signed by the child’s registered medical practitioner and written consent to use the adrenaline auto-injector in line with this action plan, in accordance with the the Services Dealing with Medical Conditions & Medication Policy. The action plan and written consent to administer the adrenaline auto-injector will be provided by the family at the time of enrolment, or upon diagnosis
- provide educators with a complete current adrenaline auto-injector kit
- regularly check the adrenaline auto-injector expiry date
- assist educators by offering information and answering any questions regarding their child’s allergies
- notify the Coordinator and educators of any changes to their child’s allergy status and provide a new Anaphylaxis Action Plan in accordance with these changes
- communicate all relevant information and concerns to educators, for example, any matter relating to the health of the child
- comply with the Service’s policy that no child who has been prescribed an adrenaline auto-injector is permitted to attend the Service without that adrenaline auto-injector.

## **Procedures to Protect the Child at Risk of Anaphylaxis from Accidental Exposure to Food Allergens**

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The following procedures should be implemented to help protect the children at the Service who are at risk of anaphylaxis from accidental exposure to food allergens:

### **In relation to the child at risk:**

- This child should only eat food that has been specifically prepared for him/her. Where BEPS OSHC Service is preparing food for the child, ensure that it has been prepared according to the parent’s instructions. Some parents will choose to provide all food for their child.
- All food for this child should be checked and approved by the child’s parent/guardian and be in accordance with the risk minimisation plan.
- Drink bottles and lunch boxes (including any treats) provided by the parents/guardians for this child, should be clearly labelled with the child’s name.
- There should be no trading or sharing of food, food utensils and containers with this child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the

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allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.

- There should be increased supervision of this child on special occasions such as excursions, in-house activities or family days or special events.

**In relation to other practices at BEPS OSHC Service:**

- Ensure tables and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the Service, before and after eating.
- Restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Educators should discuss the use of foods and food containers in such activities with families of the child and where used, these foods must be consistent with the risk minimisation plan.
- All children need to be closely supervised at snack times and consume food in specified areas. To minimise risk children, should not ‘wander around’ with food.
- The Risk Minimisation Plan will inform the Service’s food purchases and menu planning.
- Food preparation staff (cook, educators, students and volunteers) should be instructed about measures necessary to prevent cross-contamination between foods during the handling, preparation and serving of food – such as careful food storage and the cleaning of food preparation areas and utensils.
- Where food is brought from home to the Service, all families will be asked not to include foods containing specified allergens or ingredients as determined in the Risk Minimisation plan.

**Resources & Support with Policy Implementations**

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- **Australasian Society of Clinical Immunology and Allergy (ASCIA)** at [www.allergy.org.au](http://www.allergy.org.au), provides information on allergies. An Anaphylaxis Action Plan can be downloaded from this site. Contact details for allergists may also be provided: 0425 216 402.
- **Anaphylaxis Australia**, at [www.allergyfacts.org.au](http://www.allergyfacts.org.au), is a non-profit support organisation for families with food-anaphylactic children. Items such as storybooks, tapes and adrenaline auto-injector trainers are available for sale from the product catalogue on this site. Anaphylaxis Australia provides a telephone support line for information and support to help manage anaphylaxis: 1300 728 000.
- **Royal Children’s Hospital, Department of Allergy**, at [www.rch.org.au](http://www.rch.org.au), provides information about allergies and services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child’s allergies, and if necessary, to provide an adrenaline auto-injector prescription, as well as to purchase adrenaline auto-injector trainer pens: (03) 9345 5701.
- The brochure *Anaphylaxis – A life threatening reaction*, is also available through the Royal Children’s Hospital, Department of Allergy.

