

ANAPHYLAXIS POLICY

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| Policy Number | P-Q2-M003 | Version Number | 4.00 |
| Drafted by | Director of Education | Approved Date: Review Date: | April 2024 April 2025 |
| Responsibility | The Board of Bubup Womindjeka Family and Children’s Centre Association (Inc.) | | |
| Related Service Policies | <ul style="list-style-type: none"> Administration of First Aid Policy Administration of Medication Policy Asthma Policy Dealing with Medical Conditions Policy Diabetes Policy Enrolment and Orientation Policy Excursions and Service Events Policy | <ul style="list-style-type: none"> Food Safety Policy Hygiene Policy Incident, Injury, Trauma and Illness Policy Inclusion and Equity Policy Nutrition and Active Play Policy Privacy and Confidentiality Policy Supervision of Children Policy | |
| Legislation and Standards | <p>Relevant legislation and standards include but are not limited to:</p> <ul style="list-style-type: none"> <i>Education and Care Services National Law Act 2010</i>: Sections 167, 169 <i>Education and Care Services National Regulations 2011</i>: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246 <i>Health Records Act 2001</i> (Vic) <i>National Quality Standard, Quality Area 2: Children’s Health and Safety</i> <i>Occupational Health and Safety Act 2004</i> (Vic) <i>Privacy and Data Protection Act 2014</i> (Vic) <i>Privacy Act 1988</i> (Cth) <i>Public Health and Wellbeing Act 2008</i> (Vic) <i>Public Health and Wellbeing Regulations 2009</i> (Vic) <p>The most current amendments to listed legislation can be found at:</p> <ul style="list-style-type: none"> Victorian Legislation – Victorian Law Today: http://www.legislation.vic.gov.au/ Commonwealth Legislation – ComLaw: http://www.comlaw.gov.au/ | | |
| Sources | <ul style="list-style-type: none"> ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: http://acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training Allergy & Anaphylaxis Australia Inc. is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, and Epipen® trainers: www.allergyfacts.org.au Australasian Society of Clinical Immunology and Allergy (ASCIA): www.allergy.org.au provides information and resources on allergies. Action plans for anaphylaxis can be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis (refer to Attachment 4). Contact details of clinical immunologists and allergy specialists are also provided. Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training: http://www.education.vic.gov.au/childhood/providers/regulation/Pages/anaphylaxis.aspx Department of Allergy and Immunology at The Royal Children’s Hospital Melbourne (www.rch.org.au/allergy) provides information about allergies and services available at the hospital. This department can evaluate a child’s allergies and provide an adrenaline autoinjector prescription. Kids Health Info fact sheets are also available from the website, including the following: <i>Allergic and anaphylactic reactions-</i> https://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/ | | |

AUTHORISATION

This policy was adopted by the Bubup Womindjeka Family and Children's Centre Board of Governance on the 15th of August 2016.

PURPOSE

This policy will provide guidelines to:

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

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

PRINCIPLES

Bubup Womindjeka Family and Children's Centre believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

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

SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day to Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Bubup Womindjeka Family and Children's Centre. 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.

DEFINITIONS

The terms defined in this section relate specifically to this policy.

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

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

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

Allergen: A substance that can cause an allergic reaction.

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

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

- **Mild to moderate signs & symptoms:**
 - hives or welts
 - tingling mouth
 - swelling of the face, lips & eyes
 - abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms; however, these are severe reactions to insects.
- **Signs & symptoms of anaphylaxis are:**
 - difficult/noisy breathing
 - swelling of the tongue
 - swelling/tightness in the throat
 - difficulty talking and/or hoarse voice
 - wheeze or persistent cough
 - persistent dizziness or collapse (child pale or floppy).

Anapen®: A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline. The administration technique in an Anapen® is different to that of the 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 *Definitions*) must be specific for the brand they have been prescribed.

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

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

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

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

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

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how

parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service.

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

Epipen®: A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an 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 autoinjector.

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

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

Nominated staff member: (In relation to this policy) a staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the Approved Provider. This person also checks regularly to ensure that the adrenaline autoinjector 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 Nominated Supervisor in consultation with the parents/guardians of the child at risk of anaphylaxis and service staff. The plan should be developed upon a child's enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment. A sample risk minimisation plan is provided as Attachment 3.

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

BACKGROUND

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

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

Risk Assessment

The National Law and National Regulations do not require a service to maintain a stock of adrenaline autoinjectors at the service premises to use in an emergency.

If the Nominated Supervisor decides that the service should maintain its own supply of adrenaline autoinjectors, it is the responsibility of the Nominated Supervisor to ensure that:

- adequate stock of the adrenaline autoinjector 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 service will be used
- the autoinjector is administered in accordance with the written instructions provided on it and with the generic ASCIA action plan for anaphylaxis
- the service 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 service maintains a supply of adrenaline autoinjectors, of the brand that the service carries and of the procedures for the use of these devices in an emergency.

ROLE RESPONSIBILITIES

The Nominated Supervisor/Persons in day to day charge are responsible for:

- ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan (refer to Attachment 3 – Child with Medical Conditions - Management, Risk Minimisation & 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 that at least one educator with current approved anaphylaxis management training (refer to *Definitions*) is in attendance and immediately available at all times the service is in operation (Regulations 136, 137)
- ensuring the Nominated Supervisor, educators, staff members, students and volunteers at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- ensuring parents/guardians and others at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (Regulation 91)
- 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 staff practice administration of treatment for anaphylaxis using an adrenaline autoinjector trainer at least annually, and preferably quarterly, and that participation is documented on the staff record
- 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 autoinjector (Regulations 146, 147)
- ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)
- ensuring staff dispose of used adrenaline autoinjectors appropriately in the sharps disposal unit provided at the service
- identifying children at risk of anaphylaxis during the enrolment process and informing all staff
- ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)

- ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94)
- ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency (Regulation 161), and that this authorisation is kept in the enrolment record for each child
- ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises (Regulation 102) (refer to *Excursions and Service Events Policy*)
- ensuring an adrenaline autoinjector kit (refer to Definitions) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma.
- compiling a list of children at risk of anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include the ASCIA action plan for anaphylaxis for each child.
- ensuring that all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and ASCIA action plans for anaphylaxis
- 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 service, where appropriate
- ensuring that all persons involved in the program, including parents/guardians, volunteers and students on placement 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 ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode
- ensuring that the adrenaline autoinjector kit is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold
- providing information to the service community about resources and support for managing allergies and anaphylaxis
- complying with the risk minimisation procedures outlined in Attachment 1.

In services where a child diagnosed as at risk of anaphylaxis is enrolled, the Nominated Supervisor is 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))
- ensuring an ASCIA action plan for anaphylaxis, risk management plan (refer to Attachment 3) and communications plan are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner
- ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA action plan for anaphylaxis and their risk minimisation plan filed with their enrolment record (Regulation 162)
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)

- ensuring parents/guardians of all children at risk of anaphylaxis provide an unused, in-date adrenaline autoinjector 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 autoinjector 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 autoinjector kits (refer to *Definitions*)
- ensuring the expiry date of the adrenaline autoinjector is checked regularly and replaced when required and the liquid in the Epipen/Epipen Jnr is clear
- ensuring that a sharps disposal unit is available at the service for the safe disposal of used adrenaline autoinjectors
- implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- identifying and minimising allergens (refer to *Definitions*) at the service, where possible
- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
- ensuring that children at risk of anaphylaxis are not discriminated against in any way
- ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service
- ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)
- ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94)
- ensuring that a medication record is kept that includes all details required by Regulation 92(3) for each child to whom medication is to be administered
- ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency
- responding to complaints and notifying Department of Education and Training, 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 service
- displaying Ambulance Victoria's *AV How to Call Card* (refer to *Definitions*) near all service telephones
- complying with the risk minimisation procedures outlined in Attachment I
- ensuring that educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline autoinjector kit (refer to *Definitions*) along with the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis.

Educators and other staff are responsible for:

- reading and complying with the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- maintaining current approved anaphylaxis management qualifications (refer to *Definitions*)
- practising the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)
- completing the Management, Risk Minimisation & Communication Plan (refer to Attachment 3) with parents/guardians

- knowing which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and medical management action plans
- identifying and, where possible, minimising exposure to allergens (refer to *Definitions*) at the service
- following procedures to prevent the 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*)
- assisting with the development of a Management, Risk Minimisation & Communication Plan (refer to Attachment 3) for children diagnosed as at risk of anaphylaxis at the service
- 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 autoinjectors in the sharps disposal unit provided at the service
- 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 Nominated Supervisor and the child's parents/guardians following an anaphylactic episode
- taking the adrenaline autoinjector kit (refer to *Definitions*) for each child at risk of anaphylaxis on excursions or to other offsite service events and activities
- providing information to the service community about resources and support for managing allergies and anaphylaxis
- complying with the risk minimisation procedures outlined in (refer to Attachment 1)
- contacting parents/guardians immediately if an unused, in-date adrenaline autoinjector has not been provided to the service for a child diagnosed as at risk of anaphylaxis. Where this is not provided, children will be unable to attend the service
- 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 service premises
- assisting the Nominated Supervisor and staff to develop an risk minimisation plan
- providing staff with an 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, in-date and complete adrenaline autoinjector kit
- ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner
- regularly checking the adrenaline autoinjector'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 with these 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 autoinjector is not permitted to attend the service 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.

