
Bendigo Regional YMCA – Anaphylaxis Policy

Mandatory – Quality Area 2

Policy Number	CS 2.3	Version	1
Drafted by	CSM	Approved by CEO on	10.04.2018
Responsible Person	CSM	Scheduled Review date	10.04.2019

1. OBJECTIVES

The objective of the BRYMCA Anaphylaxis Policy is to raise awareness of anaphylaxis and its management across all of our Children’s Services, minimise the risk of anaphylactic reaction occurring while children are in our care; and ensure that educators are trained to respond appropriately to an anaphylactic reaction.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of BRYMCA Children’s Services, including during offsite excursions and activities.

3. POLICY

BRYMCA will provide a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program by:

- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing risk minimisation strategies for their child
- Ensuring all educators 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
- Ensuring all educators maintain current approved anaphylaxis management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136 (1) (b))
- Ensuring educators are aware of and have access to the BRYMCA Anaphylaxis Procedures and templates for Risk Management Plans, Medical Conditions Communication Plan and Medical Conditions Risk Minimisation Plan

4. PROCEDURES

BRYMCA is responsible for:

- ensuring that an anaphylaxis policy and procedure, which meets legislative requirements and includes a medical conditions risk minimisation plan and medical conditions communication plan, is developed and displayed at the service, and reviewed regularly
- ensuring that all educators have current approved anaphylaxis management training
- ensuring all staff at the service have read and understood the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- ensuring that staff practice administration of treatment for anaphylaxis using an adrenaline auto-injection device trainer each term and that participation is documented on the staff record
- ensuring the details of approved anaphylaxis management training are filed with the staff record, including details of training in the use of an auto-injection device
- responding to complaints and notifying DET, in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk

If a service decides that it should maintain its own supply of adrenaline auto-injection devices they must ensure 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 device is administered by an educator with approved anaphylaxis management training
- 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 auto-injection devices, of the brand that the service carries and of the procedures for the use of these devices in an emergency.

Directors, Coordinators and Supervisors are responsible for:

- ensuring the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* is completed
- 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
- identifying children with anaphylaxis during the enrolment process and informing 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
- 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) and that written notice of this is given to them

- ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis
- ensuring an adrenaline auto-injector kit is taken on all excursions
- compiling a list of children with anaphylaxis and placing it in a secure but readily accessible location known to all staff.
- ensuring plans are completed in consultation with the child's parents/guardians and available at the service for each child with anaphylaxis including:
 1. A medical management action plan signed by a medical practitioner.
 2. A medical conditions risk management plan.
 3. A medical conditions communications plan.
- ensuring a medication record is kept for each child to who medication is to be administered by the service (Regulation 92)
- 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 auto-injector kits and medical management action plans
- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis
- 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
- practising the administration of an adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' each term
- ensuring staff dispose of used adrenaline auto-injection devices appropriately
- ensuring that the adrenaline auto-injector kit is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat
- complying with the medical conditions risk minimisation plan procedures
- 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
- ensuring parents/guardians of all children with anaphylaxis provide an unused, in-date adrenaline auto-injection device at all times their child is attending the service. Where this is not provided, children will be unable to attend the service
- implementing a procedure for first aid treatment for anaphylaxis consistent with current national recommendations ensuring all staff are aware of the procedure
- ensuring the expiry date of the adrenaline auto-injection device is checked and recorded regularly and replaced when required
- ensuring that children with anaphylaxis are not discriminated against in any way
- ensuring that children with 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

All Educators are responsible for:

- reading and complying with the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- maintaining current approved anaphylaxis management qualifications
- practising and recording the administration of an adrenaline auto-injection device using an auto-injection device trainer and ‘anaphylaxis scenarios’ each term
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis
- knowing which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline auto-injector kits and medical management action plans
- identifying and, where possible, minimising exposure to allergens at the service
- following procedures to prevent the cross-contamination of any food given to children diagnosed as at risk of anaphylaxis
- following the child’s anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to an anaphylactic episode
- disposing of used adrenaline auto-injection devices appropriately
- 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
 - commencing first aid treatment (refer to Attachment 4)
 - contacting the parents/guardians or person authorised in the enrolment record
 - informing the Director/Coordinator as soon as is practicable
- taking the adrenaline auto-injector kit for each child at risk of anaphylaxis on excursions or to other offsite service events and activities
- complying with the medical conditions risk minimisation plan procedures
- contacting parents/guardians immediately if an unused, in-date adrenaline auto-injection device 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
- 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.

