



DAME NELLIE MELBA  
KINDERGARTEN  
EST 1915

# Anaphylaxis Policy

## Mandatory – Quality Area 2



ELAA acknowledges the contribution of the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne, Allergy & Anaphylaxis Australia Inc and Department of Education and Training (DET) in the development of this policy.

## PURPOSE

This policy will provide guidelines to:

- minimise the risk of allergic reaction resulting in anaphylaxis occurring while children are in the care of DNMK
- 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

DNMK 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, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of DNMK. 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, ELAA recommends all educators have current approved anaphylaxis management training (refer to *Definitions*).

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

## Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- 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/>

## 4. DEFINITIONS

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

**Adrenaline autoinjector:** An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. This device is commonly called an EpiPen® or an Anapen®. As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed. Used adrenaline autoinjectors should be placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.

**Adrenaline autoinjector kit:** An insulated container with an unused, in-date adrenaline autoinjector, a copy of the child's ASCIA action plan for anaphylaxis, and telephone contact details for the child's

parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Autoinjectors must be stored away from direct heat and cold.

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

**Allergy:** An immune system response to something in the environment which is usually harmless, eg: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed.

**Allergic reaction:** A reaction to an allergen. Common signs and symptoms include one or more of the following:

***Mild to moderate signs & symptoms:***

- hives or welts
- tingling mouth
- swelling of the face, lips & eyes
- abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms, however these are severe reactions to insects.

***Signs & symptoms of anaphylaxis are:***

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

**Anapen®:** A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. 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 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.

## 5. SOURCES AND RELATED POLICIES

## Sources

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: <http://acecqa.gov.au/qualifications/approved-first-aid-qualifications/>
- Allergy & Anaphylaxis Australia Inc is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, and EpiPen® trainers: [www.allergyfacts.org.au](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)
  - *Autoinjectors (EpiPens) for anaphylaxis – an overview:* [www.rch.org.au/kidsinfo/factsheets.cfm?doc\\_id=11121](http://www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11121)

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*
- *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 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 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
- 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* and *Food Safety 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.

**If the Approved Provider decides that the service should maintain its own supply of adrenaline autoinjectors, it is the responsibility of the Approved Provider to ensure that:**

- adequate stock of the adrenaline autoinjector 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 autoinjector is administered in accordance with the written instructions provided on it and with the generic ASCIA action plan for anaphylaxis
- 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 autoinjectors, 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 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* and *Food Safety 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, 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
- 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.

**Person in Day to Day Charge, 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* 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 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 following 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

**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: DNМК risk minimisation plan
- Attachment 4: Medication Form for Backup EpiPen Junior
- Attachment 5: Sample Anaphylaxis Action Plan (for use with EpiPen)
- Attachment 6: Sample Allergic Reaction Action Plan (for use without an EpiPen)
- Attachment 7: Ambulance Victoria How To Call Card - DNМК
- Attachment 8: First Aid Treatment for Anaphylaxis

## **AUTHORISATION**

This policy was adopted by the Approved Provider of DNМК on May 2019

**REVIEW DATE:** May 2020

## **ACKNOWLEDGEMENT**

This policy has been reviewed by the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne on 25 February 2015.

## 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 (refer to *Definitions*), or sharing of food utensils or containers at the service
- where the service is preparing food for the child:
  - ensure that it has been prepared according to the instructions of parents/guardians
  - parents/guardians are to check and approve the instructions in accordance with the risk minimisation plan
- bottles, other drinks, lunch boxes and all food provided by parents/guardians should be clearly labelled with the child's name
- consider placing a severely allergic child away from a table with food allergens. However, be mindful that children with allergies should not be discriminated against in any way and should be included in all activities
- ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions such as excursions and other service events
- children diagnosed as at risk of anaphylaxis who are allergic to insect/sting bites should wear shoes and long-sleeved, light-coloured clothing while at the service.

