**ANAPHYLAXIS POLICY**

**Kindoo!/ Our ARK Pty Ltd**

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| **PURPOSE** | This policy will provide guidelines to:   * minimise the risk of an anaphylactic reaction occurring while children are in the care of Kindoo! * 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. |
| **REQUIREMENT** | Mandatory – Quality Area 2 |
| **REVIEW DATE** | This policy shall be reviewed in **April 2019** (as the attachments to this policy are to be updated annually depending on requirements). |
| **NOTE** | Kindergarten Parents Victoria (KPV) and Kindoo! acknowledge the contribution of the Department of Allergy and Immunology at The Royal Children’s Hospital Melbourne, Anaphylaxis Australia Inc and Department of Education and Early Childhood Development (DEECD) in the development of this policy. |

# POLICY STATEMENT

## 1. VALUES

Kindoo!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, Person in Day to Day Charge (PIDTDC), educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Kindoo. 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 five 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, bee or other insect stings, and

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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 auto-injection device, 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, KPV recommends all educators have current approved anaphylaxis management training (refer to *Definitions*).

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

**Legislation and standards**

Relevant legislation and standards include but are not limited to:

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

## 4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

**Anaphylaxis action plan:** Refer to the definition for *anaphylaxis medical management action plan* 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 *Definitions*) must be specific for the brand they have been prescribed.

**Adrenaline auto-injection device training:** Training in the use of the adrenaline auto injection device that is provided by allergy nurse educators or other qualified professionals such as doctors or first aid trainers, through accredited training institutions or through the use of a self-paced training CD and auto-injection device trainer.

**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.

**Allergen:** A substance that can cause an allergic reaction.

**Allergy:** An immune system response to an external stimulus that the body identifies as an allergen. People genetically programmed to experience an allergic reaction will make antibodies to particular allergens.

**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.

***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 file:///C:/Users/Martina/OneDrive.old/Documents/Kindoo!/policies%20manual/Kindoo%20policies%20manual/kids-how-to-call-card.pdf

**Anapen®:** A type of adrenaline auto-injection device (refer to *Definitions*) containing a single dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. The child’s anaphylaxis medical management action plan (refer to *Definitions*) must be specific for the brand they have been prescribed.

**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** (sometimes simply referred to as an 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 (ASCIA) website: www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

**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 a adrenaline auto-injection device (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*).

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

**Communication plan/letter:** 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 auto-injection device (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 anaphylaxis medical management action plan (refer to *Definitions*) must be specific for the brand they have been prescribed.

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

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

**Nominated staff member:** (In relation to this policy) a staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the Approved Provider. This person also checks regularly to ensure that the adrenaline auto-injector 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.

**Nut Free:** Kindoo! is a nut free service which means children, staff and any visitors are not permitted to bring nuts or food with nuts eg peanut butter, nut spreads etc into the service.

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

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

## 5. SOURCES AND RELATED POLICIES

**Sources**

* ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: http://acecqa.gov.au/qualifications/approved-first-aid-qualifications/
* 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, tapes and EpiPen® trainers. www.allergyfacts.org.au
* Australasian Society of Clinical Immunology and Allergy (ASCIA): www.allergy.org.au

Provides information and resources on allergies. Action Plans for Anaphylaxis can be downloaded from this site. Also available is a procedure for the First Aid Treatment for Anaphylaxis (refer to Attachment 4). Contact details of clinical immunologists and allergy specialists are also provided.

* Department of Education and Early Childhood Development (DEECD) provides information and resources related to anaphylaxis and anaphylaxis training. Anaphylaxis resource kits have also been distributed to all Victorian licensed children’s services for the purpose of undertaking training in the administration of an auto-injection device. www.education.vic.gov.au/ecsmanagement/educareservices/anaphylaxis.htm
* Department of Allergy and Immunology at The Royal Children’s Hospital Melbourne

(www.rch.org.au) provides information about allergies and services available at the hospital. This department can evaluate a child’s allergies and provide an adrenaline auto-injector prescription. An EpiPen® trainer kit can also be purchased. 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
  + *Auto-injectors (epi-pens) for anaphylaxis – an overview:* www.rch.org.au/kidsinfo/factsheets.cfm?doc\_id=11121
* The Royal Children's Hospital has been contracted by the Department of Education and Early