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 Nominated Supervisor

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 Nominated Supervisor will:

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

ATTACHMENTS

Attachment 1: Risk minimisation procedures

Attachment 2: Potential Exposure Scenarios and Strategies

Attachment 3: Risk Management, Risk Minimisation and Communication Plan

Attachment 4: First aid treatment for Anaphylaxis

| Relevant Forms/Documents |
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| Risk minimisation procedures Potential Exposure Scenarios and Strategies Risk Management, Risk Minimisation and Communication Plan First aid treatment for Anaphylaxis |

| Version History | | | |
|-----------------|---------|-------------------------|--|
| Date | Version | Author/s | Details |
| July 2014 | 1.00 | Public officer | New policy |
| April 2016 | 2.00 | Chief Executive Officer | Revision for updated format, document ID, related policies and relevant legislation and standards. Addition of definitions and evaluation. |
| April 2020 | 3.00 | Director of Education | Policy reviewed and updated. |
| April 2021 | 3.00 | Director of Education | Policy reviewed and minor editorial amendments made. |
| February 2022 | 4.00 | Director of Education | Policy reviewed and Attachment 2 and Attachment 3 updated to strengthen communication |
| February 2023 | 4.00 | Director of Education | Policy reviewed and no updates made. |
| April 2024 | 4.00 | Director of Education | Policy reviewed, minor editorial amendments made. |

ATTACHMENT I

RISK MINIMISATION PROCEDURES

In relation to the child diagnosed as at risk of anaphylaxis:

- the child should only eat food that has been specifically prepared for them. Some parents/guardians may choose to provide all food for their child
- ensure there is no food sharing (refer to *Definitions*), or sharing of food utensils or containers at the service
- where the service is preparing food for the child:
 - ensure that it has been prepared according to the instructions of parents/guardians
 - parents/guardians are to check and approve the instructions in accordance with the risk minimisation plan
- bottles, other drinks, lunch boxes and all food provided by parents/guardians should be clearly labelled with the child's name
- consider placing a severely allergic child away from a table with food allergens. However, be mindful that children with allergies should not be discriminated against in any way and should be included in all activities
- provide an individual high chair for very young children to minimise the risk of cross-contamination of food
- where a child diagnosed as at risk of anaphylaxis is allergic to milk, ensure that non-allergic children are closely supervised when drinking milk/formula from bottles/cups and that these bottles/cups are not left within reach of children
- ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions such as excursions and other service events
- children diagnosed as at risk of anaphylaxis who are allergic to insect/sting bites should wear shoes and long-sleeved, light-coloured clothing while at the service.

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, and ensure that food is consumed in specified areas. To minimise risk, children should not move around the service with food
- do not use food of any kind as a reward at the service
- ensure that children's risk minimisation plans inform the service's food purchases and menu planning
- ensure that staff and volunteers who are involved in food preparation and service undertake measures to prevent cross-contamination of food during the storage, handling, preparation and serving of food, including careful cleaning of food preparation areas and utensils (refer to *Food Safety Policy*)
- request that all parents/guardians avoid bringing food to the service that contains specified allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis
- restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, according to the allergies of children at the service
- ensure staff discuss the use of foods in children's activities with parents/guardians of at risk children. Any food used at the service should be consistent with the risk management plans of children diagnosed as at risk of anaphylaxis
- ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.

ATTACHMENT 2

POTENTIAL EXPOSURE SCENARIOS AND STRATEGIES

| 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. | Chef, Nominated Supervisor and parents/guardians |
| | Ensure separate storage of foods containing the allergen. | Chef |
| | Chef 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. | Chef, 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 them. | Chef 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. | Nominated Supervisor and staff |
| | 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 their 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. | Nominated Supervisor and staff |
| 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. | Staff |
| | Decrease the number of plants that attract bees or other biting insects. | Staff |
| | Ensure the child diagnosed as at risk of anaphylaxis wears shoes at all times they are outdoors. | Staff |
| | 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. | Nominated Supervisor |
| 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. | Nominated Supervisor and staff |
| | Ensure activities and ingredients used are consistent with risk minimisation plans. | |

ATTACHMENT 3

Management Plan, Risk Minimisation Plan and Communication Plan – Anaphylaxis and Allergies

| MANAGEMENT PLAN - ANAPHYLAXIS AND ALLERGIES | |
|--|---|
| Parent/guardian: Please complete the details below in order to assist educators to effectively manage the condition whilst your child is at care | |
| Child’s name and DOB | |
| Room and days attending | |
| Date plan completed | |
| Anaphylaxis/Allergen | |
| Triggers | (For example: eating certain food, using products containing certain foods, chemicals or other substances, temperature, dust, physical activity, exposure to certain animals or plants, mould, pollen, missed meals, etc) |
| Symptoms, tick or complete if previously experienced | <p>MILD-MODERATE ALLERGIC REACTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hay fever, watery eyes and runny nose <input type="checkbox"/> Rash, itchy skin <input type="checkbox"/> Hives, welts or body redness <input type="checkbox"/> Swelling of the face, lips, eyes <input type="checkbox"/> Vomiting, abdominal pain (these are signs of a severe allergic reaction/anaphylaxis in someone with severe insect allergy) <input type="checkbox"/> Tingling of the mouth <p>Other _____</p> <p>_____</p> <p>_____</p> <p>SEVERE ALLERGIC REACTION- ANAPHYLAXIS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Difficult and/or noisy breathing <input type="checkbox"/> Swelling of the tongue/tightness in the throat <input type="checkbox"/> Difficulty talking and/or hoarse voice <input type="checkbox"/> Wheeze or persistent cough <input type="checkbox"/> Persistent dizziness or collapse in its place <input type="checkbox"/> Pale and floppy <p>Other _____</p> <p>_____</p> <p>_____</p> |
| Medication Name and Dosage (If required) | |
| Action to take if symptoms present | Follow the first aid instructions on the child’s individual Medical Action Plan |

| RISK MINIMISATION PLAN - POTENTIAL EXPOSURE STRATEGIES - ANAPHYLAXIS AND ALLERGIES | | |
|--|---|--|
| Risk | Strategy | Who is responsible? |
| Food is provided by the service (In EYP) 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. | Chef, Nominated Supervisor and parents/guardians |
| | Ensure separate storage of foods containing the allergen. | Chef |
| | Chef 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. | Chef, 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 them. | Chef 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 |
| Where children bring lunch and snacks boxes (Sessional Kindergarten program) that contain unsafe food for children diagnosed as at risk of Anaphylaxis/Allergies | We provide families with information about providing nut safe, egg safe and other foods which effect children in the group free lunch, including items that may have traces of these ingredients. | Staff |
| | Teachers and educators supervise snack and lunch times, monitoring what children have packed in their lunch box. | Staff |
| | Having a designated area for children to eat such as at the table or picnic mat and thorough cleaning procedure following. | Staff |
| | Understanding each child's individual Anaphylaxis/Allergy plans, with these visible in each rooms with a child's colour photo. | Staff |
| | Children to wash hands before and after mealtimes. | Staff |
| | Child with anaphylaxis/allergy to be seated a safe distance from other children when eating and drinking with an educator positioned closely to reduce the risk of the child ingesting other children's food or drinks | Staff |
| Party or celebration | Give parents/guardians adequate notice of the event. | Nominated Supervisor and staff |
| | 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 their 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. | Nominated Supervisor and staff |

| | | |
|---------------------------------------|---|--------------------------------|
| Protection from insect bite allergies | Specify play areas that are lowest risk to the child diagnosed as at risk and encourage them and peers to play in that area. | Staff |
| | Decrease the number of plants that attract bees or other biting insects. | Staff |
| | Ensure the child diagnosed as at risk of anaphylaxis wears shoes at all times they are outdoors. | Staff |
| | 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. | 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. | Nominated Supervisor and staff |
| | Ensure activities and ingredients used are consistent with risk minimisation plans. | |

COMMUNICATION PLAN - ANAPHYLAXIS AND ALLERGIES

Practices to support the needs of a child diagnosed as at risk of anaphylaxis and allergies within the service:

All staff are trained in anaphylaxis first aid, including being able to identify children displaying the symptoms of anaphylaxis, locate the first aid kit including auto-adrenaline medication, follow instructions displayed on an Anaphylaxis/Allergy Management Action Plan and administer auto-adrenaline medication

Child's action plan and photo displayed on the wall in child's room for all staff to reference

Medication stored in labelled medication bag within the child's room

Educators modify program when necessary to support the health needs of each child

Educators caring for child to observe and monitor health throughout day

Expiry of medication recorded on medical conditions register and parent/guardian notified one month when due to expire

Educators to be responsible for transportation of medication/action plan when on excursions or leaving the site (evacuation)

All educators to clean surfaces and resources regularly to sanitise environment in accordance with health and hygiene policies

Effective hygiene practises promoted to all children by educators and followed by all educators – hand washing, sneezing, coughing

Parent/Guardian to notify service of any changes to triggers and allergens and management plan

Further information and resources can be found in the service Anaphylaxis Policy.

