ANAPHYLAXIS POLICY

MANDATORY - QUALITY AREA 2

ELAA acknowledges the contribution of the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne, Allergy & Anaphylaxis Australia Inc and Department of Education and Training (DET) in the development of this policy.

STATEMENT OF POLICY

The basis of our approach to anaphylaxis is risk minimisation and education.

Staff and parents/guardians need to be made aware that it is not possible to achieve or guarantee a completely allergen free environment. Parents/guardians and staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead, the kindergarten recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction.

We acknowledge that The Australasian Society of Clinical Immunology and Allergy (ASCIA) does not recommend blanket banning of foods, the Stables Kindergarten requests that as part of its risk minimisation approach no peanuts, peanut paste, peanut butter (including "dippers"), nuts, Nutella spread, or nutty muesli bars be brought into the kindergarten.

To clarify, it should not be concluded from this request that nuts are a more dangerous allergen than any other; rather it is the most common allergen at the Stables Kindergarten.

PURPOSE

This policy will provide guidelines to:

- minimise the risk of an allergic reaction resulting in anaphylaxis occurring while children are in the care the Stables Kindergarten
- ensure that service staff respond appropriately to anaphylaxis by following the child's ASCIA action plan for anaphylaxis
- raise awareness of anaphylaxis and its management amongst all at the service through education and policy implementation.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy.*

POLICY STATEMENT

VALUES

Stables Kindergarten believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- raising awareness of families, staff, children, and others attending the service about allergies and anaphylaxis
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing risk minimisation and risk management strategies for their child

- ensuring all staff members and other adults at the service have adequate knowledge of allergies, anaphylaxis, and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis

SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day-to-Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of the Stables Kindergarten. This policy will apply regardless of whether a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
Ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan (refer to Attachment 3) and communication plan, is developed and reviewed regularly	√	√	√		
Providing approved anaphylaxis management training (refer to *Definitions*) to staff as required under the National Regulations	√				
Ensuring that staff practice administration of treatment for anaphylaxis using adrenaline auto injector trainer at least annually and that participation is documented.	√	√	√		
Ensuring that at least one educator with current approved anaphylaxis management training (refer to *Definitions*) is in attendance and immediately available at all times the service is in operation (Regulations 136, 137)	√	√			
Ensuring parents/guardians and others at the service with a child that has been diagnosed with anaphylaxis, allergic reactions or other relevant medical condition are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (Regulation 91)	√	√	√	√	
Ensuring the details of approved anaphylaxis management training and annual update (refer to *Definitions*) are included on the staff record (refer to *Definitions*), including details of training in the use of an auto-injection device (Regulations 146, 147)	√	√			
Ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency (Regulation 161), and that this authorisation is kept in the enrolment record for each child	√	√	√	√	

Ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises (Regulation 102) (refer to *Excursions and Service Events Policy*)	√	√	√	√	
Identifying children at risk of anaphylaxis during the enrolment process and informing staff.	√	√	√	√	
Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.	√	√	√		
Displaying a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service (Regulation 173(2)(f))	√	√	√		
Ensuring the Enrolment checklist for children diagnosed as at risk of anaphylaxis (refer to Attachment 2) is completed	√	√	√		
Ensuring an ASCIA action plan for anaphylaxis, risk management plan (refer to Attachment 3) and communications plan are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner (Attachment 3)	√	√	√	√	
Ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA action plan for anaphylaxis and their risk minimisation plan filed with their enrolment record (Regulation 162)	√	√	√		
Ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)	√	√	√		
Ensuring parents/guardians of all children at risk of anaphylaxis provide an unused, in-date adrenaline auto injector at all times their child is attending the service. Where this is not provided, children will be unable to attend the service	√	√	√	√	
Ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline auto injector device prescribed by the child's medical practitioner	√	√	√		
Implementing a procedure for first aid treatment for anaphylaxis consistent with current national recommendations (refer to Attachment 4) and ensuring all staff are aware of the procedure	√	√	√		
Ensuring adequate provision and maintenance of adrenaline auto injector kits (refer to *Definitions*)	√	√	√		
Ensuring the expiry date of the adrenaline auto injector is checked regularly and replaced when required and the liquid in the Epicene Jnr is clear	√	√	√	√	
Implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation	√	√	√	√	
Identifying and minimising allergens (refer to *Definitions*) at the service, where possible	√	√	√	√	

Ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition, Oral Health and Active Play Policy* and *Food Safety Policy*)	√	√	√		
Ensuring that children at risk of anaphylaxis are not discriminated against in any way	√	√	√	√	√
Ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential	√	√	√	√	√
Immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service	√	√	√	√	
Ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)	√	√	√		
Ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94)	√	√	√		
Ensuring that a medication record is kept that includes all details required by Regulation 92(3) for each child to whom medication is to be administered	√	√	√		
Ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency	√	√	√		
Responding to complaints and notifying Department of Education and Training (DET), in writing and within 24 hours of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk	√	√			
Displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) (refer to *Sources*) generic poster *Action Plan for Anaphylaxis* in key locations at the service	√	√			
Complying with the risk minimisation procedures outlined in Attachment 1	√	√	√	√	√
Ensuring that educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline auto injector kit (refer to *Definitions*) along with the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis.	√	√	√		
Providing information to the service community about resources and support for managing allergies and anaphylaxis	√	√	√		
Completing all details on the child's enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises			√	√	

Notifying staff of any changes to their child's allergy status and providing a new anaphylaxis medical management action plan in accordance with these changes				√	
Complying with the service's policy where a child who has been prescribed an adrenaline auto injector is not permitted to attend the service or its programs without that device				√	
Staff, families, volunteers, and students are responsible for following this policy and its procedures	**√**	**√**	**√**	**√**	**√**
BOLD tick √ indicates legislation requirement					

BACKGROUND AND LEGISLATION

Background

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Up to two per cent of the general population and up to ten per cent of children are at risk. The most common causes of allergic reaction in young children are eggs, peanuts, tree nuts, cow's milk, fish, shellfish, soy, wheat and sesame, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or articulate the symptoms of anaphylaxis. With planning and training, a reaction can be treated effectively by using an adrenaline autoinjector, often called an EpiPen® or an Anapen®.

In any service that is open to the general community it is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies, including strategies to minimise the presence of allergens in the service, can reduce the risk of anaphylactic reactions.

Legislation that governs the operation of approved children's services is based on the health, safety, and welfare of children, and requires that children are protected from hazards and harm. The Approved Provider will ensure that there is at least one educator on duty at all times who has current approved anaphylaxis management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(1). As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved anaphylaxis management training (refer to *Definitions*).

Approved anaphylaxis management training is listed on the ACECQA website (*refer to sources*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g., Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Adrenaline autoinjector: An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. This device is commonly called an EpiPen® or an Anapen®. As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

Used adrenaline autoinjectors should be placed in a rigid sharps' disposal unit or another rigid container if a sharps container is not available.

Adrenaline autoinjector kit: An insulated container with an unused, in-date adrenaline autoinjector, a copy of the child's ASCIA action plan for anaphylaxis, and telephone contact details for the child's parents/guardians, doctor/medical personnel, and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Autoinjectors must be stored away from direct heat and cold.

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something in the environment, which is usually harmless, e.g., food, pollen, dust mite. These can be ingested, inhaled, injected, or absorbed.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following:

***Mild to moderate signs & symptoms*:**

- hives or welts
- tingling mouth
- swelling of the face, lips & eyes
- abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms, however these are severe reactions to insects.

***Signs & symptoms of anaphylaxis are*:**

- difficult/noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse (child pale or floppy).

