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Anaphylaxis Management

POLICY

POLICY STATEMENT

Our organisation believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. We are committed to providing a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the educational program.

BACKGROUND

The *Education and Care Services National Regulations* require approved providers to ensure their services have policies and procedures in place for managing and responding to anaphylaxis.

LEGISLATION

- National Law Act – 167
- National Regulations – 85, 86, 87, 89–96, 99, 101, 136, 137, 145, 162, 168, 170–172, 173(2)(f)
- National Quality Standard – 2.1, 2.2, 3.1.1, 3.2.1, 6.2.2, 7.1

RELEVANT POLICIES

- Acceptance and Refusal of Authorisations
- Administration of First Aid
- Dealing with Medical Conditions
- Emergency and Evacuation
- Enrolment and Orientation
- Excursions
- Governance and Management
- Health, Safety and Wellbeing
- Incident, Injury, Trauma & Illness
- Interactions with Children
- Nutrition, Food, Beverages, and Dietary Requirements
- Providing a Child-Safe Environment
- Safe Arrival of Children
- Safe Transportation of Children
- Staffing Arrangements

LOCATION OF INFORMATION

- Centre Policy and Procedure Handbook
- Kids on Mullum Child Care Centre Website

MONITORING AND REVIEW

This policy is required to be reviewed at least annually by the approved provider, in conjunction with nominated supervisors, responsible persons, staff, families and children.

- Dates of Review: January 2024
  January 2023
  January 2022

Anaphylaxis Management

PROCEDURES

AUTHORISATION AND REVIEW

- These guidelines have been adopted by all four services within the Trident Early Learning organisation. This policy will be reviewed annually.

VALUES

- Our organisation is committed to:
  - Providing a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the educational program.
  - raising awareness about allergies and anaphylaxis amongst the service, community and children in attendance.
  - actively involving the families of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
  - ensuring staff and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
  - facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

PURPOSE

- The aim of these guidelines is to:
  - minimise the risk of an anaphylactic reaction occurring while a child is in the care of our organisation.
  - ensure that staff respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device.
  - raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

SCOPE

- The *Education and Care Services National Law Act* requires approved providers to have anaphylaxis management guidelines in place.

- These guidelines will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It will apply to children enrolled at the service, their families, staff and approved providers as well as to other relevant members of the service community, such as volunteers and visitors.

- The *Education and Care Services National Regulations* include the matters to be included in the policy, practices and procedures related to anaphylaxis management and staff training.

BACKGROUND

- Anaphylaxis is a severe, rapidly progressive, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5 years) of children are at risk.

- The most common causes in young children are eggs, peanuts, tree nuts, cow's milk, sesame, wheat, fish, shellfish, soy, bee stings, and some medications.

- Young children may not be able to express the symptoms of anaphylaxis.
- Staff and families need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community.
- A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.
- The organisation recognises the importance of ensuring all staff responsible for children at risk of anaphylaxis undertake training that includes:
  - preventative measures to minimise the risk of an anaphylactic reaction.
  - recognition of the signs and symptoms of anaphylaxis.
  - emergency treatment, including administration of an adrenaline auto-injection device.
- Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead, the service recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

DEFINITIONS

- *Allergen:* A substance that can cause an allergic reaction.
- *Allergy:* An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response 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, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.
- *Ambulance contact card:* A card that the service has completed, which contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made.
- *Anaphylaxis:* A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.
- *Anaphylaxis medical management action plan:* a medical management plan prepared and signed by a Registered Medical Practitioner providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the *Australian Society of Clinical Immunology and Allergy (ASCIA)* Action Plan.
- *Anaphylaxis management training:* accredited anaphylaxis management training that has been recognised by the *Department of Education and Training* and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practice using a trainer adrenaline auto-injection device.
- *Adrenaline auto-injection device:* A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.
- *EpiPen®:* This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are

available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

- *Anapen®:* Is another adrenaline auto injection device containing a single dose of adrenaline. (NB: The mechanism for delivery of the adrenaline in Anapen® is different to EpiPen®.)
- *Adrenaline auto-injection device training:* training in the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self-paced training program and trainer auto-injection device.
- *Children at risk of anaphylaxis:* those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.
- *Auto-injection device kit:* A container, for example a lunch pack containing a current adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's family, the doctor or medical service, and the person to be notified in the event of a reaction if the parent or guardian cannot be contacted. If prescribed an antihistamine may be included in the kit. Auto-injection devices are stored away from direct heat and cold.
- *Intolerance:* Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.
- *No food sharing:* The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the family, and does not share food with, or accept other food from any other person.
- *Nominated staff member:* A staff member nominated to be the liaison between families of a child at risk of anaphylaxis and the service. This person also checks the adrenaline auto-injection device is current, the auto-injection device kit is complete and leads staff practice sessions after all staff have undertaken anaphylaxis management training.
- *Communication plan:* A plan that forms part of the policy outlining how the service will communicate with families and staff in relation to the policy and how families and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.
- *Risk minimisation:* The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating families and children about food allergies and washing hands after meals.
- *Risk minimisation plan:* A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.
- *Service community:* all adults who are connected to the organisation.
- *Personalized box:* A tub or box that contains treats which are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats. Non-food rewards,

for example stickers, stamps and so on are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.

SIGNS OF ANAPHYLAXIS

- Difficult and/or noisy breathing
- Swelling of tongue
- Swelling and/or tightness in throat
- Difficulty talking and/or a hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)
- Abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of the lips, face and eyes
- Hives or welts
- Tingly mouth
- Abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

MANAGING AN ALLERGIC REACTION

- If a staff member identifies that a person with food allergy is experiencing symptoms of an allergic reaction, they are to follow their ASCIA Action Plan. This document clearly lays out the signs to look out for and what to do.

- If the person has an adrenaline injector prescribed, staff should bring this near them so it can be accessed quickly, if required.

- A cordless or mobile phone should be readily available in case an ambulance needs to be called.

- A staff member should phone the parents, guardians or next of kin of the person to notify them of the situation.

MANAGING AN ANAPHYLACTIC REACTION

- If a person suffers from an anaphylactic reaction:
  - Follow their ASCIA action plan including administering an adrenaline injector.
  - Call an ambulance immediately by dialing **000.**
  - Administer first aid, as required.
  - Record the time of administration of adrenaline injector.
  - If after 5 minutes there is no response, a second adrenaline injector should be administered, if available.
  - Contact the parent, guardian or next of kin when practicable.
  - Contact authorised nominees if parents or guardian cannot be contacted when practicable.
  - Notify the regulatory authority within 24 hours.

- In the event where a person has not been diagnosed as at risk of anaphylaxis, but appears to be having an anaphylactic reaction:
  - Call an ambulance immediately by dialing **000**.
  - Administer an adrenaline injector.
  - Administer first aid, as required.
  - Record the time of administration of adrenaline injector.
  - If after 5 minutes there is no response, a second adrenaline injector should be administered, if available.
  - Contact the parent, guardian or next of kin when practicable.
  - Contact authorised nominees if parents or guardian cannot be contacted when practicable.

- Notify the regulatory authority within 24 hours.

- After an adrenaline injector has been administered, the person should stay in position until the ambulance arrives.
- The person should be discouraged from standing or walking, even if they appear well. They should lay flat or sit with legs outstretched if breathing is difficult.
- If a baby has had an adrenaline injector administered, they should not be held in an upright position.
- The person will need medical monitoring for at least 4 hours in case their reaction gets worse, therefore they must be transported by ambulance to a hospital.

ADMINISTERING AN ADRENALINE INJECTOR

- Staff should follow emergency response procedures to make sure a person receives adrenaline as quickly as possible. If in any doubt, staff are to administer an adrenaline injector, according to directions.
- Adrenaline injectors must be administered into the fleshy part of the person's thigh.
- Staff need to be aware of wear their fingers and thumb are located to minimise the risk of accidentally injecting themselves.
- In the circumstances of a child, they will need to be restrained to ensure effective administration of the adrenaline injector.
- The adrenaline injector must be kept to handover to paramedics upon arrival.
- A staff member needs to call **000** and state that an ambulance is required due to an anaphylactic reaction.
- A second staff member needs to remain with the person experiencing anaphylaxis. In the circumstances of a child, a staff member will need to escort the child to the hospital in the ambulance.
- A third staff member should wait out the front of the service to direct the ambulance to the person experiencing anaphylaxis upon arrival.
- A staff member needs to call the person's parent, guardian or next of kin to inform them of the incident and which hospital they have been taken to.
- Staff need to document signs, symptoms, action taken, timestamps and any additional information on an incident, injury, trauma and illness record.
- An adrenaline injector has only a single-use dose.

ADRENALINE INJECTORS

- Parents or guardians must give written consent to the administration of an adrenaline injector when enrolling their child.
- Parents or guardians of children with anaphylaxis will be required to supply an in-date adrenaline injector to be kept at the service.

- Adrenaline injectors must be:
    - stored in insulated containers or pouches
    - clearly labelled
    - kept in a location easily accessible to adults (not locked away)
    - inaccessible to children
    - kept out of direct sunlight, heat and cold air.

- All staff, including casual and relief staff, will be informed of the locations of prescribed adrenaline injectors.

- A person's adrenaline injector (and any other medication) must be labelled with their name and placed in a location easily available to staff (not locked away), but inaccessible to children.

- Adrenaline injectors must be stored at room temperature (not in the fridge) and away from direct heat and sunlight.

- Prescribed adrenaline injectors and ASCIA Action Plans are taken whenever a child or staff member goes to off-site activities.

- Expiry dates on adrenaline injectors should be checked regularly. Staff will inform the child's family if an adrenaline injector needs to be replaced due to being used or expiry.

- When responding to an allergic reaction, the following procedures should be followed:
    - The ASCIA Action Plan should be followed to guide staff as to when and how to give the adrenaline injector.
    - All staff should be trained to follow the ASCIA Action Plan and give the adrenaline injector.
    - Staff should always be prepared to administer an adrenaline injector in an anaphylaxis emergency.
    - Staff do not need permission from a parent or guardian before giving adrenaline to a child.
    - No child experiencing anaphylaxis should be expected to be fully responsible for self-administration of an adrenaline injector as they may be too unwell and/or have poor judgement during such an emergency.

- Children who are having anaphylaxis may have asthma-like symptoms without other signs such as rash or swelling. If a child with asthma and a known allergy has sudden severe breathing difficulty, staff should follow the ASCIA Action Plan and treat for anaphylaxis first, rather than asthma.

- If in doubt, an adrenaline injector must be administered **FIRST** and then other medications indicated on the ASCIA Action Plan can be administered.

- Antihistamines, corticosteroids and asthma medicines are not suitable alternatives to adrenaline for treating anaphylaxis.

- Once a child's adrenaline injector has been used, it must be replaced as soon as possible.

- Devices should be replaced if they are out of date or if there is any sign of discoloration or sediment.

EMERGENCY MANAGEMENT

- Each child or adult with anaphylaxis must have their own anaphylaxis management kit kept at the service containing:
    - Their prescribed adrenaline injector.
    - Any prescribed anti-histamines used to treat a mild-to-moderate allergic reaction.

- A copy of their up-to-date management plan, signed by an authorised medical practitioner, containing emergency contact details.

- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes to two hours after eating the food allergen.
- Severe allergic reactions to insects usually happen within minutes of the insect sting or bite.
- Where it is known that a person has been exposed to an allergen, but has not yet developed symptoms, their parents, guardians or next of kin must be contacted.
- Staff will carefully monitor the person following instructions on their ASCIA Action Plan until a parent, guardian or next of kin arrives.
- Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the person begin to have an anaphylactic reaction.
- Anaphylaxis emergency response drills should be practised and reviewed at least twice a year to ensure staff understand anaphylaxis emergency management procedures.
- Wherever possible, the service will reduce exposure to known allergens.
- A list of children's allergies must be displayed in all rooms. Individual ASCIA action plans must be displayed in each individual child's room.
- All staff will undertake regular anaphylaxis and adrenaline injector training. This training will be reinforced at staff meetings and updated at least every three years.
- Dietary requirements due to allergies will be taken into consideration during the preparation of food for individual children.
- Parents or guardians of children who have severe intolerances or allergies to food may be required to provide food from home.
- All staff are made aware of the children's individual allergies and any known reactions and ensure that adequate precautions are taken to avoid contact with the known causes.
- The organisation avoids the use of nuts. Nuts are a common cause of allergic reactions in young children. Staff should not however have a false sense of protection. Staff must check for trace elements of potentially allergic foods in all products.

ENROLMENT OF A CHILD WITH ANAPHYLAXIS

- Parents or guardians must provide:
  - a copy of the child's ASCIA Action Plan, completed by the child's doctor or nurse practitioner.
  - any prescribed medication, *e.g. an adrenaline injector,* their child will need in an emergency.
- The service should meet with the family at least annually to discuss appropriate risk minimisation strategies for their child, and should complete an individualised anaphylaxis health care plan in consultation with the family.
- The service should also ensure that staff are trained in how to prevent, recognise and respond to anaphylaxis.

- All staff who prepare, serve and supervise meals, should undertake food allergen management training. *All About Allergens* free online training has been developed by the *National Allergy Strategy.*

- Before children can commence orientation or attend the service, parents or guardians must complete an enrolment record which contains:
  - detailed health information about each child's health needs including details of any diagnosed medical condition, allergies and the risk of anaphylaxis (if they have been diagnosed).
  - a record of all authorisations to consent to medical treatment.

- The service should regularly consult families regarding any diagnosed health care needs, allergies or relevant medical conditions a child may have developed since enrolment and update their records.

- Different rules apply depending on whether the child has:
  - a diagnosed health care need, allergy or relevant medical condition such as asthma, diabetes, or has been diagnosed as at risk of anaphylaxis, OR
  - a food preference or dietary restriction, *e.g., not drinking cow's milk as the family does not want them to.* This would not be considered a diagnosed health care need.

MEDICAL MANAGEMENT ACTION PLANS

- A medical management plan and risk minimisation plan must be in place for every child enrolled who has a diagnosed health care need, allergy or relevant medical condition, and kept with the child's enrolment record. It must be followed at all times.

- It should include:
  - details of the diagnosed health care need, allergy or relevant medical condition including the severity of the condition.
  - any current medication prescribed for the child.
  - the response required from the service in relation to the emergence of symptoms.
  - any medication required to be administered in an emergency.
  - the response required if the child does not respond to initial treatment.
  - when to call an ambulance for assistance.

- There is no need to update the ASCIA action plan at the beginning of each year. If there is no change to the child's allergy, the plan should be updated by the date specified by the child's doctor or nurse practitioner on the current plan, usually every 12-18 months, when they are reviewed by their doctor and receive a new adrenaline injector prescription.

- If the patient is a child, the photo on the ASCIA action plan should be updated each time, so they can be easily identified.

- If there is a change in a child's allergy, the family should provide an updated ASCIA action plan. If no updated plan is available, the most recent plan can still be used but the family needs to see a doctor to update the ASCIA action plan as soon as possible.

- If a child has medical confirmation that they no longer have allergies requiring an ASCIA action plan, the child's doctor or allergy clinic should provide a letter confirming that the child is no longer allergic.

RISK MINIMISATION PLANS

- The service must develop a risk-minimisation plan in consultation with the parents or guardians of a child with a diagnosed medical condition.

- It must ensure that:
  - the risks relating to the child's diagnosed health care need, allergy or relevant medical condition are assessed and minimised.
  - practices and procedures are in place including the safe handling, preparation, consumption and serving of food.
  - parents and guardians are notified of any known allergens that pose a risk to a child, and that strategies for minimising the risk are developed and implemented.
  - staff and volunteers can identify the child, the child's medical management plan and the location of the child's medication.
  - there are practices and procedures to ensure that the child does not attend the service unless they have their relevant medications as this would pose a significant risk to their health.
  - it is kept with the child's enrolment record.
  - all parents and guardians of children with known allergies attending the service provide an ASCIA action plan completed and signed by their child's doctor or nurse practitioner.

COMMUNICATION PLAN

- A communication plan outlines how the service intends to communicate with staff, volunteers, children, families, and the broader service community about allergies.

- The approved provider, nominated supervisors and responsible persons are responsible for ensuring that the communication plan is developed and implemented.

- The communication plan is part of the *Dealing with Medical Conditions* policy and define:
  - how staff and volunteers are informed about the service's medical conditions policy.
  - the medical management and risk minimisation plans for all children at the service who have a diagnosed health care need, allergy or relevant medical condition.
  - How parents or guardians can communicate any changes to the medical management plan and risk minimisation plan for their child.

- A copy of the communication plan must be kept with the child's enrolment record.

- In regards to staff, including casual staff, relief staff and volunteers:
  - all staff need be aware of children at risk of anaphylaxis, what they are allergic to, and any changes to their allergies, to manage risk.
  - inform staff who may not have been included in anaphylaxis training such as cleaners and maintenance staff, about how the service manages allergies and what role they have.

- In regards to parents or guardians of children with allergies:
  - plan how the service will inform parents or guardians of children with allergies about food provided and activities they will engage in, include any special activities such as incursions and off-site activities.
  - document in the child's individual anaphylaxis care plan how the parent or guardian would prefer this communication to occur, *e.g., phone call, in person, email.*

- In regards to the service community:
  - plan when and how the service will communicate with the wider community, *e.g., enrolment packs, signage, newsletters, email reminders at set times during the year.*

- In regards to children:
  - ensure any education about allergies is Australian, age-appropriate and evidence-based.

ALLERGY AWARE APPROACH

- Being allergy aware means implementing a range of measures to minimise the chance of a child being exposed to a known allergen.

- These measures include:
  - knowing which children are at risk of anaphylaxis.
  - knowing what allergies need to be managed in the service.
  - working with parents or guardians of children at risk of anaphylaxis to identify appropriate risk minimisation strategies for their child.
  - completing a risk management plan for the service including risk management plans for all off-site activities.
  - implementing appropriate strategies to minimise the risks identified.
  - ensuring all staff have undergone anaphylaxis training including hands on practice with adrenaline injector trainer devices.
  - ensuring all staff and volunteers responsible for preparing and serving food have undertaken *All About Allergens* online training.
  - communicating with the service community about how the service manages the risk of anaphylaxis and how they can help support the service's approach.
  - communicating with parents or guardians of children with food allergies about any activities that involve food.
  - informing children about allergies and how they can help to keep their friends and peers safe. This includes teaching children to not share food or drinks and washing their hands after they eat.

- An allergy aware approach is recommended rather than implementing food bans. It is not recommended that services *'ban'* food or claim to be *'free of any allergen'.*

- Children with food allergies should be supported to engage with their peers and be included in mealtime routines and interactions. All young children and children with developmental delay or other issues that limit their ability to manage their own food allergies should be closely supervised at meal and snack times.

- Allergen restricted areas may be used to reduce the risk for children with allergies, *e.g., using a separate highchair for a young child with allergies or seating children eating messy egg meals, grated cheese or drinking milk or infant formula away from children with egg or dairy allergies.* However, steps should be taken to avoid isolating children from their peers.

- Water bottles belonging to children with food allergy should be kept in a separate to reduce the chance of other children drinking from them.

