North East Regional Pre School Association

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# Anaphylaxis Policy

## 1. Policy Statement

### Values

NERPSA believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. The 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 program and experiences.
- raising awareness about allergies and anaphylaxis amongst the 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 staff member and 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.

### Purpose

This aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service.
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering adrenaline via an auto-injection device
- raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

## 2. Scope

This policy applies to NERPSA, individual kindergartens within the NERPSA cluster, their committees and staff and parents/guardians who wish to have their children enrolled, or have children already enrolled at NERPSA.

## 3. Context

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, fish, shellfish, soy, wheat and sesame, bee or other insect stings, and some medications.

Young children may not be able to express the symptoms of anaphylaxis.

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-injection device such as an EpiPen®.

NERPSA recognises the importance of all staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an auto-injection device such as an EpiPen®.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff should not have a false sense of security

that an allergen has been eliminated from the environment. Instead NERPSA 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.

## 4. Definitions

**Adrenaline auto-injector:** 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 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 auto-injector kit:** 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 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 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.

**Anapen®:** A type of adrenaline auto-injection device (refer to *Definitions*) containing a single dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. 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. The Anapen® is recommended for use when a child weighs more than 20kg. The child's ASCIA action plan (refer to *Definitions*) must be specific for the brand they have been prescribed.

**Anaphylaxis:** A severe, rapid and potentially fatal 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.

**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.

**ASCIA action plan for anaphylaxis:** a 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 and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed as at risk of anaphylaxis is enrolled in the service. A sample communication plan is provided as Attachment 3.

**EpiPen®:** This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

**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 staff member:** A staff member nominated to check the adrenaline auto-injection device such as an EpiPen® is current, the auto-injection device (EpiPen®) kit is complete and leads staff practise sessions after all staff 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, the 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 appropriate staff in consultation with the parents/guardians of the child at risk of anaphylaxis. 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.

## 5. Sources and Related NERPSA Policies

- 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/approved-first-aid-qualifications/
- Allergy and 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, tapes and EpiPen® 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:
  www.education.vic.gov.au/childhood/providers/health/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 auto-injector prescription. Kids Health Info fact sheets are also available from the website, including the following:
  - *Allergic and anaphylactic reactions*: www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11148
  - *Auto-injectors (epi-pens) for anaphylaxis – an overview:* www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11121
- The Royal Children's Hospital has been contracted by the Department of Education and Training (DET) to provide an Anaphylaxis Advice and 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 and Support Line can be contacted on
  1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Asthma Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Enrolment and Orientation Policy*
- *Excursions Policy*
- *Food, Oral Health and Nutrition Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy Policy*

## 6. Procedures

NERPSA is responsible for:

6.1. Ensuring there is an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan (refer to Attachment 3) and communication plan, is developed and displayed at the service, and reviewed regularly

6.2. providing approved anaphylaxis management training to staff as required under the National Regulations and including the details on the staff record

6.3. ensuring that at least one educator with current approved anaphylaxis management training is in attendance and immediately available at all times the service is in operation (Regulations 136, 137)

6.4. ensuring that staff practice administration of treatment for anaphylaxis using an adrenaline autoinjector trainer at least annually, and preferably quarterly, and that participation is documented on the staff record

In services where a child diagnosed as at risk of anaphylaxis is enrolled, NERPSA shall also be **responsible for:**

6.5. 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))

6.6. ensuring the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 2) is completed

6.7. 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)

6.8. 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)

6.9. ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)

6.10. ensuring parents/guardians of all children at risk of anaphylaxis provide an unused, in-date adrenaline autoinjector at all times their child is attending the service. Where this is not provided, children will be unable to attend the service

6.11. ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner

6.12. 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

6.13. ensuring adequate provision and maintenance of adrenaline autoinjector

6.14. ensuring the expiry date of the adrenaline autoinjector is checked regularly and replaced when required and the liquid in the EpiPen/EpiPen Jnr is clear

6.15. 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

6.16. identifying and minimising allergens at the service, where possible

6.17. ensuring that children at risk of anaphylaxis are not discriminated against in any way

6.18. 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)

6.19. 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

6.20. ensuring that educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline autoinjector along with the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis

Educators are responsible for:

6.21. Ensuring the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 2) is completed

6.22. 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)

6.23. following appropriate first aid procedures in the event that a child who has not been diagnosed as at risk of anaphylaxis appears to be having an anaphylactic episode (refer to Attachment 4)

6.24. ensuring an adrenaline autoinjector kit is taken on all excursions and other offsite activities

6.25. compiling a list of children at risk of anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include the ASCIA action plan for anaphylaxis for each child

6.26. ensuring that all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and ASCIA action plans for anaphylaxis