Anapen®: A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline. The administration technique in an Anapen® is different to that of the Epicene®. Two strengths are available: an Anapen® and an Anapen Jr®, and each is prescribed according to a child's weight. The Anapen Jr® is recommended for a child weighing 10–20kg. An AnaPen® is recommended for use when a child weighs more than 20kg.The child's ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

Anaphylaxis: A severe, rapid and potentially life-threatening allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

Anaphylaxis management training: Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector (refer to *Definitions*) trainer. Approved training is listed on the ACECQA website (refer to *Sources*).

Approved anaphylaxis management training: Training that is approved by the National Authority in accordance with Regulation 137(e) of the *Education and Care Services National Regulations 2011* and is listed on the ACECQA website (refer to *Sources*).

ASCIA action plan for anaphylaxis: An individual medical management plan prepared and signed by the child's treating, registered medical practitioner that provides the child's name and confirmed allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of autoinjector prescribed for each child. Examples of plans specific to different adrenaline autoinjector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website: www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

At risk child: A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Epicene®: A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an Epicene® and an Epicene Jr®, and each is prescribed according to a child's weight. The Epicene Jr® is recommended for a child weighing 10–20kg. An Epicene® is recommended for use when a child weighs more than 20kg. The child's ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

First aid management of anaphylaxis course: Accredited training in first aid management of anaphylaxis including competency in the use of an adrenaline autoinjector.

Intolerance: Often confused with allergy, intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.

No food sharing: A rule/practice in which a child at risk of anaphylaxis only eats food that is supplied/permitted by their parents/guardians and does not share food with, or accept food from, any other person.

Nominated staff member: (In relation to this policy) a staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the Approved Provider. This person also checks regularly to ensure that the adrenaline auto injector kit is complete and that the device itself is unused and in date and leads practice sessions for staff who have undertaken anaphylaxis management training.

Risk minimisation: The practice of developing and implementing a range of strategies to reduce hazards for a child at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.

Risk minimisation plan: A service-specific plan that documents a child's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the Approved Provider/Nominated Supervisor in consultation with the parents/guardians of the child at risk of anaphylaxis and service staff. The plan should be developed upon a child's enrolment or initial diagnosis and reviewed at least annually and always on re-enrolment. A sample risk minimisation plan is provided as Attachment 3.

Staff record: A record which the Approved Provider of a centre-based service must keep containing information about the Nominated Supervisor, staff, volunteers, and students at a service, as set out under Division 9 of the National Regulations.

SOURCES AND RELATED POLICIES

Sources

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: http://acecqa.gov.au/qualifications/requirements/first-aid-qualifications/training
- Allergy & Anaphylaxis Australia Inc is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, and Epicene® trainers: www.allergyfacts.org.au
- Australasian Society of Clinical Immunology and Allergy (ASCIA): www.allergy.org.au provides information and resources on allergies. Action plans for anaphylaxis can be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis (refer to Attachment 4). Contact details of clinical immunologists and allergy specialists are also provided.
- Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training: http://www.education.vic.gov.au/childhood/providers/regulation/Pages/anaphylaxis.aspx
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne (www.rch.org.au/allergy) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline autoinjector prescription. Kids Health Info fact sheets are also available from the website, including the following:
  - *Allergic and anaphylactic reactions*: (July 2019) www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11148
- The Royal Children's Hospital has been contracted by the Department of Education and Training (DET) to provide an Anaphylaxis Advice & Support Line to central and regional DET staff, school principals and representatives, school staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Asthma Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Nutrition, Oral Health and Active Play Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints, and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy, and best practice
- revise the policy and procedures as part of the service's policy review cycle or following an anaphylactic episode at the service, or as otherwise required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Risk minimisation procedures
- Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis
- Attachment 3: Sample risk minimisation plan
- Attachment 4: First Aid Treatment for Anaphylaxis – download from the Australasian Society of Clinical Immunology and Allergy:
  http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis

AUTHORISATION

This policy was adopted by the approved provider of the Stables Kindergarten on 10 October 2021

REVIEW DATE: 10th October 2022

ATTACHMENT 1: 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 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 of anaphylaxis:

- the child should only eat food that has been specifically prepared for him/her. Some parents/guardians may choose to provide all food for their child
- ensure there is no food sharing (refer to *Definitions*), or sharing of food utensils or containers at the service
- where the service is preparing food for the child:
  - ensure that it 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
- bottles, other drinks, lunch boxes and all food provided by parents/guardians should be clearly labelled with the child's name
- consider placing a severely allergic child away from a table with food allergens. However, be mindful that children with allergies should not be discriminated against in any way and should be included in all activities
- 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 tables, highchairs and bench tops are thoroughly cleaned after every use
- ensure that all children and adults wash hands upon arrival at the service, and before and after eating
- 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
- 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 (refer to *Food Safety Policy*)
- request that all parents/guardians avoid bringing food to the service that contains specified 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 containers, boxes, and packaging in crafts, 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

ATTACHMENT 2: ENROLMENT CHECKLIST FOR CHILDREN DIAGNOSED AS AT RISK OF ANAPHYLAXIS

- ☐ 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 anaphylaxis.
- ☐ Parents/guardians of a child diagnosed as at risk of anaphylaxis 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 ASCIA action plan for anaphylaxis for the child is completed and signed by the child's registered medical practitioner and is accessible to all staff.
- ☐ A copy of the child's ASCIA action plan for anaphylaxis is included in the child's adrenaline auto injector kit (refer to *Definitions*).
- ☐ An adrenaline auto injector (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service.
- ☐ An adrenaline auto injector is stored in an insulated container (adrenaline auto injector kit) 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 and cold.
- ☐ All staff, including casual and relief staff, are aware of the location of each adrenaline auto injector kit which includes each child's ASCIA action plan for anaphylaxis.
- ☐ All staff have undertaken approved anaphylaxis management training (refer to *Definitions*), which includes strategies for anaphylaxis 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*).
- ☐ All staff attend an annual update in the management of anaphylaxis delivered by an accredited trainer.
- ☐ All staff have undertaken practise with an auto injector trainer at least annually and preferably quarterly. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).
- ☐ A procedure for first aid treatment for anaphylaxis is in place and all staff understand it (refer to Attachment 4).
- ☐ Contact details of all parents/guardians and authorised nominees are current and accessible.
- ☐ Information regarding any other medications or medical conditions in the service (for example asthma) is available to staff.
- ☐ If food is prepared at the service, measures are in place to prevent cross-contamination of the food given to the child diagnosed as at risk of anaphylaxis.

ATTACHMENT 3: SAMPLE RISK MINIMISATION PLAN

Assessing The Risk	
Child's Name	☐
What are they allergic to?	☐ List all known allergens for the at-risk child. _____ _____ _____ _____ _____ List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting certain foods/items not to be brought to the service. _____ _____ _____ _____ _____
Do staff and other persons participating in the program recognise the at-risk child?	List the strategies for ensuring that all staff, including casual and relief staff, recognise each at risk child, are aware of the child's specific allergies and symptoms and the location of their adrenaline autoinjector kit including their ASCIA action plan for anaphylaxis _____ _____ _____ _____ _____ ☐ Ensure permission has been received to display medical management plan in the playroom. ☐ If permission has not been granted to display medical management plan, discuss where it will be stored. _____ _____ _____ _____

Do families and staff know how the service manages the risk of anaphylaxis?	☐ Record the date when each family of a child diagnosed as at risk of anaphylaxis is provided a copy of the service's Anaphylaxis Policy. Date: _____ Parent Signature:_____ ☐ Record the date that parents/guardians provide an unused, in-date and complete adrenaline auto injector kit. Date: _____ Parent Signature:_____ Staff Signature: _____ Ensure that all staff, including relief staff, know the location of the adrenaline auto injector kit and ASCIA action plan for anaphylaxis for each at risk child. Date: _____ Staff Signature: _____ ☐ Ensure that there is a procedure in place to regularly check the expiry date of each adrenaline auto injector. Date: _____ Staff Signature: _____