#### In relation to other practices at the service:

- ensure tables, high chairs and bench tops are thoroughly cleaned after every use
- ensure that all children and adults wash hands upon arrival at the service, and before and after eating
- supervise all children at meal and snack times, and ensure that food is consumed in specified areas. To minimise risk, children should not move around the service with food
- do not use food of any kind as a reward at the service
- ensure that children's risk minimisation plans inform the service's food purchases and menu planning
- ensure that staff and volunteers who are involved in food preparation and service undertake measures to prevent cross-contamination of food during the storage, handling, preparation and serving of food, including careful cleaning of food preparation areas and utensils (refer to *Food Safety Policy*)
- request that all parents/guardians avoid bringing food to the service that contains specified allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis
- restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, according to the allergies of children at the service
- ensure staff discuss the use of foods in children's activities with parents/guardians of at risk children. Any food used at the service should be consistent with the risk management plans of children diagnosed as at risk of anaphylaxis
- ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.

## ATTACHMENT 2

### Enrolment checklist for children diagnosed as at risk of anaphylaxis

- A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented including following procedures to address the particular needs of each child diagnosed as at risk of anaphylaxis.
- Parents/guardians of a child diagnosed as at risk of anaphylaxis have been provided with a copy of the service's *Anaphylaxis Policy* and *Dealing with Medical Conditions Policy*.
- All parents/guardians are made aware of the service's *Anaphylaxis Policy*.
- An ASCIA action plan for anaphylaxis for the child is completed and signed by the child's registered medical practitioner and is accessible to all staff.
- A copy of the child's ASCIA action plan for anaphylaxis is included in the child's adrenaline autoinjector kit (refer to *Definitions*).
- An adrenaline autoinjector (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service.
- An adrenaline autoinjector is stored in an insulated container (adrenaline autoinjector kit) in a location easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold.
- All staff, including casual and relief staff, are aware of the location of each adrenaline autoinjector kit which includes each child's ASCIA action plan for anaphylaxis.
- All staff have undertaken approved anaphylaxis management training (refer to *Definitions*), which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions and emergency first aid treatment. Details regarding qualifications are to be recorded on the staff record (refer to *Definitions*).
- All staff have undertaken practise with an autoinjector trainer at least annually and preferably quarterly. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).
- A procedure for first aid treatment for anaphylaxis is in place and all staff understand it (refer to Attachment 4).
- Contact details of all parents/guardians and authorised nominees are current and accessible.
- Information regarding any other medications or medical conditions in the service (for example asthma) is available to staff.
- If food is prepared at the service, measures are in place to prevent cross-contamination of the food given to the child diagnosed as at risk of anaphylaxis.

### ATTACHMENT 3

#### DNMK risk minimisation plan

This risk minimisation plan is to be completed by the Educators and the Nominated Supervisor in consultation with the at risk child's parents/guardian and staff working with the child. This format has been taken directly from the DNMK Anaphylaxis Policy and Procedure, which forms part of the policy and procedure manual for the kindergarten.

#### 1. Who is the child?

Name:..... D.O.B.....

Room : 3 yr old or 4 yr old (circle)                      Group Name:.....

#### 2. What are they allergic to?

\* List all of the known allergens for the at risk child in the following table:

\* List the potential sources of exposure to each known allergen and strategies to minimise the risk of exposure, in the following table. This will include requesting that certain food / items not be brought to the kindergarten.

Allergen	Sources of Exposure	Risk minimisation strategies

#### 3. Does everyone recognise the at risk child?

\* List the strategies for ensuring all staff, including relief staff and parent helpers, recognise the child and are aware of their specific allergies and symptoms:

.....  
.....  
.....  
.....

\*State where the child's Action Plan will be displayed:

.....  
.....  
.....  
.....

**4. Do families and staff know how the kindergarten manages the risk of anaphylaxis?**

\* Record when the family of an at risk child is provided a copy of the kindergarten's anaphylaxis policy:

Date: .....

\*Record when the family provides an unused, in-date and complete EpiPen kit:

Date.....

\*Record date of meeting between family of an at risk child and staff to develop an individual communication plan for that family prior to the child's commencement at DNMK.

Date.....

\*Record when all staff, including relief staff, know where the EpiPen is kept for the at risk child:

Date:.....

\*Relief staff will be informed during their orientation to the kindergarten.

\*Record when regular checks of the expiry date of each EpiPen are undertaken by a nominated staff member and the families of each at risk child (checks will be made at the start of each term by the First Aid Officer).

\*A back-up EpiPen is stored at the kindergarten and this pen is checked termly and replaced at the end of the expiry month. However, this pen is not intended to be relied upon by parents – each child must have their own individually prescribed EpiPen that remains at DNMK at all times.

