



# BOX HILL SOUTH PRESCHOOL INC.

Registration. No. 398

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ABN 54667119108

## ANAPHYLAXIS MANAGEMENT POLICY 2011

### Purpose

This policy will provide guidelines to:

- Minimise the risk of an anaphylactic reaction occurring while children are in the care of **Box Hill South Preschool Inc.**
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an auto adrenaline injection device.
- Raise the centre community's awareness of anaphylaxis and its management through education and policy implementation.
- Comply with section 26A of the *Children's Services Act 1996* and the Children's Services Regulations 2009, Schedule 3.

### Policy statement

#### 1. Values

**Box Hill South Preschool Inc.** believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility.

**Box Hill South Preschool Inc.** 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 centre 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.

#### 2. Scope

This policy will apply whether or not there is a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis enrolled at the centre. It applies to children enrolled at the centre, their parents/guardians, staff and committee. It also applies to other relevant members of the centre community, such as volunteers and visiting specialists.

### 3. 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 (0-5 years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow's milk, 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 express the symptoms of anaphylaxis. However with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector (e.g. an EpiPen®).

In any centre that is open to the general community it is not possible to achieve a completely allergen-free environment. Instead the licensee, staff, parents/guardians 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 centre.

The *Children's Services Act 1996* section 26A, requires proprietor's of licensed children's services to have an anaphylaxis management policy in place whether or not there is a child enrolled who has been diagnosed at risk of anaphylaxis. The Children's Services Regulations 1998 were amended in 2008 to prescribe policies, plans, procedures and training related to anaphylaxis. The matters to be included in the anaphylaxis management policy are in the new Schedule 3 of the CSR.

The Children's Services Regulations 2009 require:

- All staff members on duty whenever a child, who has been diagnosed as risk of anaphylaxis, is being cared for or educated by the service, has undertaken training in anaphylaxis training which has been approved by the 'Secretary' (see Definitions). CSR r67
- All staff members on duty whenever children are being cared for or educated by the service to undertake annual training in Cardio Pulmonary Resuscitation (CPR) and administration of the adrenaline auto-injection device CSR r65
- All staff employed, engaged, appointed or approved by the service to have completed a first aid and anaphylaxis training, which has been approved by the 'Secretary', by 1 January 2012 and then at least every 3 years.

Relevant legislation includes but is not limited to:

- *Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008* (Act) commenced on 14 July 2008 amending the *Children's Services Act 1996* and the *Education and Training Act 2005*.
- The *Children's Services Act 1996* (CSA)
- Children's Services Regulations 2009 (CSR)
- *Health Act 1958*
- *Health Records Act 2001*
- *Occupational Health and Safety Act 2004*
- *Anaphylaxis Act – Amendments 2008*
- *Privacy Act*

### 4. Definitions

**Action plan:** refer to Anaphylaxis medical management action plan

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

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

**Adrenaline auto-injection device training:** Training in the use of the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self paced trainer CD ROM and trainer auto-injection device.

**Adrenaline auto-injection device kit:** (Note: stored away from direct heat) An insulated container, for example an insulated lunch pack containing

- a current adrenaline auto-injection device,
- a copy of the child's anaphylaxis action plan, 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 parents/guardians cannot be contacted. If prescribed an antihistamine may be included in the kit.

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

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

**Allergic reaction:** A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

**Ambulance contact card:** A card that the centre has completed, which contains all the information that the Ambulance Service will request when phoned on 000, (further information about what you will need to know when you call this number is available on the Ambulance Victoria website) and once completed by the centre it should be kept by the telephone from which the 000 phone call will be made.

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

**Anaphylaxis medical management action plan (sometimes referred to as an Action plan):** An individual medical management plan prepared and signed by the child's treating medical practitioner at the date it was signed, providing the child's name and allergies, a photograph of the child, description of the prescribed anaphylaxis medication for that 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 (DEECD) and includes strategies for anaphylaxis management, recognition of

allergic reactions, risk minimisation strategies, emergency treatment and practise using a trainer adrenaline auto-injection device. Current courses that are accredited and recognised by the “Secretary” are:

- Course in Anaphylaxis Awareness, 21827VIC
- First Aid Management of anaphylaxis course 21659VIC (expired 31 Dec 2010)
- Course in First Aid Management of Anaphylaxis 22099VIC (Valid from 1 Jan 2011 until 31 Dec 2015)

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

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

**Department of Education and Early Childhood Development (DEECD):** State government department responsible for the licensing, funding and regulation of children’s services in Victoria.

