Allergy and Anaphylaxis (including Nut Free) Policy and Procedures

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Link to: Current ASCIA Action Plans and First Aid Posters for Allergy and Anaphylaxis

Policy Statement

Heritage Early Childhood Centre (Heritage) recognises its duty of care and legal obligation under National Law Section 167 to ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury. Currently, all Heritage permanent educators have approved anaphylaxis management training. This exceeds the legal requirement to have one staff member on duty and available at all times with current approved anaphylaxis management training (Regulation 136). In addition, all enrolled children with a diagnosed allergy or anaphylaxis are required to have a current Medical Condition Management Plan including a Risk Minimisation Plan and Communication Plan that is accessible to all educators and regularly updated (National Regulation 90).

Heritage believes that the safety and wellbeing of children who are at risk of allergy and anaphylaxis is a “whole-of-community" responsibility. We understand it is not possible to achieve a completely allergen-free environment at a service that is open to the community, and educators must not have a false sense of security that an allergen has been eliminated from the environment. However, we recognise the need to work with families and educators to implement health care plans and adopt a range of risk minimisation strategies and procedures, including strategies to minimise the presence of allergens in the service environment, to reduce the risk of allergic and anaphylactic reactions.

Families will be advised as required that, while **nuts and seafood are excluded at Heritage,** when introducing solid foods to babies at home, families should include common allergy causing foods (eg, egg, peanut, cow’s milk, tree nuts, soy, sesame, wheat, fish/seafood) by 12 months in an age-appropriate form, such as well-cooked egg and smooth peanut butter/paste. Studies show that this may reduce the chance of developing food allergy in babies with severe eczema or egg allergy, and delayed introduction of these foods has been shown to increase the chance of developing food allergy (ASCIA, 2020).

Background

Allergies

Allergies are very common and increasing in Australia. Around one in three people will develop allergies at some time during their life (Allergy and Anaphylaxis Australia, 2020). An allergy is an immune system response to something in the environment that the body has identified as an allergen but is harmless for most people. Allergens are found in house dust mites, pets, pollen, insects, moulds, foods, and some medications. The most common allergic conditions are food allergies, eczema, asthma, and hay fever. Food allergy occurs in around 1 in 20 children and 1 in 100 adults, (ASCIA, 2013)**.** Less common are drug and insect allergy.

Anaphylaxis

Anaphylaxis is the most severe and sudden form of allergic reaction to any substance and is a potentially life-threatening medical emergency. Hospital admissions for anaphylaxis have doubled over the last decade in Australia, USA and UK. In Australia, admissions for anaphylaxis due to food allergy in children aged 0 to 4 years, have increased five-fold over the same period (ASCIA, 2013). The most dangerous symptoms are breathing difficulty or a drop in blood pressure which can be fatal. Young children may not be able to express the symptoms of anaphylaxis and a reaction can develop within minutes of exposure to the allergen, however, with planning and training, it can be treated effectively using an adrenaline auto-injection device (EpiPen® or Anapen®). Peanut allergy is the most likely to cause anaphylaxis. Other substances which may cause severe allergic reactions are tree nuts, egg, scow’s milk, medications (especially antibiotics), stings (particularly bee stings) and some plants.

Adverse Reactions and Intolerances

Reactions can also occur to some chemicals and food additives, however if they do not involve the immune system, they are known as "adverse reactions" or “intolerances” rather than "allergy". For example, some people cannot digest lactose (milk sugar). This intolerance to lactose also causes stomach upsets but must not be confused with allergy.

Policy Aim

The Heritage Allergy and Anaphylaxis Policy and Procedures have been developed to:

- Provide, as far as practicable, a safe environment to allow children who have been medically diagnosed with allergies to participate in all aspects of the program ~~activities~~ without the risk of being exposed to traces of their allergen.
- Involve the families of each child at risk of allergy/anaphylaxis in assessing risks and developing risk minimisation strategies for their child while at Heritage.
- Provide procedures and strategies to manage allergic and anaphylactic reactions should they occur to a child with a known allergy or to a child for the first time.
- Ensure all permanent educators are appropriately trained and can provide effective care and management of children at Heritage with allergies or at risk of anaphylaxis, including competently administering adrenaline via an auto-injection device.
- Raise awareness throughout the Heritage community about allergies and anaphylaxis.

Scope

It is understood that there is a shared responsibility and accountability between educators, families, and the whole Heritage community to implement the Heritage Allergy and Anaphylaxis Policy and Procedures as a matter of high priority due to the potentially fatal consequences of severe allergic reactions.