\*The kindergarten has written to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen / s:

Date: ..... Written letter attached to this document: YES NO

\*The kindergarten licensee, staff and family with the child at risk must understand the following points:

- A new written request is sent to all families if a food allergy changes.
- All families must be aware that no child who has been prescribed with an EpiPen is permitted to attend the kindergarten without an EpiPen.
- The kindergarten displays the ASCIA generic poster, Action Plan for Anaphylaxis, in a key location in the kitchen and in the child's room.
- A new Action Plan must be filled out, signed by the doctor and given to the service at the beginning of the year upon enrolment (or if moving from 3 yr to 4 yr group).

-The EpiPen kit is taken on all excursions attended by the at risk child and also on emergency evacuations

## 5. Do staff know how the centre aims to minimise the risk of a child being exposed to an allergen?

\*The following strategies will be implemented during the following possible scenarios that will reduce potential exposure for the at risk child to a risk allergen:

<b>Scenario</b>	<b>Strategy</b>	<b>Who</b>
<b>Entering the kinder environment / hygiene practices</b>	Ensure each child enrolled at the kindergarten washes his / her hands upon arrival at the kindergarten and before eating.	Parent / Staff
	Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.	Staff
	Bottles and lunch boxes provided by the family of the child at risk should be clearly labelled with the child's name.	Parent
<b>Snack / Lunch time</b>	Staff subtly assesses all children's lunch box items to ensure there are no products that may contain allergens. Any questionable items will be kept in an out of reach area and sent home with the child	Staff
	Children are regularly reminded of the importance of not sharing food with any other child within the group.	Staff
	Children are supervised when eating at mealtimes.	Staff
<b>Birthday cakes or celebration</b>	Give plenty of notice to families about a planned celebration (not birthdays) or event where external food items may be present.	Nominated supervisor/ Qualified staff
	Ensure a safe treat box (either cake or other treat – no chocolate please) is provided for the at risk child. DNМК suggests bringing in pre-cut slices of cake to be stored in freezer.	Parent / Staff
	Ensure that any parent that brings a birthday cake in supplies a written list of ingredients. This list is to be checked by Staff to ensure the item is free of allergens before the item is served to children. If there is <b>NO</b> list of ingredients provided staff <b>WILL NOT</b> be allowed to serve the food item.	Parent/ Staff
	Ensure that the at risk child only consumes the food approved by his / her parent / guardian.	Staff
	Specify a range of foods that families may send for birthdays, note particular foods and ingredients that should not be sent.	Licensee / Primary nominee
<b>Protection from insect bite allergies</b>	Specify play areas that are lowest risk to the at risk child and encourage his/her and peers to play in the area.	Staff
	Decrease the number of plants that attract bees.	Licensee
	Ensure the at risk child wears shoes at all times outdoors	Staff
	Quickly manage any instance of insect infestation. It may be appropriate to request the exclusion of the child at risk during the period required to eradicate the insects.	Licensee

<b>Latex Allergies</b>	Avoid the use of party balloons or contact with latex gloves.	Staff
------------------------	---	-------

**N.b – This is not a conclusive list and may be added to as the need arises.**

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

\*The Nominated Supervisor, staff and family of the at risk child know what the action plan says and how to implement it.

\*Staff are to fill in the table below regarding the administering of the EpiPen medication in an emergency:

<i>Action</i>	<i>Staff member</i>
1. Who will administer the EpiPen and stay with the child;	
2. Who will telephone the ambulance and parents;	
3. Who will ensure the supervision of the other children;	
4. Who will let the ambulance officers into the kindergarten and take them to the child.	

\* The staff member that is closest to the child at the time symptoms emerge will remain with the child (Action 1) whilst the other staff member will complete actions 2, 3, 4.

\*All staff with responsibilities for the at risk child have undertaken anaphylaxis management training.

\*Relief staff will only follow actions 2, 3, 4 (unless they have undertaken anaphylaxis management training).

\*Staff members from the other room will support with supervision of the other children at the service while other staff members or core committee members are called in to supervise.

\*A completed ambulance card is located next to the telephone /s.

**7. How effective is the kindergarten’s risk minimisation plan?**

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

**8. In the unlikely event of a failed EpiPen, is there permission to administer the backup EpiPen?**

\*The backup EpiPen is kept on the premises and checked termly. It is only appropriate to use if the child’s prescribed EpiPen is not functioning or expired and there is certainty that none of the medication has been injected into the child.

