

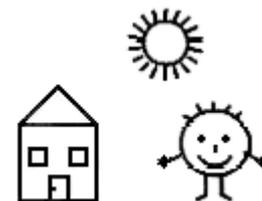
# ESTRELLA

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## ANAPHYLAXIS POLICY

### AUTHORISATION

Originally Adopted: 2010

Most Recent Amendment: March 2021

### REVIEW DATE

Review every three years

Next review: March 2024

### PURPOSE

This policy will provide guidelines to:

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

[This policy should be read in conjunction with the \*Dealing with Medical Conditions Policy\*.](#)

### POLICY STATEMENT

#### 1. VALUES

Estrella Preschool 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, volunteers, parents/guardians and families, children and others attending the programs and activities of Estrella Preschool. 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, wheat and sesame, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or articulate the symptoms of anaphylaxis. With planning and training, a reaction can be treated effectively by using an adrenaline autoinjector, often called an EpiPen® or an Anapen®.

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

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, all educators at Estrella Preschool 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)
- *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 and Data Protection Act 2014* (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:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

## DEFINITIONS

**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, or given to the Paramedics.

**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 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

- o swelling/tightness in the throat
- o difficulty talking and/or hoarse voice
- o wheeze or persistent cough
- o persistent dizziness or collapse (child pale or floppy).

**Anapen®:** A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. Two strengths are available: an Anapen® and an Anapen Jr®, and each is prescribed according to a child's weight. The Anapen Jr® is recommended for a child weighing 10–20kg. An AnaPen® is recommended for use when a child weighs more than 20kg. The child's ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

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

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

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

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

[www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis](http://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 all children including a child at risk of anaphylaxis only eats food that is supplied/permitted by their parents/guardians and does not share food with, or accept food from, any other person.

**Nominated staff member:** (In relation to this policy) a staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the Approved Provider. This person also checks regularly to ensure that the adrenaline autoinjector kit is complete and that the device itself is unused and in date, and leads practice sessions for staff who have undertaken anaphylaxis management training.

**Risk minimisation:** The practice of developing and implementing a range of strategies to reduce hazards for a child at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.

**Risk minimisation plan:** A service-specific plan that documents a child's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the 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.

#### 4. 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](http://www.allergyfacts.org.au)
- Australasian Society of Clinical Immunology and Allergy (ASCIA): [www.allergy.org.au](http://www.allergy.org.au) provides information and resources on allergies. Action plans for anaphylaxis can be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis (refer to Attachment 4). Contact details of clinical immunologists and allergy specialists are also provided.
- Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training:  
<http://www.education.vic.gov.au/childhood/providers/health/Pages/anaphylaxis.aspx>
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne ([www.rch.org.au/allergy](http://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:
  - *Allergic and anaphylactic reactions*: [www.rch.org.au/kidsinfo/factsheets.cfm?doc\\_id=11148](http://www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11148)

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

#### PROCEDURES

##### **The Approved Provider is responsible for:**

- 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
- providing approved anaphylaxis management training (refer to *Definitions*) to staff as required under the National Regulations
- ensuring that at least one educator with current approved anaphylaxis management training (refer to *Definitions*) is in attendance and immediately available at all times the service is in operation (Regulations 136, 137)
- ensuring the Nominated Supervisor, educators, staff members, students and volunteers at the service have access to the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- ensuring students and volunteers are provided with the opportunity to read the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*, and are made aware of the contents of these by staff
- ensuring parents/guardians of children at risk of anaphylaxis are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (Regulation 91)
- ensuring that staff practice administration of treatment for anaphylaxis using an adrenaline autoinjector trainer at least annually, and preferably quarterly, and that participation is documented on the staff record
- ensuring the details of approved anaphylaxis management training (refer to *Definitions*) are included on the staff record (refer to *Definitions*), including details of training in the use of an autoinjector (Regulations 145, 146, 147)
- ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency (Regulation 161), and that this authorisation is kept in the enrolment record for each child
- ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises (Regulation 102) (refer to *Excursions and Service Events Policy*)
- identifying children at risk of anaphylaxis during the enrolment process and informing staff
- ensuring that one generic auto-injection device is available and it is unused and in date
- ensuring appropriate procedures are in place to define the specific circumstances under which the generic device supplied by the service will be used
- ensuring that parents and guardians are informed that the service keeps one generic adrenaline auto-injection device (epipen) at all times, and of the procedures for the use of this device in an emergency

- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

**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 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)
- ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA action plan for anaphylaxis and their risk minimisation plan filed with their enrolment record (Regulation 162)
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
- ensuring parents/guardians of all children at risk of anaphylaxis provide an unused, in-date adrenaline autoinjector at all times their child is attending the service. Where this is not provided, children will be unable to attend the service
- ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner
- implementing a procedure for first aid treatment for anaphylaxis consistent with current national recommendations (refer to Attachment 4) and ensuring all staff are aware of the procedure
- ensuring adequate provision and maintenance of adrenaline autoinjector kits (refer to *Definitions*)
- ensuring the expiry date of the adrenaline autoinjector is checked regularly and replaced when required and the liquid in the EpiPen/EpiPen Jnr is clear
- ensuring that a sharps disposal unit is available at the service for the safe disposal of used adrenaline autoinjectors
- implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- identifying and minimising allergens (refer to *Definitions*) at the service, where possible
- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy*)
- ensuring that children at risk of anaphylaxis are not discriminated against in any way

- ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service
- ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)
- ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94)
- ensuring that a medication record is kept that includes all details required by Regulation 92(3) for each child to whom medication is to be administered
- ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency
- responding to complaints and notifying Department of Education and Training, in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk
- displaying the Australasian Society of Clinical Immunology and Allergy (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/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.

**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/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94)
- ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)

- ensuring an adrenaline autoinjector 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 at risk of anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include the ASCIA action plan for anaphylaxis for each child
- ensuring that all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and ASCIA action plans for anaphylaxis
- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy*)
- organising anaphylaxis management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring that all persons involved in the program, including parents/guardians, family members, volunteers and students on placement are aware of children diagnosed as at risk of anaphylaxis
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis
- following the child's ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode
- 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 post calling ambulance
- practising the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- ensuring staff dispose of used adrenaline autoinjectors appropriately in the sharps disposal unit provided at the service by the Approved Provider
- 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
- 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*)
- 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
- purchasing Generic EpiPen when required.

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

- reading and complying with the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- maintaining current approved anaphylaxis management qualifications (refer to *Definitions*)
- practising the administration of an adrenaline autoinjector using an autoinjector trainer and ‘anaphylaxis scenarios’ on a regular basis, at least annually and preferably quarterly
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)
- completing the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 2) with parents/guardians
- knowing which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and medical management action plans
- identifying and, where possible, minimising exposure to allergens (refer to *Definitions*) at the service
- following procedures to prevent the cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy*)
- 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 ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode
- disposing of used adrenaline autoinjectors in the sharps disposal unit provided at the service by the Approved Provider
- following appropriate first aid procedures in the event that a child who has not been diagnosed as at risk of anaphylaxis appears to be having an anaphylactic episode (refer to Attachment 4)
- informing the Approved Provider and the child’s parents/guardians and following an anaphylactic episode
- put in a notification using NQAITS within 24 hours of an anaphylactic episode
- taking the adrenaline autoinjector kit (refer to *Definitions*) for each child at risk of anaphylaxis on excursions or to other offsite service events and activities
- providing information to the service community about resources and support for managing allergies and anaphylaxis
- complying with the risk minimisation procedures outlined in Attachment 1
- contacting parents/guardians immediately if an unused, in-date adrenaline autoinjector has not been provided to the service for a child diagnosed as at risk of anaphylaxis. Where this is not provided, children will be unable to attend the service
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- consulting with the parents/guardians of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child, and communicating any concerns

- ensuring that children diagnosed as at risk of anaphylaxis are not discriminated against in any way and are able to participate fully in all activities.

**Parents/guardians of a child at risk of anaphylaxis are responsible for:**

- informing staff, either on enrolment or on initial diagnosis, of their child's allergies
- completing all details on the child's enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises
- assisting the Approved Provider and staff to develop an anaphylaxis risk minimisation plan (refer to Attachment 3)
- providing staff with an ASCIA action plan for anaphylaxis signed by a registered medical practitioner and with written consent to use medication prescribed in line with this action plan
- providing staff with an unused, in-date and complete adrenaline autoinjector kit
- ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner
- regularly checking the adrenaline autoinjector's expiry date and colour of EpiPen adrenaline
- assisting staff by providing information and answering questions regarding their child's allergies
- notifying staff of any changes to their child's allergy status and providing a new anaphylaxis medical management action plan in accordance with these changes
- communicating all relevant information and concerns to staff, particularly in relation to the health of their child
- complying with the service's policy where a child who has been prescribed an adrenaline autoinjector is not permitted to attend the service or its programs without that device
- complying with the risk minimisation procedures outlined in Attachment 1
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis (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
- ensuring they enter the preschool, and present their children at the preschool with clean hands and faces to minimise at risk children's exposure to allergic reactions.

**Generic EpiPen:**

In addition to the adrenaline autoinjectors provided by parents for at risk children, Estrella Preschool will keep a generic EpiPen on site.

