Horsham & District Kindergarten Association

Anaphylaxis policy/procedure

Mandatory – Quality area 2

HDKA promotes a commitment to child safety, wellbeing, participation, empowerment, cultural safety and awareness including children with a disability, Aboriginal and Torres Strait Islander children and/or communities and children from cultural and/or linguistically diverse backgrounds.

HDKA has a zero tolerance of child abuse and a duty of care to prevent and manage child abuse risks including physical and online environments.

Purpose

This policy provides guidelines to:

- Minimise the risk of an anaphylactic reaction occurring while children are in the care of services administered by HDKA.
- Ensure that service staff respond appropriately to an anaphylactic reaction by initiating appropriate treatment including competently administering adrenaline via an auto-injection device
- Raise awareness of anaphylaxis and its management amongst all at the service through education and policy implementation.
- This policy should be read in conjunction with the *Dealing with Medical Conditions Policy.*

Procedures

HDKA is responsible for:

- Minimisation plan (refer to Attachment 3) and communication plan is developed and displayed at the service and reviewed regularly.
- Providing approved anaphylaxis management training (refer to *Definitions*) to staff as required under the National Regulations.
- Ensuring 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).

Note: It is the policy of HDKA that all educators employed by HDKA hold current approved anaphylaxis management training

- Ensuring a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy is available to* the Nominated Supervisor, educators, staff members, students and volunteers at the service.
- Ensuring a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (Regulation 91) is available to parents or guardians and others at the service.
- Ensuring that staff practice administration of treatment for anaphylaxis using an adrenaline auto-injection device trainer at least annually.
- Ensuring the details of approved anaphylaxis management training (refer to *Definitions*) are included on the staff record (refer to *Definitions*).
- Ensuring that parents or 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 or 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*).
- Identifying children with anaphylaxis during the enrolment process and informing staff.

In services where a child diagnosed as at risk of anaphylaxis is enrolled the Approved Provider 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 the Enrolment checklist for children diagnosed as at risk of anaphylaxis (refer to Attachment 2) is completed.

- Ensuring an anaphylaxis medical management action plan, risk management plan (refer to Attachment 3) and communications plan are developed for each child at the service who has been diagnosed as at risk of anaphylaxis in consultation with that child's parents or guardians and with a registered medical practitioner (Attachment 3).
- Ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their anaphylaxis medical management action plan and their risk minimisation plan filed with their enrolment record (Regulation 162).
- Ensuring a medication record is kept for each child to who medication is to be administered by the service (Regulation 92).
- Ensuring parents or 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.
- Ensuring that the child's anaphylaxis medical management action plan is specific to the brand of adrenaline auto-injection device prescribed by the child's medical practitioner.
- Implementing a procedure for first aid treatment for anaphylaxis consistent with current national recommendations (refer to Attachment 4) and ensuring all staff are aware of the procedure.
- Ensuring adequate provision and maintenance of adrenaline auto-injector kits (refer to Definitions).
- Ensuring the expiry date of the adrenaline auto-injection device is checked regularly and replaced when required.
- Ensuring that a sharps disposal unit is available at the service for the safe disposal of used adrenaline auto-injection devices
- Implementing a communication plan and encouraging ongoing communication between parents or 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 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 or 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 or 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 or guardian or authorised nominee (Regulation 94).
- Ensuring that a medication record is kept that includes all details required by Regulation 92(3) for each child to who medication is to be administered.
- Ensuring that written notice is given to a parent or guardian as soon as is practicable if medication is administered to a child in the case of an emergency.
- Responding to complaints and notifying DET in writing and within 24 hours of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk.
- Displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) (refer to Sources) generic poster Action Plan for Anaphylaxis in key locations at the service.
- Displaying Ambulance Victoria's AV How to Call Card (refer to Definitions) near all service telephones.
- Complying with the risk minimisation procedures outlined in Attachment 1.
- Ensuring that educators and staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline auto-injector kit (refer to *Definitions*) and a copy of the anaphylaxis medical management action plan for each child diagnosed as at risk of anaphylaxis.

Risk assessment

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

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

- adequate stock of the adrenaline auto-injection device is on hand, and that it is unused and in date
- appropriate procedures are in place to define the specific circumstances under which the device supplied by the 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.

Please note that HDKA will provide an extra adrenaline auto-injection device should a child diagnosed with anaphylaxis be enrolled at either of the small rural services – Laharum &

The Nominated Supervisor is responsible for:

- Ensuring the Enrolment checklist for children diagnosed as at risk of anaphylaxis (refer to Attachment 2) is completed.
- Ensuring that all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA (refer to Sources).
- Ensuring that medication is not administered to a child at the 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 or 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 or guardian or authorised nominee (Regulation 94).
- Ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4).
- Ensuring an adrenaline auto-injector kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*).
- 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 anaphylaxis medical management action plan 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 auto-injector kits and medical management action plans.
- Ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*).
- Organising anaphylaxis management information sessions for parents or guardians of children enrolled at the service where appropriate.

- Ensuring that all persons involved in the program including parents or 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 anaphylaxis medical management action plan in the event of an allergic reaction which may progress to an anaphylactic episode.
- Practising the administration of an adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis at least annually and preferably quarterly.
- Ensuring staff dispose of used adrenaline auto-injection devices appropriately in the sharps disposal unit provided at the service by the Approved Provider.
- Ensuring that the adrenaline auto-injector kit is stored in a location that is known to all staff including casual and relief staff is easily accessible to adults both indoors and outdoors, (not locked away) but inaccessible to children and away from direct sources of heat.
- Ensuring that parents or 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*).
- 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.

Certified Supervisors and other educators 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 auto-injection device using an auto-injection device 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 Enrolment checklist for children diagnosed as at risk of anaphylaxis (refer to Attachment 2) with parents or guardians.
- Knowing which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms and the location of their adrenaline auto-injector kits and medical management action plans.
- Identifying and 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 risk minimisation plan (refer to Attachment 3) for children diagnosed as at risk of anaphylaxis at the service.
- 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 in the sharps disposal unit provided at the service by the Approved Provider.
- 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.
- Taking the adrenaline auto-injector kit (refer to *Definitions*) for each child at risk of anaphylaxis on excursions or to other offsite service events and activities.
- Providing information to the service community about resources and support for managing allergies and anaphylaxis.
- Complying with the risk minimisation procedures outlined in Attachment 1.

- Contacting parents or 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.
- Discussing with parents or guardians the requirements for completing the enrolment form and medication record for their child.
- Consulting with the parents or 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 or 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 HDKA and staff to develop an anaphylaxis risk minimisation plan (refer to Attachment 3).
- Providing staff with an anaphylaxis medical management action plan signed by a registered medical practitioner and with written consent to use medication prescribed in line with this action plan.
- Providing staff with an unused, in-date and complete adrenaline auto-injector kit.
- Ensuring that the child's anaphylaxis medical management action plan is specific to the brand of adrenaline auto-injection device prescribed by the child's medical practitioner.
- Regularly checking the adrenaline auto-injection device's expiry date.
- Assisting staff by providing information and answering questions regarding their child's allergies.
- Notifying staff of any changes to their child's allergy status and providing a new anaphylaxis medical management action plan in accordance with these changes.
- Communicating all relevant information and concerns to staff particularly in relation to the health of their child.
- Complying with the service's policy where a child who has been prescribed an adrenaline auto-injection device 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 (refer to Attachment 4).

Parents/guardians are responsible for:

- Reading and complying with this policy and all procedures including those outlined in Attachment 1.
- Bringing relevant issues and concerns to the attention of both staff and the Approved Provider.

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

Attachments

- Attachment 1: Risk minimisation procedures
- Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis
- Attachment 3: Sample risk minimisation plan
- Attachment 4: First Aid Treatment for Anaphylaxis

Attachment 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 or 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 or guardians
  - parents or 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 or 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 or formula from bottles and cups and that these bottles and 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 stings or 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 or 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 or 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 or 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 or 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 or 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 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 or 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

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?	
Who are the children?	☐ List names and room locations of each child diagnosed as at risk.
What are they allergic to?	☐ List all known allergens for each child at risk. ☐ List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting certain foods or items not be brought to the service.
Do staff including casual and relief staff, volunteers and visiting staff recognise the children at risk?	☐ 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. ☐ Confirm the location of each child's anaphylaxis medical management action plan and ensure it contains a photo of the child.
Do families and staff know how the service manages the risk of anaphylaxis?	☐ Record the date on which each family of a child diagnosed as at risk of anaphylaxis is provided a copy of the service's *Anaphylaxis Policy*. ☐ Record the date that parents or guardians provide an unused, in-date and complete adrenaline auto-injector kit. ☐ 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. ☐ Ensure that there is a procedure in place to regularly check the expiry date of each adrenaline auto-injection device. ☐ 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 and nut products, whole egg, sesame or chocolate • food packaging where that food is a known allergen e.g. cereal boxes, egg cartons.
	☐ Ensure a new written request is sent to all families if food allergens change. ☐ 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. ☐ Display the ASCIA generic poster *Action Plan for Anaphylaxis* in key locations at the service and ensure a completed Ambulance Victoria *AV How to Call Card* is next to all telephones. ☐ 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.
Has a communication plan been developed which includes procedures to ensure that: • all staff, volunteers, students and parents or guardians are informed about the policy and procedures for the management of anaphylaxis at services administered by HDKA • parents or guardians of a child diagnosed as at risk of anaphylaxis are able to communicate with service staff about any changes to the child's diagnosis or anaphylaxis medical management action plan • all staff including casual, relief and visiting staff, volunteers and students are informed about and are familiar with all anaphylaxis medical management action plans and the HDKA risk management plan.	☐ All parents/guardians are provided with a copy of the *Anaphylaxis Policy* prior to commencing at services administered by HDKA ☐ A copy of this policy is displayed in a prominent location at the service. ☐ Staff will meet with parents or 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. ☐ 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?

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 or guardians of children diagnosed as at risk of anaphylaxis.
- Food for the at-risk child is prepared according to the instructions of parents or 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 or 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 or her.

☐ Do not introduce food to a baby or child if the parents or guardians have not previously given this food to the baby or child.

☐ Ensure each child enrolled at the service washes his or 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?		
☐ Review the risk minimisation plan of each child diagnosed as at risk of anaphylaxis with parents or guardians at least annually, but always on enrolment and after any incident or accidental exposure to allergens.		
Scenario	**Strategy**	**Who is responsible?**
Food is provided by the service and a food allergen is unable to be removed from the service's menu (e.g. milk).	Menus are planned in conjunction with parents or guardians of children diagnosed as at risk and food is prepared according to the instructions of parents or guardians. Alternatively the parents or guardians provide all food for the at-risk child.	Cook, Nominated Supervisor and parents/guardians
	Ensure separate storage of foods containing the allergen.	Approved Provider and Cook
	Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross-contamination. This includes implementing good hygiene practices and effective cleaning of surfaces in the kitchen and children's eating area, food utensils and containers.	Cook, staff and volunteers
	There is a system in place to ensure the child diagnosed as at risk of anaphylaxis is served only food prepared for him/her.	Cook and staff
	A child diagnosed as at risk of anaphylaxis is served and consumes their food in a location considered to be at low risk of cross-contamination by allergens from another child's food. Ensure this location is not separate from all children and allows social inclusion at meal times.	Staff
	Children are regularly reminded of the importance of not sharing food.	Staff
	Children are closely supervised during eating.	Staff

Party or celebration	Give parents or guardians adequate notice of the event.	Approved Provider, Nominated Supervisor and educators
	Ensure safe food is provided for the child diagnosed as at risk of anaphylaxis.	Parents/guardians and staff
	Ensure the child diagnosed as at risk of anaphylaxis only eats food approved by his or her parents or guardians.	Staff
	Specify a range of foods that all parents or guardians may send for the party and note particular foods and ingredients that should not be sent.	Approved Provider and Nominated Supervisor
Protection from insect bite allergies	Specify play areas that are lowest risk to the child, diagnosed as at risk and encourage him or her and peers to play in that area.	Educators
	Decrease the number of plants that attract bees or other biting insects.	Approved Provider
	Ensure the child diagnosed as at risk of anaphylaxis wears shoes at all times they are outdoors.	Educators
	Respond promptly to any instance of insect infestation. It may be appropriate to request exclusion of the child diagnosed as at risk during the period required to eradicate the insects.	Approved Provider/Nominated Supervisor
Latex allergies	Avoid the use of party balloons or latex gloves.	Staff
Cooking with children	Ensure parents or guardians of the child diagnosed as at risk of anaphylaxis are advised well in advance and included in the planning process. Parents or guardians may prefer to provide the ingredients themselves. Ensure activities and ingredients used are consistent with risk minimisation plans.	Approved Provider, Nominated Supervisor and educators

Attachment 4

First aid treatment for anaphylaxis

ascia
australasian society of clinical immunology and allergy

FIRST AID TREATMENT FOR ANAPHYLAXIS

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

MILD TO MODERATE ALLERGIC REACTION

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

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

ACTION

For insect allergy, flick out the sting if it can be seen (but do not remove ticks)

- Stay with person and call for help
- Give medications if prescribed (whilst non-drowsy antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication)
- Locate **adrenaline autoinjector** if available (instructions are included in the ASCIA Action Plan for Anaphylaxis which should be stored with the adrenaline autoinjector)
- Contact parent/guardian or other emergency contact.

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

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

ACTION

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

If in doubt, give the adrenaline autoinjector.

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

NOTE:

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