



Policy and Procedures Anaphylaxis

Acacia believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. Acacia is committed to:

- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences.
- raising awareness about allergies and anaphylaxis amongst the service community and children in attendance.
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Purpose

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service.
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen®.
- raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

Scope

The Education and Care Services National Law Act 2010 requires approved provider of approved service to have an anaphylaxis management policy in place

This policy will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at Acacia's centres. It will apply to children enrolled at the centres, their parents/guardians, educators and staff, approved provider as well as to other relevant members of the service community, such as volunteers and visiting specialists. The Education and Care Services National Regulations 2011, include the matters to be included in the policy, practices and procedures related to anaphylaxis management and staff training.

Background and legislation

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, soy, wheat, sesame, fish & shellfish; bee or other insect stings, and some medications.

Young children may not be able to express the symptoms of anaphylaxis.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.

Acacia recognises the importance of all educators and staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an



anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device.

Educators, staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Educators and staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead, Acacia recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

- **Legislation**

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2018.
- Health Act 1958
- Health Records Act 2001
- Occupational Health and Safety Act 2004

Definitions

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: sneezing, runny nose, red, watery and itch eyes, wheezing, coughing, breathing problems, headache, skin rashes, stomach pains, vomiting and diarrhea.

Ambulance contact card: A card that the centre has completed, which contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made.

Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Anaphylaxis can occur within minutes – the average is around 20 minutes after exposure to the allergen. Symptoms may be mild at first, but tend to get worse rapidly.

Typical symptoms and signs may include:

Mild to moderate allergic reaction

Facial swelling, including swelling of the lips, face and eyes

Hives (red welts)

Tingling mouth

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

ANAPHYLAXIS

Difficult / noisy breathing

Swelling of tongue

Swelling/tightness in throat

Difficulty talking and/or hoarse voice

Wheeze or persistent cough

Persistent dizziness or collapse

Pale and floppy (young children)



Anaphylaxis medical management action plan: a medical management plan prepared and signed by a Registered Medical Practitioner providing the child's name and confirmed allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Anaphylaxis management training: accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Early Childhood Development and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practice using a trainer adrenaline auto-injection device. Current courses that are accredited and recognised by the Secretary are:

- Course in Anaphylaxis Awareness (22300VIC) or (10313NAT)
- Course in Advanced First Aid (HLTFA412A) Course in Ensure the Health and Safety of Children (CHCCN301B), (CHCCN301C) or (CHCECE002)
- Course in Emergency First Aid Response in an Education and Care Setting (HLTAID004)

Adrenaline auto-injection device: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

EpiPen®: This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

Children less than 10kg

Adrenaline auto injectors are not usually recommended for children less than 10kg as the risk of fatal anaphylaxis in children this age is very low, and even the lower dose adrenaline auto injector would provide a significant overdose. If there is a concern, patients should be referred to a clinical immunology/allergy specialist for assessment.

** These dosage recommendations are based on expert opinion regarding recommended dose for weight and clinical trials of injected adrenaline in children, which is currently at slight variance with the product information leaflet.

Adrenaline auto-injection device training: training in the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the ASCIA e-training for child care and trainer auto-injection device.

Children at risk of anaphylaxis: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

Auto-injection device kit: An insulated container, for example an insulated lunch pack containing a current adrenaline auto-injection device, a copy of the child's ASCIA Action Plan for Anaphylaxis, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit, along with an asthma inhaler if required. Auto-injection devices are stored away from direct heat/cold.

Intolerance: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

No food sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the adrenaline auto-injection device



is current, the auto-injection device kit is complete and leads staff practice sessions after all staff have undertaken anaphylaxis management training.

Communication plan: A plan that forms part of the policy outlining how the centre will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled at the centre.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the centre, educating parents and children about food allergies and washing hands after meals.

Risk minimisation plan: A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the centre, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed in conjunction with families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. A sample risk minimisation plan is outlined in Schedule 3 of this document.

Service community: all adults who are connected to the children's service.

Treat box: A container provided by the parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats. Non-food rewards, for example stickers, stamps and so on are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.