6.27. ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis

6.28. ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis

6.29. following the child's ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode

6.30. practising the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly

6.31. ensuring staff dispose of used adrenaline autoinjectors appropriately in the sharps disposal unit provided at the service by the Approved Provider

6.32. ensuring that the adrenaline autoinjector kit is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold

6.33. complying with the risk minimisation procedures outlined in Attachment 1

6.34. identifying and, where possible, minimising exposure to allergens at the service

6.35. assisting with the development of a risk minimisation plan (refer to Attachment 3) for children diagnosed as at risk of anaphylaxis at the service

6.36. following the child's ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode

6.37. informing the Approved Provider and the child's parents/guardians following an anaphylactic episode

6.38. taking the adrenaline autoinjector kit for each child at risk of anaphylaxis on excursions or to other offsite service events and activities

6.39. contacting parents/guardians immediately if an unused, in-date adrenaline autoinjector has not been provided to the service for a child diagnosed as at risk of anaphylaxis. Where this is not provided, children will be unable to attend the service

6.40. consulting with the parents/guardians of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child, and communicating any concerns.

Parents/guardians of a child at risk of anaphylaxis shall:

6.41. Inform staff, either on enrolment or on diagnosis, of their child's allergies

6.42. Assist staff to develop an anaphylaxis risk minimisation plan

6.43. Provide staff with an ASCIA action plan signed by the registered medical practitioner giving written consent to use medication in line with this action plan

6.44. Provide staff with a complete adrenaline auto-injector kit

6.45. Regularly check the adrenaline auto-injection device expiry date

6.46. Assist staff by offering information and answering any questions regarding their child's allergies

6.47. Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes

6.48. Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child

6.49. Comply with the service's policy that no child who has been prescribed an adrenaline autoinjector is permitted to attend the service or its programs without that device

6.50. Comply with the procedures outlined in Attachment 1 of this policy.

## 7. Evaluation

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

- Seek feedback regarding the effectiveness of the policy
- 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 as required.

## 8. Authorisation

The policy was adopted by NERPSA on 28th April 2009.

## 9. Review date

The policy shall be reviewed every two years from date of adoption.

## 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

## ATTACHMENT 1
## Risk minimisation procedures

The following procedures should be developed in consultation with the parent/guardians of children in the service who have been diagnosed as at risk of anaphylaxis and implemented to help 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, 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
- provide an individual high chair for very young children to minimise the risk of cross-contamination of food
- where a child diagnosed as at risk of anaphylaxis is allergic to milk, ensure that non-allergic children are closely supervised when drinking milk/formula from bottles/cups and that these bottles/cups are not left within reach of children
- 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.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

**In relation to other practices at the centre:**

- ensure tables, high chairs and bench tops are thoroughly cleaned after every use
- ensure that all children and adults wash hands before and after eating and if the requirement is included in a particular child's ASCIA action plan, on 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 and menu planning
- 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
- ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.

## ATTACHMENT 2
## Enrolment checklist for children diagnosed as at risk of anaphylaxis

- ❑ A risk minimisation plan is completed in consultation with parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.
- ❑ Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the service's *Anaphylaxis Policy*.
- ❑ All parents/guardians are made aware of the *Anaphylaxis Policy*.
- ❑ ASCIA action plan for the child is completed and signed by the child's registered medical practitioner and is accessible to all staff. A copy of the ASCIA action plan is included in the child's auto-injection device kit.
- ❑ A copy of the ASCIA action plan is included in the child's auto-injection device kit.
- ❑ Adrenaline auto-injection device (within expiry date) is available for use at all times the child is in the care of the service.
- ❑ Adrenaline auto-injection device is stored in an insulated container (adrenaline autoinjector kit) in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat and cold.
- ❑ All staff, including relief staff, are aware of the location of each adrenaline autoinjector kit which includes each child's ASCIA action plan for anaphylaxis.
- ❑ All staff have undertaken approved anaphylaxis management training, 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.
- ❑ All staff have undertaken practise with an autoinjector trainer at least annually, and preferably quarterly. Details regarding participation in practice sessions are to be recorded on the staff record.
- ❑ A procedure for first aid treatment for anaphylaxis is in place and all staff understand it (refer to Attachment 4).
- ❑ Parent/guardian's and authorised nominees current contact details are available.
- ❑ Information regarding any other medications or medical conditions (for example asthma) is available to staff.
- ❑ If food is prepared at the service, measures are in place to prevent contamination of the food given to the child diagnosed as at risk of anaphylaxis.