- One Epipen Jr will be kept in the emergency backpack at all times and will be regularly checked along with all medications to ensure it is in date and the fluid is clear
- The Approved Provider and Nominated Supervisor will be responsible for purchasing this Epipen when required.
- The Estrella Committee of Management are responsible for funding the spare Epipen Jr device
- The Epipen Jr will be replaced as needed upon the expiry of the existing Epipen Jr
- Parents will be informed that the preschool has a generic Epipen Jr, and the circumstances for the use of this device
- The device will be administered only by an educator with approved anaphylaxis training
- The procedures outlined in the Administration of Medication Policy will be followed in regard to the use of an Epipen in an emergency. These include seeking authorisation to administer the device from the Triple Zero (000) operator.

Circumstances for use of a generic Epipen Jr may include:

- A child who is known to have anaphylaxis and who has been treated according to their anaphylaxis medical management action plan, but requires a further dose
- A child who is not known to have anaphylaxis who has an anaphylactic reaction
- Any other person who has an anaphylactic reaction.

Procedure for the administration of a generic Epipen Jr in an emergency

If a trained staff member notices symptoms of anaphylaxis in a child who is not known to have anaphylaxis and who does not have an anaphylaxis medical management plan he or she will:

- Stay with the child
- Ask another adult to call Triple Zero (000) and get the generic Epipen Jr
- Explain the situation and the signs and symptoms to the Triple Zero operator
- Obtain permission from operator or paramedics to administer the generic Epipen Jr
- Notify the child's parents/guardians as soon as is possible
- Contact the Approved Provider and organise relief staff to take over the session (depending on the time and situation) in order to free staff to complete the required paperwork

As soon as is practicable:

- Complete the incident report form and notify DET within 24 hours
- Replace generic Epipen Jr

In the situation where a child who is known to have anaphylaxis has a reaction and has had their personal adrenaline autoinjector device administered, a paramedic may request that a second dose is administered using the generic Epipen.

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

#### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

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

**ATTACHMENTS**

- Attachment 1: Risk minimisation procedures
- Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis
- Attachment 3: Sample risk minimisation plan
- 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>

Policy considered and accepted by Management Committee

\_\_\_\_\_

Date:

\_\_\_\_\_

Policy considered and accepted by Staff

\_\_\_\_\_

Date:

\_\_\_\_\_

## 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 of anaphylaxis:**

- 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, 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
- 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

- 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. If it is found that a child has brought such food to the service:
  - Staff are to remove the food item/s and put in a safe place so parents/guardians can take the food item/s home and consume them there
  - Staff are to ensure child follows self-hygiene processes to remove allergens/ingredients
  - Staff are to ensure any affected objects in the area are cleaned to remove allergens/ingredients (e.g. table)
  - Staff are to call parents/guardians of the child, inform them about what has happened, and ask them to bring alternate food if required
  - If alternate food cannot be supplied, staff will provide an appropriate snack for the child. Staff are to check with parents/guardians that they approve of the food to be provided, or at a minimum check that there is no dietary requirement that would be breached by providing the child with this particular food.
  - Staff are to notify other staff members about what has happened
  - Staff are to put a note in the child's bag about the incident, informing the parents/guardians about what has happened
  - If staff were unable to call parent/guardian to discuss during the meal time, staff are to speak with parents at the end of service day about what has happened and hand over the removed food item/s.
- 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.
- if applicable, 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

## ATTACHMENT 2

## Sample risk minimisation plan

## Risk Minimisation Plan for children diagnosed with Anaphylaxis

<b>This plan is to be completed in consultation with the parent/guardian of the child.</b>	
<b>1.</b> Child's Name	
<b>2.</b> What group is the child in?	
<b>3.</b> Known triggers	
<b>4.</b> List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the risks to the child	<p>Parents introduce the child to the staff at orientation, interviews and on the first day the child attends a preschool session.</p> <p>Information on every child at the centre who is at risk is shared with all staff at the start of the year and updated again if/when any changes occur.</p> <p>If any staff member is absent, the remaining staff member introduces the relief staff to the child and shows them where the action plans and medication are kept.</p> <p>The management plans with the child's photo are displayed in the kitchen; in the emergency evacuation bag; in the 'folder for when the teacher is absent'; and in the child's enrolment file.</p>
<b>5.</b> List the strategies for ensuring that all families attending the service are aware of specific risks to children?	<p>A letter will be sent home to all families of the at risk child's group, to make them aware and to inform them of the procedures they need to follow to minimise the child's risk of exposure to known allergens – specifically requesting certain food and food packages (if applicable) not be brought to the preschool.</p> <p>Parents are informed during their interviews and through newsletters and display posters that Estrella discourages anyone from bringing nuts into the centre.</p> <p>The ASCIA 'Action plan for Anaphylaxis' poster is displayed in the kitchen.</p>

