


Policy

Early Years Policy – Anaphylaxis and Allergic Reactions

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| Director Signature | Signed by:  A4566C08D5B4450... | | Date 06-09-2024 |
| Responsible Officer and Unit | Samantha Waymouth, Coordinator Early Years Services | | |
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Macedon Ranges Shire Council acknowledges the Dja Dja Wurrung, Taungurung and Wurundjeri Woi Wurrung Peoples as the Traditional Owners and Custodians of this land and waterways. Council recognises their living cultures and ongoing connection to Country and pays respect to their Elders past, present and emerging. Council also acknowledges local Aboriginal and/or Torres Strait Islander residents of Macedon Ranges for their ongoing contribution to the diverse culture of our community.

| DOCUMENT HISTORY | Version | Date | Author |
|------------------|---------|------|--------|
| Initial Draft | | | |
| Second Draft | | | |
| Final Draft | | | |
| Approval | | | |

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Purpose/Objective

This policy provides guidelines to:

- minimise the risk of allergic reaction resulting in anaphylaxis occurring while children are in the care of Council's Early Years' Services
- ensure service staff respond appropriately to allergic reactions, including anaphylaxis, by following the child's ASCIA Action Plan for Anaphylaxis and ASCIA Action Plan for Allergic Reactions
- raise awareness of allergies and anaphylaxis and appropriate management amongst all at the service, through education and policy implementation
- work with parents/guardians of children with either an ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reaction in understanding risks and identifying and implementing appropriate risk minimisation strategies and a communication plan to support the child and help keep them safe.

This policy should be read in conjunction with the Early Years policies – Dealing with Medical Conditions; and Incident, Injury, Trauma and Illness.

Scope

This policy applies to the approved provider, nominated supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Council's Early Years Services.

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.

Background/Reasons for Policy

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Allergies, particularly food allergies are common in children. The most common allergic reaction in young children are foods, bee or other insect stings and 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 auto-injector, often called an EpiPen® or an AnaPen®.

It is not possible to achieve a completely allergen-free environment. . A range of procedures and risk minimisation strategies, including strategies to minimise exposure to known allergens, can reduce the risk of allergic reactions including anaphylaxis.

Legislation which governs the operation of approved Early Years' Services is based on the health, safety and welfare of children and subsequent protection 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) (b)). **As a demonstration of duty of care and best practice, Macedon Ranges Shire Council Early Years Services ensures all educators have current approved anaphylaxis management training (refer to Definitions).**

Approved anaphylaxis management training is listed on the ACECQA website (refer to Sources). This includes ASCIA anaphylaxis e-training for Australasian children's education and care services, which is an accessible, evidence-based, best practice course that is available free of charge. The ASCIA course is National Quality Framework (NQF) approved by ACECQA for educators working in ECEC services.

Gender Impact Assessment

In accordance with the Gender Equality Act 2020, a Gender Impact Assessment was not required in relation to the subject matter of this policy.

Definitions

| Term | Definition |
|--------------------------|--|
| 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 (refer to Definitions) must be specific for the brand they have been prescribed. |

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| | Used adrenaline auto-injectors should be placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available. |
| Adrenaline auto-injector kit | An insulated container with an unused, in-date adrenaline auto-injector, 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. Auto-injectors 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. Almost always, food needs to be ingested to cause a severe allergic reaction (anaphylaxis) however, measures should be in place for children to avoid touching food they are allergic to. |
| Allergic reaction - mild to moderate signs and symptoms | <p>A reaction to an allergen. Common signs and symptoms include one or more of the following:</p> <ul style="list-style-type: none"> • 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) |

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| AnaPen® | A type of adrenaline auto-injector (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. An AnaPen® is recommended for use when a child weighs more than 20kg. The child's ASCIA Action Plan for Anaphylaxis 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 auto-injector trainer. Approved training is listed on the ACECQA website (refer to References). |
| 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 References). |
| ASCIA Action Plan for Anaphylaxis / ASCIA Action Plan for Allergic Reactions | 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 auto-injector prescribed for each child. Examples of plans specific to different adrenaline auto-injector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website: https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis |

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| Ambulance Victoria How to call Card | The How to call card produced by Ambulance Victoria details the steps to take when making an emergency call to triple 000. |
| 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 reasonably foreseeable risk of injury. |
| EpiPen® | A type of adrenaline auto-injector 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 EpiPen® and an EpiPen Jr®, and each is prescribed according to a child's weight. The EpiPen Jr® is recommended for a child weighing 10–20kg. An EpiPen® is recommended for use when a child weighs more than 20kg. The child's ASCIA Action Plan for Anaphylaxis 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 auto-injector. |
| 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. |

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| Nominated staff member | 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 1. |
| 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. |

References

- > 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>
- > All about Allergens for Children's education and care (CEC) training: <https://foodallergytraining.org.au>

- > The Allergy Aware website is a resource hub that includes a Best Practice Guidelines for Anaphylaxis Prevention and Management in Children's Education and Care, and links to useful resources for Early childhood education and care services, to help prevent and manage anaphylaxis. The website also contains links to state and territory specific information and resources: <https://www.allergyaware.org.au/>
- > 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 EpiPen® trainers: <https://allergyfacts.org.au/>
- > Australasian Society of Clinical Immunology and Allergy (ASCIA): <https://www.allergy.org.au/> provides information, and resources on allergies. ASCIA Action Plans 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, however doctors must not be called during an emergency. Call triple zero (000) for an ambulance, as instructed on the ASCIA Action Plan.
- > The Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for children's education and care: <https://etraining.allergy.org.au/>
- > The Department of Education provides information related to anaphylaxis and anaphylaxis training: <https://www.vic.gov.au/first-aid-anaphylaxis-and-asthma-management-early-childhood-services>
- > Department of Allergy and Immunology at The Royal Children's Hospital Melbourne (<https://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.
- > The Royal Children's Hospital has been contracted by the Department of Education (DE) to provide an Anaphylaxis Support Advisory Line to central and regional DE 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 at anaphylaxisadvice@rch.org.au

Related Policies

- > Early Years Enrolment and Fee Policy
- > Early Years Policy - Administration of First Aid
- > Early Years Policy - Administration of Medication
- > Early Years Policy - Asthma
- > Early Years Policy - Child Safe Environment and Wellbeing
- > Early Years Policy – Dealing with Medical Conditions
- > Early Years Policy - Diabetes
- > Early Years Policy - Epilepsy and Seizures
- > Early Years Policy - Excursions and Service Events
- > Early Years Policy - Hygiene
- > Early Years Policy - Incident, Injury, Trauma and Illness
- > Early Years Policy - Inclusion and Equity
- > Early Years Policy - Nutrition, Oral Health and Active Play
- > Early Years Policy – Orientation and Settling In
- > Early Years Policy - Supervision of Children
- > Privacy Policy (Council)

Related Legislation

- > *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 Regulation 2017*
- > *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*

Policy

Mandatory – Quality Area 2

Responsibilities

| Responsibilities | Approved provider and persons with management or control | Nominated supervisor and persons in day-to-day charge | all other staff | Early childhood teacher, educators and all other staff | Parents/guardians | Contractors, volunteers and students |
|--|--|---|-----------------|--|-------------------|--------------------------------------|
| R indicates legislation requirement, and should not be deleted | | | | | | |
| Ensuring that an anaphylaxis policy, which meets legislative requirements (Regulation 90) and includes a risk minimisation plan (refer to Definitions) (refer to Attachment 3) and communication plan (refer to Definitions), is developed and displayed at the service, and reviewed annually | R | ✓ | | | | |

| Responsibilities | Contractors, volunteers and students | Parents/guardians | Early childhood teacher, educators and all other staff | Nominated supervisor and persons in day-to-day charge | Approved provider and persons with management or control |
|---|---|-------------------|--|---|--|
| | | | | ✓ | R |
| | | | | ✓ | R |
| | | | | ✓ | R |
| | | | | | |
| Ensuring that all early childhood teachers/educators approved first aid qualifications, anaphylaxis management training (refer to Sources) and emergency asthma management training are current, meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA (refer to References) | | | | | |
| | Note: this is a minimum requirement, ELAA recommends that ALL educators have current approved first aid qualifications, anaphylaxis management training and asthma management training. | | | | |

