ANAPHYLAXIS AND ALLERGIC REACTIONS

QUALITY AREA 2 | ELAA version 1.1

This policy was reviewed by Australasian Society of Clinical Immunology and Allergy, Allergy & Anaphylaxis Australia Inc. For more information visit https://www.nationalallergystrategy.org.au/

PURPOSE

This policy provides guidelines Tunstall Square Kindergarten to:

minimise the risk of an allergic reaction including anaphylaxis occurring while children are in the care of Tunstall Square Kindergarten
ensure that service staff respond appropriately to allergic reactions including anaphylaxis by following the child's ASCIA Action Plan for Anaphylaxis and ASCIA Action Plan for Allergic Reactions
raise awareness of allergies and anaphylaxis and appropriate management amongst all at the service through education and policy implementation.
working with parents/guardians of children with either an ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in understanding risks and identifying and implementing appropriate risk minimisation strategies and communication plan to support the child and help keep them safe.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy and Incident, Injury, Trauma and Illness Policy*.

POLICY STATEMENT

VALUES

Tunstall Square Kindergarten believes that the safety and wellbeing of children who have allergic reactions and/or are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:
ensuring that every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury
providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
raising awareness amongst families, staff, children and others attending the service about allergies and anaphylaxis
actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing appropriate risk minimisation and risk management strategies for their child
ensuring all staff members and other adults at the service have adequate knowledge of allergies, anaphylaxis and emergency procedures
facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers [ECT], educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Tunstall Square Kindergarten, including during offsite excursions and activities.

This policy will apply regardless of whether a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that an anaphylaxis policy, which meets legislative requirements *(Regulation 90)* and includes a medical management plan *(refer to Definitions)*, risk minimisation plan *(refer to Definitions)* *(refer to Attachment 3)* and communication plan *(refer to Definitions)*, is developed and displayed at the service, and reviewed annually	**R**	√			
Providing approved anaphylaxis management training *(refer to Sources)* to staff as required under the *National Regulations*	**R**	√			
Ensuring that at least one ECT/educator with current (within the previous 3 years) approved anaphylaxis management training *(refer to Definitions)* is in attendance and immediately available at all times the service is in operation *(Regulations 136, 137)* Note: this is a minimum requirement, ELAA recommends that ALL educators have current approved first aid qualifications, anaphylaxis management training and asthma management training.	**R**	√			
Ensuring that all ECT/educators approved first aid qualifications, anaphylaxis management training *(refer to Sources)* and emergency asthma management training are current (within the previous 3 years), meet the requirements of the National Act *(Section 169(4))* and National Regulations *(Regulation 137)*, and are approved by ACECQA *(refer to Sources)*	**R**	√			
Develop an anaphylaxis emergency response plan which follows the ASCIA Action Plan *(refer to Attachment 4)* and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans should be practised at least once a year. Separate emergency response plans must be developed for any off-site activities	√	√	√		√
Ensuring ECT/educators and staff are aware of the procedures for first aid treatment for anaphylaxis *(refer to Attachment 4)*	**R**	√	√		
Ensuring all staff, parents/guardians, contractors, volunteers and students are provided with and have read the *Anaphylaxis and Allergic Reactions Policy and the Dealing with Medical Conditions Policy* *(Regulation 91)*	**R**	√			