- The service should have procedures in place for staff to support children to participate in personal hygiene practices such as handwashing to prevent contamination or spread of food residue on shared resources and equipment.

ONGOING REQUIREMENTS

- Once the child is attending, the service must continue to:
  - monitor the safety, health and wellbeing of the child.
  - regularly review the risk minimisation plan for the child.
  - ensure that parents or guardians are regularly asked to provide any updated information relating to the nature of, or management of, their child's diagnosed health care need, allergies or relevant medical condition.
  - if necessary, ensure an updated medical management plan is provided by the child's parents or guardians.
  - ensure the practices and procedures of the service are inclusive of the child.

- consider what extra precautions may be necessary in order to protect the safety, health and wellbeing of a child who has a diagnosed health care need, allergy or relevant medical condition.

ADMINISTRATION OF MEDICATION

- Medication must not be given to a child unless it has been authorised by:
  - a parent or guardian, OR
  - an authorised nominee named in the child's enrolment record as authorised to consent to the administration of medication.

- When administering medication, staff must check:
  - there is proper authorisation to administer medication to the child.
  - the medication is administered from its original container with original label attached.
  - the medication has not expired or passed the use by date.
  - the dose and instructions on the label, as well as any verbal or written instructions from a medical practitioner are followed.

- Before the medication is given to the child:
  - another staff member - other than the one administering it - must check the dosage of the medicine AND
  - ensure that it is being administered to the correct child, *e.g., check the identity of the child*.

- A medication record must be kept for each child to whom medication is to be administered by the service. It must include the appropriate authorisations.

- Medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.

STRATEGIES TO REDUCE RISK

- Obtain up-to-date medical information and develop individualised anaphylaxis care plans for each child at risk of anaphylaxis. These plans will include a copy of the child's ASCIA Action Plan.

- Educate and train staff in the prevention, recognition and treatment of allergic reactions including anaphylaxis.

- Educate and train staff who prepare, serve or supervise meals, in food allergen management.

- Implement reasonable and effective strategies to reduce the risk of accidental exposure to known allergic triggers and review anaphylaxis risk minimisation strategies if an allergic reaction occurs.

- Communicate about anaphylaxis management with staff and the service community.

- Offer support, including counselling, for staff who manage an anaphylactic reaction.

- Report anaphylaxis incidents that occurred when the child was in the care of the service to the regulatory authority.

- Ensure staff know which children are at risk of anaphylaxis and understand that unexpected allergic reactions, including anaphylaxis, might occur for the first time in children not previously known to have allergy.

- Implement an allergy aware approach to preventing and managing anaphylaxis.

- Have an anaphylaxis management policy. Review this policy and procedures if an allergic reaction occurs.
- Provide age-appropriate education of children to help raise awareness and manage anaphylaxis risk in early childhood services.
- Ensure lunch boxes, water bottles, milk bottles, baby formula and special milks are clearly labelled with the child's name.
- If a child has multiple or complex food allergies, it may be decided that the child will only eat food brought from home. This should be discussed with the family when the child is enrolled.
- In cases where children are very young, services may choose to have allergen-restricted spaces for children with food allergies to eat safely at. If this is implemented, children with food allergy should still be able to sit with their peers.
- Services may choose to exclude foods containing peanuts and tree nuts in their menu as these are not essential foods and can be eaten at home. Foods which are core foods in the diet such as wheat, dairy and egg cannot be removed in early childhood services.
- Discuss menu options and products available with families of children with food allergies.
- Prepare food for children with food allergies first so their food does not come into contact with other foods being prepared. If the food is to be stored before it is given to the child, it must be clearly labelled with the child's name and placed in an enclosed container or covered to avoid any contact with other food being stored.
- Use easily identified plates, bowls, cups, bottles, cutlery and utensils, using colour and/or a sticker, as well as the child's name. This means staff and children with food allergy can easily identify their food and drink.
- Thoroughly wash kitchen equipment with hot, soapy water to remove food allergens.
- Have a a separate pantry shelf for low allergy ingredients, *e.g., gluten free flour.*
- Provide separate margarine and/or spreads for wheat free children to reduce crumb contamination when spreading bread.
- Have a separate toaster for wheat free or gluten free toast.
- When preparing food, separate utensils should be used. If shared utensils are used, they should be washed in hot soapy water or the dishwasher to remove traces of potential allergens.
- Foods with precautionary allergen labelling statements, e.g., *"may contain traces of…",* should not be provided to children allergic to specific foods, unless approved by the child's parents or guardians. They can still be given to other children at the service who do not have those specific food allergies.
- Where possible, have two staff members check that children with food allergies are given the right food.
- If used, have a separate highchair for children with food allergies where possible. This highchair needs to be thoroughly cleaned between children as different children may be allergic to different foods.

- Ensure that children do not have access to toys while they are eating.
- All children should wash their hands before eating.
- Baby wipes can be used to remove allergens from hands and faces if running water and soap is not available.
- Hand sanitiser should not be used as a substitute to washing hands with soap and water as it does not remove allergens.
- Children should always be seated to eat and drink, including babies and toddlers with milk bottles or drinking cups.
- Holding babies while they drink their milk can prevent spills.
- Formula for children with a dairy or milk allergy should be made first, before making up formula that contains cow's milk or goat's milk.
- Care must be taken to make sure there is no cross contamination from one infant formula to another, when preparing infant formulas. All formula should be made up using the scop belonging to that formula tin.
- Using cups with lids will reduce the risk of spills.
- Children with food allergies should not share, or eat from each other's plates, bowls, cups, bottles or cutlery.
- Only use canola, vegetable or olive oils in cooking.
- If using shared platters, give children with food allergies their own separate platter or plate to serve themselves from.
- Thoroughly wipe down surfaces of tables, chairs and highchairs, with hot soapy water after meals.
- Clean up food and drink spills immediately and thoroughly.
- Clean up bodily fluids immediately and thoroughly as they can contain food allergens.
- Use disposable paper towels where possible. If cloths are used, machine wash cloths before using again.
- Games and activities should not involve the use of any foods that children are allergic to.
- Cooking activities can present a risk to children with food allergy as common allergens such as milk, egg, wheat are often ingredients.
- Wash toys and equipment regularly with hot soapy water.
- Avoid using recycled craft items that could contain food allergens, *e.g., empty plastic milk bottles, egg cartons, cereal boxes, empty peanut and tree nut butter jars, ice cream containers.*
- Some materials, such as play dough, can contain food allergens. Discuss options with families of children with wheat allergy, such as using wheat-free flour.

- Ensure children with insect allergies wear shoes when outside.
- When purchasing plants, consider those less likely to attract bees and wasps.
- Discourage the use of creams containing any food products such as nut oils, cow's or goat's milk, *e.g. nappy cream, sunscreen.*
- Consider children with food allergies when planning any events, incursions, stalls, fundraisers, cultural days, breakfast mornings, picnics and other celebrations involving food.
- Liaise with the families of children with food allergies well in advance so they can provide suitable food, adjust the activity to accommodate the children with food allergies and/or plan to help.
- Children with food allergy should not consume any food brought in by other families even if they are thought to be safe.
- Children with food allergies can participate in birthday celebrations if their family has supplied a safe 'treat box' or safe cupcakes that are stored in the service freezer, in a labelled sealed container, to prevent cross contamination.
- Use non-latex gloves when cleaning, at nappy changing stations, in first aid kits or in kitchens.
- Non-latex balloons should be used when there is a child with latex allergy.
- Refrain from using food as a reward.
- Keep up to date with the latest *Best Practice Guidelines* for anaphylaxis prevention and management in children's education and care services found on the *Allergy Aware* website.

STAFF TRAINING

- All staff have a role in anaphylaxis prevention and management and should know how to prevent, recognise and respond to anaphylaxis.
- All staff will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice.
- Training, online or in-person, should be undertaken at least annually.
- Anaphylaxis training should be evidence based and follow best practice.
- Training should:
  - be undertaken by all staff including part-time, casual and relief staff.
  - be undertaken and completed before starting work or on the first day of commencing work as part of the induction process.
  - include hands on practice with adrenaline injector trainer devices.
- Services should have adrenaline injector trainer devices available for hands-on practice by staff.
- Adrenaline injector trainer devices should be kept separate to real adrenaline injectors to avoid confusion.
- It is important that staff responsible for preparing, serving and supervising food, *e.g., cooks, chefs, food safety supervisor,* understand food allergen management.

- *All About Allergens* training is recommended and should be completed at least every two years.

- Several supporting resources have been developed to assist staff responsible for preparing and serving food to children with food allergies, including staff who supervise mealtimes.

- A staff training register must be kept.

REPORTING AND REVIEW

- After each emergency situation the following will need to be carried out:
  - Staff involved in the situation need to complete an incident, injury, trauma and illness record, which is to be countersigned by the nominated supervisor or responsible persons. A copy will need to be kept with the child's enrolment record.
  - The approved provider, nominated supervisor or responsible persons is required to inform the regulatory authority about the incident within 24 hours.
  - Staff will be debriefed after each anaphylaxis incident and the child's individual anaphylaxis management plan evaluated.
  - Staff will need to discuss the effectiveness of the procedures that were in place.
  - Time is also needed to discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

- When an incident occurs in a service, a debriefing meeting should be held to discuss:
  - the incident for emotional processing.
  - any areas of improvements or learnings, *e.g., whether there needs to be any changes to the risk management strategies in place.*

- If a child has an allergic reaction to a packaged food provided by the service, this will be reported to the local food authority for investigation. If the reaction is to a food sent from home, it is the family's responsibility to report the reaction.

EDUCATING THE SERVICE COMMUNITY

- Communication should be undertaken with staff, volunteers, families and the broader community about the service's anaphylaxis management policy and procedures.

- Early childhood services should promote an allergy aware approach.

- Services should communicate with their community about food allergies and anaphylaxis at least annually, ideally at the beginning of each calendar year, or when enrolments, health plans, medical conditions or allergies being managed by the service change.

- Communicate regularly at other times throughout the year through notices, emails, signage and reminders.

EDUCATING CHILDREN

- Services should implement age-appropriate education programs for children using Australian evidence-based, best practice resources.

- Incorporating peer education into story time can help support children with food allergies.

- Key strategies to be communicated to children include:
  - not sharing food, drink bottles, utensils, or food prepared in cooking activities.
  - always drinking from their own water bottle.
  - washing hands before & after eating, especially if eating something their friend is allergic to.

- Staff will talk with children about foods that are safe and unsafe for children with food allergies, using terms such as, '*this food will make _____ sick', 'this food is not good for _____',* and *'_____ is allergic to that food'.*

- Staff will educate children about allergies and the risk of anaphylaxis in an age-appropriate way, including signs and symptoms of an allergic reaction and what to do if they think their friend is having an allergic reaction.

- Staff will talk about the symptoms of allergic reactions with children, *e.g. itchy, furry, or scratchy throat, itchy or puffy skin, hot, feeling funny.*

- With older children, staff will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, having the first serve from commercially safe foods, and not eating food that is shared.

- Staff will include information and discussions about food allergies in the educational program, to help children understand about food allergy and encourage empathy, acceptance and inclusion of children with food allergies.

- Stories and role playing can help children learn how to manage their own food allergy as well as to look after their friends who have food allergy. Children will be encouraged to wash hands properly before and after meals, not to share food, and to speak up if they are feeling unwell.

CONTACT DETAILS FOR RESOURCES AND SUPPORT

- *Australasian Society of Clinical Immunology and Allergy (ASCIA)*
  - www.allergy.org.au

- *Allergy and Anaphylaxis Australia*
  - www.allergyfacts.org.au
  - 1300 728 000

- *Royal Children's Hospital Melbourne – Department of Allergy and Immunology*
  - https://www.rch.org.au/allergy/
  - (03) 9345 5701

- *Royal Children's Hospital Melbourne – Anaphylaxis Advisory Support Line*
  - https://www.rch.org.au/allergy/advisory/anaphylaxis_support_advisory_line/
  - 1300 725 911
  - (03) 9345 4235
  - anaphylaxisadviceline@rch.org.au

- *Department of Education and Training*
  - https://www2.education.vic.gov.au/pal/anaphylaxis/policy
  - 1800 338 663

- *Allergy Aware*
  - https://allergyaware.org.au/

- *National Allergy Council*
  - https://nationalallergycouncil.org.au/

SCHEDULE 1 – RISK MINIMISATION PLAN

The following procedures should be developed in consultation with the family and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:

- **In relation to the child diagnosed as at risk of anaphylaxis:**
  - The child should only eat food that has been specifically prepared for them.
  - Where the service is preparing food for the child, ensure that it has been prepared according to the instructions or parents or guardians. Some families will choose to provide all food for their child.
  - All food for the child should be checked and approved by the child's family in accordance with the risk minimisation plan.
  - Bottles, other drinks and lunch boxes, and all food provided by the family should be clearly labelled with the child's name.
  - There should be no trading or sharing of food, food utensils and containers with the child.
  - Place 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 still be included in all activities.
  - Staff will sit with and supervise all children with food allergies and/or at risk of anaphylaxis during meal times.
  - Families should provide a safe treat box for service events and celebrations.
  - When the child is very young, provide their own high chair to minimise the risk of cross-contamination
  - Where a child diagnosed as at risk of anaphylaxis is allergic to milk, ensure that non-allergic children are closely supervised when drinking milk/formula from bottles/cups and that these bottles/cups are not left within reach of children.
  - Ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions such as excursions, routine outings and other service events.
- **In relation to other practices at the service:**
  - Ensure tables, high chairs and bench tops are thoroughly cleaned after every use.
  - Encourage hand washing for all children before and after eating and, if the requirement is included in a particular child's anaphylaxis medical management action plan, on arrival at the service.
  - Supervise all children at meal and snack times, and ensure that food is consumed in specified areas. Children should not move around the service with food.
  - Staff should use non-food rewards for children, *e.g., stickers.*
  - Request that all families 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, depending on the allergies of particular children.
- Ensure staff discuss the use of foods in children's activities with the families of at-risk children.
- Children's risk minimisation plans inform the service's food purchases and menu planning.
- Any food used at the service should be consistent with the risk management plans of children diagnosed as at risk of anaphylaxis.
- Staff 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.
- Ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.

SCHEDULE 2 – ENROLMENT CHECKLIST FOR CHILDREN AT RISK OF ANAPHYLAXIS

• A risk minimisation plan is completed in consultation with the child's parents or guardians prior to the attendance of the child at the service, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.	☐
• Parents and guardians of a child diagnosed as at risk of anaphylaxis have been provided a copy of the service's *Anaphylaxis Management* policy and *Dealing with Medical Conditions* policies.	☐
• All parents and guardians are made aware of the *Anaphylaxis Management* 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 injector kit.	☐
• An adrenaline injector, within a visible expiry date, is available for use at all times the child is being educated and cared for by the service.	☐
• Adrenaline injectors are: ○ stored in insulated containers. ○ stored in locations easily accessible to adults, both indoors and outdoors. ○ not locked away, but inaccessible to children. ○ away from direct sources of heat and cold.	☐
• All staff, including casual and relief staff, are aware of the locations of all adrenaline injector kits which includes each child's ASCIA action plan for anaphylaxis.	☐
• All staff have undertaken approved anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, and emergency treatment.	☐

• All staff practise with an autoinjector trainer at least quarterly. Details regarding participation in practice sessions are recorded on the staff record.	☐
• A procedure for first aid treatment for anaphylaxis is in place and all staff understand it.	☐
• Contact details of all parents, guardians, next of kins and authorised nominees are current and accessible.	☐
• Information regarding any other medications or medical conditions in the service, *e.g. 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.	☐
• A treat box is available for special occasions and is clearly marked as belonging to the child at risk of anaphylaxis.	☐

SCHEDULE 3 – SAMPLE RISK MINIMISATION PLAN

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

How well has the service planned for meeting the needs of children with allergies and those who have been diagnosed as at risk of anaphylaxis?	
Who are the children?	☐ List names & room locations of each child diagnosed as at risk.
What are they allergic to?	☐ List all known allergens for each child at risk. ☐ List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting certain foods or items not be brought into the service.
Do all staff, including cooks, kitchen staff, food safety supervisors, casual and relief staff, and volunteers, recognise the children at risk?	☐ List the strategies for ensuring that all staff, including casual and relief staff, recognise each at risk child, are aware of each child's specific allergies and symptoms, and the location of their adrenaline injector kits including their ASCIA action plans for anaphylaxis.
Do families and staff know how the service manages the risk of anaphylaxis?	☐ Record the date that each family of a child diagnosed as at risk of anaphylaxis is provided a copy of the service's *Anaphylaxis Management Policy*. ☐ Record the date that parents or guardians provide their child with an unused, in-date and complete adrenaline injector kit. ☐ Test that all staff, including casual and relief staff, know the location of the adrenaline injector kit and

	ASCIA action plan for anaphylaxis for each at risk child. ☐ Ensure that there is a procedure in place to regularly check the expiry date of each adrenaline injector. ☐ Ensure a written request is sent to all families at the service to follow specific procedures to minimise the risk of exposure to a known allergen. This may include strategies such as requesting specific items not be sent to the service, for example: • food containing known allergens or foods where transfer from one child to another is likely, *e.g., peanut or nut products, whole egg, sesame or chocolate.* • food packaging where that food is a known allergen, *e.g., cereal boxes, egg cartons.* ☐ Ensure a new written request is sent to all families if food allergens change. ☐ Ensure all families are aware of the service policy that no child who has been prescribed an adrenaline autoinjector is permitted to attend the service without that device. ☐ Display the ASCIA generic poster *Action Plan for Anaphylaxis* in key locations at the service and ensure an emergency contacts list is located next to all telephones. ☐ ☐ Ensure the adrenaline injector kit, including a copy of the *ASCIA Action Plan for Anaphylaxis*, is carried by a staff member when a child diagnosed as at risk is taken outside the service premises, *e.g., for excursions.*
Has a communication plan been developed which includes procedures to ensure that: • all staff, volunteers, students and families are informed about the policy and procedures for the management of anaphylaxis at the service. • Parents and guardians of a child diagnosed as at risk of anaphylaxis are able to communicate with service staff about any changes to the child's diagnosis or anaphylaxis medical management action plan.	☐ All parents and guardians are provided with a copy of the *Anaphylaxis Policy* prior to commencing at the service. ☐ A copy of this policy is displayed in a prominent location at the service. ☐ Staff will meet with parents and guardians of a child diagnosed as at risk of anaphylaxis prior to the child's commencement at the service and will develop an individual communication plan for that family. ☐ An induction process for all staff and volunteers includes information regarding the management of anaphylaxis at the service including the location of

• all staff, including casual, relief and visiting staff, volunteers and students are informed about, and are familiar with, all ASCIA action plans for anaphylaxis and the service's risk management plan.	adrenaline autoinjector kits, *ASCIA Action Plans for Anaphylaxis*, risk minimisation plans and procedures, and identification of children at risk.

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

Think about times when the child could potentially be exposed to allergens and develop appropriate strategies including identifying the person responsible for implementing them.

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

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

- ☐ Know what each child's *ASCIA Action Plan for Anaphylaxis* contains and implement the procedures.
- ☐ Know:
  - who will administer the adrenaline injector and stay with the child.
  - who will telephone the ambulance and the parents or guardians of the child.
  - who will ensure the supervision of other children at the service.
  - who will let the ambulance officers into the service and take them to the child.
- ☐ Ensure all staff have undertaken approved anaphylaxis management training and participate in regular practise sessions.

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

	• Children are closely supervised during eating.	• Staff
Party or Celebration	• Give parents or guardians adequate notice of the event.	• Nominated Supervisor • Responsible Persons • Staff
	• Ensure safe food is provided for the child diagnosed as at risk of anaphylaxis.	• Cook • Kitchen Staff • Food Safety Supervisor • Nominated Supervisor • Responsible Persons • Staff • Parents or Guardians
	• Ensure the child diagnosed as at risk of anaphylaxis only eats food approved by their parents or guardians.	• Cook • Kitchen Staff • Food Safety Supervisor • Nominated Supervisor • Responsible Persons • Staff
	• Specify a range of foods that all parents or guardians may send for the party and note particular foods and ingredients that should not be sent.	• Cook • Kitchen Staff • Food Safety Supervisor • Nominated Supervisor • Responsible Persons • Staff
Protection from Insect Bite Allergies	• Specify play areas that are lowest risk to the child diagnosed as at risk and encourage them and peers to play in that area.	• Staff
	• Decrease the number of plants that attract bees or other biting insects.	• Approved Provider • Nominated Supervisor • Responsible Persons • Staff
	• Ensure the child diagnosed as at risk of anaphylaxis wears shoes at all times they are outdoors.	• Staff
	• Respond promptly to any instance of insect infestation. It may be appropriate to request exclusion of the child diagnosed as at risk during the period required to eradicate the insects.	• Approved Provider • Nominated Supervisor • Responsible Persons
Latex Allergies	• Avoid the use of party balloons or latex gloves.	• Approved Provider • Nominated Supervisor • Responsible Persons • Staff

		• Parents or Guardians
Cooking with Children	• Ensure parents or guardians of the child diagnosed as at risk of anaphylaxis are advised well in advance and included in the planning process. • Parents or guardians may prefer to provide the ingredients themselves. • Ensure activities and ingredients used are consistent with risk minimisation plans.	• Cook • Kitchen Staff • Food Safety Supervisor • Approved Provider • Nominated Supervisor • Responsible Persons • Staff

ROLES AND RESPONSIBILITIES

Approved Provider	• Conduct an assessment of the potential for accidental exposure to allergens while children at risk of anaphylaxis are in the care of the service. • Develop a risk minimisation plan in consultation with staff and the families of at-risk children at the service. • Prominently display a notice at the main entrance stating a child diagnosed as at risk of anaphylaxis is being cared for or educated by the service. • Ensure all staff complete first aid training, which includes anaphylaxis management training, at least every three years. • Ensure all staff complete anaphylaxis management refresher training at least annually. • Ensure all staff practice with the trainer adrenaline injection device on at least a quarterly basis. • Ensure all staff are aware of symptoms of an anaphylactic reaction and management of a child experiencing anaphylaxis. • Ensure the *Anaphylaxis Management* policy is provided to each family of a child diagnosed as at-risk of anaphylaxis at the service. • Ensure children who have been diagnosed as at-risk of anaphylaxis do not attend the service without an in-date adrenaline injector or action plan. • Implement a communication plan and encourage ongoing communication between families and staff regarding the current status of children's allergies, this policy and its implementation. • Ensure children's individual anaphylaxis medical management action plans are signed by registered medical practitioners and inserted into the enrolment record for each child. • Ensure all staff know the location of anaphylaxis medical management actions plans and adrenaline injector kits. • Ensure staff accompanying children outside the service carry each child's anaphylaxis medical management action plan and adrenaline injector kit. • Follow children's anaphylaxis medical management action plans in the event of an allergic reaction, which may progress to anaphylaxis. • Ensure medication is not administered to a child at the service unless authorisation has been given. • Ensure parents or guardians and emergency services are notified as soon as practicable if a child is experiencing anaphylaxis. • Inform the regulatory authority within 24 hours of any anaphylaxis incident. • Review the adequacy of the response if a child has an anaphylactic reaction and consider the need for additional training and other corrective action. • Ensure children at risk of anaphylaxis are not discriminated against.

	• Ensure children with anaphylaxis can participate fully in all activities safely. • Read, understand, follow and enforce the organisation's policies and procedures.
Nominated Supervisor and Responsible Persons	• Conduct an assessment of the potential for accidental exposure to allergens while children at risk of anaphylaxis are in the care of the service. • Develop a risk minimisation plan in consultation with staff and the families of at-risk children at the service. • Prominently display a notice at the main entrance stating a child diagnosed as at risk of anaphylaxis is being cared for or educated by the service. • Ensure all staff complete first aid training, which includes anaphylaxis management training, at least every three years. • Ensure all staff complete anaphylaxis management refresher training at least annually. • Ensure all staff practice with the trainer adrenaline injection device on at least a quarterly basis. • Ensure all staff are aware of symptoms of an anaphylactic reaction and management of a child experiencing anaphylaxis. • Ensure the *Anaphylaxis Management* policy is provided to each family of a child diagnosed as at-risk of anaphylaxis at the service. • Ensure children who have been diagnosed as at-risk of anaphylaxis do not attend the service without an in-date adrenaline injector or action plan. • Implement a communication plan and encourage ongoing communication between families and staff regarding the current status of children's allergies, this policy and its implementation. • Ensure children's individual anaphylaxis medical management action plans are signed by registered medical practitioners and inserted into the enrolment record for each child. • Ensure all staff know the location of anaphylaxis medical management actions plans and adrenaline injector kits. • Ensure staff accompanying children outside the service carry each child's anaphylaxis medical management action plan and adrenaline injector kit. • Follow children's anaphylaxis medical management action plans in the event of an allergic reaction, which may progress to anaphylaxis. • Ensure medication is not administered to a child at the service unless authorisation has been given. • Ensure parents or guardians and emergency services are notified as soon as practicable if a child is experiencing anaphylaxis. • Inform the regulatory authority within 24 hours of any anaphylaxis incident. • Review the adequacy of the response if a child has an anaphylactic reaction and consider the need for additional training and other corrective action. • Ensure children at risk of anaphylaxis are not discriminated against. • Ensure children with anaphylaxis can participate fully in all activities safely. • Display emergency contact cards by telephones. • Conduct *'anaphylaxis scenarios'* and supervise practise sessions in adrenaline injection procedures to determine the levels of staff competence and confidence in locating and using the devices. • Ensure the enrolment checklist for children diagnosed as at risk of anaphylaxis is completed. • Ensure measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis. • Provide information to staff, volunteers, families and the service community about resources and support for managing allergies and anaphylaxis.

	• Read, understand, follow and enforce the organisation's policies and procedures.
Food Safety Supervisor, Cook, and Kitchen Staff	• Develop a risk minimisation plan in consultation with the approved provider, nominated supervisor, responsible persons, staff, and the families of at-risk children at the service. • Complete first aid training, which includes anaphylaxis management training, at least every three years. • Complete anaphylaxis management refresher training at least annually. • Practice with the trainer adrenaline injection device on a regular basis. • Be aware of symptoms of an anaphylactic reaction and management of a child experiencing anaphylaxis. • Know the location of anaphylaxis medical management actions plans and adrenaline injector kits. • Follow children's anaphylaxis medical management action plans in the event of an allergic reaction, which may progress to anaphylaxis. • Ensure medication is not administered to a child at the service unless authorisation has been given. • Ensure parents or guardians and emergency services are notified as soon as practicable if a child is experiencing anaphylaxis. • Ensure children at risk of anaphylaxis are not discriminated against. • Ensure children with anaphylaxis can participate fully in all activities safely. • Participate in *'anaphylaxis scenarios'.* • Provide information to staff, volunteers, families and the service community about resources and support for managing allergies and anaphylaxis. • Ensure children at risk of anaphylaxis only eat food that has been prepared according to parent or guardian instructions • Ensure surfaces, appliances, tables, bench tops and chairs are cleaned thoroughly after preparing and serving food. • Avoid the use of food as a reward. • Ensure measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or medical conditions. • Complete training in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation, and serving of food. • Complete training in planning appropriate menus including identifying written and hidden sources of food allergens on food labels. • Ensure all changes to a child's medical management plan or risk minimisation plan are implemented immediately within menu preparation. • Ensure adequate health and hygiene procedures are followed, as well as safe practices for handling, preparing and storing food. • Ensure all staff comply with the *Food Safety Act.* • Ensure the food and beverages provided are nutritious and adequate in quantity, are chosen based on each child's dietary requirements, and meet any specific cultural, religious or health needs. • Display the menu which accurately describes the food and beverages provided by the service each day. • Review the menu on a regular basis, following consultation with children, families, staff and health professionals. • Be aware of children with food allergies, intolerances, restrictions, dietary requirements and/or medical conditions, and consult with families to

	• Ensure that a system for ongoing communication is developed and maintained between families, staff and cooks, so updates to children's dietary requirements, medical conditions and/or allergy status are shared. • Ensure the safe handling of breastmilk and infant formula including transporting, storing, thawing, warming, preparing and bottle feeding. • Participate in regular nutrition and safe food handling training, and keep up-to-date with current research, knowledge and best practice. • Complete an appropriate food safety certificate. • Implement and document a food safety program. • Wear disposable gloves when handling food. • Ensure children are not able to enter the kitchen. • Develop an appropriate cleaning and sanitising schedule that outlines daily, weekly, monthly, quarterly and annual cleaning & sanitising responsibilities. • Implement effective hygienic systems for cleaning. • Ensure cloths are cleaned, stored separately and replaced regularly. • Identify potential hazards that may occur at each stage of the food handling and preparation cycle and develop procedures to minimise these hazards. • Clean all food contact surfaces, appliances and equipment after use. • Complying with internal and external audit requirements. • Share recipes and encourage feedback about food provided. • Read, understand, follow and enforce the organisation's policies and procedures.
Educators and Staff Members	• Develop a risk minimisation plan in consultation with the approved provider, nominated supervisor, responsible persons, staff, and the families of at-risk children at the service. • Complete first aid training, which includes anaphylaxis management training, at least every three years. • Complete anaphylaxis management refresher training at least annually. • Practice with the trainer adrenaline injection device on a regular basis. • Be aware of symptoms of an anaphylactic reaction and management of a child experiencing anaphylaxis. • Ensure children who have been diagnosed as at-risk of anaphylaxis do not attend the service without an in-date adrenaline injector or action plan. • Know the location of anaphylaxis medical management actions plans and adrenaline injector kits. • When accompanying children outside the service, carry each child's anaphylaxis medical management action plan and adrenaline injector kit. • Follow children's anaphylaxis medical management action plans in the event of an allergic reaction, which may progress to anaphylaxis. • Ensure medication is not administered to a child at the service unless authorisation has been given. • Ensure parents or guardians and emergency services are notified as soon as practicable if a child is experiencing anaphylaxis. • Review the adequacy of the response if a child has an anaphylactic reaction and consider the need for additional training and other corrective action. • Ensure children at risk of anaphylaxis are not discriminated against. • Ensure children with anaphylaxis can participate fully in all activities safely. • Participate in *'anaphylaxis scenarios'.* • Provide information to staff, volunteers, families and the service community about resources and support for managing allergies and anaphylaxis. • Regularly check the expiry dates of action plans and adrenaline injectors.

	• Ensure children at risk of anaphylaxis only eat food that has been prepared according to parent or guardian instructions. • Ensure surfaces, tables, bench tops and chairs are cleaned thoroughly after serving food. • Ensure hand washing for all children upon arrival at the service and before and after eating. • Increase supervision of children at risk of anaphylaxis on special occasions such as excursions, incursions, parties, celebrations and family events. • Avoid the use of food as a reward. • Ensure measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or medical conditions. • Raise children's awareness about severe allergies and the importance of their role in fostering an environment that is safe and supportive of peers. • Ensure two staff members are present any time medication is administered to children. • Read, understand, follow and enforce the organisation's policies and procedures.
Parents, Guardians and Families	• Inform staff either on enrolment or on diagnosis, of their child's allergies and health status. • Complete all details on their child's enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises. • Provide staff with an anaphylaxis medical management action plan signed by a registered medical practitioner. • Provide staff with an unused, in-date, and complete adrenaline injector kit. • Develop an anaphylaxis risk minimisation plan with staff. • Comply with the service's policy that children who have been diagnosed as at-risk of anaphylaxis are not permitted to attend the service without an in-date adrenaline injector or action plan. • Regularly check the expiry date of the adrenaline injector device. • Communicate all relevant information and concerns to staff. • Provide an updated plan every 12-18 months or if changes have been made to the child's diagnosis. • Assist staff in planning and preparing for the child prior to incursions and excursions or before attending special events. • Supply alternate food options for the child when required. • Participate in reviews of the child's risk minimisation plan. • Read, understand and follow the organisation's policies and procedures.

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