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**Anaphylaxis Management Plan – Service Documentation (attached to the policy)**

An Anaphylaxis Management plan is completed to seek information about the child’s specific needs from parents/guardian, to determine strategies to address the particular needs of the at-risk child and to inform parents/guardian of general strategies to minimise the risk of anaphylaxis at the Service. The plan includes:

- an enrolment checklist for children at risk of anaphylaxis
- an adrenaline auto-injector (anaphylaxis) record
- an Anaphylaxis Management Plan, including a snapshot of all children with allergies, and an individual risk management plan
- a Risk Minimisation Plan, including general risk management strategies
- an anaphylaxis emergency drill record, including possible exposure scenarios
- a review table of the Anaphylaxis Management Plan and Anaphylaxis Action Plan

**This policy should be read in conjunction with:**

- General Service Information Policy
- Acceptance & Refusal of Authorizations
- Dealing with Medical Conditions & Medications
- Incidents, Injury, trauma & the Administration of First Aid
- Partnerships with Families
- Record Keeping & Confidentiality Policy

**Sources & Legislative References**

Anaphylaxis Australia, *Schools and Child Care Centres State Guidelines*, [www.allergyfacts.org.au/schools.html](http://www.allergyfacts.org.au/schools.html)  
 National Health and Medical Research Council 2012, *Staying Healthy in Child Care (5th Edition)*  
[www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55\\_staying\\_healthy\\_childcare\\_5th\\_edition\\_0.pdf](http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf)

<i>Education &amp; Care Services National Law Act 2010 (Vic) – Sections 167(1)(2)(3, &amp; 175(1))</i>
<i>Education &amp; Care Services National Regulations (2011) – Regulations 90, 91, 92, 93, 94, 95, 168(2)(d), 177, 181, 183 &amp; 184</i>
<i>Information Privacy Act 200 (Vic) – Information Privacy Principles</i>
<i>Privacy Act 1988 (Cwlth) – National Privacy Principles</i>
<i>Health Act 1958</i>
<i>Health Records Act 2010 (Vic) – Health Privacy Principles</i>

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## Enrolment Checklist for Children at Risk of Anaphylaxis

- A risk minimisation plan and communication plan is completed, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.
- Parents of a child at risk of anaphylaxis have been provided a copy of BEPS OSHC Service's Anaphylaxis Policy.
- All parents/guardians are made aware of the Anaphylaxis Policy.
- Anaphylaxis action plan for the child is signed by the child's registered medical practitioner and is visible to all educators.
- Adrenaline auto-injector (within expiry date) is available for use at any time the child is in the care of BEPS OSHC Service, stored in an insulated container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.
- All educators, including relief educators, students and volunteers, are aware of each adrenaline auto-injector kit location.
- Educators nominated as responsible for a child at risk of anaphylaxis undertake anaphylaxis management training, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practice with an adrenaline auto-injector trainer, and this is reinforced at yearly intervals.
- BEPS OSHC Service's Emergency Action Plan for the management of anaphylaxis is in place and all educators understand the plan.
- The current contact details of the child's parent/guardian are available, including emergency contacts.
- Information regarding any other medications or medical conditions (e.g. asthma) is available to educators at BEPS OSHC Service.

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- If food is prepared at BEPS OSHC Service for a child at risk, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis.



## Adrenaline Auto-Injector/Anaphylaxis Record

**Child's Name:** \_\_\_\_\_

**Allergic to:** \_\_\_\_\_

This Adrenaline Auto-Injector record is completed monthly and any necessary actions undertaken in timely manner

1. Anaphylaxis Management Plan is up-to-date – review date has not passed.
2. Anaphylaxis Action Plan is located in clear view
3. Adrenaline auto-injector is located in clear view, inaccessible to children, away from direct sources of heat.
4. Adrenaline auto-injector date of expiry has not passed.
5. Adrenaline auto-injector solution is clear (not cloudy or brown).
6. Adrenaline auto-injector is stored in an insulated bag and clearly labelled with child's name.
7. Emergency details form is located in bag.
8. Copy of Anaphylaxis Action Plan is located in bag for use on excursions.
9. All staff are aware of children with allergies, their Anaphylaxis Action Plans and EpiPen locations.
10. Adrenaline auto-injector drills are up to date.
11. Adrenaline auto-injector training of relevant staff is up to date.