Ensuring that staff undertake ASCIA anaphylaxis refresher e-training *(refer to Sources)* practice administration of treatment for anaphylaxis using an adrenaline injector trainer *(refer to Definitions)* twice a year, and that participation is documented on the staff record	**R**	√			
Ensuring the details of approved anaphylaxis management training *(refer to Definitions)* are included on the staff record *(refer to Definitions)*, including details of training in the use of an adrenaline injectors *(refer to Definitions)* *(Regulations 145,146, 147)*	**R**	√	√		
Ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency *(Regulation 161)*, and that this authorisation is kept in the enrolment record for each child	**R**	√		√	
Ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises *(Regulation 102)* *(refer to Excursions and Service Events Policy)*	**R**	√	√	√	
Identifying children at risk of anaphylaxis during the enrolment process and informing staff	√	√	√		
In the case of a child having their first anaphylaxis whilst at the service, the general use adrenaline injector should be given to the child immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan *(refer to Attachment 4)* including calling an ambulance	√	√	√		√
Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma *(Regulation 87)*	**R**	√	√		√
In addition to the above, services where a child diagnosed as at risk of anaphylaxis is enrolled, also responsible for:					
Displaying a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service *(Regulation 173(2)(f))*	**R**	√			
Ensuring the enrolment checklist for children diagnosed as at risk of anaphylaxis *(refer to Attachment 2)* is completed	**R**	√			
Ensuring that before the child begins orientation and attending the service, the parents have provided a medical management plan *(refer to Definitions)*, a risk minimisation and communication plan has been developed, and authorisation for any medication and medical treatment has been obtained	**R**	√		√	
Ensuring an ASCIA Action Plan for Anaphylaxis/ ASCIA Action Plan for Allergic Reactions completed in the child's doctor or nurse practitioner is provided by the parents are included in the child's individual anaphylaxis health care plan	**R**	√	√		
Ensuring medical management plan *(refer to Definitions)*, risk minimisation plan *(refer to Definitions)* *(refer to Attachment 3)* and communications plan *(refer to Definitions)* are developed for each child at the service who has been medically diagnosed as at	**R**	√	√		

risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner *(refer to Attachment 3)* and is reviewed annually					
Ensuring individualised anaphylaxis care plans are reviewed when a child's allergies change or after exposure to a known allergen while attending the service or before any special activities (such as off-site activities) ensuring that information is up to date and correct, and any new procedures for the special activity are included	√	√	√		√
Ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions and their risk minimisation plan filed with their enrolment record that is easily accessible to all staff *(Regulation 162)*	**R**	√	√		
Ensuring an individualised anaphylaxis care plan is developed in consultation with the parents/guardians for each child *(refer to Attachment 5)*	√	√	√		
Compiling a list of children at risk of anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include the ASCIA Action and ASCIA Action Plan for Allergic Reactions Plan for anaphylaxis for each child	√	√	√		
Ensuring that all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their signs and symptoms, and the location of their adrenaline injector and ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions	**R**	√	√		√
Ensuring parents/guardians of all children at risk of anaphylaxis **provide an unused, in-date** adrenaline injector if prescribed at all times their child is attending the service. Where this is not provided, children will be unable to attend the service	√	√	√	√	√
Ensuring that the child's ASCIA Action Plan for anaphylaxis is specific to the brand of adrenaline injector prescribed by the child's medical or nurse practitioner	√	√	√		
Following the child's ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in the event of an allergic reaction, which may progress to anaphylaxis		√	√		√
Following the ASCIA Action Plan/ASCIA First Aid Plan consistent with current national recommendations *(refer to Attachment 4)* and ensuring all staff are aware of the procedure	**R**	√	√		√
Ensuring that the adrenaline injector is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat, sunlight and cold	**R**	√	√		√
Ensuring adequate provision and maintenance of adrenaline injector kits *(refer to Definitions)*	**R**	√	√	√	√
Ensuring the expiry date of adrenaline injectors (prescribed and general use) are checked regularly (quarterly) and replaced when required	**R**	√	√		√

Ensuring that ECT/educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline injector kit *(refer to Definitions)* along with the ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions, for each child diagnosed as at risk of anaphylaxis *(refer to Excursions and Service Events Policy)*	**R**	√			
Ensuring that medication is administered in accordance with *Regulations 95 and 96 (refer to Administration of Medication Policy and Dealing with Medical Conditions Policy)*	**R**	√	√		√
Ensuring that emergency services and parents/guardians of a child are notified by phone as soon as is practicable if an adrenaline injector has been administered to a child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee *(Regulation 94)*	**R**	√	√		√
Ensuring that a medication record is kept that includes all details required by *(Regulation 92(3)* for each child to whom medication is to be administered	**R**	√	√		√
Ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency *(Regulation 93 (2))*	**R**	√	√		√
Ensuring that children at risk of anaphylaxis are not discriminated against in any way	**R**	√	√		√
Ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential	**R**	√	√		√
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis	**R**	√	√		√
Immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service	**R**	√	√		√
Responding to complaints and notifying Department of Education, 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	**R**	√			
Displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) *(refer to Sources)* First Aid Plan for Anaphylaxis poster in key locations at the service	√	√			
Displaying Ambulance Victoria's AV How to Call Card *(refer to Definitions)* near all service telephones	√	√			
Complying with the risk minimisation strategies identified as appropriate and included in individual anaphylaxis health care plans and risk management plans, from *Attachment 1*	**R**	√	√		√
Organising allergy awareness information sessions for parents/guardians of children enrolled at the service, where appropriate	√	√			
Providing age-appropriate education to all children including signs and symptoms of an allergic reaction and what to do if they think their friend is having an allergic reaction.	√	√	√		√