	☐ Ensure a written request is sent to all families at the service to follow specific procedures to minimise the risk of exposure to a known allergen. This may include strategies such as requesting specific items not be sent to the service, for example: o Food containing known allergens or foods where transfer from one child to another is likely e.g., peanut/nut products, whole egg, sesame, or chocolate. o Food packaging where that food is a known allergen e.g.: cereal boxes, egg cartons. _____ _____ _____ ☐ Ensure all families are aware of the policy that no child who has been prescribed an adrenaline auto injector is not permitted to attend the service without that device. Date: _____ Parent Signature:_____ Staff Signature: _____ ☐ The adrenaline auto injector kit, including a copy of the ASCIA action plan for anaphylaxis, is carried by an educator when a child diagnosed as at risk is taken outside the service premises eg: for excursions ☐ Yes

Has a communication plan been developed which includes procedures to ensure: • All staff, volunteers, students, and parents/guardians are informed about the policy and procedures for the management of anaphylaxis at Stables Kindergarten • Parents/guardians of a child diagnosed as at risk of anaphylaxis are able to communicate with service staff about any changes to the child's diagnosis or anaphylaxis medical management plan • All staff, including casual, relief and visiting staff, volunteers and students are informed about, and are familiar with, all ASCIA action plan for anaphylaxis and the Stables Kindergarten risk management plan	☐ All parents are advised of the location of the Stables Kindergarten Anaphylaxis Management Policy prior to commencing at Stables Kindergarten. ☐ Yes ☐ Staff will meet with parents/guardians of the child diagnosed at risk of anaphylaxis prior to the child's commencement at Stables Kindergarten and will develop an individual communication plan for that family. Parents will be encouraged to communicate any changes to their child's condition or management plan as it occurs. ☐ Yes ☐ Date: _____ ☐ An induction process for all staff and volunteers includes information regarding the management of anaphylaxis at the service including the location of adrenaline autoinjector kits, ASCIA action plans for anaphylaxis, risk minimisation plans and procedures, and identification of children at risk. ☐ Yes

Do all staff know how the service aims to minimise the risk of a child being exposed to an allergen?

Think about times when the child could potentially be exposed to allergens and develop appropriate strategies including identifying the person responsible for implementing them (refer to the following section for possible scenarios and strategies).

☐ Food for the at-risk child is prepared according to the instructions of parents/guardians to avoid the inclusion of food allergens.

As far as is practical, the service's menu for all children should not contain food with ingredients such as milk, egg, peanut/nut or sesame, or other products to which children are at risk.

The at-risk child should not be given food where the label indicates that the food may contain traces of a known allergen.

☐ Hygiene procedures and practices are followed to minimise the risk of cross-contamination of surfaces, food utensils or containers by food allergens (refer to *Hygiene Policy* and *Food Safety Policy*).

☐ Consider the safest place for the at-risk child to be served and to consume food, while ensuring they are not discriminated against or socially excluded from activities.

☐ Develop procedures for ensuring that each at risk child only consumes food prepared specifically for him/her.

☐ Ensure each child enrolled at the service washes his/her hands upon arrival at the service, and before and after eating.

☐ Employ teaching strategies to raise the awareness of all children about anaphylaxis and the importance of *no food sharing* (refer to *Definitions*) at the service.

☐ Bottles, other drinks, lunch boxes and all food provided by the family of the at-risk child should be clearly labelled with the child's name.

Do relevant people know what action to take if a child has an anaphylactic episode?

☐ Know what each child's ASCIA action plan for anaphylaxis contains and implement the procedures.