Parent/guardian acknowledgement:

I agree to these arrangements, including the display of our child's picture, name, medication held and location, and brief description of the medical condition on a poster in all children's rooms and prominent places to alert all staff, volunteers and students.

I agree that the information on all forms and actions plans is correct and current and have provided relevant information for the Management Plan and have read the Risk Minimisation Plan and Communication Plan provided.

Parent/guardian (name and sign): _____ Date read: _____

Educator acknowledgement:

I have read and understood the child's individual medical condition action plan, management plan and risk minimisation plan.

| Educator Name and Sign: | Date read: |
|-------------------------|------------|
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The following communication plan is prepared in accordance with regulation 90(1)(iii) to set out how: relevant staff members, parents, students and volunteers are informed about the dealing with medical conditions policy; and, the medical management and risk minimisation plans for the child; and a parent of the child can communicate any changes to the medical management plan and risk minimisation plan for the child.

The Nominated Supervisor / Person in Day to Day will:

- ensure educators and other staff follow each child’s risk minimisation plan and medical management plan
- ensure opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan
- maintain ongoing communication between educators/staff and parents/guardians in accordance with the strategies identified in the communication plan, to ensure current information is shared about specific medical conditions within the service.
- update a child’s enrolment and medical information as soon as possible after parents update the information.
- ensure anaphylaxis, asthma and first aid trained educators are on the premises at all times.
- ensure the first aid officer checks the medication for expiry dates, logging to medication register

Educators and all other staff will:

- communicate any relevant information provided by parents/guardians regarding their child’s medical condition to the Nominated Supervisor to ensure all information held by the service is current
- undertake relevant training to assist with the management of specific medical conditions of children at the service
- be aware of individual requirements of children with specific medical conditions and following their risk minimisation plan and medical management plan
- monitor signs and symptoms of specific medical conditions and communicate any concerns to the Nominated Supervisor
- adequately supervise all children, including those with specific medical conditions

Parents/guardians are responsible for:

- informing the service of their child’s medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition
- developing a risk minimisation plan with the Nominated Supervisor and/or other relevant staff members at the service
- providing a medical management plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline procedures to be followed by educators/staff in the event of an incident relating to the child’s specific health care needs
- notifying the Nominated Supervisor of any changes to the status of their child’s medical condition and providing a new medical management plan in accordance with these changes
- informing the Nominated Supervisor of any issues that impact on the implementation of this policy by the service.


I agree to these arrangements, including the display of our child’s picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children’s rooms and prominent places to alert all staff, volunteers and students. I agree that the above information on all forms is correct and current.

Parent (name and sign): _____ Date: _____

ATTACHMENT 4

First Aid Treatment for Anaphylaxis

This plan and further information can be accessed from the Australasian Society of Clinical Immunology and Allergy: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis>



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

FIRST AID PLAN FOR

Anaphylaxis

For use with adrenaline (epinephrine) autoinjectors - refer to the device label for instructions
Translated versions of this document are on the ASCIA website www.allergy.org.au/anaphylaxis#ta5

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

| | |
|--|--|
| <ul style="list-style-type: none"> • Swelling of lips, face, eyes • Hives or welts | <ul style="list-style-type: none"> • Tingling mouth • Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy) |
|--|--|

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

| | |
|--|--|
| <ul style="list-style-type: none"> • For insect allergy - flick out sting if visible • For tick allergy seek medical help or freeze tick and let it drop off | <ul style="list-style-type: none"> • Stay with person and call for help • Locate adrenaline autoinjector • Phone family/emergency contact |
|--|--|




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

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

| | |
|---|--|
| <ul style="list-style-type: none"> • Difficult/noisy breathing • Swelling of tongue • Swelling/tightness in throat • Wheeze or persistent cough | <ul style="list-style-type: none"> • Difficulty talking and/or hoarse voice • Persistent dizziness or collapse • Pale and floppy (young children) |
|---|--|

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit
- 2 Give adrenaline autoinjector**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

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

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

© ASCIA 2020 This document has been developed for use as a poster, or to be stored with general use adrenaline autoinjectors.