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

**Licensee:** Person or body corporate who holds a licence to operate a children’s service under the Act

**No food sharing:** The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parents/guardians, 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 committee.

**Proprietor:** Includes the owner of the service, primary nominee and any person who manages or controls the service.

**Risk minimisation:** A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the centre, educating parents and children about food allergies, washing hands after meals and developing strategies to help reduce risk of an anaphylactic reaction.

**Risk minimisation plan:** A plan specific to the centre 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 by the licensee in consultation with the families of children at risk of anaphylaxis and staff at the centre 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 Attachment 3.

**Secretary:** The ‘Secretary’ of the Department of Education and Early Childhood Development (DEECD)

**Service community:** All adults who are connected to the children’s centre.

**Treat box:** A container provided by the parents/guardians 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.

## 5. Sources and related centre policies

### Related documented at this service:

- Kindergarten Preschools Victoria PolicyWorks 2009 (KPV)
- Brochure titled “Allergies and anaphylaxis” (July 2007) available through the Royal Children’s Hospital, Department of Allergy and Immunology.

### Contact details for resources and support

- Australasian Society of Clinical Immunology and Allergy (ASCI), at [www.allergy.org.au](http://www.allergy.org.au) provides information on allergies. The Action Plan for Anaphylaxis can be downloaded from this site. Contact details of clinical immunologists and allergy specialists are also available on this site.
- Anaphylaxis Australia Inc, at [www.allergyfacts.org.au](http://www.allergyfacts.org.au) is a non-for-profit support organisation for families of children with food related anaphylaxis. Items such as storybooks, tapes, auto-injection device trainers and other items are available for sale from the product catalogue on this site. Anaphylaxis Australia Inc. provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children’s Hospital, Department of Allergy and Immunology, at [www.rch.org.au](http://www.rch.org.au) provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy and Immunology to evaluate a child’s allergies and if necessary, provide an adrenaline auto-injector prescription, as well as to purchase a trainer kit. Telephone (03) 9345 5701.
- Royal Children’s Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children’s services staff and parents. Telephone 1300 725 911.
- DEECD website at [www.education.vic.gov.au](http://www.education.vic.gov.au) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training (e.g. Anaphylaxis model Policy from DEECD. Updated January 2011).

### Related Centre policies such as:

- Asthma
- Enrolment
- Privacy

## Procedures

In all Centres, **the proprietor (committee) is responsible for:**

Ensuring

- An anaphylaxis management policy which meets legislative requirements (Schedule 3 of the Children’s Services Regulations 2009 (r.87) and includes a risk minimisation plan and communication plan, is developed and in place, displayed at the centre and reviewed regularly

- That the policy is provided to a parent/guardian of each child diagnosed at risk of anaphylaxis at the service (r. 43).
- All staff have completed first aid and anaphylaxis management training that has been approved by the Secretary by January 2012, then at least every 3 years (CSR r63 (1) (3) (4)).
- That all staff, whether or not they have a child diagnosed at risk of anaphylaxis, undertakes training in the administration of the auto-injection device training and CPR every 12 months [r 65(1)], recording this in the staff records (r38). It is recommended that practise with the trainer auto-injection device is undertaken on a regular basis, preferably quarterly.
- A risk management plan is developed for each child at **Box Hill South Preschool Inc.** diagnosed at risk, in consultation with that child's parents/guardians. ([Attachment 3](#))

In centres where there is a child diagnosed at risk of anaphylaxis is enrolled **the proprietor (committee) is also responsible for:**