☐ Know:

- who will administer the adrenaline autoinjector and stay with the child
- who will telephone the ambulance and the parents/guardians of the child
- who will ensure the supervision of other children at the service
- who will let the ambulance officers into the service and take them to the child.

☐ Ensure all staff have undertaken approved anaphylaxis management training and participate in regular practise sessions.

Potential exposure scenarios and strategies

How effective is the service's risk minimisation plan?
☐ Review the risk minimisation plan of each child diagnosed as at risk of anaphylaxis with parents/guardians at least annually, but always on enrolment and after any incident or accidental exposure to allergens.

Scenario	Strategy	Who is responsible?
Food bought from home and provided at the service	Staff observe food handling, preparation and serving practices to minimise the risk of cross-contamination. This includes implementing good hygiene practices and effective cleaning of surfaces in the kitchen and children's eating area, food utensils and containers.	Staff
	There is a system in place to ensure the child diagnosed as at risk of anaphylaxis is served only food prepared for him/her.	Staff
	A child diagnosed as at risk of anaphylaxis is served and consumes their food in a location considered to be at low risk of cross-contamination by allergens from another child's food. Ensure this location is not separate from all children and allows social inclusion at mealtimes.	Staff
	Children are regularly reminded of the importance of not sharing food.	Staff
	Children are closely supervised during eating.	Staff
Party or celebration	Give parents/guardians adequate notice of the event.	Approved Provider, Nominated Supervisor, Educators
	Ensure safe food is provided for the child diagnosed as at risk of anaphylaxis.	Parents/guardians and staff
	Ensure the child diagnosed as at risk of anaphylaxis only eats food approved by his/her parents/guardians.	Staff
	Specify a range of foods that all parents/guardians may send for the party and note particular foods and ingredients that should not be sent.	Approved Provider and Nominated Supervisor
Protection from insect bite allergies	Specify play areas that are lowest risk to the child diagnosed as at risk and encourage him/her and peers to play in that area.	Educators

	Decrease the number of plants that attract bees or other biting insects.	Approved Provider
	Ensure the child diagnosed as at risk of anaphylaxis wears shoes at all times they are outdoors.	Educators
	Respond promptly to any instance of insect infestation. It may be appropriate to request exclusion of the child diagnosed as at risk during the period required to eradicate the insects.	Approved Provider/Nominated Supervisor
Latex allergies	Avoid the use of party balloons or latex gloves.	Staff
Cooking with children	Ensure parents/guardians of the child diagnosed as at risk of anaphylaxis are advised well in advance and included in the planning process. Parents/guardians may prefer to provide the ingredients themselves. Ensure activities and ingredients used are consistent with risk minimisation plans.	Approved Provider, Nominated Supervisor and Educators

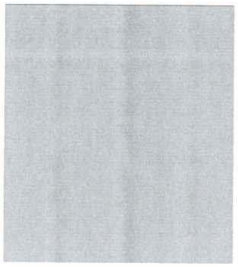
ATTACHMENT 4: FIRST AID TREATMENT FOR ANAPHYLAXIS

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____
Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):
1. _____
Mobile Ph: _____
2. _____
Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

_____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD MM YY

Signed: _____
Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult or noisy breathing**
- **Swelling of tongue**
- **Swelling or tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

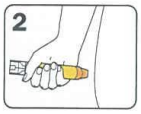
1 LAY PERSON FLAT - do NOT allow them to stand or walk
- **If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below**
- **If breathing is difficult allow them to sit with legs outstretched**
- **Hold young children flat, not upright**

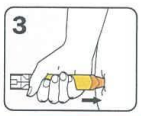
2 GIVE ADRENALINE AUTOINJECTOR
3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 Further adrenaline may be given if no response after 5 minutes
6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR
Commence CPR at any time if person is unresponsive and not breathing normally

How to give EpiPen®


1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE


2 Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)


3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed as follows:
- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.