Procedures

The centre shall:

- ensure that all educators and staff members have completed first aid and anaphylaxis management training that has been approved by the Secretary by January 2012 then at least every 3 years.
- ensure there is an anaphylaxis management policy in place
- ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the centre.
- ensure that all educators and staff at the centre whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation (CPR) every 12 months, recording this in the staff records. It is recommended that practise with the trainer auto-injection device is undertaken on a regular basis, preferably quarterly

When a child diagnosed at risk of anaphylaxis is enrolled, the centre shall also:

- conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the centre in consultation with staff and the families of the child/ren.
- ensure that a notice is displayed prominently in the main entrance of the centre stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the centre.
- ensure educators and staff members on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated have completed training approved by the Secretary in the administration of anaphylaxis management and that practice of the adrenaline auto-injection device is undertaken on a regular basis, preferably quarterly, and recorded
- ensure that all relief staff members have completed training approved by the Secretary in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of



anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit.

- ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service, its programs without the device.
- implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- display an Australasian Society of Clinical Immunology and Allergy (ASCIA) generic poster called *Action Plan for Anaphylaxis* in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet
- display an Emergency contact card by the telephone
- comply with the procedures outlined in Schedule 1 of the policy
- ensure that a child's individual ASCIA action plan for anaphylaxis is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- ensure that all educators and staff know the location of the ASCIA action plan for anaphylaxis and that a copy is kept with the auto-injection device Kit.
- ensure that the educator or staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the ASCIA action plan for anaphylaxis with the auto-injection device kit.

Educator or staff responsible for the child at risk of anaphylaxis shall:

- ensure a copy of the child's ASCIA action plan for anaphylaxis is visible and known to all staff at the centre.
- follow the child's ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to anaphylaxis
- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction: Regulation 94 emergency, Lay the child flat & administer adrenaline if available
 - Call an ambulance immediately by dialing 000
 - Commence first aid measures
 - Contact the parent/guardian
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" on a regular basis, preferably quarterly
 - ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has been diagnosed with any allergies, the parents/guardians are to provide an ASCIA medical management action plan signed by a Registered Medical Practitioner (Green ASCIA Action plan for allergy Red ASCIA Action Plan for Anaphylaxis)
- ensure that an ASCIA action plan for anaphylaxis signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's ASCIA action plan for anaphylaxis) is provided by the parent/guardian for the child while at the centre.
- ensure that the auto-injection device kit is stored in a location that is known to all educators and staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.



- ensure that the auto-injection device kit containing a copy of the ASCIA action plan for anaphylaxis for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the centre e.g. on excursions that this child attends.
- regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
- provide information to the service community about resources and support for managing allergies and anaphylaxis
- comply with the procedures outlined in Schedule 1 of the policy.

Parents/guardians of a child at risk of anaphylaxis shall:

- inform educators and staff at the centre, either on enrolment or on diagnosis, of their child's allergies
- develop an anaphylaxis risk minimisation plan along with the centre's director.
- provide an ASCIA action plan for anaphylaxis signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan.
- provide a complete auto-injection device kit
- regularly check the adrenaline auto-injection device expiry date
- assist centre's educators and staff by offering information and answering any questions regarding their child's allergies
- notify the staff of any changes to their child's allergy status and provide a new ASCIA action plan for anaphylaxis in accordance with these changes
- communicate all relevant information and concerns to centre's staff, for example, any matter relating to the health of the child in so far as it relates to allergy
- comply with the centre's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device
- comply with the procedures outlined in Schedule 1 of the policy.

Related documents

Related documents at the centre:

- Enrolment checklist for children at risk of anaphylaxis (Schedule 2 of the policy).
- Risk Minimisation Plan (Schedule 3 of the policy)
- Relevant centre policies such as:
 - Enrolment
 - Illness and Emergency Care
 - Nutrition and Food Safety
 - Hygiene
 - Asthma
 - Inclusion
 - Communication

Contact details for training, resources and support

There are a range of providers offering anaphylaxis training

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provide information on allergies. The *Action plan for Anaphylaxis* can be downloaded from this site.
- Allergy & Anaphylaxis Australia Inc. at www.allergyfacts.org.au, is a non-profit support organisation for families with allergies.. Items such as storybooks, auto-injection device trainers



and so on are available for sale from the Product Catalogue on this site. Allergy & Anaphylaxis Australia Inc. provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.

- Royal Children's Hospital Anaphylaxis Advice & Support Line provides advice and support on implementing anaphylaxis legislation to Schools and children's services. The Anaphylaxis Advice & Support Line is available between the hours of 8:30 a.m. to 5:00 p.m., Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235.
- Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.
- EpiClub provides a wide range of resources and information for managing the use and storage of the adrenaline auto injection device EpiPen®.

Evaluation

Acacia shall:

- discuss with educators and staff their knowledge of issues following educators and staff participation in anaphylaxis management training.
- selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.
- discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
- respond to complaints and notify the Department within 48 hours.
- review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

Educators and staff shall nominate an educator or staff member to:

- conduct 'anaphylaxis scenarios' and supervise practice sessions in adrenaline auto-injection device administration procedures to determine the levels of staff competence and confidence in locating and using the auto-injection device kit
(An anaphylaxis resource kit can be purchased. This kit contains an auto-injection device trainer to enable staff to practice the administration of the auto-injection device regularly at least quarterly. This trainer auto-injection device should be stored separately from all other auto-injection devices for example in a file with anaphylaxis resources, so that the auto-injection device trainer is not confused with an actual auto-injection device)
- routinely (e.g. monthly) review each auto-injection device kit to ensure that it is complete and the auto-injection device is not expired
- liaise with the licensee and parents of children at risk of anaphylaxis.

Parents or guardians shall:

- read and be familiar with the policy.
- identify and liaise with the nominated educator or staff member.
- bring relevant issues to the attention of both educators or staff and nominated supervisor.

Schedule 1 Risk Minimisation Plan



In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her
 - Where the centre is preparing food for the child, ensure that it has been prepared according to the parent's instructions.
 - Some parents will choose to provide all food for their child
- All food for this child should be checked and approved by the child's parent/guardian and be in accordance with the risk minimisation plan.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/ guardians for this child should be clearly labelled with the child's name.
- There should be no trading or sharing of food, food utensils and containers with this child
- In some circumstances it may be appropriate that a child at risk of anaphylaxis does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities
- Parents/guardians should provide a safe treat box for their child
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination
- When the child diagnosed at risk of anaphylaxis is allergic to milk, ensure non-allergic babies are held when they drink formula/milk
- Increase supervision of this child on special occasions such as excursions, incursions or family days

In relation to other practices at the centre:

- Ensure tables, high chairs and bench tops are washed down after eating
- Ensure hand washing for all children before and after eating and, if the requirement is included in a particular child's anaphylaxis medical management action plan, on arrival at the centre
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children
- Staff should discuss the use of foods in activities with the parent/guardian of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the centre with food.
- Staff should use non-food rewards, for example stickers, for all children
- The risk minimisation plan will inform the children's service's food purchases and menu planning
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food - such as careful cleaning of food preparation areas and utensils
- No food, other than items that are provided by parent/guardian for a child at risk of anaphylaxis is to be brought from home into the centre.

Schedule 2 Enrolment Check List for Children at Risk of Anaphylaxis

- A risk minimisation plan is completed, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented



- Parents/guardians of a child at risk of anaphylaxis have been provided a copy of the centre's Anaphylaxis management policy
- All parents/guardians are made aware of the Anaphylaxis management policy
- Anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all staff. A copy of the anaphylaxis medical management action plan is included in the child's auto-injection device kit.
- Adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the service.
- Adrenaline auto-injection device is stored in an insulated container (auto-injection device Kit), in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.
- All educators and staff, including relief staff, are aware of each auto-injection device kit location and the location of the anaphylaxis medical management action plan.
- Educators and staff responsible for the child/ren diagnosed at risk of anaphylaxis undertake anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practice with an auto-injection device trainer, and is reinforced at quarterly intervals and recorded annually.
- The centre's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis.
- Parent/guardian's current contact details are available
- Information regarding any other medications or medical conditions (for example asthma) is available to staff
- Measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

Schedule 3 Risk Minimisation Plan for Anaphylaxis



How well has the centre planned for meeting the needs of children with allergies who are at risk of anaphylaxis?

1. Who are the children?	<ul style="list-style-type: none">List names and room locations of each of the at risk children
2. What are they allergic to?	<ul style="list-style-type: none">List all of the known allergens for each of the at risk childrenList potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service
3. Does everyone recognise the at risk children?	<ul style="list-style-type: none">List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at risk childrenConfirm where each child's Action Plan (including the child's photograph) will be displayed

Do families and staff know how the service manages the risk of anaphylaxis?