- Conduct an assessment of the potential for accidental exposure to allergens while children at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with staff and families of the children (Schedule of the Regulations)
- Displaying a sign, prominently, at the main entrance of the centre stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the centre (CSR r40)
- Including a copy of the completed accredited anaphylaxis management training certificate in the staff member's file.
- Ensuring
  - All staff members on duty have completed accredited anaphylaxis management training (recognised by the 'Secretary') CSR r.67(2) and that practice in the auto-adrenaline injection device is undertaken regularly, preferably quarterly and recorded.
  - That all relieving staff members have completed anaphylaxis 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.
  - Parents/guardians are informed if the reliever in the centre is not trained in anaphylaxis management before a child at risk of anaphylaxis is left at the centre. (Relevant only prior to 2012).
  - That all staff (including relievers and volunteers) are able to identify all children diagnosed at risk of anaphylaxis; where the adrenaline auto-injection device is located for each of those children; where the anaphylaxis medical management plan for those children is located. (Schedule 3 of the Regulations).
  - Staff members accompanying any 'at risk' children outside the centre carry the fully equipped adrenaline auto-injection device kit and a copy of the anaphylaxis medical management plan for those children. (r 74(4)(d)).

- No child who has been prescribed an adrenaline auto-injection device is permitted to attend the centre or its programs without that device (Schedule 3 of the Regulations)
- That a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child (r.34). This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- Making parents/guardians aware of this policy, and providing access to it on request.
- Implementing a communication strategy and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation. (Schedule 3 (4) of the Regulations).
- Displaying an Australasian Society of Clinical Immunology and Allergy (ASCIA) generic poster called *Action plan for Anaphylaxis* in a key location at the centre, for example, in the children's room, the staff room or near the medication cabinet.
- Displaying an ambulance contact card by telephones.
- Complying with the procedures outlined in [Attachment 1](#) (Risk minimisation procedures).

**Staff responsible for the child at risk of anaphylaxis shall:**

- Ensure that a copy of the child's anaphylaxis medical management action plan is visible and known to staff in the centre.
- Follow the child's anaphylaxis medical management plan 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 a anaphylactic reaction:
  - Call an ambulance immediately by dialling 000
  - Commence first aid measures
  - Contact the Parent/Guardian
  - Contact the person to be notified in the even of illness if the parent/guardian cannot be contacted.
- Practise the administration of an auto adrenaline 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 centre, whether the child has allergies and document this information on the child's enrolment record. (CSR r34b).
- Ensure that anaphylaxis medical management action plan (sometimes referred to as an Action Plan) signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy of the Action Plan) is provided by the parent/guardian for the child while at the service.
- Ensuring that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible (both indoors and outdoor) to adults (not locked away); inaccessible to children; and away from direct sources of heat (r.84(3)).
- Ensuring that the auto-injection device kit (containing the child's medication and anaphylaxis medical management action plan) for each child at risk of anaphylaxis is

carried by the qualified staff member accompanying the child on excursions that this child attends. CSR r74 (4d)

- Provide information to the service community about resources and support for managing allergies and anaphylaxis.
- Providing a copy of the policy to the parents/guardians of the child at risk CSR r43
- Ensuring other persons involved in the program (for example parents on duty, students on placement) are aware of children at risk of anaphylaxis.
- Contacting the parents/guardians immediately if the child's adrenaline auto injection device has not been left at the centre.
- Complying with the procedures outlined in [Attachment 1](#).
- Nominating a staff member to:
  - Conduct 'anaphylaxis scenarios' and supervise practise sessions in administration of adrenaline auto injector procedures to determine the levels of staff competence and confidence in locating and using the adrenaline auto-injection device at least quarterly.

(Anaphylaxis resource kits have been provided to all licensed children's services. The kits contain auto-injection device trainers (EpiPen® and Anapen®) and trainer CD-ROMS to enable staff to practice the administration of the auto-injection device regularly at least quarterly. The trainer auto-injection devices 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) check the auto-injection device kit to ensure that it is complete and that the adrenaline auto-injection device has not expired. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month).
- Liaise with the committee and parents/guardians of children at risk of anaphylaxis.