Providing information to the service community about resources and support for managing allergies and anaphylaxis	√	√			
Providing support (including counselling) for ECT/educators and staff who manage an anaphylaxis and for the child who experienced the anaphylaxis and any witnesses	√	√	√		√

RISK ASSESSMENT

The National Law and National Regulations do not require a service to maintain a stock of adrenaline injectors at the service premises to use in an emergency. However, ELAA recommends that the approved provider undertakes a risk assessment in consultation with the nominated supervisor and other educators, to inform a decision on whether the service should carry its own supply of these devices. This decision will also be informed by considerations such as distance to the nearest medical facility and response times required for ambulance services to reach the service premises etc.

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

- adequate stock of the adrenaline autoinjector is on hand, and that it is unused and in date
- appropriate procedures are in place to define the specific circumstances under which the device supplied by the service will be used
- the autoinjector is administered in accordance with the written instructions provided on it and with the generic ASCIA action plan for anaphylaxis
- the service follows the procedures outlined in the Administration of Medication Policy, which explains the steps to follow when medication is administered to a child in an emergency
- parents/guardians are informed that the service maintains a supply of adrenaline autoinjectors, of the brand that the service carries and of the procedures for the use of these devices in an emergency

BACKGROUND AND LEGISLATION

BACKGROUND

Anaphylaxis is a severe and life-threatening allergic reaction. Allergies, particularly food allergies are common in children. The most common causes of allergic reaction in young children are foods, 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 communicate the symptoms of anaphylaxis. With planning and training, many reactions can be prevented, however when a reaction occurs, good planning, training and communication can ensure the reaction is treated effectively by using an adrenaline injector (EpiPen® or Anapen®).

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

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The approved provider will ensure that there is at least one educator on duty at all times who has current approved anaphylaxis management training in accordance with the *Education and Care Services National Regulations 2011 (Regulation 136(1) (b)).* **As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved anaphylaxis management training** *(refer to Definitions)*.

Approved anaphylaxis management training is listed on the ACECQA website *(refer to Sources)*. This includes ASCIA anaphylaxis e-training for Australasian children's education and care services, which is an accessible, evidence-based, best practice course that is available free of charge. The ASCIA course is National Quality Framework (NQF) approved by ACECQA for educators working in ECEC services.

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

Education and Care Services National Law Act 2010: Sections 167, 169
Education and Care Services National Regulations 2011: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184.
Health Records Act 2001 (Vic)
National Quality Standard, Quality Area 2: Children's Health and Safety
Occupational Health and Safety Act 2004 (Vic)
Occupational Health and Safety Regulations 2017
Privacy and Data Protection Act 2014 (Vic)
Privacy Act 1988 (Cth)
Public Health and Wellbeing Act 2008 (Vic)
Public Health and Wellbeing Regulations 2009 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

Adrenaline injector: An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. Two brands of adrenaline injectors are currently available in Australia - EpiPen® or an Anapen®. As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA Action Plan for Anaphylaxis *(refer to Definitions)* must be specific for the brand they have been prescribed. Staff should know how to administer both brands of adrenaline injectors.

Used adrenaline injectors should be placed in a hard plastic container or similar and given to the paramedics. Or placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.

Adrenaline injector kit: An insulated container with an unused, in-date adrenaline injector, a copy of the child's ASCIA Action Plan for Anaphylaxis, and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Adrenaline injectors must be stored away from direct heat and cold.

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something in the environment which is usually harmless, e.g.: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed. Almost always, food needs to be ingested to cause a severe allergic reaction(anaphylaxis) however, measures should be in place for children to avoid touching food they are allergic to.

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

Mild to moderate signs & symptoms:
hives or welts
tingling mouth
swelling of the face, lips & eyes
abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms; however, these are severe reactions to insects.
Signs & symptoms of anaphylaxis are:
difficult/noisy breathing
swelling of the tongue
swelling/tightness in the throat
difficulty talking and/or hoarse voice
wheeze or persistent cough
persistent dizziness or collapse (child pale or floppy).

Anapen®: A type of adrenaline injector *(refer to Definitions)* containing a single fixed dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. Three strengths are available: an Anapen® 250 and an Anapen® 300 and Anapen® 500, and each is prescribed according to a child's weight. The Anapen® 150 is recommended for a child weighing 7.5–20kg. An Anapen® 300 is recommended for use when a child weighs more than 20kg and Anapen® 500 may be prescribed for teens and young adults over 50kg. The child's ASCIA Action Plan for Anaphylaxis *(refer to Definitions)* must be specific for the brand they have been prescribed (i.e. Anapen® or EpiPen®).

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

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

ASCIA Action Plan for Anaphylaxis/Allergic Reactions: A standardised emergency response management plan for anaphylaxis prepared and signed by the child's treating, registered medical or nurse practitioner that provides the child's name and confirmed allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of adrenaline injector prescribed for each child. Examples of plans specific to different adrenaline injector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website: https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis

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

EpiPen®: A type of adrenaline injector *(refer to Definitions)* containing a single fixed dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an Epipen® and an Epipen Jr®, and each is prescribed according to a child's weight. The Epipen Jr® is recommended for a child weighing 10–20kg. An Epipen® is recommended for use when a child weighs more than 20kg. The child's ASCIA Action Plan for anaphylaxis *(refer to Definitions)* must be specific for the brand they have been prescribed.

First aid management of anaphylaxis course: Accredited training in first aid management of anaphylaxis including competency in the use of an adrenaline autoinjector.

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

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

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

SOURCES AND RELATED POLICIES

SOURCES

ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website:www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training
All about Allergens for Children's education and care (CEC) training: https://foodallergytraining.org.au/course/index.php?categoryid=5
The Allergy Aware website is a resource hub that includes a Best Practice Guidelines for anaphylaxis prevention and management in children's education and care and links to useful resources for ECEC services to help prevent and manage anaphylaxis. The website also contains links to state and territory specific information and resources: https://www.allergyaware.org.au/
Allergy & Anaphylaxis Australia is a not-for-profit support organisation for individuals, families, children's education and care services and anyone needing to manage allergic disease including the risk of anaphylaxis. Resources include a telephone support line and items available for sale including adrenaline injector trainers. Many free resources specific to CEC are available: https://allergyfacts.org.au
The Australasian Society of Clinical Immunology and Allergy (ASCIA): www.allergy.org.au provides information, and resources on allergies. ASCIA Action Plans can be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis *(refer to Attachment 4)*. Contact details of clinical immunologists and allergy specialists are also provided however doctors must not be called during an emergency. Call triple zero (000) for an ambulance as instructed on the ASCIA Action Plan.
The Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for CEC: https://etraining.allergy.org.au/
Department of Education (DE) provides information related to anaphylaxis and anaphylaxis training: https://www.education.vic.gov.au/childhood/providers/regulation/Pages/anaphylaxis.aspx
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 when required. Kids Health Info fact sheets are also available from the website, including the following:
Allergic and anaphylactic reactions (July 2019): www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions
The Royal Children's Hospital has been contracted by the Department of Education and Training (DET) to provide an Anaphylaxis Advice & Support Line to central and regional DET staff, school principals and representatives, school staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

RELATED POLICIES

Administration of First Aid
Administration of Medication
Asthma
Chid Safe Environment and Wellbeing
Dealing with Medical Conditions
Diabetes
Enrolment and Orientation
Excursions and Service Events
Food Safety
Hygiene
Incident, Injury, Trauma and Illness
Inclusion and Equity
Nutrition, Oral Health and Active Play
Occupational Health and Safety

Privacy and Confidentiality
Supervision of Children

EVALUATION

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

selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
regularly seek feedback from everyone affected by the policy regarding its effectiveness
monitor the implementation, compliance, complaints and incidents in relation to this policy
keep the policy up to date with current legislation, research, policy and best practice
revise the policy and procedures as part of the service's policy review cycle or following an anaphylactic episode at the service, or as otherwise required
notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk *(Regulation 172 (2))*.

ATTACHMENTS

Attachment 1: Anaphylaxis risk minimisation procedures
Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis
Attachment 3: Risk minimisation plan for Anaphylaxis
Attachment 4: First Aid Treatment for Anaphylaxis
Attachment 5: Individual Anaphylaxis Action Plan template
Attachment 6: Individual Allergic Reactions Action Plan

AUTHORISATION

This policy was adopted by the approved provider of Tunstall Square Kindergarten on 13th March 2024.

REVIEW DATE: March 2027

Attachment 1: Anaphylaxis risk minimisation procedures

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

In relation to the child diagnosed as at risk of anaphylaxis:

- the child should only eat food that has been specifically prepared for him/her. Some parents/guardians may choose to provide all food for their child
- ensure there is no food sharing (refer to *Definitions*), or sharing of food utensils or containers at the service
- where the service is preparing food for the child:
  - ensure that it has been prepared according to the instructions of parents/guardians
  - parents/guardians are to check and approve the instructions in accordance with the risk minimisation plan
- bottles, other drinks, lunch boxes and all food provided by parents/guardians should be clearly labelled with the child's name
- consider placing a severely allergic child away from a table with food allergens. However, be mindful that children with allergies should not be discriminated against in any way and should be included in all activities
- 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, chairs and bench tops are thoroughly cleaned after every use
- ensure that all children and adults wash hands upon arrival at the service, and before and after eating
- supervise all children at meal and snack times, and ensure that food is consumed in specified areas. To minimise risk, children should not move around the service with food
- do not use food of any kind as a reward at the service
- ensure that children's risk minimisation plans inform the service's food purchases and menu planning
- ensure that staff and volunteers who are involved in food preparation and service undertake measures to prevent cross-contamination of food during the storage, handling, preparation and serving of food, including careful cleaning of food preparation areas and utensils (refer to *Food Safety Policy*)
- request that all parents/guardians avoid bringing food to the service that contains specified allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis
- restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, according to the allergies of children at the service
- ensure staff discuss the use of foods in children's activities with parents/guardians of at risk children. Any food used at the service should be consistent with the risk management plans of children diagnosed as at risk of anaphylaxis

- ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.

ATTACHMENT 2
Enrolment checklist for children diagnosed as at risk of anaphylaxis

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

ATTACHMENT 3

Risk Minimisation Plan for Anaphylaxis

Child's name _____ Group _____

□ Parents/guardians of a child at risk of anaphylaxis have been provided access to a copy of the centre's Anaphylaxis policy

□ Anaphylaxis management plan for the child is signed by the child's doctor and is visible to all staff

□ **EpiPen®** or **AnaPen®** [within expiry date] is available for use at any time the child is in attendance at the centre

□ **EpiPen®** or **AnaPen®** is stored in an appropriate container in a location easily accessible to adults [not locked away], inaccessible to children and away from direct sources of heat.

□ Parents/ guardians current details are available

□ Information regarding any other medications or medical conditions [for example Asthma] is available to staff

□ If food is prepared at the centre, measures are in place to minimise possible contamination of the food given to the child at risk of anaphylaxis

Detail any specific food allergens :

_____

_____

Detail any food packaging items not to be used at the pre-school by your child

[ie. cereal boxes, egg cartons etc]

_____

_____

Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities:

_____

Detail any celebrations, religious or otherwise, that your child celebrates that need to be considered and record what actions will be taken [eg. Easter – nut free eggs]

_____

Review

This review will be conducted annually, but always upon enrolment of the at risk child and after any incident, accidental exposure or upon notification of any changes to the child's allergy status.

	Name	Signature	Date
Parent			
Teacher			

Management Plan For Treatment of Anaphylaxis & Medical Conditions

To be kept with enrolment records. Date Completed:_____

This Section is to be completed with consultation with the child's doctor

Child's Name _____

Parent's / Guardian's Name _____

Phone: Home _____ Work _____

Mobile _____

Emergency Contact

Name _____

Phone _____

Mobile_____

Ambulance Subscriber YES / NO

Subscriber Number _____

Doctor's Name _____

Phone _____

Communication Plan - _____

Please document your child's allergies / medical condition

Trigger factors for your child's allergic reaction / medical condition

List any food which the Kindergarten should NOT give to your child

What are your child's usual symptoms of their allergy / medical condition?

What is your child's treatment plan?

Has your child been hospitalised because of their allergy / medical condition?

Plan prepared by:

Signed:

Date:

ATTACHMENT 4
First Aid Plan for Anaphylaxis

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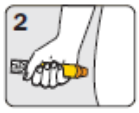
FIRST AID PLAN FOR Anaphylaxis

Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

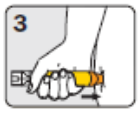
How to give adrenaline (epinephrine) injectors

EpiPen®

Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® doses are:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

Anapen®

PULL OFF BLACK NEEDLE SHIELD

PULL OFF GREY SAFETY CAP from red button

PLACE NEEDLE END FIRMLY against outer mid-thigh at 90°angle (with or without clothing)

PRESS RED BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® doses are:
Anapen® 150 Junior for children 7.5-20kg
Anapen® 300 for children over 20kg and adults
Anapen® 500 for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

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

ACTIONS
- Stay with person, call for help
- Locate adrenaline injector
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:
- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk
- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

2 GIVE ADRENALINE INJECTOR
3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 Further adrenaline 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 INJECTOR
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline injector FIRST if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. **THEN SEEK MEDICAL HELP.**

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2023 This document has been developed for use as a poster, or to be stored with general use adrenaline injectors.

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FIRST AID PLAN FOR Anaphylaxis

Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS


Swelling of lips, face, eyes


Hives or welts


Tingling mouth


Abdominal pain, vomiting
(these are signs of anaphylaxis for insect allergy)

ACTIONS

- Stay with person, call for help
- Locate adrenaline injector
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS


Difficult or noisy breathing


Swelling of tongue


Swelling or tightness in throat


Wheeze or persistent cough


Difficulty talking or hoarse voice


Persistent dizziness or collapse


Pale and floppy
(young children)


Abdominal pain, vomiting
(these are signs of anaphylaxis for insect allergy)

ACTIONS

1 LAY PERSON FLAT - do NOT allow them to stand or walk
- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

2 GIVE ADRENALINE INJECTOR as shown on the device label

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline 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 INJECTOR

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

Adrenaline injector doses are:
- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

ALWAYS give adrenaline injector FIRST if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. **THEN SEEK MEDICAL HELP.**

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

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ATTACHMENT 5
Individual Anaphylaxis Action Plan

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ACTION PLAN FOR Anaphylaxis

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

Signed: _____ Date: DD / MM / YYYY

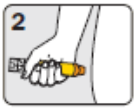
Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

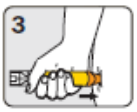
How to give adrenaline (epinephrine) injectors

EpiPen®

1 Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE



2 Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed as follows:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

Anapen®

1 PULL OFF **BLACK** NEEDLE SHIELD

2 PULL OFF **GREY** SAFETY CAP from red button

3 PLACE NEEDLE END FIRMLY against outer mid-thigh at 90°angle (with or without clothing)

4 PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:
Anapen® 150 Junior for children 7.5-20kg
Anapen® 300 for children over 20kg and adults
Anapen® 500 for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

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

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:
- Stay with person, call for help
- Locate adrenaline injector
- Give antihistamine - see above
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:
- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk
- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

2 GIVE ADRENALINE INJECTOR
3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 Further adrenaline 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 INJECTOR
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2023 This plan is a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

ATTACHMENT 6
Individual Allergic Reactions Action Plan

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www.allergy.org.au

ACTION PLAN FOR Allergic Reactions

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the patient or parent/guardian, according to this plan.

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector.

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

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

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

- Stay with person, call for help
- Give antihistamine - see above
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

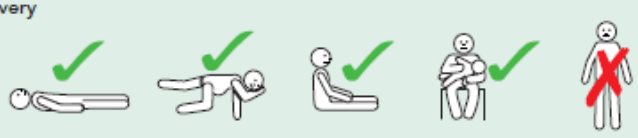
Watch for ANY ONE of the following signs:

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

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR IF AVAILABLE

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

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

Adrenaline injector doses are:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

Instructions are on device labels.

ALWAYS GIVE ADRENALINE INJECTOR FIRST and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

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