Rationale and Legislative Background

Heritage recognises it has a duty of care to take all reasonable, practicable steps to provide the Heritage community with a safe and healthy environment that supports their physical and emotional health and wellbeing (*Work Health and Safety Act, 2011*). In addition, this policy and procedures has been developed to comply with:

- *Education and Care Services National Law (2010)*
- *Education and Care Services National Regulations (2011)*
- *The National Quality Standard*
- ASCIA guidelines and action plans.
- Allergy and Anaphylaxis Australia guideline
- St John Ambulance Australia guidelines.
- The Heritage Medical Conditions Policy and Procedures, Medication Policy and Procedures

Relevant Education and Care National Law	
S 167	**Offence relating to protection of children from harm and hazards likely to cause injury**
S 172	**Offence to fail to display prescribed information**
S 174	**Offence to fail to notify certain information to Regulatory Authority**
Relevant Education and Care National Regulations	
R 12	**Meaning of a Serious Incident** (c) Any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital.
R 77	**Health, hygiene and safe food practices** The service must implement: (a) adequate health and hygiene practices; and (b) safe practices for handling, preparing and storing food
R 85	**Incident, injury, trauma and illness policies and procedures** (under R168) must be followed by nominated supervisors, staff members and volunteers in the event that a child a) is injured; or (b) becomes ill; or (c) suffers a trauma.
R 86	**Notification to parents/guardians of incident, injury, trauma and illness** A parent of a child must be notified as soon as practicable, but not later than 24 hours after the occurrence.
R 87	**Incident, injury, trauma and illness record** Refer also to: First Aid Policy and Procedures

R 90	**Medical Conditions Policy** (1) The medical conditions policy of the service must set out practices in relation to (a) the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis; (b) informing the nominated supervisor and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions; (c) the requirements arising if a child enrolled at the service has a specific health care need, allergy or relevant medical condition, including requiring: (i) a parent to provide a **medical management plan** for the child; and (ii) requiring the management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition; and (iii) the development of a **risk-minimisation plan** in consultation with the parents; (iv) the development of a **communications plan.**
R 91	**Medical Conditions Policy to be provided to parents** A copy of the medical conditions policy document must be provided to the parent of a child enrolled at ECEC service if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition.
R 92	**Medication Record** (1) A medication record is kept that includes the details set out in sub-regulation (3) for each child to whom medication is or is to be administered by the service.
R 93	**Administration of medication** Refer also to: Acceptance and Refusals of Authorisations Policy and Procedures
R 94	**Exception to authorisation requirement—anaphylaxis or asthma emergency** (1) Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency. (2) If medication is administered under this regulation, the following are notified as soon as practicable: (a) a parent of the child; (b) emergency services.
R 95	**Procedure for administration of medication** Refer also to Medication Policy and Procedures
R 136	**First aid qualifications** (1) The approved provider must ensure the following persons are in attendance and immediately available in an emergency, at all times that children are being educated and cared for by the service: (a) at least one staff member or one nominated supervisor of the service who holds a current approved first aid qualification; (b) at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training; (c) at least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training.
R 161	**Authorisations to be kept in enrolment record**
R 162	**Health information to be kept in enrolment record** (c) details of any (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis; and (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy.
R 168	**Policies and Procedures required in relation to the following:** (d) dealing with medical conditions in children, including the matters set out in regulation 90; (h) providing a child safe environment.
R 170	**Procedures to be followed** Reasonable steps must be taken to ensure that nominated supervisors and staff and volunteers at the service follow the policies and procedures under R 168.
R 176	**The Regulatory Authority must be notified** (a)(ii) in the case of any other serious incident, within 24 hours of the incident or the time the person becomes aware of it.
R 177	**Prescribed enrolment and other documents to be kept** (b) an incident, injury, trauma and illness record as set out in R 87. (c) a medication record as set out in R 92.
R 183	**Storage for the relevant period of records and other documents**

Relevant National Quality Standards	
QA 2	**Children's Health and Safety** Standard 2.1 Each child's health and physical activity is supported and promoted. Element 2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented. Standard 2.2 Each child is protected. Element 2.2.2: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
QA 6	**Collaborative Partnerships with Families and Communities** Standard 6.2 Collaborative partnerships enhance children's inclusion, learning and wellbeing.
QA 7	**Governance and Leadership** Standard 7.1: Governance supports the operation of a quality service Element 7.1.2: Systems are in place to manage risk and enable the effective management and operation of a quality service. Element 7.1.3: Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

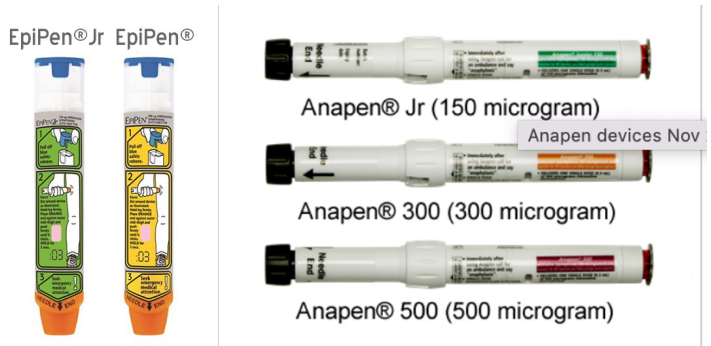
Definitions

Adrenaline Auto-injection Device: An intramuscular injection device containing a single dose of adrenaline delivered via a spring-activated needle and designed to be administered by people who are not medically trained.