**Parents/guardians are responsible for:**

- Reading and being familiar with the policy
- Complying with the procedures outlined in [Attachment 1](#) (Risk minimisation procedures)
- Bringing relevant issues to the attention of both staff and committee

**Parents/guardians of a child at risk of anaphylaxis are responsible for:**

- Informing staff, either on enrolment or on diagnosis, of their child's allergies.
- Developing an anaphylaxis risk minimisation plan with centre staff.
- Providing staff with an anaphylaxis medical management action plan (Action Plan) signed by a Registered Medical Practitioner and written consent to use any prescribed medication in line with this action plan.
- Providing staff with a complete auto-injection device kit.
- Regularly checking the adrenaline auto-injection device expiry date.
- Assisting staff by offering information and answering any questions regarding their child's allergies.

- Notifying the staff of any changes to their child's allergy status and providing a new anaphylaxis medical management action plan in accordance with these changes.
- Communicating all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- Complying with the centre's policy that no child who has been prescribed an adrenaline auto injection-device is permitted to attend the centre or its programs without that device.
- Complying with the procedures outlined in [Attachment 1](#) (Risk minimisation procedures)

## **Evaluation**

In order to assess whether the policy has achieved the values and purposes the proprietor (committee) will:

- Selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete.
- Seek feedback regarding 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. This can be facilitated through discussions and the annual centre survey.
- Review the centre's response if a child has an anaphylactic reaction to identify if there is a need for additional training and any other corrective action such as a change to current policies or plans.
- Ask staff to share their learning following participation in anaphylaxis management training with the licensee to identify any issues which may need to be addressed.
- Respond to complaints and notify the Department within 48 hours (r.105)
- Regularly review the policy and centre practices to ensure they are compliant with any new legislation, research or best practice procedures.

## **Attachments**

[Attachment 1](#) Risk minimisation procedures

[Attachment 2](#) Enrolment checklist for children at risk of anaphylaxis

[Attachment 3](#) Sample risk minimisation plan

## **Authorisation**

This policy was adopted by the **Box Hill South Preschool Inc.** committee on 31 March 2011

**Review date (annual):** Feb 2012

## **Risk minimisation procedures**

The following procedures should be developed in consultation with the parents/guardians of 'at risk' children and implemented to help protect those children from accidental exposure to food allergens. These procedures should be regularly reviewed to identify any new potential accidental exposures to allergens.

### **In relation to the child at risk:**

- This 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.
  - Where the centre is preparing food for the child, ensure that it has been prepared according to the parents/guardians instructions.
- All food for this child should be checked and approved by the parent/guardian 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 highly allergic child 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 this 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.
- Ensure appropriate supervision of the child at risk, on special occasions such as excursions, centre events or family days.
- Children diagnosed at risk of anaphylaxis because of insect/sting bites should wear shoes and long-sleeved, light-coloured clothing.

### **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 and adults upon arrival at the centre, before and after eating.
- Restrict the 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.

- 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
- Where food is bought from home to the service, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.
- Keep garden areas free from stagnant water and plants which attract biting insects.

## **Enrolment checklist for children at risk of anaphylaxis**

- Risk minimisation plan is completed in consultation with parent/guardian, prior to the attendance of the child at the centre, 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 child's anaphylaxis medical management action plan is included in the child's adrenaline 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 in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.
- All staff, including relief staff, are aware of each adrenaline auto-injection device kit location and the location of the child's anaphylaxis medical management action plan.
- Staff who are responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment; and practise with an auto-injection device trainer and is reinforced at quarterly intervals and recorded annually in the staff records.
- 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.
- Parents/guardians current contact 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 prevent contamination of the food given to the child at risk of anaphylaxis.

## Sample risk minimisation plan

The following information is not a comprehensive list but contains some suggestions to consider when developing/reviewing your centre's risk minimisation plan