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

**Service policies**

* *Administration of First Aid Policy*
* *Administration of Medication Policy*
* *Asthma Policy*
* *Dealing with Medical Conditions Policy*
* *Diabetes Policy*
* *Enrolment and Orientation Policy*
* *Excursions and Service Events Policy*
* *Food Safety Policy*
* *Hygiene Policy*
* *Incident, Injury, Trauma and Illness Policy*
* *Inclusion and Equity Policy*
* *Nutrition and Active Play Policy*
* *Privacy and Confidentiality Policy*
* *Supervision of Children Policy*

# 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 are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions*

*Policy*

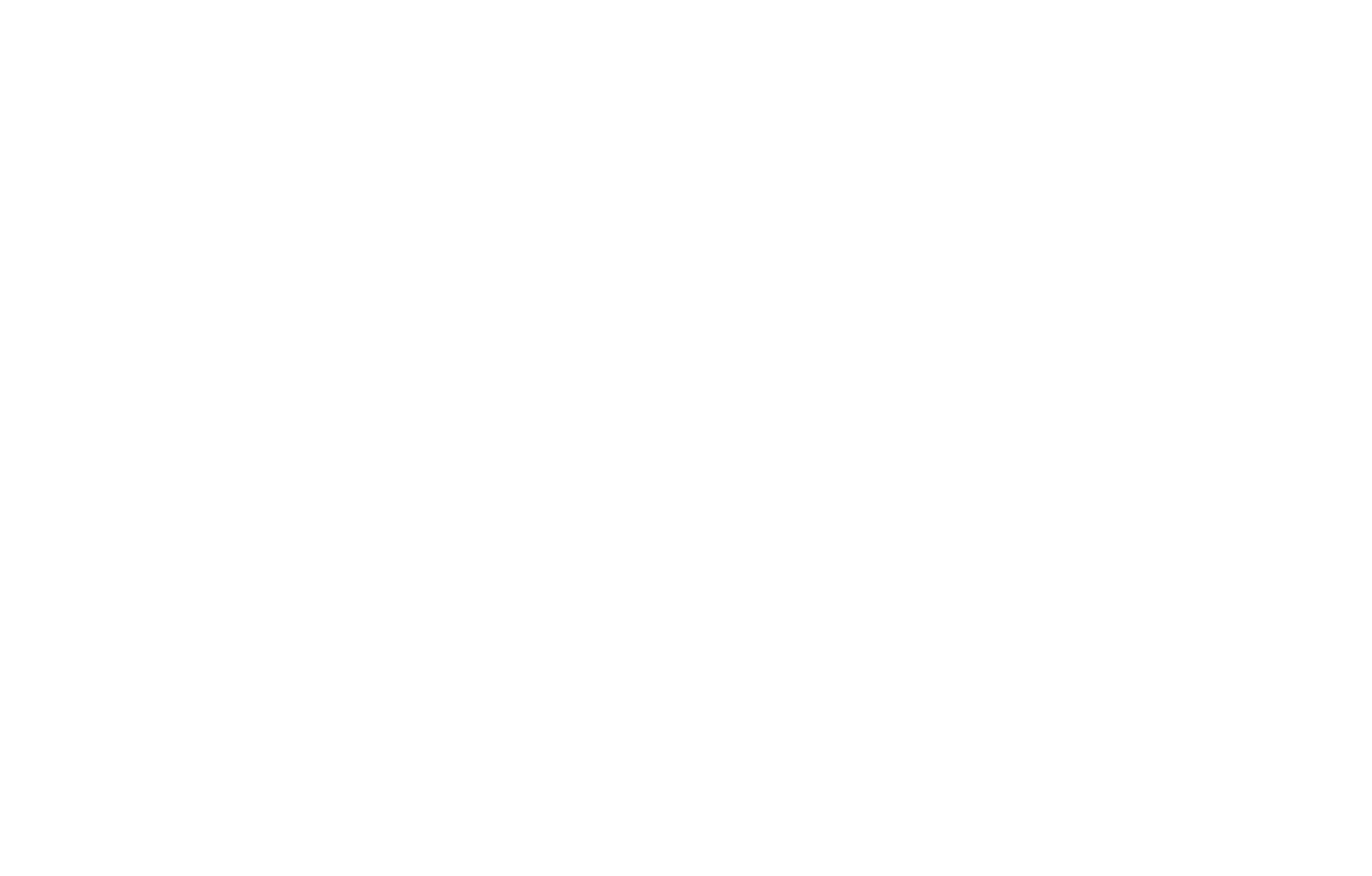
* ensuring parents/guardians and others at the service are provided with a copy or made aware of and given access to review online the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (Regulation 91)
* ensuring that staff practice administration of treatment for anaphylaxis using an adrenaline auto-injection device 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 auto-injection device (Regulations 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 with anaphylaxis during the enrolment process and informing staff.