| Responsibilities | Contractors, volunteers and students | Parents/guardians | Early childhood teacher, educators and all other staff | Nominated supervisor and persons in day-to-day charge | Approved provider and persons with management or control |
|--|--------------------------------------|-------------------|--|---|--|
| Providing opportunities for early childhood teachers/educators to undertake food allergen management training (refer to References) | | | | ✓ | ✓ |
| Develop an anaphylaxis emergency response plan which follows the ASCIA Action Plan (refer to Attachment 4) and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans should be practised at least once a year. Separate emergency response plans must be developed for any off-site activities | ✓ | | ✓ | ✓ | ✓ |
| Ensuring early childhood teachers/educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4) | | | ✓ | ✓ | R |
| Ensuring all staff, parents/guardians, contractors, volunteers and students are provided with and have read the Early Years policies: Anaphylaxis and Allergic Reactions; and Dealing with Medical Conditions (Regulation 91) | | | | ✓ | R |

| 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 staff undertake ASCIA anaphylaxis refresher e-training (refer to References), practice administration of treatment for anaphylaxis using an adrenaline injector once a year, and that participation is documented on the staff record | R | ✓ | | | |
| Ensuring the details of approved anaphylaxis management training (refer to Definitions) are included on the staff record (refer to Definitions), including details of training in the use of an adrenaline injectors (Regulations 145,146, 147) | R | ✓ | ✓ | | |
| 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 | R | ✓ | | ✓ | |

| 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 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 Early Years Policy - Excursions and Service Events) | R | ✓ | ✓ | ✓ | |
| Identifying children at risk of anaphylaxis during the enrolment process and informing staff | ✓ | ✓ | ✓ | | |
| In the case of a child having their first anaphylaxis whilst at the service, the general use adrenaline injector should be given to the child immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan (refer to Attachment 4) including calling an ambulance | ✓ | ✓ | ✓ | | ✓ |

| 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 |
|--|--|---|--|-------------------|--------------------------------------|
| Following appropriate reporting procedures set out in the Early Years Policy - Incident, Injury, Trauma and Illness, 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 (Regulation 87) | R | ✓ | ✓ | | ✓ |
| In addition to the above, services where a child diagnosed as at risk of anaphylaxis is enrolled, also responsible for: | | | | | |
| 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)) | R | ✓ | | | |
| Ensuring the enrolment checklist for children diagnosed as at risk of anaphylaxis (refer to Attachment 2) is completed | R | ✓ | | | |
| Ensuring an ASCIA Action Plan for Anaphylaxis / ASCIA Action Plan for Allergic Reactions completed by the child's doctor or nurse practitioner is provided by the parents and included in the child's individual anaphylaxis health care plan | R | ✓ | ✓ | | |

| 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 risk management plan (refer to Definitions) (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 and is reviewed annually | R | ✓ | ✓ | | |
| Ensuring individualised anaphylaxis care plans are reviewed when a child's allergies change or after exposure to a known allergen while attending the service or before any special activities (such as off-site activities), ensuring that information is up to date and correct, and any new procedures for the special activity are included | ✓ | ✓ | ✓ | | ✓ |

| 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 all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions and their risk minimisation plan filed with their enrolment record that is easily accessible to all staff (Regulation 162) | R | ✓ | ✓ | | |
| Ensuring an individualised anaphylaxis care plan is developed in consultation with the parents/guardians for each child (refer to Attachment 5) | ✓ | ✓ | ✓ | | |
| 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 / ASCIA Action Plan for Allergic Reactions for each child | ✓ | ✓ | ✓ | | |

| 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 all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their signs and symptoms, and the location of their adrenaline injector and ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions | R | ✓ | ✓ | | ✓ |
| Ensuring parents/guardians of all children at risk of anaphylaxis provide an unused, in-date adrenaline injector, if prescribed, 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 injector prescribed by the child's medical or nurse practitioner | ✓ | ✓ | ✓ | | |
| Following the child's ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in the event of an allergic reaction, which may progress to anaphylaxis | | ✓ | ✓ | | ✓ |