	It is displayed on inside and outside noticeboards that 'staff and children at risk of anaphylaxis attend this preschool'.
6. Confirm where the child's medical management Action Plan (including the child's photograph) will be displayed	In the kitchen.  Copies are also kept with the medication, in the emergency backpack, in relief staff folders and in the child's enrolment records.
7. Confirm where the child's medication will be located.	On the shelf in the bathroom. Medications will be in bags colour coded to each child's group and clearly named.
8. Further strategies undertaken to reduce risks.	Hygiene procedures and practices are used to minimise the risk of contamination of surfaces – tables are cleaned before and after the children eat. Separate cloths are used for cleaning art activities and cleaning the table tables after the children have eaten. Consider the safest place for the child to eat, while ensuring s/he is socially included in all activities. Staff ensure each child at the centre washes hands upon arrival, prior to eating and after eating. Children are taught how to wash their hands and supervised in the bathroom where possible. All families are requested to clearly label all food and drink containers. Teaching strategies to raise awareness of all children in the group about anaphylaxis eg teaching the children the rule that they may not share their food and regularly reminding the children of the rule. Staff supervise meal times and remain aware of the food consumed by children seated nearby at risk children. It is explained to children that to keep ..... safe and stop him/her from getting sick, we don't bring nuts/egg etc to preschool.
9. Other Precautions	Is the use of food boxes ok? Egg cartons? Chicken's in incubator?
<b>Do families and staff know how the service manages the risk of anaphylaxis?</b>	
Has the family been provided with the medical conditions/anaphylaxis policy? YES • NO •	

Has the family provided a completed and up to date medical management plan?

YES • NO •

Date this plan was provided \_\_/\_\_/\_\_

Has the family provided the required medication as needed (for example: Auto injection device)?

YES • NO •

Date medication was provided \_\_/\_\_/\_\_

Expiry date of this medication \_\_/\_\_/\_\_

Do all educators know of this child's medical condition?

YES • NO •

Do all educators know of the location of this child's medication and medical management plans?

YES • NO •

Who will be responsible for reviewing this risk assessment with the family and keeping a register of the child's medication expiry date?

Name: Rosalind and Ellen

How often will this occur? Medication check – termly

Risk assess. Review – annually or as required

**Action to be taken in the case of a medical incident**

The staff member closest to the child when the child is having an anaphylactic response, (staff member "A") stays with the child and directs the other staff member (staff member "B") to bring her the child's EpiPen. Staff member "A" administers the EpiPen. Staff member "B" phones the ambulance and the parents. If there is a parent on duty, staff member "B" directs him/her to wait in the street to direct the ambulance to the preschool and to take the officers to the child. If there is no other adult present, staff member "B" must do this as best she can while supervising the other children.

If the teacher is absent, the assistant shows the relief teacher the management plan, the location of the child’s Epipen and safe treats box, and identifies the child at risk. The assistant gives the relief teacher the ‘file for when the teacher is absent’, that contains the information.

*All staff with responsibilities for at risk children have current first aid, anaphylaxis management training and undertake regular practise sessions for the administration of the auto-injection device.*

**Possible exposure scenarios and strategies**

Think about times when the child could potentially be exposed to allergens or risk and develop appropriate strategies, including who is responsible for implementing them.

Scenario	Strategy	Who
Food provided by other parents –  Birthdays          End of year party	Birthday food treats are given to children to be put in their snack boxes or given out at the end of the session. They are then taken home to be consumed at the discretion of parents.  A safe treats box is provided by parents and kept in the fridge for at risk children.  Parents are requested to bring in an individual party plate for their at risk child.	Staff  Parents
Cooking activities with children	Ensure parents of the at risk child are consulted in advance of any cooking experience and advised of the planned experience and ingredients. Parents can then advise whether or not it is safe for their child to handle and eat the food.	Staff  Parents


**Communication Plan**

The plan will be reviewed with families of at risk children prior to the child beginning preschool and after any incident or accidental exposure.

The plan will be discussed with all staff at the commencement of the year and whenever any updates/changes are made.

**Further Parent's Input**

Are you happy with the plan as it is? Do you feel the plan is effective?

Do you have any suggestions to make it more effective?

Name of parent completing this Plan \_\_\_\_\_

Name of educator completing this Plan \_\_\_\_\_

Date risk minimisation plan was completed \_\_/\_\_/\_\_

Agreed review date of risk minimisation Plan \_\_/\_\_/\_\_

Educators Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

**ATTACHMENT 3**

**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>