


Policy Title:	Early Years Policy – Managing anaphylaxis		
Date of Adoption:	10 April 2013		
Adoption Method:	<input type="checkbox"/> Council	<input type="checkbox"/> CEO	<input checked="" type="checkbox"/> Other - Executive
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Responsible Officer and Unit:	Coordinator Early Years Services, Early Years Unit		
Nominated Review Period:	<input type="checkbox"/> Annually	<input checked="" type="checkbox"/> Other - 3 Years	
Last Review Date:	October 2020		
Next Review Date:	September 2023		
Purpose/Objective:	<p>This policy will provide guidelines to:</p> <ul style="list-style-type: none"> • minimise the risk of allergic reaction resulting in anaphylaxis occurring while children are in the care of Macedon Ranges Shire Council's Early Years' Services • ensure Service staff respond appropriately to anaphylaxis by following the child's ASCIA action plan for anaphylaxis • raise awareness of anaphylaxis and its management through education and policy implementation <p>This policy should be read in conjunction with the <i>Early Years Policy – Managing medical conditions</i>.</p>		
Background/Reason for Policy and Procedure:	<p>Anaphylaxis is a severe and potentially life-threatening allergic reaction. Up to two per cent of adults, and ten per cent of children are at risk. The most common causes of allergic reaction in young children are foods - 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 auto-injector, often called an EpiPen® or an AnaPen®.</p> <p>It is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies can reduce the risk of anaphylactic reactions.</p> <p>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 <i>Education and Care Services National Regulations 2011</i> (Regulation 136(1) (b)). As a demonstration of duty of care and best practice, ELAA</p>		

DOCUMENT HISTORY	Version	Date	Author
Initial Draft	1	30/6/2020	A O'Sullivan
Final Draft	1	10/2020	J Laurent Goeman
Approval		10/2020	Executive Meeting

	<p>recommends all educators have current approved anaphylaxis management training (refer to <i>Definitions</i>). Approved anaphylaxis management training is listed on the ACECQA website (refer to <i>Sources</i>).</p>
<p>Definitions:</p>	<p>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 <i>Definitions</i>) must be specific for the brand they have been prescribed. Used adrenaline auto-injectors should be placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.</p> <p>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.</p> <p>Allergen: a substance that can cause an allergic reaction.</p> <p>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.</p> <p>Allergic reaction: a reaction to an allergen. Common signs and symptoms include one or more of the following:</p> <p>Mild to moderate signs & symptoms:</p> <ul style="list-style-type: none"> o hives or welts o tingling mouth o swelling of the face, lips & eyes o abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms, however these are severe reactions to insects <p>Signs & symptoms of anaphylaxis are:</p> <ul style="list-style-type: none"> o difficult/noisy breathing o swelling of the tongue o swelling/tightness in the throat o difficulty talking and/or hoarse voice o wheeze or persistent cough o persistent dizziness or collapse (child pale or floppy) <p>AnaPen®: a type of adrenaline auto-injector (refer to <i>Definitions</i>) 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 (refer to <i>Definitions</i>) must be specific for the brand they have been prescribed.</p>

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 (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 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:

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 reasonably foreseeable risk of injury.

EpiPen®: a type of adrenaline auto-injector (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 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 (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 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.

	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>References:</p>	<p>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</p> <p>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: WWW.ALLERGYFACTS.ORG.AU</p> <p>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.</p> <p>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</p> <p>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: <i>Allergic and anaphylactic reactions</i> (July 2019): WWW.RCH.ORG.AU/KIDSINFO/FACTSHEETS.CFM?DOC_ID=11148</p>

	<p>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</p>
Related Policies:	<p><i>Early Years Policy - Administration of First Aid</i> <i>Early Years Policy - Administration of medication</i> <i>Early Years Policy - Asthma</i> <i>Early Years Policy - Epilepsy</i> <i>Early Years Policy - Hygiene</i> <i>Early Years Policy - Diabetes</i> <i>Early Years Policy - Managing medical conditions</i> <i>Early Years Policy - Enrolment and orientation</i> <i>Early Years Policy - Excursions and Service events</i> <i>Early Years Policy - Incident, injury, trauma and illness</i> <i>Early Years Policy - Inclusion and equity</i> <i>Early Years Policy - Nutrition, oral health and active play</i> <i>Early Years Policy - Supervision of children</i> <i>Privacy Policy</i></p>
Related Legislation:	<p><i>Education and Care Services National Law Act 2010: Sections 167, 169</i> <i>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</i> <i>Health Records Act 2001 (Vic)</i> <i>National Quality Standard, Quality Area 2: Children's Health and Safety</i> <i>Occupational Health and Safety Act 2004 (Vic)</i> <i>Privacy and Data Protection Act 2014 (Vic)</i> <i>Privacy Act 1988 (Cth)</i> <i>Public Health and Wellbeing Act 2008 (Vic)</i> <i>Public Health and Wellbeing Regulations 2009</i></p>