**9. The following people have read, understood and agree that this document is a risk minimisation plan for the at risk child of anaphylaxis.**

**Nominated Supervisor**

Name (printed):.....

Signed:..... Date:.....

**Kindergarten Teacher**

Name (printed):.....

Signed:..... Date:.....

**Kindergarten Co-Educator**

Name (printed):.....

Signed:..... Date:.....

**Parent/Guardian**

Name (printed):.....

Signed:..... Date:.....

## ATTACHMENT 4

### Medication Form for Backup EpiPen Junior

### Medication Form – Backup EpiPen Junior

I, \_\_\_\_\_ (Parent / Guardian name) authorise EpiPen trained staff at Dame Nellie Melba Kindergarten to administer the spare EpiPen Jr – 150 micrograms Adrenaline Auto-Injector, that is kept on their premises to my child

only if every point of the following criteria occur:

- My child has come into contact with a known allergen that may cause an anaphylactic reaction;
- My child is displaying breathing difficulties as stated in their management plan;
- My child's own EpiPen was unable to be administered to my child – this means that it did not come into contact with their skin and none of the adrenalin has been administered.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian)

ATTACHMENT 5

Sample Anaphylaxis Action Plan (for use with an EpiPen)

ascia  
australian society of clinical immunology and allergy  
www.allergy.org.au
ACTION PLAN FOR  
Anaphylaxis

**For use with EpiPen® Adrenaline Autoinjectors**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Photo

Confirmed allergens:  
\_\_\_\_\_

Asthma    Yes     No

Family/emergency contact name(s):  
\_\_\_\_\_

Work Ph: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_

Plan prepared by:  
Dr: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

**How to give EpiPen®**



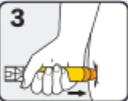
**1**

Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



**2**

PLACE ORANGE END against outer mid-thigh (with or without clothing).



**3**

PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.  
REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

**ACTION**

- For insect allergy, flick out sting if visible. Do not remove ticks**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

**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 (young children)

**ACTION**

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give 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.**

EpiPen® is generally prescribed for adults and children over 5 years.  
EpiPen® Jr is generally prescribed for children aged 1-5 years.  
\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

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## ATTACHMENT 7

### Ambulance Victoria How To Call Card - DNMK



**DIAL 000 [TRIPLE ZERO]** ask for ambulance

People with speech or hearing disability can dial 106 – National Relay Service



An interpreter is available by stating:  
"ambulance" in English; "your language" in English  
A short wait may follow

#### BE PREPARED TO ANSWER THE FOLLOWING QUESTIONS:

What is the exact location of the emergency?

THIS ADDRESS IS:

What is your call back number?

THIS PHONE NO. IS:

What is the problem? (What exactly happened?)

How many people are hurt?

How old is the patient?

Is the patient conscious?

Is the patient breathing?

#### **DO NOT HANG UP!**

Follow the instructions offered by the calltaker until the ambulance arrives.

#### TO ASSIST AMBULANCE:

Avoid third party calls

– The person with the patient has the most accurate information.

Answer each question calmly and accurately.

Provide accurate location details – the nearest intersection is helpful.

Have someone wait outside for the ambulance.

Tell the calltaker if the person's condition changes.

For non-urgent care and/or patient transport contact your medical practitioner.

## ATTACHMENT 8

### First Aid Treatment for Anaphylaxis

This information has been reproduced from the ASCIA website: [www.allergy.org.au](http://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.



australasian society of clinical immunology and allergy

#### FIRST AID TREATMENT FOR ANAPHYLAXIS

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

##### MILD TO MODERATE ALLERGIC REACTION

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

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

##### ACTION

- For insect allergy, flick out the sting if it can be seen (but do not remove ticks)
- Stay with person and call for help
- Give medications if prescribed (whilst non-drowsy antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication)
- Locate **adrenaline autoinjector** if available (instructions are included in the ASCIA Action Plan for Anaphylaxis which should be stored with the adrenaline autoinjector)
- Contact parent/guardian or other emergency contact.

##### ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

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

##### ACTION

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

**If in doubt, give the adrenaline autoinjector.**

Commence CPR at any time if person is unresponsive and not breathing normally.

**If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.**

##### NOTE:

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

© ASCIA 2015 For further information on anaphylaxis visit [www.allergy.org.au](http://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.