Date:	Check completed by:
Action required:	
Date:	Check completed by:
Action required:	
Date:	Check completed by:
Action required:	
Date:	Check completed by:

Action required:



Date:	Check completed by:
Action required:	

**BEPS OSHC Service Snapshot – Children at Risk of Anaphylaxis**

Child's Name	Component (BSC/ASC/VAC)	Allergic to	Action Plan location	Adrenaline auto-injector location




**Individual Communication Plan – Anaphylaxis**

**Child's Name:** \_\_\_\_\_

When will the child be attending BEPS OSHC Service?	
Have all educators, including students and volunteers been informed of the details in the child's Risk Minimisation Plan, including known allergens for the child?	
Where will the following items be located? – Risk Minimisation Plan – Emergency Action Plan – Adrenaline auto-injector	
Where will the child's snack box, or equivalent (if applicable) be stored, and who will have access?	
Who will be responsible for supporting this	

child's health needs, which may include administering treatment including first aid?	
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Name/Sign & Date: \_\_\_\_\_



**Individual Risk Management Plan – Anaphylaxis**

Child's Name	ASC/BSC	Allergic to	Action Plan location	Epi-pen location

Specific risk management strategies	Date completed
Parent/guardian has been provided with a copy of BEPS OSHC Service's Anaphylaxis policy.	
Parent/guardian has provided a complete adrenaline auto-injector kit and date for renewal is noted.	
BEPS OSHC Service displays the child's Anaphylaxis Action Plan with current photo, in a key location, and keeps a completed ambulance card by each telephone.	
Parent/guardian is aware of the policy that the child who has been prescribed an adrenaline auto-injector is NOT permitted to attend BEPS OSHC Service without that adrenaline auto-injector.	

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Test that all educators, including relief staff, know where the Adrenaline Auto-Injector kit is kept for each at risk child.	
Regular checks of the expiry date of each adrenaline auto-injector are undertaken by a nominated staff member and the families of each at risk child.	
If applicable, a letter is sent to all families at the Service requesting that specific measures be followed, for example: a) Request that specific food (allergens, e.g. nuts and nut products) are NOT sent to the Service. b) Food packaging of risk foods (nut containers, cereal boxes, egg cartons) are not sent to the Service for art activities.	
A new written request is sent to families if the food allergens change.	

What measures are in place for the child in relation to the OSHC Service menu?

  
  
  
  
  
  
  
  
  
  

Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them:

  
  
  
  
  
  
  
  
  
  

### Risk Minimisation Plan

Risk	Strategy	Who is responsible





**Service Risk Minimisation Plan – Anaphylaxis**

The following suggestions may be considered when developing or reviewing BEPS OSHC Service’s risk minimisation plan for anaphylaxis to assess how well the Service has planned for meeting the needs of children with allergies who are at risk of anaphylaxis.

Refer to Risk Minimisation Strategies and scenarios on the following page, and review the Risk Minimisation Plan with families of children at risk at least annually, but always upon enrolment of each child at risk and after any incident or accidental exposure.

<p><b>Who are the children?</b></p> <ul style="list-style-type: none"> <li>– List names and of each of the children at risk</li> </ul>	
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<p><b>What are they allergic to?</b></p> <ul style="list-style-type: none"> <li>– List all of the known allergens for each of the children at risk.</li> <li>– List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to BEPS OSHC Service.</li> </ul>	
<p><b>Does everyone recognise the children at risk?</b></p> <ul style="list-style-type: none"> <li>– List the strategies for ensuring that all educators, including relief educators, students, volunteers and cooks, recognise each of the children at risk.</li> <li>– Confirm where each child’s Anaphylaxis Action Plan (including the child’s photograph) will be displayed.</li> </ul>	

### General risk management strategies

General risk management strategies	Date completed
Menus are planned consulting with parents/guardians of children who have allergies to avoid inclusion of food allergens	
The Service develops procedures for ensuring that each child at risk only consumes food prepared specifically for them.	
As far as practical, the food on the menu for all children should not contain ingredients such as milk, egg and peanut/nut products to which the child is allergic. 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. Families choosing to allow their children to consume foods that contain known allergens (specific to their child) must do so in writing.	
Consider the safest place for the at-risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child.	
NO FOOD is introduced to a child if the parent/guardian has not previously given this food to the child.	