ANAPHYLAXIS POLICY AND PROCEDURE

Mandatory – Quality Area 2

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 Macedon Ranges Shire Council Early Years Services.

RESPONSIBILITIES

The Approved Provider and Persons with Management or Control are responsible for:

- ensuring all staff and volunteers are provided with or have access to a copy of this policy and a clear understanding of the procedures and practices outlined within
- ensuring an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan (refer to Attachment 3 - Risk minimisation plan) and communication plan, is developed and displayed at the Service, and reviewed regularly
- providing approved anaphylaxis management training (refer to Definitions) to staff as required under the National Regulations
- ensuring 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 the Nominated Supervisor, educators, staff members, students and volunteers at the Service are provided with a copy of the *Early Years Policies - Anaphylaxis and Managing medical conditions*
- ensuring parents/guardians at the Service are provided with a copy of the *Early Years Policies - Anaphylaxis and Managing medical conditions (Regulation 91)*
- ensuring staff practice administration of treatment for anaphylaxis using an adrenaline auto-injector trainer at least annually, and preferably quarterly, and that participation is documented on the staff record
- 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 auto-injector (*Regulations 146, 147*)
- ensuring 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 in the enrolment record (*Regulation 161*)
- ensuring 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*)
- identifying children at risk of anaphylaxis during the enrolment process and informing staff
- ensuring all educators approved first aid qualifications, anaphylaxis management training 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 Sources)
- following appropriate reporting procedures set out in the *Early Years Policy - Incident, injury, trauma and illness* in the event that a child is ill, involved in a medical emergency or an incident at the Service which results in injury or trauma

In Services where a child diagnosed as at risk of anaphylaxis is enrolled, the Approved Provider and Persons with Management or Control are responsible for:

- Prominent display of a notice at the Service stating 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 - Enrolment checklist for children diagnosed as at risk of anaphylaxis) is completed
- ensuring an ASCIA action plan for anaphylaxis, risk management plan (refer to Attachment 3 - Risk minimisation plan) 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
- ensuring 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 (*Regulation 92*)
- ensuring parents/guardians of all children at risk of anaphylaxis provide an unused, current adrenaline auto-injector at all times their child is attending the Service otherwise attendance will not be allowable
- ensuring the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline auto-injector 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 - First Aid Treatment for Anaphylaxis) 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 EpiPen/EpiPen Jnr is clear
- ensuring a sharps disposal unit is available for the safe disposal of used adrenaline auto-injectors
- 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), where possible
- ensuring measures are in place to prevent cross-contamination of food given to all children (refer to *Early Years Policy - Nutrition, oral health and active play*)
- ensuring children at risk of anaphylaxis are not discriminated against in any way and 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
- ensuring 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 *Early Years Policies - Administration of medication and Managing medical conditions*)
- ensuring parents/guardians of a child and emergency services are notified as soon as 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 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 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, 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
- displaying Ambulance Victoria's AV How to Call Card (refer to Definitions) at all telephones
- complying with the risk minimisation procedures outlined in Attachment 1
- ensuring 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

- adequate stock of the current, unused adrenaline auto-injector is on hand
- appropriate procedures are in place to define the specific circumstances under which the device supplied by the service will be used
- the auto-injector is administered in accordance with the written instructions provided on it and with the generic ASCIA action plan for anaphylaxis
- the *Early Years Policy - Administration of medication* is enacted when medication is administered to a child in an emergency
- parents/guardians are informed a supply of adrenaline auto-injectors are held, including the brand name and procedures for the use of the devices in an emergency

The Nominated Supervisor is responsible for:

- ensuring the enrolment checklist for children diagnosed as at risk of anaphylaxis (refer to Attachment 2 - Enrolment checklist for children diagnosed as at risk of anaphylaxis) is completed
- ensuring medication is not administered to a child unless it has been authorised and administered in accordance with *Regulations 95 and 96* (refer to *Early Years Policies - Administration of medication* and *Managing medical conditions*)
- ensuring 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 educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4 - First Aid Treatment for Anaphylaxis)
- ensuring an adrenaline auto-injector kit (refer to Definitions) is taken on all excursions and other offsite activities (refer to *Early Years Policy - Excursions and Service events*)
- compiling a list of children at risk of anaphylaxis and placing this with the ASCIA action plan for anaphylaxis in a secure yet readily accessible location known to all staff
- ensuring all staff are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline auto-injector kits and ASCIA action plans for anaphylaxis
- ensuring measures are in place to prevent cross-contamination of any food given to children (refer to *Early Years Policy – Nutrition, oral health and active play*) and organising anaphylaxis management information sessions for parents/guardians
- ensuring all persons of the Service are aware of children diagnosed as at risk of anaphylaxis
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis
- following the child's ASCIAS action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode
- practising the administration of an adrenaline auto-injector using an auto-injector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- ensuring staff dispose of used adrenaline auto-injectors appropriately in the sharps disposal unit provided at the Service by the Approved Provider
- ensuring the adrenaline auto-injector kit is stored in a location known to all staff, is easily accessible to adults both indoors and outdoors (not locked away) yet inaccessible to children, and away from direct sources of heat and cold
- ensuring parents/guardians or an authorised person named in the child's enrolment record provide written authorisation for children to attend excursions outside the Service premises (*Regulation 102*) (refer to *Early Years Policy - Excursions and Service events*)
- providing information regarding resources and support for managing allergies and anaphylaxis
- complying with the risk minimisation procedures outlined in Attachment 1

All staff are responsible for:

- reading and complying with the *Early Years Policies - Anaphylaxis* and *Managing medical conditions*
- maintaining current approved anaphylaxis management qualifications (refer to Definitions)
- practising the administration of an adrenaline auto-injector using an auto-injector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly

- ensuring awareness of procedures for first aid treatment for anaphylaxis (refer to Attachment 4)
- completing the enrolment checklist for children diagnosed as at risk of anaphylaxis (refer to Attachment 2) with parents/guardians
- knowing which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline auto-injector kits and medical management action plans
- identifying and minimising exposure to allergens (refer to Definitions)
- following procedures to prevent the cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Early Years Policy – Nutrition, oral health and active play*)
- assisting with the development of a risk minimisation plan (refer to Attachment 3) for children diagnosed as at risk of anaphylaxis
- following the child's ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode
- disposing of used adrenaline auto-injectors in the sharps disposal unit provided at the Service by the Approved Provider
- 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)
- informing the Approved Provider and the child's parents/guardians following an anaphylactic episode
- taking the adrenaline auto-injector kit (refer to Definitions) for each child at risk of anaphylaxis on excursions or to other offsite Service events and activities
- providing information regarding resources and support for managing allergies and anaphylaxis
- complying with the risk minimisation procedures outlined in Attachment 1
- contacting parents/guardians immediately if an unused, current adrenaline auto-injector has not been provided as where this is not provided, children will be unable to attend the Service
- discussing the requirements for completing the enrolment form and medication record
- consulting with parents/guardians of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child, and communicating any concerns
- ensuring children diagnosed as at risk of anaphylaxis are not discriminated against in any way and are able to participate fully in all activities

Parents/guardians of a child at risk of anaphylaxis are responsible for:

- informing staff, either on enrolment or on initial diagnosis, of their child's allergies
- 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
- assisting the Approved Provider and staff to develop an anaphylaxis risk minimisation plan (refer to Attachment 3 - First Aid Treatment for Anaphylaxis)
- providing staff with a colour copy of their child's ASCIA action plan for anaphylaxis signed by a registered medical practitioner and with written consent to use medication prescribed in line with this action plan
- providing staff with an unused, current and complete adrenaline auto-injector kit
- ensuring the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline auto-injector prescribed by the child's medical practitioner
- regularly checking the adrenaline auto-injector's expiry date and colour of EpiPen adrenaline
- assisting staff by providing information and answering questions regarding their child's allergies
- notifying staff of any changes to their child's allergy status and providing a new anaphylaxis medical management action plan in accordance changes
- communicating all relevant information and concerns to staff, particularly in relation to the health of their child
- complying with the Service's policy where a child who has been prescribed an adrenaline auto-injector is not permitted to attend without that device
- complying with the risk minimisation procedures outlined in Attachment 1
- ensuring awareness of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4 - First Aid Treatment for Anaphylaxis)