**In services where a child diagnosed as at risk of anaphylaxis is enrolled, the Nominated Supervisor is also responsible for:**

* displaying a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service (Regulation 173(2)(f)) - (Attachment 6)
* ensuring this notice is updated daily depending on enrolments
* 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 developed in consultation with that child’s parents/guardians and with a registered medical practitioner is provided.
* ensuring a risk minimisation plan (refer to Attachment 3) is developed for each child at the service who has been diagnosed as at risk of anaphylaxis (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/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 the expiry date of the adrenaline auto-injection device provided by the parents/guardians is checked regularly and parents/guardians are informed when expiry date is approaching and are reminded when replacement is required
* developing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child’s allergies, this policy and its implementation
* identifying and minimising allergens (refer to *Definitions*)at the service, where possible
* ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
* ensuring that children 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
* 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 who 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 DEECD, in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk
* 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 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, PIDTDC 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.

**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 that the adrenaline auto-injector kit (refer to *Definitions*) provided by the parents/guardians is taken on all excursions and other offsite activities that the child participates in (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*)
* ensuring that all persons involved in the program, including parents/guardians, volunteers and students on placement are aware of children diagnosed as at risk of anaphylaxis
* ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis
* following the child’s 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 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/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) and comply with the risk minimisation procedures outlined in Attachment 1.

**PIDTDC, 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 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/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
* 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*) provided by the parents/guardians for each child at risk of anaphylaxis on excursions or to other offsite service events and activities
* complying with the risk minimisation procedures outlined in Attachment 1
* 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 and where

this is not provided, children will be unable to attend the service

* discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
* consulting with the parents/guardians of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child, and communicating any concerns
* ensuring that children diagnosed as at risk of anaphylaxis are not discriminated against in any way and are able to participate fully in all activities.

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

* informing staff, either on enrolment or on initial diagnosis, of their child’s allergies
* completing all details on the child’s enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises
* assisting the Nominated Supervisor and staff to develop an 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, while at the service, are responsible for familiarising themselves with the children who are at risk of anaphylaxis, and the risk minimisation 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: Risk minimisation plan
* Attachment 4: First Aid Treatment for Anaphylaxis
* Attachment 5: Communication plan/letter
* Attachment 6: Anaphylaxis Notification

# 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
* 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 possible 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 appropriate clothing eg shoes and long-sleeved, light-coloured clothing while at the service if instructed by the parents/guardians in consultation with a medical practitioner.

**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
* 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 or have been provided with access to the online version 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.

# ATTACHMENT 3 Sample risk minimisation plan

**Anaphylaxis Risk Minimisation Plan**

This Plan is to be completed on the basis of information from the child’s medical practitioner provided by the parent/carer.

|  |  |  |
| --- | --- | --- |
| Service: ARK Care | Tel: | |
| Child’s Name: ☐ Male ☐ Female | | |
| Date of Birth: / / | Kinder Group: | |
| Severely allergic to: | | |
| Other health conditions: | | |
| Medication at service: | | |
| **Parent/Carer Contact information 1** | **Parent/Carer Contact Information 2** | |
| Name: | Name: | |
| Relationship: | Relationship: | |
| Home Phone: | Home Phone: | |
| Work Phone: | Work Phone: | |
| Mobile: | Mobile: | |
| Other emergency contacts  (if parent/carer not available): | | |
| Medical Practitioner contact: | | |
| Emergency care to be provided at Service: | | |
| Adrenaline Auto-injection device eg. Epipen storage® location: | | |
| The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on  / / | | |
| Signature of parent: | | Date: / / |
| Signature of Educator: | | Date: / / |
| Signature of Parental  Consent for Auto-injection Device to be administered: | | Date: / / |

**Strategies to avoid allergens**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: | | | |
| Date of Birth: / / | | Kinder Group: | |
| Severe allergies: | | | |
|  | | | |
| Other known allergies: | | | |
|  | | | |
| **Strategies to minimize/manage risk of exposure** | | | |
| **Consider the following:** | | **Strategies to be implemented:** | |
| * Ensure all children/staff members wash hands upon arrival. * Removal of allergens * Limiting access to allergens * Food preparation, including preparation surfaces * Food storage * Need for separate utensils, plates, bowls * Need for separate seating arrangements * Use of food in activities, cooking, packaging, containers, role play * No food sharing * Special occasions eg birthdays | | Note how all staff will be notified:        Note when and how all staff were notified: | |
| Are there food items being brought into the service that will have an impact on your child (as notified by the child’s doctor)    Yes ☐ No ☐ If no, no action required. | | If yes, how will you notify all parents, eg newsletter?      Note when and how all parents were notified. | |
| **AUTO INJECTION DEVICE** | | | |
| Expiry date of child’s auto injection device: | | Date / / | |
| Quarterly checks for date of expiry on auto injection device: | Date: / / | | Signature |
| Date: / / | | Signature |
| Date: / / | | Signature |
| Date: / / | | Signature |

# ATTACHMENT 4 First Aid Treatment for Anaphylaxis

This information has been reproduced from the ASCIA website: www.allergy.org.au, with permission from the Australasian Society of Clinical Immunology and Allergy (ASCIA).

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.

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 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 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 or 112 if using a mobile phone)

 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.

 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 are EpiPen and Anapen. The Junior

versions of EpiPen and Anapen are generally prescribed for children aged 1 to 5 years.

© ASCIA 2014 For further information on anaphylaxis visit www.allergy.org.au - the web site of ASCIA.

ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand.

**Attachment 5**

# Communication Plan/Letter

March 2018

Dear Parent/Carer,

There are children at our service who experience a range of medical conditions such as asthma and anaphylaxis to a variety of allergens. Those children have medical management plans provided by their parents/guardians in consultation with their medical practitioner. All staff are trained in first aid and in administration of adrenaline auto-injection devices that are provided by the families of anaphylactic children.

To assist in keeping these children safe there are a number of procedures which are to be enforced by the care community which include:

* Kindoo! is a Nut free service and includes nuts, food containing nuts, nut spreads eg peanut butter
* Children and visitors to the service are to wash their hands on arrival to avoid cross contamination of allergens from home and to assist in general hygiene.

If your child has a serious medical condition, please help us provide the best risk management care for your child. As relevant for your child, please complete the attached Asthma Plan, Anaphylaxis Risk Minimisation Plan and Incursion Management Plans. These forms should be completed in consultation with your child’s doctor and returned as quickly as possible to us. If your child does not suffer from asthma or anaphylaxis, you are not required to complete these two forms however we would appreciate you completing the Incursion Management Form.

To keep our records up to date please send us written advice of any changes to your child’s asthma or anaphylaxis risk minimisation plan. At the time you return the Plan, please demonstrate how to administer your child’s medication.

Our service has policies and procedures for managing medical emergencies including when an ambulance is called. We encourage you to have ambulance cover for your child.

If you have any queries regarding these forms, please contact your Centre Director, NAME (info@kindoo.com.au) or PHONE NUMBER.

Yours sincerely

NAME

Educator

# ATTACHMENT 6 Anaphylaxis Notice

# Severe Allergies at Kindoo - 2018

There are children at Kindoo who are allergic to a variety of allergens. Allergies can be mild, moderate or severe. Mild and moderate allergies are not life threatening.

Anaphylaxis is a severe allergic reaction characterised by respiratory and/or cardiac involvement. It is life threatening.

In 2018 there are students at Kindoo! who are anaphylactic, and the serious allergens for these children are nuts, eggs and soy. If they ingest these allergens their lives are in danger. We would like all families to be aware of our anaphylactic children and help to protect them from serious harm.

We would like to remind you that Kindoo! is a NUT FREE centre which means no nuts of any kind, no nut spread sandwiches, nutty muesli bars or plain nuts for snacks. Birthday celebration cakes etc which are brought to the service must be nut free.

Please also ensure your child washes their hands on arrival at kinder to minimise contamination from any allergens at home.

On behalf of the families who live with this severe allergy, we thank you all for your cooperation with this serious matter. Please feel free to speak with your class educator if you have any concerns or queries.