## ATTACHMENT 3
## Sample Risk Minimisation Plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a children's service risk minimisation plan.

| **How well has the children's service planned for meeting the needs of children with allergies and those who have been diagnosed as at risk of anaphylaxis?** | |
|---|---|
| Who are the children? | • List names and room locations of each child diagnosed as at risk. |
| What are they allergic to? | • List all known allergens for child at risk.<br>• 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 the service. |
| Does everyone recognise the children at risk? | • List the strategies for ensuring that all staff, including 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 or anaphylaxis. |
| Do families and staff know how the service manages the risk of anaphylaxis? | • Record the date on which each family of a child diagnosed as at risk of anaphylaxis is provided a copy of the service's *Anaphylaxis policy*<br>• Record the date that parents/guardians provide an unused, in-date and complete adrenaline autoinjector kit.<br>• Test that all staff, including relief staff, know the location of the autoinjector kit and ASCIA action plan for anaphylaxis for each at risk child.<br>• Ensure there is a procedure in place to regularly check the expiry date of each adrenaline autoinjector.<br>• 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:<br>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<br>o food packaging where that food is a known allergen e.g. cereal boxes, egg cartons. |
| | • Ensure a new written request is sent to families if the food allergens change.<br>• Ensure all families are aware of the policy that no child who has been prescribed an adrenaline autoinjector is permitted to attend the service without that device.<br>• Display the ASCIA generic poster, *Action plan for anaphylaxis*, in key locations. |

| | |
|---|---|
| | • The adrenaline autoinjector 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, e.g. for excursions. |
| Has a communication plan been developed which includes procedures to ensure that:<br>• all staff, volunteers, students and parents/guardians are informed about the policy and procedures for the management of anaphylaxis<br>• 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 action plan<br>• all staff, volunteers and students are informed about, and are familiar with, all ASCIA action plan for anaphylaxis and the risk management plan. | • All parents/guardians are provided with a copy of the *Anaphylaxis Policy* prior to commencing.<br>• A copy of this policy is displayed in a prominent location at the service.<br>• Staff will meet with parents/guardians of a child diagnosed as at risk of anaphylaxis prior to the child's commencement at the service and will develop an individual communication plan for that family.<br>• 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. |

**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 who is responsible for implementing them (See following section for possible exposure scenarios and strategies).

- Menus are planned in conjunction with parents/guardians of at risk children
    - 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 practical the food on the menu for all children should not contain ingredients such as milk, egg and peanut/nut or sesame, or other products to which children are at risk
    - The at risk child should not be given food if the label for the food states that the food may contain traces of a known allergen
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens
- 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
- Service develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her
- NO FOOD is introduced to a baby if the parent/guardian has not previously given this food to the baby
- Ensure each child enrolled at the service washes his/her hands before and after eating and on arrival if required as part of a particular child's medical management plan.
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk child/ren and the reasons for this
- Bottles, other drinks and lunch boxes 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 reaction?** |
|---|
| • Know what each child's ASCIA action plan says and implement it<br>• Know who will administer the adrenaline auto-injection device and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child<br>• All staff with responsibilities for at risk children have undertaken anaphylaxis management training and participate in regular practice sessions. |
| **How effective is the service's risk minimisation plan?** |
| • Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure. |

**Possible exposure scenarios and strategies**

| Scenario | Strategy | Who |
|---|---|---|
| Food is provided by the children's service and a food allergen is unable to be removed from the service's menu (for example milk) | Menus are planned in conjunction with parents of at risk child/children and food is prepared according to parents instructions<br><br>Alternatively the parent provides all of the food for the at risk child | Cook, Nominated Supervisor, Parent |
| | Ensure separate storage of foods containing allergen | Nominated Supervisor & Cook |
| | Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers | Cook & Staff |
| | There is a system in place to ensure the at risk child is served only the food prepared for him/her | Cook & Staff |
| | An 'at risk' child 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 no food sharing with the at risk child | Educators |
| | Children are supervised during eating | Educators |
| Party or celebration | Give plenty of notice to families about the event | Nominated Supervisor/Educators |
| | Ensure safe food is provided for the at risk child | Parent/ Educators |
| | Ensure the at risk child only has the food approved by his/her 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 | Nominated Supervisor/Educators |
| Protection from insect sting allergies | Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area | Educators |
| | Decrease the number of plants that attract bees | Approved Provider |
| | Ensure the at risk child wears shoes at all times outdoors | Educators |
| | Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at risk child during the period required to eradicate the insects | Approved Provider |
| Latex allergies | Avoid the use of party balloons or contact with latex gloves | Educators |
| Cooking with children | Ensure parents/ guardians of the at risk child are advised well in advance and included in the planning process. Parents/guardians may prefer to provide the ingredients themselves.<br><br>Ensure activities and ingredients used are consistent with risk minimisation plans. | Educators |

## ATTACHMENT 4
## First Aid Treatment for Anaphylaxis

Download this attachment from the Australasian Society of Clinical Immunology and Allergy:
http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis