

## **Mandatory – quality area 2**

GRPSA acknowledges the contribution of the department of allergy and immunology at the royal children's hospital Melbourne, anaphylaxis Australia inc. and department of education and training (det) in the development of this policy.

## **Purpose**

This policy will provide guidelines to:

- Minimise the risk of an anaphylactic reaction occurring while children are in the care of Goulburn Region Preschool Association inc.
- Ensure that centre staff respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering adrenaline via an auto-injection device.
- Raise awareness of anaphylaxis and its management amongst all at the centre through education and policy implementation.

## **Policy statement**

### **1. Values**

Goulburn Region Preschool Association inc. believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- Providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program.
- Raising awareness of families, staff, children, and others attending the centre about allergies and anaphylaxis.
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing risk minimisation and risk management strategies for their child.
- Ensuring all staff members and other adults at the centre have adequate knowledge of allergies, anaphylaxis, and emergency procedures.
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

### **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 Goulburn Region Preschool Association inc. 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 centre.

### **3. Procedures**

#### **The approved provider is responsible for:**

- Ensuring that all staff and volunteers have access to this policy and have a clear understanding of the procedures and practices outlined within.

- Ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan (refer to attachment 3) and communication plan, is developed and is available at the centre and reviewed regularly.
- Providing approved anaphylaxis management training (refer to *definitions*) to staff as required under the national regulations.
- Ensuring that educators with current approved anaphylaxis management training (refer to *definitions*) is in attendance and immediately available at all times the centre is in operation as required by the regulation the centre is operating under at the time.
- Ensuring the nominated supervisor, educators, staff members, students and volunteers at the centre are provided with a copy of the *anaphylaxis policy* and the *dealing with medical conditions policy*.
- Ensuring families with an anaphylaxis child are provided with a copy of the *anaphylaxis policy* and the *dealing with medical conditions policy* (regulation 91).
- Ensuring that staff practice administration of treatment for anaphylaxis using an adrenaline auto-injection device trainer at least annually, and preferably quarterly.
- 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-injection device (regulations 146, 147).
- Ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the centre premises (regulation 102) (refer to *excursions and service events policy*).

**In centres where a child diagnosed as at risk of anaphylaxis is enrolled, the approved provider is also responsible for:**

- Displaying a notice prominently at the centre stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the centre (regulation 173(2)(f))
- Ensuring the *enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to attachment 2) is completed.
- Ensuring an anaphylaxis medical management action plan, risk management plan (refer to attachment 3) and communications plan are developed for each child at the centre who has been diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner (attachment 3).
- Ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their anaphylaxis medical management action plan and their risk minimisation plan filed with their enrolment record (regulation 162).
- Ensuring a medication record is kept for each child to who medication is to be administered by the centre (regulation 92).
- Ensuring parents/guardians of all children with anaphylaxis provide an unused, in-date adrenaline auto-injection device when their child is attending the centre. Where this is not provided, children will be unable to attend the centre.
- Ensuring that the child's anaphylaxis medical management action plan is specific to the brand of adrenaline auto-injection device prescribed by the child's medical practitioner.
- Implementing a procedure for first aid treatment for anaphylaxis consistent with current national recommendations (refer to attachment 4) and ensuring all staff are aware of the procedure.
- Ensuring adequate provision and maintenance of adrenaline auto-injector kits (refer to *definitions*).

- Ensuring the expiry date of the adrenaline auto-injection device is checked regularly and replaced when required.
- Ensuring that a sharps disposal unit is available at the centre for the safe disposal of used adrenaline auto-injection devices.
- Implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- Identifying and minimising allergens (refer to *definitions*) at the centre, where possible.
- Ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *nutrition and active play policy* and *food safety policy*).
- Ensuring that children with anaphylaxis are not discriminated against in any way.
- Ensuring that children with anaphylaxis may participate in all activities safely and to their full potential.
- Immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the centre.
- Ensuring that medication is not administered to a child at the centre unless it has been authorised and administered in accordance with regulations 95 and 96 (refer to *administration of medication policy* and *dealing with medical conditions policy*).
- Ensuring that parents/guardians of a child and emergency centres are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (regulation 94).
- Ensuring that a medication record is kept that includes all details required by regulation 92(3) for each child to who medication is to be administered.
- Ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency.
- Responding to complaints and notifying det, in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk.
- Displaying the Australasian Society of Clinical Immunology and allergy (ASCI) (refer to *sources*) generic poster *action plan for anaphylaxis* in key locations at the centre.
- Displaying ambulance Victoria's *av how to call card* (refer to *definitions*).
- Complying with the risk minimisation procedures outlined in attachment 1.
- Ensuring that educators/staff who accompany children at risk of anaphylaxis outside the centre carry a fully equipped adrenaline auto-injector kit (refer to *definitions*) and a copy of the anaphylaxis medical management action plan for each child diagnosed as at risk of anaphylaxis.

## **Risk assessment**

The National Law and National Regulations do not require a centre to maintain a stock of adrenaline auto-injection devices at the centre premises to use in an emergency. However, DET recommends that the Approved Provider undertakes a risk assessment in consultation with the Nominated Supervisor, and other educators, to inform a decision on whether the centre should carry its own supply of these devices. This decision will also be informed by considerations such as distance to the nearest medical facility and response times required for ambulance services to reach the centre premises etc.

If the Approved Provider decides that the centre should maintain its own supply of adrenaline auto-injection devices, it is the responsibility of the Approved Provider to ensure that:

- Adequate stock of the adrenaline auto-injection device is on hand, and that it is unused and in date.
- Appropriate procedures are in place to define the specific circumstances under which the device supplied by the centre will be used.
- The device is administered by an educator with approved anaphylaxis management training.
- The centre follows the procedures outlined in the *Administration of Medication Policy*, which explains the steps to follow when medication is administered to a child in an emergency.
- Parents/guardians are informed that the centre maintains a supply of adrenaline auto-injection devices, of the brand that the centre carries and of the procedures for the use of these devices in an emergency.

### **All early childhood staff are responsible for:**

- Identifying children with anaphylaxis during the enrolment process.
- Ensuring the *enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to attachment 2) is completed.
- Ensuring that 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*).
- Ensuring that medication is not administered to a child at the centre unless it has been authorised and administered in accordance with regulations 95 and 96 (refer to *administration of medication policy* and *dealing with medical conditions policy*).
- Ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (regulation 94).
- Ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to attachment 4).
- If a child enrolled with anaphylaxis is to be taken on an excursion - ensure an adrenaline auto-injector kit (refer to *definitions*) is taken on all excursions.
- Compiling a list of children with anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include a coloured copy of the anaphylaxis medical management action plan for each child.

- Ensuring that all staff, including casual, relief staff, parents /guardians involved in the program, volunteers and students are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline auto-injector kits and medical management action plans.
- Ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *nutrition and active play policy* and *food safety policy*).
- Organising anaphylaxis management information sessions for parents/guardians of children enrolled at the centre, where appropriate.
- 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 anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to an anaphylactic episode.
- Practising the administration of an adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly.
- Ensuring staff dispose of used adrenaline auto-injection devices appropriately in the sharp's disposal unit provided at the centre by the approved provider.
- Ensuring that the adrenaline auto-injector 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.
- Ensuring that parents/guardians or an authorised person named in the child's enrolment record provide written authorisation for children to attend excursions outside the centre premises (regulation 102) (refer to *excursions and service events policy*).
- Providing information to the centre community about resources and support for managing allergies and anaphylaxis.
- Complying with the risk minimisation procedures outlined in attachment 1.
- Reading and complying with the *anaphylaxis policy* and the *dealing with medical conditions policy*.
- Assisting with the development of a risk minimisation plan (refer to attachment 3) for children diagnosed as at risk of anaphylaxis at the centre.
- Following appropriate procedures if a child who has not been diagnosed as at risk of anaphylaxis appears to be having an anaphylactic episode. This includes:
  - Calling an ambulance immediately by dialling 000 (refer to *definitions: av how to call card*).
  - Commencing first aid treatment (refer to attachment 4).
  - Contacting the parents/guardians or person authorised in the enrolment record.
  - Informing the approved provider as soon as is practicable.
- Contacting parents/guardians immediately if an unused, in-date adrenaline auto-injection device has not been provided to the centre for a child diagnosed as at risk of anaphylaxis. Where this is not provided, children will be unable to attend the centre.
- Discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child.
- 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.
- Ensuring that 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 centre premises.
- Assisting the approved provider and staff to develop an anaphylaxis risk minimisation plan (refer to attachment 3).
- Providing staff with an anaphylaxis medical management action plan 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, in-date and complete adrenaline auto-injector kit.
- Ensuring that the child's anaphylaxis medical management action plan is specific to the brand of adrenaline auto-injection device prescribed by the child's medical practitioner.
- Regularly checking the adrenaline auto-injection device's expiry date.
- 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 with these changes.
- Communicating all relevant information and concerns to staff, particularly in relation to the health of their child.
- Complying with the centre's policy where a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the centre or its programs without that device.
- Complying with the risk minimisation procedures outlined in attachment 1.
- Ensuring they are aware of the procedures for first aid treatment for anaphylaxis (refer to attachment 4).

**Parents/guardians are responsible for:**

- Reading and complying with this policy and all procedures, including those outlined in attachment 1.
- Bringing relevant issues and concerns to the attention of both staff and the approved provider.

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

To assess whether the values and purposes of the policy have been achieved, the approved provider will:

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

## **Attachments**

- Attachment 1: risk minimisation procedures.
- Attachment 2: enrolment checklist for children diagnosed as at risk of anaphylaxis.
- Attachment 3: sample risk minimisation plan.
- Attachment 4: first aid treatment for anaphylaxis.
- Attachment 5: communication plan.

## **Authorisation**

This policy was adopted by the approved provider of Goulburn Region Preschool Association inc. on 3<sup>rd</sup> September 2012.

Reviewed and adopted: 24<sup>th</sup> September 2016.

Reviewed and attachment 5 added: 30<sup>th</sup> June 2017.

Reviewed and adopted: May 2020.

***Review date: May 2023***

## **Acknowledgement**

This policy has been reviewed by the department of allergy and immunology at the royal children's hospital Melbourne on 28 June 2012.

## **Attachment 1**

### **Risk minimisation procedures**

The following procedures should be developed in consultation with the parents/guardians of children in the centre 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:**

- The child should only eat food that is approved or appropriate for consumption.
- Ensure there is no food sharing (refer to *definitions*) or sharing of food utensils or containers at the centre.
- Where the centre 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 highchair 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 centre events.
- Children diagnosed as at risk of anaphylaxis who are allergic to insect/sting bites should be encouraged to wear shoes and long-sleeved, light-coloured clothing while at the centre.

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

- Ensure tables, highchairs and bench tops are thoroughly cleaned after every use.
- Ensure that all children and adults wash hands upon arrival at the centre, and before and after eating.
- Supervise all children at meal and snack times and ensure that food is consumed in specified areas. To minimise risk, children should not move around the centre with food.
- Do not use food of any kind as a reward at the centre and ensure that children's risk minimisation plans inform the centre's food purchases and menu planning.
- Ensure that staff and volunteers who are involved in food preparation and centre 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*).
- 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 centre.
- Ensure staff discuss the use of foods in children's activities with parents/guardians of at-risk children. Any food used at the centre 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 parents/guardians prior to the attendance of the child at the centre and is implemented including following procedures to address the 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 centre's *anaphylaxis policy* and *dealing with medical conditions policy*.
- All parents/guardians are made aware of the centre's *anaphylaxis policy*.
- An anaphylaxis medical management 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 child's anaphylaxis medical management action plan is included in the child's adrenaline auto-injector kit (refer to *definitions*).
- An adrenaline auto-injection device (within a visible expiry date) is always available for use whilst the child is being educated and cared for by the centre.
- An adrenaline auto-injection device 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.
- All staff, including casual and relief staff, are aware of the location of each adrenaline auto-injector kit and the location of each child's anaphylaxis medical management action plan.
- 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-injection device 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 centre (for example asthma) is available to staff.
- If food is prepared at the centre, measures are in place to prevent cross-contamination of the food given to the child diagnosed as at risk of anaphylaxis.

### Attachment 3

#### Sample risk minimisation plan

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

| <b>How well has the centre planned for meeting the needs of children with allergies and those who have been diagnosed as at risk of anaphylaxis?</b> |  |
|--|--|
| 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.<br><input type="checkbox"/> List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure.   |
| 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 anaphylaxis medical management action plan.<br><input type="checkbox"/> Confirm the location of each child's copy of the anaphylaxis medical management action plan and ensure it contains a photo of the child.   |
| Do families and staff know how the centre 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 centre's <i>anaphylaxis policy</i> .<br><input type="checkbox"/> Record the date that parents/guardians provide an unused, in-date and complete adrenaline auto-injector kit.<br><input type="checkbox"/> Test that all staff, including casual and relief staff, know the location of the adrenaline auto-injector kit and anaphylaxis medical management action plan for each at-risk child.<br><input type="checkbox"/> Ensure that there is a procedure in place to regularly check the expiry date of each adrenaline auto-injection device.<br><input type="checkbox"/> Ensure a written request is sent to all families at the centre 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 centre, for example: <ul style="list-style-type: none"> <li>• 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</li> <li>• Food packaging where that food is a known allergen e.g. Cereal boxes, egg cartons.</li> </ul> |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure a new written request is sent to all families if food allergens change.</li> <li><input type="checkbox"/> Ensure all families are aware of the centre policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the centre without that device.</li> <li><input type="checkbox"/> Display the ASCIA generic poster <i>action plan for anaphylaxis</i> in key locations at the centre and ensure a completed ambulance Victoria <i>av how to call card</i> is next to all telephone/s.</li> <li><input type="checkbox"/> The adrenaline auto-injector kit, including a copy of the anaphylaxis medical management action plan, is carried by an educator when a child diagnosed as at risk is taken outside the centre premises e.g. For excursions.</li> </ul>  |
| <p>Has a communication plan been developed which includes procedures to ensure that:</p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> All parents/guardians are provided with access to the <i>anaphylaxis policy</i> prior to commencing at Goulburn Region Preschool Association inc.</li> <li><input type="checkbox"/> A copy of this policy is displayed in a prominent location at the centre.</li> <li><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 centre and will develop an individual communication plan for that family.</li> <li><input type="checkbox"/> An induction process for all staff and volunteers includes information regarding the management of anaphylaxis at the centre including the location of adrenaline auto-injector kits, anaphylaxis medical management action plans, risk minimisation plans and procedures, and identification of children at risk.</li> <li><input type="checkbox"/> All staff, volunteers, students and parents/guardians are informed about the policy and procedures for the management of anaphylaxis at Goulburn Region Preschool Association inc.</li> <li><input type="checkbox"/> Parents/guardians of a child diagnosed as at risk of anaphylaxis are able to communicate with centre staff about any changes to the child's diagnosis or anaphylaxis medical management action plan.</li> <li><input type="checkbox"/> All staff, including casual, relief and visiting staff, volunteers and students are informed about, and are familiar with, all anaphylaxis medical management action plans and the Goulburn Region Preschool association inc. risk management plan.</li> </ul> |

**Do all staff know how the centre 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 centre'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 centre washes his/her hands upon arrival at the centre, 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 centre.
- 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 anaphylaxis medical management action plan contains and implement the procedures.
- Know:
  - Who will administer the adrenaline auto-injection device 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 centre?
  - Who will let the ambulance officers into the centre and take them to the child?
- Ensure all staff have undertaken approved anaphylaxis management training and participate in regular practise sessions.
- Ensure a completed ambulance Victoria *av how to call card* is located next to all telephone/s.

## Potential exposure scenarios and strategies

### How effective is the centre'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 centre and a food allergen is unable to be removed from the centre'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.<br><br>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 mealtimes. | Staff  |
|  | Children are regularly reminded of the importance of not sharing food.   | Staff  |
|  | Children are closely supervised during eating.   | Staff  |

|                                       |   |   |
|---------------------------------------|---|---|
| Party or celebration                  | Give parents/guardians adequate notice of the event.  | Approved provider, nominated supervisor 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 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 a 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. | Approved provider, nominated supervisor and educators |
|                                       | Ensure activities and ingredients used are consistent with risk minimisation plans.   |   |

## Attachment 4

### First aid treatment for anaphylaxis



australasian society of clinical immunology and allergy inc.

## FIRST AID TREATMENT FOR ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction and potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen they are allergic to (usually a food, insect or medication).

### STEP 1

In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction:

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis).

### ACTION

- For insect allergy, flick out the sting if it can be seen (but do not remove ticks)
- Stay with person and call for help
- Give medications if prescribed (whilst antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication)
- Locate **adrenaline autoinjector** if available (instructions are included in the ASCIA Action Plan for Anaphylaxis which should be stored with the adrenaline autoinjector)
- Contact parent/guardian or other emergency contact.

### STEP 2

Continue to watch for any one of the following signs of anaphylaxis (severe allergic reaction):

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

### ACTION

- Lay person flat - if breathing is difficult, allow them to sit - do not allow them to stand or walk
- Give the **adrenaline autoinjector** if available (instructions are included in the ASCIA Action Plan for Anaphylaxis, stored with the adrenaline autoinjector)
- Call **Ambulance** (Telephone 000 in Australia, 111 in New Zealand or 112 if using a mobile phone)
- Contact parent/guardian or other emergency contact
- Further adrenaline doses may be given (when an additional adrenaline autoinjector is available), if there is no response after 5 minutes.

### If in doubt, give the adrenaline autoinjector.

- **Adrenaline is life saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and death.** This is why giving the adrenaline autoinjector is the first instruction on the ASCIA Action Plan for Anaphylaxis. If cardiopulmonary resuscitation (CPR) is given before this step there is a risk that adrenaline is delayed or not given.
- **In the ambulance** oxygen will usually be administered to the patient by paramedics.
- **Medical observation** of the patient in hospital for at least 4 hours is recommended after anaphylaxis.
- **Adrenaline autoinjectors** available in Australia and New Zealand are EpiPen and Anapen. The green labelled versions of EpiPen and Anapen are generally prescribed for children aged 1 to 5 years.

© ASCIA 2012 For further information on anaphylaxis visit [www.allergy.org.au](http://www.allergy.org.au) - the web site of ASCIA. ASCIA is the peak professional body of Clinical Immunologists and Allergists in Australia and New Zealand.

## **Attachment 5**

### **Communication plan**

This is to be read in conjunction with the relevant policy.

#### **Purpose**

the communication plan will ensure all members of the centre are aware of the procedures for the following circumstances:

- Prevention and management of a medical condition.
- Understanding and supporting court orders.

#### **Expectations of parents:**

- At the time of enrolment or (if later) diagnosis, all staff members will familiarise themselves with the medical needs of the student. It is expected that the parent will advise the centre without delay when a child is diagnosed by a medical practitioner as being at risk of a medical condition. An action plan will be developed by their medical practitioner and placed in the centre for easy access; this should clearly state where the medication is located.
- At the time of enrolment, or at the time when court orders are received by the centre, all staff members will familiarise themselves with the orders, and if necessary, seek clarification from an expert, such as a police officer.
- A risk minimization plan will be written by the early childhood staff in consultation with the parents.
- Parents of children with a medical condition will be given a copy of the relevant policy on notifying the centre of the medical condition.
- In the case of anaphylaxis, a sign stating that a child with anaphylaxis is enrolled at the centre and what the allergy is will be displayed at the entrance of the centre.
- Parents will also be notified regarding points in the risk minimisation plan that they need to adhere to, such as hand washing before entering the centre.
- Relief staff will be made aware of the plan and actions to take in case of all medical conditions, or any instructions regarding court orders, on arrival at the centre before commencing for the day.
- All staff will be briefed regularly, regarding the children with medical conditions especially the minimisation plans and first aid.
- All changes to the risk minimisation plan or first aid, will be clearly changed on the action plan and communicated clearly to all staff, working at the centre, as soon as practicable after the change is made.
- Any changes to court orders will be communicated clearly to all staff in the centre, as soon as practicable after new documents have been received.