5. DEFINITIONS

Anaphylaxis action plan	Refer to the definition for <i>anaphylaxis medical management action plan</i> below.
Adrenaline auto-injection device	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 anaphylaxis medical management action plan (refer to <i>Definitions</i>) must be specific for the brand they have been prescribed. Used adrenaline auto-injectors should be placed in a rigid sharps disposal unit, or another rigid container if a sharps container is not available.

Adrenaline auto-injector kit	An insulated container with an unused, in-date adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Auto-injection devices must be stored away from direct heat.
Allergic reaction	A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, coughing or wheezing, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.
Anaphylaxis	A severe, rapid and potentially fatal allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.
Anaphylaxis medical management action plan	An individual medical management plan prepared and signed by the child's treating, registered medical practitioner that provides the child's name and allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of auto-injection device prescribed for each child. Examples of plans specific to different adrenaline auto-injector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCI) website: www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis
Approved anaphylaxis management training	Training that is approved by the National Authority in accordance with Regulation 137(e) of the <i>Education and Care Services National Regulations 2011</i> , and is listed on the ACECQA website.
At-risk child	A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.
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.

6. LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Health Records Act 2001 (Vic), as amended 2011

Information Privacy Act 2000 (Vic)

National Quality Standard, Quality Area 2: Children’s Health and Safety

Occupational Health and Safety Act 2004 (Vic), as amended 2007

Privacy Act 1988 (Cth)

Public Health and Wellbeing Act 2008 (Vic)

Public Health and Wellbeing Regulations 2009 (Vic)

7. ROLES AND RESPONSIBILITIES

Role/ Decision/ Action	Responsibility
Educators, Supervisors, Directors and Coordinators	<p>BRYMCA Nominated Supervisor and/or Service Management will oversee the implementation and service adherence to this policy (ie policy compliance).</p> <p>Nominated Supervisor and/or Person with Management and Control will seek individual community feedback and facilitate an active consultation process with service users as appropriate.</p> <p>All Educators are responsible for the daily implementation of the policy when directly supervising children.</p>
Community Services Manager	<p>Is responsible for ensuring suitable resources and support systems to enable compliance with this policy.</p> <p>Drive the consultation process and provide leadership and advice on the</p>

	continuous improvement of the policy.
CEO	Policy Approval

8. MONITORING, EVALUATION AND REVIEW

BRYMCA management team is responsible for formally reviewing and updating this policy every twelve months, in consultation with representatives from key stakeholder groups and in accordance with current legislation, research, policy and best practice. Small changes and additions may be made outside of the formal review to ensure the policy remains relevant and current. We retain records of each review undertaken. Such records may include minutes of meetings and documentation of changes to policies and procedures that result from a review.

ATTACHMENTS

Attachment 1: Risk minimisation procedures

Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis

Attachment 3: Medical conditions communication plan

Attachment 4: Medical conditions risk minimisation plan

Attachment 5: Sample risk minimisation plan

Attachment 6: First Aid Treatment for Anaphylaxis

ATTACHMENT 1

Risk minimisation procedures

The following procedures should be developed in consultation with the parents/guardians of children in the service who have been diagnosed as at risk of anaphylaxis, and implemented to protect those children from accidental exposure to allergens. These procedures should be regularly reviewed to identify any new potential for accidental exposure to allergens.