Parents/guardians are responsible for:

- reading and complying with the *Early Years Policy - Anaphylaxis*
- bringing relevant issues and concerns to the attention of both staff and the Approved Provider

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

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 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: Risk minimisation plan

Attachment 4: First Aid Treatment for Anaphylaxis

ATTACHEMENT 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 with parents/guardians having the choice to provide all food for their child
- ensure no sharing of food, utensils or containers (refer to Definitions)
- where the Service is preparing food for the child, ensure it has been prepared according to the instructions of parents/guardians
- parents/guardians 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, being mindful children with allergies should not be discriminated against, and 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 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

In relation to other practices at the Service:

- ensure tables, high chairs 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, ensuring food is consumed in specified areas and not whilst children are moving around
- do not use food of any kind as a reward
- 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
- 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 with food being used, consistent with the risk management plans of children diagnosed as at risk of anaphylaxis
- ensure 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 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 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
Risk minimisation plan

The following information is not a comprehensive list but contains some suggestions to consider when developing/reviewing your service's risk minimisation plan in consultation with parents/guardians.

How well has the 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?	<input type="checkbox"/> List names and room locations of each child diagnosed as at risk.
What are they allergic to?	<input type="checkbox"/> List all known allergens for each child at risk. <input type="checkbox"/> 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 be brought to the service.
Do staff (including casual and relief staff), volunteers and visiting staff recognise the children at risk?	<input type="checkbox"/> 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 auto-injector kit including their ASCIA action plan for anaphylaxis.
Do families and staff know how the service manages the risk of anaphylaxis?	<input type="checkbox"/> 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. <input type="checkbox"/> Record the date that parents/guardians provide an unused, in-date and complete adrenaline auto-injector kit. <input type="checkbox"/> Test that all staff, including casual and relief staff, know the location of the adrenaline auto-injector kit and ASCIA action plan for anaphylaxis for each at risk child. <input type="checkbox"/> Ensure that there is a procedure in place to regularly check the expiry date of each adrenaline auto-injector. <input type="checkbox"/> 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: <ul style="list-style-type: none"> – 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 – food packaging where that food is a known allergen e.g. cereal boxes, egg cartons.

	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure a new written request is sent to all families if food allergens change. <input type="checkbox"/> Ensure all families are aware of the service policy that no child who has been prescribed an adrenaline auto-injector is permitted to attend the service without that device. <input type="checkbox"/> Display the ASCIA generic poster Action Plan for Anaphylaxis in key locations at the service and ensure a completed Ambulance Victoria AV How to Call Card is next to all telephone/s. <input type="checkbox"/> 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 e.g. for excursions.
<p>Has a communication plan been developed which includes procedures to ensure that:</p> <ul style="list-style-type: none"> • all staff, volunteers, students and parents/guardians are informed about the policy and procedures for the management of anaphylaxis at [Service Name] • 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 • 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 [Service Name] risk management plan. 	<ul style="list-style-type: none"> <input type="checkbox"/> All parents/guardians are provided with a copy of the Anaphylaxis Policy prior to commencing at [Service Name]. <input type="checkbox"/> A copy of this policy is displayed in a prominent location at the service. <input type="checkbox"/> 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. <input type="checkbox"/> An induction process for all staff and volunteers includes information regarding the management of anaphylaxis at the service including the location of adrenaline auto-injector 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 identifying the person responsible for implementing them (refer to the following section for possible scenarios and strategies).

- Menus are planned in conjunction with parents/guardians of children diagnosed as at risk of anaphylaxis:
 - 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.
- Do not introduce food to a baby/child if the parents/guardians have not previously given this food to the baby/child.
- 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 auto-injector 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 is provided by the service and a food allergen is unable to be removed from the service's menu (e.g. milk).	Menus are planned in conjunction with parents/guardians of children diagnosed as at risk, and food is prepared according to the instructions of parents/guardians. Alternatively, the parents/guardians provide all food for the at-risk child.	Cook, Nominated Supervisor and parents/guardians
	Ensure separate storage of foods containing the allergen.	Approved Provider and Cook
	Cook and 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.	Cook, staff and volunteers
	There is a system in place to ensure the child diagnosed as at risk of anaphylaxis is served only food prepared for him/her.	Cook and 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 meal times.	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 and 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

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](http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis)