Early Learning

Anaphylaxis Policy

Overarching Statement

The *Keeping Children Safe Policy* of the Uniting Church in Australia Synod of Victoria and Tasmania (refer to *Sources*) is the overarching whole of church policy to be implemented by individuals and entities involved with or connected to the Uniting Church. All children who are involved in any of the Church's activities, events or programs have a right to feel and be safe. The Church is committed to provide safe environments where children are cared for, respected, nurtured and sustained.

This policy must be read in conjunction with the *Dealing with Medical Conditions* policy.

Current Environmental Context

The policy applies regardless of whether or not a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

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® 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.

Children at risk of anaphylaxis must be identified during the enrolment process and staff informed. A notice must be displayed prominently at the service stating that a child diagnosed as at risk of anaphylaxis is attending the service. An ASCIA action plan for anaphylaxis must be provided by the child's parents/carers and an individual risk minimisation plan developed by the service in consultation with the child's parents. It is most important that children at risk of anaphylaxis are not discriminated against in any way are able to participate in all activities safely and to their full potential. Each service should identify and minimise allergens irrespective of whether a child at risk of anaphylaxis is attending or not.

Staff should practice administration of treatment for anaphylaxis using an adrenaline autoinjector trainer at least annually, and preferably quarterly.

Centre-based services will have a current adrenaline autoinjector, (EpiPen®) for emergency use, located in the first aid kit.

The following attachments contain detailed information relating to all aspects of this policy:

Attachment 20a: Responsibilities relating to the Anaphylaxis Policy

Attachment 20b: Risk minimisation procedures

Attachment 20c: First Aid treatment for Anaphylaxis

Attachment 20d: Sample ASCIA Action Plans for Anaphylaxis and Allergic Reactions

Form 20.1: Enrolment checklist for children diagnosed as at risk of Anaphylaxis

Form 20.2: Sample risk minimisation plan

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

This policy was reviewed by the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne on 21 June 2017.

- 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/*
- Allergic and anaphylactic reactions: *www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11148*
- 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*
- Australasian Society of Clinical Immunology and Allergy: (ASCIA)*www.allergy.org.au* provides information and resources on allergies. Action plans for anaphylaxis can be downloaded from this site. Also available is a procedure for the First Aid Treatment for Anaphylaxis (refer to Attachment 6). Contact details of clinical immunologists and allergy specialists are also provided
- *ASCIA guidelines for prevention of anaphylaxis in schools, pre-schools and childcare: 2015 update.* Vale.S, Smith.J, Said.M, Mullins.R, and Loh. R. Position Paper. Australasian Society of Clinical Immunology and Allergy. Journal of Paediatrics and Child Health 2105
- Autoinjectors (EpiPens) for anaphylaxis – an overview: *www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11121*
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne (*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:
- 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*
- 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 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*

1. Authorisation

This policy was adopted by Uniting Early Learning on: 18 July 2017

2. Review

This policy is to be reviewed by: 18 August 2018

Attachment 20a: Responsibilities relating to the Anaphylaxis Policy

National Regulations & Act
AP=Approved Provider
NS=Nominated Supervisor
CS=Certified Supervisor

Victorian Regulations & Act
L=Licensee
PN=Primary Nominee
N=Nominee

Action	Approved Provider/ Licensee	NS & PN	CS, N and Educators	Parents
Ensure an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation and communications plan (*Attachment 20b*), is developed, displayed at the service, and is reviewed regularly	x			
Provide approved anaphylaxis management training, as required under legislation, to all educators	x			
Ensure at least one educator with current approved anaphylaxis management training is in attendance and immediately available at all times the service is in operation	x			
Ensure the Nominated Supervisor/Primary Nominee, educators, staff members, parents, students, volunteers and others at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*	x			
Ensure staff practise the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis at least annually, and preferably quarterly, and that participation is documented on the staff record	x	x		
Ensure details of approved anaphylaxis management training are included on staff records, including details of training in the use of an autoinjector	x			
Ensure parents, 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, and that this authorisation is kept in each child's enrolment record *(also included in the ASCIA Action Plan for Anaphylaxis*)	x			
Identify children at risk of anaphylaxis during the enrolment process and inform staff	x			
Follow 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.	x	x	x	
Implement actions to identify and minimise allergens at the service, where possible	x	x	x	
Display the Australasian Society of Clinical Immunology and Allergy (ASCIA – refer to *Attachment 20c*) generic poster *First Aid Treatment for Anaphylaxis* in key locations at the service	x			
Maintain a spare adrenaline autoinjector in the first aid kit of a centre based service to use in an emergency.	x			
Where a child diagnosed as at risk of anaphylaxis is enrolled, display a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is attending the service	x			
Ensure parents of 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	x			

Action	Approved Provider/ Licensee	NS & PN	CS, N and Educators	Parents
are unable to attend the service.				
Ensure the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to *Form 20.1* is completed.	x	x		
Ensure an ASCIA action plan for anaphylaxis (refer to *Attachment 20d*) is provided by the parents of each child diagnosed as being at risk of anaphylaxis and a risk minimisation plan (refer to *Form 20.2*) developed by the service in consultation with the child's parents.	x			
Ensure 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	x			
Ensure a medication record is kept for each child to whom medication is to be administered by the service	x			
Ensure that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner.	x			
Ensure that educators/staff who accompany children at risk of anaphylaxis outside the service, including on excursions, carry a fully equipped adrenaline autoinjector kit (refer to *Glossary*) and a copy of the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis.	x	x	x	
Implement a procedure for first aid treatment for anaphylaxis consistent with current national recommendations (refer to *Attachment 3*) and ensure all staff are aware of the procedure	x			
Ensure adequate provision and maintenance of adrenaline autoinjector kits including that the expiry date of the autoinjector is checked regularly and replaced when required.	x			
Ensure that a sharps disposal unit is available at the service for the safe disposal of used adrenaline autoinjectors.	x			
Develop a communications plan (refer to *Attachment 23.b*) and encourage ongoing communication between parents and staff regarding the current status of a child's allergies, this policy and its implementation.	x			
Immediately communicate any concerns with parents regarding the management of children diagnosed as at risk of anaphylaxis attending the service	x			
Ensure measures are in place, and are followed, to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis	x	x	x	
Ensure that children at risk of anaphylaxis are not discriminated against in any way and that children at risk of anaphylaxis can participate in all activities safely and to their full potential	x	x	x	
Ensure that medication is not administered to a child at the service unless it has been authorised and administered in accordance with legislation (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)	x	x		
Ensure parents of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent or authorised nominee	x	x		
Ensure that a medication record includes all details required by legislation for each child to whom medication is to be administered	x			

Action	Approved Provider/ Licensee	NS & PN	CS, N and Educators	Parents
Ensure written notice is given to a parent as soon as is practicable if medication is administered to a child in the case of an emergency	x			
Respond to complaints and notify the Regulatory Authority 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	x			
Comply with the risk minimisation procedures outlined in *Attachment 20b*	x	x	x	x
Ensure the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to *Form 20.1)* is completed		x	x	
Ensure all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, approved and meet the requirements of legislation		x		
Ensure educators and staff are aware of, and when required follow, the procedures for first aid treatment for anaphylaxis (refer to *Attachment 20c*)		x	x	
Compile a list of children at risk of anaphylaxis and place it in a secure but readily accessible location known to all staff. This should include the ASCIA action plan for anaphylaxis for each child		x		
Ensure 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		x		
Ensure all persons involved in the program, including parents, volunteers and students on placement are aware of children diagnosed as at risk of anaphylaxis		x		
Organise anaphylaxis management information sessions for parents of children enrolled at the service, where appropriate		x		
Ensure programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis		x		
Follow the child's ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode		x	x	
Practise the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly			x	
Ensure staff dispose of used adrenaline autoinjectors appropriately in the sharps disposal unit provided at the service by the Approved Provider/ Licensee		x	x	
Ensure the adrenaline autoinjector kit is stored in a location 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		x		
Provide information to the service community about resources and support for managing allergies and anaphylaxis		x	x	
Read and comply with the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*			x	
Maintain current approved anaphylaxis management qualifications			x	

Action	Approved Provider/ Licensee	NS & PN	CS, N and Educators	Parents
Know which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and ASCIA action plans for anaphylaxis			x	
Assist with the development of a risk minimisation plan (*refer to Form 20.2*) for children diagnosed as at risk of anaphylaxis at the service			x	
When accompanying children at risk of anaphylaxis outside the service, including on excursions, carry a fully equipped adrenaline autoinjector and a copy of the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis.			x	
Contact parents 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 cannot attend the service			x	
Discuss with parents the requirements for completing the enrolment form and medication record for their child			x	
Consult with parents of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child, and communicate any concerns			x	
Inform the Nominated Supervisor/Primary Nominee, the Approved Provider/ Licensee and the child's parents following an anaphylactic episode			x	
Inform staff, either on enrolment or on initial diagnosis, of their child's allergies				x
Complete 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				x
Assist the Approved Provider/ Licensee and staff to develop an anaphylaxis risk minimisation plan (refer to *Attachment 20b*)				x
Provide staff with an ASCIA action plan (refer to *Attachment 20d*) for anaphylaxis signed by a registered medical practitioner and with written consent to use medication prescribed in line with this action plan				x
Provide staff with an unused, in-date and complete adrenaline autoinjector kit				x
Ensure the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner and regularly check the autoinjector~~'s~~ expiry date				x
Assist staff by providing information and answering questions regarding their child's allergies				x
Notify staff of any changes to their child's allergy status and providing a new ASCIA action plan for anaphylaxis in accordance with these changes				x
Communicate all relevant information and concerns to staff, particularly in relation to the health of their child				x
Comply 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				x
Be aware of the procedures for first aid treatment for anaphylaxis (refer to *Attachment 20c*). Follow the ASCIA Action Plan for Anaphylaxis				x

Action	Approved Provider/ Licensee	NS & PN	CS, N and Educators	Parents
Read and complying with this policy and all relevant procedures				x
Bring relevant issues and concerns to the attention of both staff and the Approved Provider/ Licensee				x

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

Attachment 20b - Risk minimisation procedures

The following procedures should be developed in consultation with the parents of children in the service who have been diagnosed as at risk of anaphylaxis, and implemented to protect those children from accidental exposure to allergens. These procedures should be regularly reviewed to identify any new potential for accidental exposure to allergens.

In relation to the child diagnosed as at risk:

- the child should only eat food that has been specifically prepared for him/her. Some parents may choose to provide all food for their child
- ensure there is no food sharing (refer to *Glossary*) 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
- parents 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 should be clearly labelled with the child's name
- consider placing a child at risk of anaphylaxis away from a table with food allergens. However, be mindful that children with allergies should not be discriminated against in any way and should be included in all activities
- provide an individual high chair for very young children to minimise the risk of cross-contamination of food
- where a child diagnosed as at risk of anaphylaxis is allergic to milk, ensure that non-allergic children are closely supervised when drinking milk/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 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, 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 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 of at risk children. Any food used at the service should be consistent with the risk minimisation 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.

Form 20.1 - Enrolment checklist for children diagnosed as at risk of anaphylaxis

- ☐ A risk minimisation plan is completed in consultation with parents/carers 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 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 are made aware of the service's *Anaphylaxis Policy*.
- ☐ An ASCIA action plan for anaphylaxis for the child (refer to *Glossary* and *Sources*) is completed and signed by the child's registered medical practitioner and is accessible to all staff.
- ☐ A coloured copy of the child's ASCIA action plan for anaphylaxis is included in the child's adrenaline autoinjector kit (refer to *Glossary*).
- ☐ 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 and the location of each child's ASCIA action plan for anaphylaxis.
- ☐ All staff have undertaken approved anaphylaxis management training (refer to *Glossary*), 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 *Glossary*).
- ☐ 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 *Glossary*).
- ☐ A procedure for first aid treatment for anaphylaxis is in place and all staff understand it (refer to Attachment 5) Emergency response Plan
- ☐ Contact details of all parents 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.

Form 20.2 - Sample risk minimisation plan

The following list can be used as a basis for further developing/reviewing the service's risk minimisation plan template in consultation with parents.

How well has the service planned for meeting the needs of children with allergies and those who have been diagnosed as at risk of anaphylaxis?	
Who are the children?	☐ List names and room locations of each child diagnosed as at risk.
What are they allergic to?	☐ List all known allergens for each child at risk. ☐ List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting certain foods/items not be brought to the service.
Do staff (including casual and relief staff), volunteers and visiting staff recognise the children at risk?	☐ List the strategies for ensuring that all staff, including casual and relief staff, recognise each at risk child, are aware of the child's specific allergies and symptoms and the location of their adrenaline autoinjector kit including their ASCIA action plan for anaphylaxis.
Do families and staff know how the service manages the risk of anaphylaxis?	☐ Record the date on which each family of a child diagnosed as at risk of anaphylaxis is provided a copy of the service's *Anaphylaxis Policy*. ☐ Record the date that parents provide an unused, in-date and complete adrenaline autoinjector kit. ☐ Test that all staff, including casual and relief staff, know the location of the adrenaline autoinjector 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 autoinjector. ☐ 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/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. ☐ The adrenaline autoinjector kit, including a copy of the ASCIA action plan for anaphylaxis, is carried by an educator when a child diagnosed as at risk is taken outside the service premises e.g. for excursions.
Has a communications plan been developed which includes procedures to ensure that: all staff, volunteers, students and parents are informed about the policy and procedures for the management of anaphylaxis parents of a child diagnosed as at risk of anaphylaxis are able to communicate with service staff about any changes to the child's diagnosis or anaphylaxis medical management action plan all staff, including casual, relief and visiting staff, volunteers and students are informed about, and are familiar with, all ASCIA action plans for anaphylaxis and risk minimisation plans.	☐ All parents 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 of a child diagnosed as at risk of anaphylaxis prior to the child's commencement at the service to discuss the communications plan. ☐ An induction process for all staff and volunteers includes information regarding the management of anaphylaxis at the service including the location of 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 (refer to the following section for possible scenarios and strategies).

- ☐ Menus are planned in conjunction with parents of children diagnosed as at risk of anaphylaxis:
  - Food for the at risk child is prepared according to the instructions of parents to avoid the inclusion of food allergens.
  - As far as is practical, the service's menu for all children should not contain food with ingredients such as milk, egg, peanut/nut or sesame, or other products to which children are at risk.
  - The at risk child should not be given food where the label indicates that the food may contain traces of a known allergen.
- ☐ Hygiene procedures and practices are followed to minimise the risk of cross-contamination of surfaces, food utensils or containers by food allergens (refer to *Hygiene & Infectious Disease Policy* and *Food Safety Policy*).
- ☐ Consider the safest place for the at risk child to be served and to consume food, while ensuring they are not discriminated against or socially excluded from activities.
- ☐ Develop procedures for ensuring that each at risk child only consumes food prepared specifically for him/her.
- ☐ Do not introduce food to a baby/child if the parents have not previously given this food to the baby/child.
- ☐ Ensure each child enrolled at the service washes his/her hands upon arrival at the service, and before and after eating.
- ☐ Employ teaching strategies to raise the awareness of all children about anaphylaxis and the importance of *no food sharing* (refer to *Glossary*) 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 autoinjector and stay with the child
  - who will telephone the ambulance and the parents 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.

Potential exposure scenarios and strategies

How effective is the service's risk minimisation plan?
☐ Review the risk minimisation plan of each child diagnosed as at risk of anaphylaxis with parents at least annually, but always on enrolment and after any incident or accidental exposure to allergens.

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

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

Attachment 20c - First Aid Treatment for Anaphylaxis

This information on the **following page** has been reproduced from the ASCIA website: www.allergy.org.au with permission from the Australasian Society of Clinical Immunology and Allergy (ASCIA). ASCIA is the peak professional body of clinical immunology and allergy specialists in Australia and New Zealand. Please check the ASCIA webpage: http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis to download the latest version of this information as ASCIA resources are regularly reviewed and updated.

This form can be downloaded in: English, Arabic, Chinese, Dinka, French, Greek, Hindi, Indonesian, Italian, Japanese, Persian/Dari, Spanish, Tagalog, Turkish, and Vietnamese.

ascia

australasian society of clinical immunology and allergy

FIRST AID TREATMENT FOR ANAPHYLAXIS

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

MILD TO MODERATE ALLERGIC REACTION

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

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

ACTION

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

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

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

ACTION

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

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

NOTE:

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

 For further information on anaphylaxis visit www.allergy.org.au - the web site of ASCIA.
ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand.

Attachment 20d - Sample ASCIA Action Plans for Anaphylaxis and Allergic Reactions 2017

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name:
Date of birth:

Confirmed allergens:

Family/emergency contact name(s):

Work Ph:
Home Ph:
Mobile Ph:
Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

Date:
Action Plan due for review:

How to give EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk
- **If unconscious, place in recovery position**
- **If breathing is difficult allow them to sit**

2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector
3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after 5 minutes
6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N