In relation to the child diagnosed as at risk:

- the child should only eat food that has been specifically prepared for him/her. 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/ and that 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 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

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 anaphylaxis medical management action plan for the child is completed and signed by the child's registered medical practitioner and is accessible to all staff.
- A copy of the child's anaphylaxis medical management action plan is included in the child's adrenaline auto-injector kit (refer to *Definitions*).
- An adrenaline auto-injection device (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service.
- An adrenaline auto-injection device is stored in an insulated container (adrenaline auto-injector kit) in a location easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat.
- All staff, including casual and relief staff, are aware of the location of each adrenaline auto-injector kit and the location of each child's anaphylaxis medical management action plan.
- All staff have undertaken approved anaphylaxis management training (refer to *Definitions*), which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions and emergency first aid treatment. Details regarding qualifications are to be recorded on the staff record (refer to *Definitions*).
- All staff have undertaken practise with an auto-injection device trainer at least annually and preferably quarterly. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).
- A procedure for first aid treatment for anaphylaxis is in place and all staff understand it (refer to Attachment 4).
- Contact details of all parents/guardians and authorised nominees are current and accessible.
- Information regarding any other medications or medical conditions in the 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: MEDICAL CONDITIONS COMMUNICATION PLAN

This medical conditions communication plan is to be completed by BRYMCA Children’s Services in consultation with the at risk child’s parents/guardian. Copies are to be kept by both the parent/guardian and the Children’s Service, on the child’s file. It is the parent/guardians responsibility to notify the children’s service of any changes.

All families must be aware that no child who has been prescribed with an EpiPen /Anapen is permitted to attend this Children’s Service without an EpiPen/Anapen.

Child’s Details

Name of Child	Date Of Birth

Parent/Guardian Contact Details

Name	Address Home & Work	Telephone/s

It is the responsibility of the Parent/Guardian to:

(please tick box when completed)

- Provide the Medical Management Plan during enrolment.
- Inform the child’s service if their child’s medical condition changes, by phone or in person, and if relevant provide an updated Medical Management Plan.

It is the responsibility of the BRYMCA Children’s Service to:

(please tick box when completed)

- Ensure all enrolment forms are completed; including:
 - Medical Management Plan signed by medical practitioner and parent.
 - Medical Conditions Risk Minimisation Plan signed by children’s service and parent/guardian
 - Medical Conditions Communication Plan signed by children’s service and parent/guardian
- Provide the Parent/Guardian with contact details of the service so they can notify of any updates or changes to the child’s medical condition, medical conditions risk minimisation plan or medical management plans

Anaphylaxis Policy

- Maintain up-to-date training, relevant to the child's condition e.g. Anaphylaxis training, including administering of EpiPen or Anapen of Educators

It is the responsibility of the BRYMCA Children's Service Staff to:

(please tick box when completed)

- Ensure all staff, including relief staff and parent/guardians/helpers, and others attending an excursion or outing with the at risk child are able to identify the child
- Carry the medical management plan/s and medication of any 'at risk' child when going on an excursion.
- Make sure any medication (within expiry date) is available for use at any time the child is in care and all staff including relief staff are aware of the location of the child's medication.
- Inform other families in care that there is an 'at risk' child and the procedures that are to be followed, information sign up on display.
- Provide the Parent/Guardian with contact details so they can notify of any updates or changes to the child's medical condition, medical conditions risk minimisation plan or medical management plans.
- Follow the DEECD Incident and Accident Reporting requirements.
- Maintain up-to-date training, relevant to the child's condition e.g. Asthma Training, Anaphylaxis training, including administering of EpiPen or Anapen.

The following people have read, understood and agree that this document is a medical conditions communication plan for the at risk child of a medical condition.