- Record when each family of an at risk child is provided a copy of the centre's Anaphylaxis policy
- Record when each family member provides a complete auto-injection device kit
- Test that all educators and staff, including relief staff, know where the auto-injection device kit is kept for each at risk child
- Regular checks of the expiry date of each adrenaline auto-injection device are undertaken by a nominated staff member and the families of each at risk child
- Service writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the service:
- Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate
- Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on
- A new written request is sent to families if the food allergens change
- Ensure all families are aware of the policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device
- The service displays the ASCIA generic poster, *Action plan for anaphylaxis*, in a key location and locates a completed ambulance card by the telephone/s
- The auto-injection device kit including a copy of the anaphylaxis medical management action plan is carried by a staff member on all excursions attended by the at risk child

Do all educators and staff know how the centre 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 who is responsible for implementing them (See following section for possible exposure scenarios and strategies)
- Menus are planned in conjunction with parents/guardians of at risk children
 - Food for the at risk child is prepared according to their parents'/guardians' instructions to avoid the inclusion of food allergens
 - As far as practical the food on the menu for all children should not contain ingredients such as milk, egg and peanut/nut products to which the child is at risk
 - The at risk child should not be given food if the label for the food states that the food may contain traces of a known allergen
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens
- Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child
- Service develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her.
- NO FOOD is introduced to a baby if the parent/guardian has not previously given this food to the baby.
- Ensure each child enrolled at the service washes his/her hands before and after eating and on arrival if required as part of a particular child's medical management plan.
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk child/ren and the reasons for this
- Bottles, baby's formula provided by the family of the child at risk should be clearly labeled with the child's name.
- A safe 'treat box' is provided by the family of each at risk child and used by the service to provide 'treats' to the at risk child, as appropriate.

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

- Know what each child's Action Plan says and implement it
- Know who will administer the EpiPen® and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child.
- All educators and staff with responsibilities for at risk children have undertaken anaphylaxis management training and regular practice sessions

How effective is the service's risk minimisation plan?

- Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure.



Possible exposure scenarios and strategies

Scenario	Strategy	Who
Food is provided by the centre and a food allergen is unable to be removed from the service's menu (for example milk)	Menus are planned in conjunction with parents of at risk child/ren and food is prepared according to parents instructions	Cook, Nominated Supervisor, families
	Ensure separate storage of foods containing allergen	Approved Provider & Cook
	Cook, educators and staff observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers.	Cook & Educators
	There is a system in place to ensure the at risk child is served only the food prepared for him/her	Cook & Educators
	An at-risk child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes.	Educators
	Children are regularly reminded of the importance of no food sharing with the at risk child.	Educators
	Children are supervised during eating	Educators
Party or celebration	Give plenty of notice to families about the event	Approved Provider, Nominated Supervisor, Certified Supervisor,
	Ensure a safe treat box is provided for the at risk child	Parent & Educators
	Ensure the at risk child only has the food approved by his/her parent/guardian	Educators
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent.	Approved Provider, Nominated Supervisor
Protection from insect bite allergies	Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area	Educators
	Decrease the number of plants that attract bees	Approved Provider
	Ensure the at risk child wears shoes at all times outdoors	Educators



	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at risk child during the period required to eradicate the insects	Approved Provider
Latex allergies	Avoid the use of party balloons or contact with latex gloves -	Educators
Cooking with children	Ensure parents/ guardians of the at risk child are advised well in advance and included in the planning process. Parents may prefer to provide the ingredients themselves.	Educators

For updated action plans and resources go to:

<https://allergy.org.au/>

Reference:

- **Anaphylaxis model policy**

Published by the Victorian Government Department Education and Early Childhood Development, Melbourne, Victoria, Australia

<https://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

25 August 2020

© Copyright State of Victoria, Department of Education and Early Childhood Development, 2009

State of Victoria, Department of Education and Early Childhood gives permission to reproduce any part of this model policy.

Also published on www.education.vic.gov.au/anaphylaxis
Authorised by the Victorian Government, 35 Spring St, Melbourne

Health websites

Australasian Society of Clinical Immunology and Allergy (ASCIA), 2021 <http://www.allergy.org.au/>

Better health, 2015,

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/anaphylaxis>

Version 6	Endorsed By: CoM	Approved Date: 2007	Reviewed: March 2021
-----------	------------------	---------------------	----------------------

BREACH OF THIS POLICY

Any educator or staff found to have violated this policy may be subject to disciplinary action