Ensure each child enrolled at BEPS OSHC Service washes their hands, as soon as is practicable after arrival, and before and after eating	
Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at-risk children and the reasons for this.	
Drink bottles and lunch boxes etc. provided by the family of the at-risk child should be clearly labelled with the child's name.	
A safe 'treat box' is provided by the family of each at risk child and used by the Service to provide 'treats' to the at-risk child, as appropriate.	
Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.	

### Possible exposure scenarios and strategies

Scenario	Strategy	Who
Food is provided by BEPS OSHC Service and a food allergen is unable to be removed from the menu (for example milk)	Menus are planned in conjunction with parents of child at risk, and food is prepared according to their instructions. Alternatively, the parent provides all of the food for the child at risk.	Nominated Supervisor & Parent/Families
	Ensure separate storage of foods containing allergen.	Educators
	Cook and educators observe food handling, preparation and serving practices to minimise the risk of cross-contamination. This includes hygiene of surfaces in the kitchen and children's eating area, food utensils and containers.	Educators
	There is a system in place to ensure the child at risk is served only the food prepared for them.	Educators
	A child at risk is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes.	Educators
	Children are regularly reminded of the importance of not sharing food with the child at risk.	Educators
	Children are supervised during eating.	Educators
Party or celebration	Give plenty of notice to families about the event.	OSHC Coordinator/ Nominated Supervisor/ Responsible Person

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		Present
	Ensure a safe treat box is provided for the child at risk if necessary.	Parent/ Educators
	Ensure the child at risk only has the food approved by their parent/guardian.	Educators
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent.	OSHC Coordinator/ Nominated Supervisor/ Responsible Person Present
Protection from insect bite allergies	Specify play areas that are the lowest risk to the child at risk and encourage them and their peers to play in the area.	Educators
	Decrease the number of plants that attract bees.	School Council
	Ensure the child at risk wears shoes at all times outdoors.	Educators
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the child at risk during the period required to eradicate the insects.	School Council
Latex allergies	Avoid the use of party balloons or contact/food preparation with latex gloves	Educators



### Review Table – Anaphylaxis Management & Action Plan

Criteria for evaluation	Notes
Anaphylaxis Action Plan has been reviewed by parent/guardian/doctor and BEPS OSHC Service.	
The Anaphylaxis Management Plan is reviewed with families of at-risk children every six months, but always upon enrolment of each at-risk child and after any incident or accidental exposure.	
Know what each child's Anaphylaxis Action Plan says and implement it.	

Approved	May 2017	Review date:	November 2018
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<p>In case of emergency:</p> <ul style="list-style-type: none"> <li>– know who will administer the adrenaline auto-injector and stay with the child</li> <li>– know who will telephone the ambulance and the parents</li> <li>– know who will ensure the supervision of the other children</li> <li>– know who will let the ambulance officers into the Service and take them to the child</li> <li>– know who will go in the ambulance with the child.</li> </ul>	
<p>All staff with responsibilities for at-risk children at BEPS OSHC Service have undertaken anaphylaxis management training and regular practice sessions.</p>	



## Emergency Anaphylaxis Drill Record

Regular emergency drills are undertaken to ensure that relevant people know what action to take if a child has an anaphylactic reaction. Training pens are used in these scenarios.

Date & Time of Drill:	Scenario/Location:
Actions:	
Date & Time of Drill:	Scenario/Location:
Actions:	

Date & Time of Drill:	Scenario/Location:
Actions:	
Date & Time of Drill:	Scenario/Location:
Actions:	
Date & Time of Drill:	Scenario/Location:
Actions:	
Date & Time of Drill:	Scenario/Location:
Actions:	