Parent/ Guardian Name	Signature	Date
Educator Name	Signature	Date

ATTACHMENT 4: MEDICAL CONDITIONS RISK MINIMISATION PLAN

Date of risk minimisation plan:

Name of child	Date Of Birth	Medical Condition/s

***This risk minimisation plan is to be completed by the Children's Service in consultation with the at risk child's parents/guardian.**

Anaphylaxis

Are all families aware that children will not be accepted into care without their prescribed EpiPen or Anapen? Yes / No

The Service/Educator will ensure the EpiPen/Anapen kit is taken on all excursions attended by the 'at risk' child. Yes / No

Anaphylaxis/Allergy

Does the family give permission to display the potential sources of exposure to each known allergen to assist the Service/Educator to provide a safe environment for their child? Yes / No

Has the Service/Educator notified all other families in care of any specific procedures to be followed to minimise the risk of exposure to a known allergen? This may include requesting certain foods are not sent with children. i.e. nut products Yes / No

Asthma

Are all families aware that children will not be accepted into care without their prescribed Asthma medication? Yes / No

The Service/Educator will ensure the Asthma Medication is taken on all excursions attended by the 'at risk' child. Yes / No

Diabetes

Are all families aware that no child who has been prescribed with Diabetes medication and/or blood glucose meter is permitted to attend the Children's Service without these items? Yes / No

The Service/Educator will ensure that the Diabetes Medication and/or blood glucose meter is taken on all excursions attended by the 'at risk' child. Yes / No

Epilepsy

Are all families aware that when medication is prescribed, parents must provide an adequate supply of emergency medication for their child? Yes / No

The Service/Educator will take medication on all excursions attended by the "at risk" child. Yes / No

Risk Minimisation Table

1. List the known Medical Condition and scenario including allergens where necessary for the ‘at risk’ child in the following table.
2. List the strategies to minimise the risk to the child, in the following column. This may include requesting that certain food / items not be brought to the service/care environment.
3. In the last column include who is responsible for enforcing the risk minimisation strategy

See examples of risk minimisation strategies on the last page

Medical Condition & Scenario	Risk Minimisation Strategies	Who (parent/guardian/ educator)

How will all staff, including relief staff and parent/guardians/helpers, recognise the child if on an excursion or incursion. (List Strategies)

State where the child’s Medical Management/Action Plan will be displayed or located:

Record when regular checks of the expiry date of each medication for the at risk child are undertaken.

Date Checked	Name of Medication Applicable Notes	Checked By	Signature

(more space at back of plan)

The medical conditions risk minimisation plan will be reviewed with the family of the 'at risk' child at least annually, but always upon enrolment of the 'at risk' child and after any incident or accidental exposure.

Date the annual review is to be completed.....

Tick and Date those that apply:

- Parent/Guardian of an 'at risk' child is provided a copy of the Dealing with Medical Conditions Policy: Date:
- Parent/Guardian of an 'at risk' child has provided an Asthma Action Plan/Allergy Action Plan/ Anaphylaxis Action Plan/Diabetes Management Plan/ Epilepsy Action Plan (Circle those that apply) to the children's service: Date:
- Parent/Guardian has provided a complete EpiPen/Anapen kit: Date.....
- Is the EpiPen or Anapen prescribed for the child? Yes / No
- Have copies of this form been stored at the Children's Service? Yes / No
- Have copies of this form been given to the parent/guardian? Yes / No

The following people have read, understood and agree that this document is a medical conditions risk minimisation plan for the 'at risk' child of Medical Conditions that affect the child's health. It is the parent/guardians responsibility to notify the child service of any changes.

Parent/ Guardian Name	Signature	Date
Educator Name	Signature	Date

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ATTACHMENT 5: SAMPLE RISK MINIMISATION PLAN

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

How well has the service planned for meeting the needs of children with allergies and those who have been diagnosed as at risk of anaphylaxis?	
1. Who are the children?	<input type="checkbox"/> List names and room locations of each child diagnosed as at risk.
2. What are they allergic to?	<input type="checkbox"/> List all known allergens for each child at risk. <input type="checkbox"/> List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting certain foods/items not be brought to the service.
3. Do staff (including casual and relief staff), volunteers and visiting staff recognise the children at risk?	<input type="checkbox"/> List the strategies for ensuring that all staff, including casual and relief staff, recognise each at-risk child, are aware of the child's specific allergies and symptoms and the location of their anaphylaxis medical management action plan. <input type="checkbox"/> Confirm the location of each child's anaphylaxis medical management action plan and ensure it contains a photo of the child.
4. Do families and staff know how the service manages the risk of anaphylaxis?	<input type="checkbox"/> Record the date on which each family of a child diagnosed as at risk of anaphylaxis is provided a copy of the service's <i>Anaphylaxis Policy</i> . <input type="checkbox"/> Record the date that parents/guardians provide an unused, in-date and complete adrenaline auto-injector kit. <input type="checkbox"/> Test that all staff, including casual and relief staff, know the location of the adrenaline auto-injector kit and anaphylaxis medical management action plan for each at-risk child. <input type="checkbox"/> Ensure that there is a procedure in place to regularly check the expiry date of each adrenaline auto-injection device. <input type="checkbox"/> Ensure a written request is sent to all families at the service to follow specific procedures to minimise the risk of exposure to a known allergen. This may include strategies such as requesting specific items not be sent to the service, for example: food containing known allergens or foods where transfer from one child to another is likely e.g. peanut/nut products, whole egg, sesame or chocolate food packaging where that food is a known allergen e.g. cereal boxes, egg cartons.

<p>5.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure a new written request is sent to all families if food allergens change. <input type="checkbox"/> Ensure all families are aware of the service policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device. <input type="checkbox"/> Display the ASCIA generic poster <i>Action Plan for Anaphylaxis</i> in key locations at the service and ensure a completed Ambulance Victoria <i>AV How to Call Card</i> is next to all telephone/s. <input type="checkbox"/> The adrenaline auto-injector kit, including a copy of the anaphylaxis medical management action plan, is carried by an educator when a child diagnosed as at risk is taken outside the service premises e.g. for excursions.
<p>6. Has a communication plan been developed which includes procedures to ensure that:</p> <p>all staff, volunteers, students and parents/guardians are informed about the policy and procedures for the management of anaphylaxis at kindergarten</p> <p>parents/guardians of a child diagnosed as at risk of anaphylaxis are able to communicate with service staff about any changes to the child's diagnosis or anaphylaxis medical management action plan</p> <p>all staff, including casual, relief and visiting staff, volunteers and students are informed about, and are familiar with, all anaphylaxis medical management action plans and the kindergarten risk management plan.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> All parents/guardians are provided with a copy of the <i>Anaphylaxis Policy</i> prior to commencing. <input type="checkbox"/> A copy of this policy is displayed in a prominent location at the service. <input type="checkbox"/> Staff will meet with parents/guardians of a child diagnosed as at risk of anaphylaxis prior to the child's commencement at the service and will develop an individual communication plan for that family. <input type="checkbox"/> An induction process for all staff and volunteers includes information regarding the management of anaphylaxis at the service including the location of adrenaline auto-injector kits, anaphylaxis medical management action plans, risk minimisation plans and procedures, and identification of children at risk.

Do all staff know how the service aims to minimise the risk of a child being exposed to an allergen?

7. Think about times when the child could potentially be exposed to allergens and develop appropriate strategies including identifying the person responsible for implementing them (refer to the following section for possible scenarios and strategies).

- Menus are planned in conjunction with parents/guardians of children diagnosed as at risk of anaphylaxis.
Food for the at-risk child is prepared according to the instructions of parents/guardians to avoid the inclusion of food allergens.
As far as is practical, the service's menu for all children should not contain food with ingredients such as milk, egg, peanut/nut or sesame, or other products to which children are at risk.
The at-risk child should not be given food where the label indicates that the food may contain traces of a known allergen.
- Hygiene procedures and practices are followed to minimise the risk of cross-contamination of surfaces, food utensils or containers by food allergens (refer to *Hygiene Policy* and *Food Safety Policy*).
- Consider the safest place for the at-risk child to be served and to consume food, while ensuring they are not discriminated against or socially excluded from activities.
- Develop procedures for ensuring that each at-risk child only consumes food prepared specifically for him/her.
- Do not introduce food to a baby/child if the parents/guardians have not previously given this food to the baby/child.
- Ensure each child enrolled at the service washes his/her hands upon arrival at the service, and before and after eating.
- Employ teaching strategies to raise the awareness of all children about anaphylaxis and the importance of *no food sharing* (refer to *Definitions*) at the service.
- Bottles, other drinks, lunch boxes and all food provided by the family of the at-risk child should be clearly labelled with the child's name.

Do relevant people know what action to take if a child has an anaphylactic episode?

- Know what each child's anaphylaxis medical management action plan contains and implement the procedures.
- Know:
 - who will administer the adrenaline auto-injection device and stay with the child
 - who will telephone the ambulance and the parents/guardians of the child
 - who will ensure the supervision of other children at the service
 - who will let the ambulance officers into the service and take them to the child.
- Ensure all staff have undertaken approved anaphylaxis management training and participate in regular practise sessions.
- Ensure a completed Ambulance Victoria *AV How to Call Card* is located next to all telephone/s.

Potential exposure scenarios and strategies

How effective is the service's risk minimisation plan?
<input type="checkbox"/> Review the risk minimisation plan of each child diagnosed as at risk of anaphylaxis with parents/guardians at least annually, but always on enrolment and after any incident or accidental exposure to allergens.

Scenario	Strategy	Who is responsible?
8. Food is provided by the service and a food allergen is unable to be removed from the service's menu (e.g. milk).	9. 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.	11. Cook, Nominated Supervisor and parents/guardians
	10. Alternatively, the parents/guardians provide all food for the at-risk child.	
	12. Ensure separate storage of foods containing the allergen.	13. Approved Provider and Cook
	14. Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross-contamination. This includes implementing good hygiene practices and effective cleaning of surfaces in the kitchen and children's eating area, food utensils and containers.	15. Cook, staff and volunteers
	16. There is a system in place to ensure the child diagnosed as at risk of anaphylaxis is served only food prepared for him/her.	17. Cook and staff
	18. 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.	19. Staff

	Ensure this location is not separate from all children and allows social inclusion at meal times.	
	20. Children are regularly reminded of the importance of not sharing food.	21. Staff
	22. Children are closely supervised during eating.	23. Staff
24. Party or celebration	25. Give parents/guardians adequate notice of the event.	26. Approved Provider, Nominated Supervisor and educators
	27. Ensure safe food is provided for the child diagnosed as at risk of anaphylaxis.	28. Parents/guardians and staff
	29. Ensure the child diagnosed as at risk of anaphylaxis only eats food approved by his/her parents/guardians.	30. Staff
	31. 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.	32. Approved Provider and Nominated Supervisor
33. Protection from insect bite allergies	34. 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.	35. Educators
	36. Decrease the number of plants that attract bees or other biting insects.	37. Approved Provider
	38. Ensure the child diagnosed as at risk of anaphylaxis wears shoes at all times they are outdoors.	39. Educators
	40. 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.	41. Approved Provider/Nominated Supervisor

42. Latex allergies	43. Avoid the use of party balloons or latex gloves.	44. Staff
45. Cooking with children	<p>46. 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.</p> <p>47. Ensure activities and ingredients used are consistent with risk minimisation plans.</p>	48. Approved Provider, Nominated Supervisor and educators

ATTACHMENT 6: FIRST AID TREATMENT FOR ANAPHYLAXIS

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Please check the ASCIA webpage: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis> for the latest version of this information as ASCIA resources are regularly reviewed and updated. ASCIA is the peak professional body of clinical immunology and allergy specialists in Australia and New Zealand.