# Kidzone Risk Minimisation Plan - Anaphylaxis

This is our “**Risk Minimisation and Communication Plan” for children at risk of Anaphylaxis.**

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of Anaphylaxis from accidental exposure to food allergens.

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| **Child details** |
| Surname: ......................................................... Given names:...........................................................Date of birth: ......../......../........ Age:...................School:................................................................................................................................................. |
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Emergency Contacts:

Name: .................................................................. Relationship to Child: ...............................................

Mobile Number: ................................................ Alternative Contact number: ……………………………….….

Name: ................................................................ Relationship to Child: ................................................

Mobile Number: ................................................ Alternative Contact number: ………………………………….

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| In relation to the child:*To be completed with the parent(s).* | Yes | No | N/A | Person Responsible*Child/Parent/Educators* | Risk Management Strategies |
| Has your child’s enrolment form including emergency contacts been updated in thelast 12 months? |  |  |  |  |  |
| Has your child’s management plan been reviewed and signed off by a medical practitioner in the last 12 months or when there have been changes? |  |  |  |  |  |
| Is your child’s adrenaline auto-injection device in date? |  |  |  |  |  |
| Do we have your current contact details? |  |  |  |  |  |
| Does your child require increased supervision on special occasions such as excursions or workshops or family days etc. ? |  |  |  |  |  |
| Will you provide a safe treat box for your child? |  |  |  |  |  |
| Is your child able to sit at the same table when others consume food or drinks that may potentially contain identified allergens? |  |  |  |  |  |
| Can your child only eat food that has been specifically prepared for him/her? |  |  |  |  |  |
| Will you be/do you need to provide other drinks and lunchboxes, including treats, clearly labelled with your child’s name? |  |  |  |  |  |

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| In relation to the child at risk Kidzone will ensure that:*To be completed with the parent(s).* | Yes | No | N/A | Person Responsible*Child/Parent/Educators* | Risk Management Strategies |
| The adrenaline auto-injection device is stored in an insulated container, in a location easily accessible to adults, clearly labelled and with the medical action plan in that container too, and away from direct heat and access of children |  |  |  |  |  |
| Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending onthe allergies of particular children the parent/guardian of a child at risk of Anaphylaxis and these foods should be consistent with the risk minimisation plan E.g. play, celebrations etc. |  |  |  |  |  |
| Use the risk minimisation plan to inform food choices when planning cooking experiences |  |  |  |  |  |
| Ask families not to send food containing specified allergens or ingredients as determined in the risk minimisation plan |  |  |  |  |  |
| There is no trading or sharing of food, food utensils and containers with the at-risk child |  |  |  |  |  |
| Notify families of any cookingexperiences included in the program and obtain written authorisation from the parent of the child with anaphylaxis. |  |  |  |  |  |
| Children wash their hands before and after eating and, if the requirement is included in a particular child’s anaphylaxis management plan, on arrival at the program |  |  |  |  |  |
| Tables, work surfaces and bench tops are kept clean and free of allergens at all times |  |  |  |  |  |
| All children are closely supervised at meal and snack times and consume their food in specified areas. To minimise risk children should not ‘wander around’ Kidzone with food in their hands or while eating |  |  |  |  |  |
| Ensure that no child who has been diagnosed as at risk of Anaphylaxis is permitted to attend the program withouttheir adrenaline auto-injector device. |  |  |  |  |  |

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| **Communication Plan (Kidzone staff to complete with Parent)** |

**Kidzone** isresponsible for managing and maintaining regular updates anaphylaxis, sourcing information for Educator(s) to maintain the health and safety of any child at risk of anaphylaxis in care. This includes reviewing all policy documents annually.

**The parent/guardian** is responsible for informing Kidzone Educator(s) of any changes to the child’s risk minimisation plan and asthma medical management plan. These changes must be signed off by the treating doctor annually and a coloured copy, with a current photo of the child attached, provided to the service.

**Educators** will inform all families and the Kidzone community that a child at risk of anaphylaxis is in our care and therefore we are seeking to minimise the any risks identified in their anaphylaxis management plan and the risk minimisation plan, wherever possible.

**Additional Comments from Parents:**

I have read the medical Conditions Policy and agree to the terms of the risk management plan.

This plan was developed/reviewed on the \_\_/\_\_/\_\_\_\_\_.

Signature of Parent/Guardian:

Printed name:

Signature of Kidzone OSHC Romsey staff member:

Printed name:

\*Preferred method of communication with Family *(please circle)* : Meeting/Phone/Email