<b>How well has the centre planned for meeting the needs of children with allergies who are at risk of anaphylaxis?</b>	
Who are the children?	<input type="checkbox"/> List names and room locations of each of the at risk children.
What are they allergic to?	<input type="checkbox"/> List all of the known allergens for each of the at risk children. <input type="checkbox"/> List 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 centre.
Do staff and other persons participating in the program recognise the at risk child/ren?	<input type="checkbox"/> List the strategies for ensuring that all staff, including relief staff, recognise each of the at risk children, the children's specific allergies that they are aware of the child's anaphylaxis medical management action plan. <input type="checkbox"/> Confirm where each child's Anaphylaxis medical management action plan (including the child's photograph) will be displayed.
<b>Do families and staff know how the centre manages the risk of anaphylaxis?</b>	
<input type="checkbox"/> Record when each family of a child at risk child of anaphylaxis is provided a copy of the centre's Anaphylaxis management policy. <input type="checkbox"/> Record when each family provides a complete auto-injection device kit <input type="checkbox"/> Test that all staff, including relief staff, know where the anaphylaxis medication and anaphylaxis medical management plan is kept for each at risk child. <input type="checkbox"/> 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. <input type="checkbox"/> The Service writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include considering strategies such as requesting the following items are not sent to the centre: <ul style="list-style-type: none"> <li>o Food containing the major sources of allergens or foods where transfer from one child to another is likely e.g. peanut/nut products, whole egg, chocolate or sesame</li> <li>o Food packaging of 'at-risk' foods (see known allergens at point 2), for example cereal boxes, egg cartons.</li> </ul> <input type="checkbox"/> A new written request is sent to families if the food allergens change. <input type="checkbox"/> 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 centre without that device. <input type="checkbox"/> The centre displays the ASCIA generic poster, "Action Plan for Anaphylaxis", in a key location and locates a completed ambulance card by the telephone/s. <input type="checkbox"/> The auto-injection device kit is taken on all excursions attended by the at risk child.	

### **Do all 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 scenarios and strategies).

- Menus are planned in conjunction with parents/guardians of at risk children
  - o Food for the child at risk child is prepared according to their parents/guardians instructions to avoid the inclusion of food allergens.
  - o 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.
  - o 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.
- Staff and committee develop procedures for ensuring that each at risk child only consumes food prepared specifically for him/her.
- Ensure each child enrolled at the centre washes his/her hands upon arrival at the centre, before and after eating.
- Teaching strategies are used to raise awareness of all children of anaphylaxis and no food sharing with the 'at risk' child/ren, and the reasons for this.
- Bottles, other drinks and lunch boxes provided by the family of the child at risk child should be clearly labelled with the child's name.
- A safe 'treat box' is provided by the family of each 'at risk' child and used by the centre 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 anaphylaxis medical management action plan says and implement it.
- Know who will administer the auto-injection device and stay with the child; who will telephone the ambulance and the parents/guardians; who will ensure the supervision of the other children; who will let the ambulance officers into the centre and take them to the child.
- All staff have undertaken accredited anaphylaxis management training and regular practise sessions for the administration of the auto-injection device.
- A completed ambulance card is located next to the telephone/s.

### **How effective is the centre's risk minimisation plan?**

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

### Potential exposure scenarios and strategies

Scenario	Strategy	Who
Food is provided by the centre and a food allergen is unable to be removed from the centre's menu (e.g. milk).	Menus are planned in conjunction with parents/guardians of 'at risk' child/ren and food is prepared according to parents/guardians instructions.  Alternatively the parents/guardians provide all of the food for the at risk child.	Cook, primary nominee, parents/guardians
	Ensure separate storage of foods containing allergen.	Licensee and cook
	Cook 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, staff & volunteers
	There is a system in place to ensure the 'at risk' child is served only the food prepared for him/her.	Cook & staff
	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.	Staff
	Children are regularly reminded of the importance of no food sharing with the at risk child.	Staff
	Children are closely supervised during eating	Staff
Party or celebration	Give plenty of notice to parents/guardians about the event.	Licensee/ primary nominee/qualified staff
	Ensure a safe treat box is provided for the 'at risk' child.	Parents/guardians/ staff
	Ensure the 'at risk' child only has the food approved by his/her parents/guardians.	Staff
	Specify a range of foods that parents/guardians may send for the party and note particular foods and ingredients that should not be sent.	Licensee/ primary nominee
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.	Staff
	Decrease the number of plants that attract bees.	Licensee
	Ensure the 'at risk' child wears shoes at all times outdoors.	Staff
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the child 'at risk' child during the period required to eradicate the insects.	Licensee
Latex allergies	Avoid the use of party balloons or contact with latex gloves.	Staff
Cooking with children	Ensure parents/guardians of the 'at risk' child are advised well in advance and included in the planning process.  Activities and ingredients used are consistent with the risk minimisation plan.	Licensee/staff