| 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 |
|---|--|---|--|-------------------|--------------------------------------|
| Following the ASCIA Action Plan/ASCIA First Aid Plan consistent with current national recommendations (refer to Attachment 4) and ensuring all staff are aware of the procedure | R | ✓ | ✓ | | ✓ |
| Ensuring that adrenaline injectors are 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, sunlight and cold | R | ✓ | ✓ | | ✓ |
| Ensuring adequate provision and maintenance of adrenaline injector kits (refer to Definitions) | R | ✓ | ✓ | ✓ | ✓ |
| Ensuring the expiry date of adrenaline injectors (prescribed and general use) are checked regularly (quarterly) and replaced when required | R | ✓ | ✓ | | ✓ |

| 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 early childhood teachers/educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline injector kit along with the ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions, for each child diagnosed as at risk of anaphylaxis (refer to Early Years Policy - Excursions and Service Events) | R | ✓ | | | |
| Ensuring that medication is administered in accordance with Regulations 95 and 96 (refer to Early Years policies: Administration of Medication; and Dealing with Medical Conditions) | R | ✓ | ✓ | | ✓ |
| Ensuring that emergency services and parents/guardians of a child are notified by phone as soon as is practicable if an adrenaline injector has been administered to a child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94) | R | ✓ | ✓ | | ✓ |

| 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 a medication record is kept that includes all details required by (Regulation 92(3) for each child to whom medication is to be administered | R | ✓ | ✓ | | ✓ |
| 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 (Regulation 93 (2)) | R | ✓ | ✓ | | ✓ |
| Ensuring that children at risk of anaphylaxis are not discriminated against in any way | R | ✓ | ✓ | | ✓ |
| Ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential | R | ✓ | ✓ | | ✓ |
| Ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis | R | ✓ | ✓ | | ✓ |

| 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 |
|--|--|---|--|-------------------|--------------------------------------|
| Immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service | R | ✓ | ✓ | | ✓ |
| Responding to complaints and notifying Department of Education, 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 | R | ✓ | | | |
| Displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) (refer to References) First Aid Plan for Anaphylaxis poster in key locations at the service | ✓ | ✓ | | | |
| Displaying Ambulance Victoria's AV How to Call Card (refer to Definitions) near all service telephones – refer Attachment 6 | ✓ | ✓ | | | |
| Complying with the risk minimisation strategies identified as appropriate and included in individual anaphylaxis health care plans and risk management plans (refer to Attachment 1) | R | ✓ | | | |

| 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 |
|--|--|---|--|-------------------|--------------------------------------|
| Organising allergy awareness information sessions for parents/guardians of children enrolled at the service, where appropriate | ✓ | ✓ | | | |
| Providing age-appropriate education to all children, including signs and symptoms of an allergic reaction and what to do if they think their friend is having an allergic reaction | ✓ | ✓ | ✓ | | ✓ |
| Providing information to the service community about resources and support for managing allergies and anaphylaxis | ✓ | ✓ | | | |
| Providing support (including counselling) for early childhood teachers/educators and staff who manage an anaphylaxis and for the child who experienced the anaphylaxis and any witnesses | ✓ | ✓ | ✓ | | ✓ |

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 regarding the effectiveness of this 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 following an anaphylactic episode at the service, or as otherwise required
- notify stakeholders, including parents/guardians, at least 14 days before making any changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).

Attachments

- **Attachment 1:** Examples of anaphylaxis risk minimisation strategies for children's education and care (CEC) services: <https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-risk-minimisation-strategies>
 - **Attachment 2:** Anaphylaxis management checklist children's education and care services: <https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-management-checklist>
 - **Attachment 3:** National Allergy Council Anaphylaxis risk management plan template for children's education and care (CEC) services: <https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-risk-management-plan-template>
 - **Attachment 4:** Australasian Society of Clinical Immunology and Allergy First Aid Plans for Anaphylaxis: <https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>
- Attachment 5:** Individualised anaphylaxis care plan template for children's education and care (CEC) services : <https://allergyaware.org.au/childrens-education-and-care/individualised-anaphylaxis-care-plan-template>
- Attachment 6:** Ambulance Victoria how to call card: <https://www.ambulance.vic.gov.au/wp-content/uploads/2019/08/How-To-Call-Card.pdf>