POLICY No. 25: ANAPHYLAXIS

Mandatory – Quality Area 2

ELAA acknowledges the contribution of the Department of Allergy and Immunology at The Royal Children’s Hospital Melbourne, Allergy & Anaphylaxis Australia Inc and Department of Education and Early Childhood Development (DEECD) in the development of this policy.

PURPOSE

This policy will provide guidelines to:
• minimise the risk of allergic reaction resulting in anaphylaxis occurring while children are in the care of Pines Learning Childcare
• 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.

1. VALUES

Pines Learning Childcare 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.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, parents/guardians, children and others attending the programs and activities of Pines Learning Childcare. 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.
3. BACKGROUND AND LEGISLATION

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 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.

Legislation that governs the operation of approved children’s services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The Approved Provider will ensure that there is at least one educator on duty at all times who has current approved anaphylaxis management training in accordance with the Education and Care Services National Regulations 2011 (Regulation 136(1)(b)). As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved anaphylaxis management training (refer to Definitions).

Approved anaphylaxis management training is listed on the ACECQA website (refer to Sources).

Legislation and standards
Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations 2011: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- Health Records Act 2001 (Vic)
- Information Privacy Act 2000 (Vic)
- National Quality Standard, Quality Area 2: Children’s Health and Safety
  - Standard 2.1: Each child’s health is promoted
    - Element 2.1.1: Each child’s health needs are supported
    - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
  - Standard 2.3: Each child is protected
    - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- Occupational Health and Safety Act 2004 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

The most current amendments to listed legislation can be found at:

4. DEFINITIONS
The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the General Definitions section of this manual.
**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, eg: 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 feeling around the 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®. The child’s anaphylaxis 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.

**AV How to Call Card:** A card that the service has completed containing all the information that Ambulance Victoria will request when phoned on 000. Once completed, this card should be kept within easy access of all service telephone/s. A sample card can be downloaded from: http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html

**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 reasonable 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, except in circumstances of a celebration/experience where parents/guardians have approved the food.

**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 Approved Provider/Nominated Supervisor in consultation with the parents/guardians of the child at risk of anaphylaxis and service staff. The plan should be developed upon a child’s enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment. A sample risk minimisation plan is provided as Attachment 3.

**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.
5. SOURCES AND RELATED POLICIES

Sources

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: http://acecqa.gov.au/qualifications/approved-first-aid-qualifications/
- Allergy & 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 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:
  - Autoinjectors (EpiPens) for anaphylaxis – an overview: www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11121

The Royal Children's Hospital has been contracted by the Department of Education and Early Childhood Development (DEECD) to provide an Anaphylaxis Support Line to central and regional DEECD staff, school principals and representatives, school staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

Service policies

- 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
- 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

6. POLICY PROCEDURES

6.1 The Approved Provider is responsible for:

i. 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 displayed at the service, and reviewed regularly
ii. providing approved anaphylaxis management training (refer to Definitions) to staff as required under the National Regulations

iii. 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)

iv. ensuring the Nominated Supervisor, educators, staff members and students at the service are provided with a copy of the Anaphylaxis Policy and the Dealing with Medical Conditions Policy

v. 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)

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

vii. 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)

viii. 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

ix. 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)

tax. identifying children with anaphylaxis during the enrolment process and informing staff.

6.2 In services where a child diagnosed as at risk of anaphylaxis is enrolled, the Approved Provider is also responsible for:

i. 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))

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

iii. ensuring an ASCIA action plan for anaphylaxis, risk management plan (refer to Attachment 3) and communications plan are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child’s parents/guardians and with a registered medical practitioner (Attachment 3)

iv. 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)

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

vi. ensuring parents/guardians of all children with 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

vii. 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

viii. 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

ix. ensuring adequate provision and maintenance of adrenaline autoinjector kits (refer to Definitions)

x. 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

xi. ensure the service’s EpiPen Jnr is only used when authorisation is obtained from emergency services
xii. 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

xiii. identifying and minimising allergens (refer to Definitions) at the service, where possible

xiv. 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)

xv. ensuring that children with anaphylaxis are not discriminated against in any way

xvi. ensuring that children with anaphylaxis can participate in all activities safely and to their full potential

xvii. immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service

xviii. 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)

xix. 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)

xx. 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

xxi. 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

xxii. responding to complaints and notifying DEECD, 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

xxiii. displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) (refer to Sources) generic poster Action Plan for Anaphylaxis in key locations at the service

xxiv. displaying Ambulance Victoria’s AV How to Call Card (refer to Definitions) near all service telephones

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

xxvi. 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.
6.3 The Nominated Supervisor is responsible for:

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

ii. 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)

iii. 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)

iv. 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)

v. ensuring the services Epipen Jnr is only used when authorisation is obtained from emergency services

vi. ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)

vii. ensuring an adrenaline autoinjector kit (refer to Definitions) is taken on all excursions and other offsite activities (refer to Excursions and Service Events Policy)

viii. compiling a list of children with 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

ix. 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

x. 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)
xi. organising anaphylaxis management information sessions for parents/guardians of children enrolled at the service, where appropriate

xii. ensuring that all persons involved in the program, including parents/guardians, and students on placement are aware of children diagnosed as at risk of anaphylaxis

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

xiv. following the child’s ASCIS action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode

xv. practising the administration of an adrenaline autoinjector using an autoinjector trainer and ‘anaphylaxis scenarios’ on a regular basis (quarterly)

xvi. ensuring staff dispose of used adrenaline autoinjectors appropriately

xvii. 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

xviii. 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 service premises (Regulation 102) (refer to Excursions and Service Events Policy)

xix. providing information to the service community about resources and support for managing allergies and anaphylaxis

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

6.4 Certified Supervisors, other educators and staff are responsible for:

i. reading and complying with the Anaphylaxis Policy and the Dealing with Medical Conditions Policy

ii. maintaining current approved anaphylaxis management qualifications (refer to Definitions)

iii. practising the administration of an adrenaline autoinjector using an autoinjector trainer and ‘anaphylaxis scenarios’ on a regular basis (quarterly)

iv. ensuring they are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)

v. completing the Enrolment checklist for children diagnosed as at risk of anaphylaxis (refer to Attachment 2) with parents/guardians

vi. 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

vii. identifying and, where possible, minimising exposure to allergens (refer to Definitions) at the service

viii. 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) (An educator to sit with and supervise all children at risk of anaphylaxis/with known food allergies)

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

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

xi. disposing of used adrenaline autoinjectors appropriately

xii. following appropriate procedures in the event that 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

xiii. administering the services Epipen Jnr only if authorisation is obtained from emergency services
xiv. 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
xv. providing information to the service community about resources and support for managing allergies and anaphylaxis
xvi. complying with the risk minimisation procedures outlined in Attachment 1
xvii. 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
xviii. discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
xix. 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
xx. 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.

6.5 Parents/guardians of a child at risk of anaphylaxis are responsible for:
   i. informing staff, either on enrolment or on initial diagnosis, of their child’s allergies
   ii. 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
   iii. assisting the Approved Provider and staff to develop an anaphylaxis risk minimisation plan (refer to Attachment 3)
   iv. 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
   v. providing staff with an unused, in-date and complete adrenaline autoinjector kit
   vi. 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
   vii. regularly checking the adrenaline autoinjector’s expiry date and colour of EpiPen adrenaline
   viii. assisting staff by providing information and answering questions regarding their child’s allergies
   ix. 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
   x. communicating all relevant information and concerns to staff, particularly in relation to the health of their child
   xi. 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
   xii. complying with the risk minimisation procedures outlined in Attachment 1
   xiii. ensuring they are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4).

6.6 Parents/guardians are responsible for:
i. reading and complying with this policy and all procedures, including those outlined in Attachment 1
ii. bringing relevant issues and concerns to the attention of both staff and the Approved Provider.

Students, while at the service, are responsible for following this policy and its procedures.
6.7 Evaluation
In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

i. selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
ii. regularly seek feedback from everyone affected by the policy regarding its effectiveness
iii. monitor the implementation, compliance, complaints and incidents in relation to this policy
iv. keep the policy up to date with current legislation, research, policy and best practice
v. 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
vi. notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

6.8 Attachments

i. Attachment 1: Risk minimisation procedures
ii. Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis
iii. Attachment 3: Sample risk minimisation plan
iv. Attachment 4: First Aid Treatment for Anaphylaxis – download from the Australasian Society of Clinical Immunology and Allergy:

http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis
ATTACHMENT 1
Pines Learning Childcare

Risk minimisation procedures

These procedures have been developed and are implemented to protect those children from accidental exposure to allergens. All educators and parents/guardians are invited for feedback to ensure they are regularly reviewed to identify any new potential for accidental exposure to allergens.

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

- the child should only eat food that has been specifically prepared for him/her, parents/guardians 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 at times of celebrations or cooking experiences:
  – 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
- place 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. An educator will sit with and supervise all children with food allergies/at risk of anaphylaxis during meal times
- 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
- encourage that all children and adults wash/sanitise hands upon arrival at the service, ensure that all children, educators and students wash hands 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 (as per notice at entrance and through reminders in newsletters)
• 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.

Child’s Name:______________________________________ (Please Print)

Parent’s/Guardians Name:__________________________________ (Please Print)

Signature:_________________________________________ Date: _/__/___

Approved Nominee/Certified Nominee:__________________________ (Please Print)

Signature:_________________________________________ Date: _/__/___
ATTACHMENT 2
Pines Learning Childcare

Enrolment checklist for children diagnosed as at risk of anaphylaxis

☐ A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented including following procedures to address the particular needs of each child diagnosed as at risk of anaphylaxis.

☐ Parents/guardians of a child diagnosed as at risk of anaphylaxis have been provided with a copy of the service’s Anaphylaxis Policy and Dealing with Medical Conditions Policy.

☐ All parents/guardians are made aware of the service’s Anaphylaxis Policy.

☐ An ASCIA action plan for anaphylaxis for the child is completed and signed by the child’s registered medical practitioner and is accessible to all staff.

☐ A copy of the child’s ASCIA action plan for anaphylaxis is included in the child’s adrenaline autoinjector kit (refer to Definitions).

☐ An adrenaline autoinjector (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service.

☐ An adrenaline autoinjector is stored in an insulated container (adrenaline autoinjector kit) in a location easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold.

☐ All staff, including casual and relief staff, are aware of the location of each adrenaline autoinjector kit which includes each child’s ASCIA action plan for anaphylaxis.

☐ All staff have undertaken approved anaphylaxis management training (refer to Definitions), which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions and emergency first aid treatment. Details regarding qualifications are to be recorded on the staff record (refer to Definitions).

☐ All staff have undertaken practise with an autoinjector trainer quarterly. Details regarding participation in practice sessions are recorded on the staff record (refer to Definitions).

☐ A procedure for first aid treatment for anaphylaxis is in place and all staff understand it (refer to Attachment 4).

☐ Contact details of all parents/guardians and authorised nominees are current and accessible.

☐ Information regarding any other medications or medical conditions in the service (for example asthma) is available to staff.

☐ If food is prepared at the service, measures are in place to prevent cross-contamination of the food given to the child diagnosed as at risk of anaphylaxis.
ATTACHMENT 3
Pines Learning Childcare

Sample risk minimisation plan
ATTACHMENT 4
First Aid Treatment for Anaphylaxis

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