- The shelf life of adrenaline auto-injectors is 1-2 years. The expiry date on the device must be marked on a calendar and the device replaced prior to this date. Reminder services can provide reminders on expiry dates.
- The devices must be **stored in a cool dark place at room temperature,** between 15-25°C. They should be in an **insulated wallet or bag** if the temperature is warmer than 25°C or colder than 15°C or if they are carried in a bag which can get warmer than 25°C or colder than 15°C. **They must not be refrigerated**, as temperatures below 15°C may damage the autoinjector mechanism.
- If adrenaline autoinjectors are stored with asthma inhalers (reliever or preventer puffer) in a person's first aid kit, they should not be separated.
- Used adrenaline auto-injectors should be placed in a rigid sharps' disposal unit, or another rigid container if a sharps container is not available.

Anapen® and Epipen®: Two adrenaline auto-injection devices available in Australia on the PBS scheme for people at high risk of anaphylaxis (Attachment 1). The devices are also available at full price without prescription at pharmacies. Instructions are shown on the label of each device and also on the person's Anaphylaxis Action Plan.

- EpiPen® or Anapen® (300 microgram) is usually prescribed for adults/children over 20kg.
- EpiPen®Jr or Anapen® (150 microgram) is usually prescribed for children 7.5-20kg.



- Anapen® is triggered by depressing a red button with the thumb.
- EpiPen® is held mid-section, with the thumb and fingers forming a fist, and triggered by pressing firmly into the outer mid-thigh.

Allergy or Anaphylaxis Action Plan: An individual medical management plan prepared and signed by the child's treating, registered medical practitioner that provides the child's name

and allergies, a photograph of the child, and instructions for any prescribed medication, and clear instructions on treating an allergic or anaphylactic episode. There are three types of Action Plans produced by ASICA as well as First Aid Posters. **Note:** ASCIA Action Plans should be reviewed when patients are reassessed by their doctor/nurse practitioner, and each time they obtain a new adrenaline injector prescription. If for a child, the photo should be updated.

- **RED:** ASCIA Action Plan for Anaphylaxis EpiPen®, Anapen® and General with QR Code versions for adults/children with medically confirmed allergies, who have been prescribed adrenaline (epinephrine) injectors.
- **DARK GREEN:** ASCIA Action Plan for Drug/Medication Allergy for adults/children with medically confirmed drug (medication) allergies, who have NOT been prescribed adrenaline injectors.
- **GREEN:** ASCIA Action Plan for Allergic Reactions is for adults/children with medically confirmed food or insect allergies, who have NOT been prescribed adrenaline injectors.
- **ORANGE:** ASCIA First Aid Plans and Posters for Anaphylaxis for EpiPen®, Anapen® and General with QR Code versions.

Adrenaline Auto-Injector Kit: An insulated container with an unused, in-date adrenaline auto-injection device, a copy of the child's anaphylaxis action plan, 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 must also be included in the kit, which must be stored away from direct heat.
Allergen: A substance that can cause an allergic reaction. These substances are found in dust mites, pets, pollen, insects, ticks, moulds, foods and some medications.
Allergy: Occurs when a person reacts to allergens in the environment that are harmless to most people. It is an immune system response to an external stimulus that the body identifies as an allergen. People genetically programmed to experience an allergic reaction will make antibodies to particular allergens.
Allergic reaction: A reaction to an allergen. Common signs and symptoms include: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, coughing or wheezing, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing. For example, when an allergen such as pollen enters the body, it triggers an antibody response. The antibodies attach themselves to mast cells. When the pollen comes into contact with the antibodies, the mast cells respond by releasing histamine. When the release of histamine is due to an allergen, the resulting inflammation (redness and swelling) is irritating and uncomfortable.
Anaphylaxis: A severe, rapid and potentially fatal 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/management, procedures for emergency treatment and practise in the administration of treatment using a adrenaline auto-injection device trainer.
Approved Anaphylaxis Management Training: Training that is approved by the National Authority in accordance with Regulation 137(e) of the *Education and Care Services National Regulations 2011* and is listed on the ACECQA website.
At-risk Child: A child whose allergies have been medically diagnosed and who is at risk of an allergic reaction or anaphylaxis.
Atopy: The genetic tendency to develop allergies. When atopic people are exposed to allergens, they can develop an immune reaction that leads to allergic inflammation (redness and swelling) in various parts of the body such as the nose and/or eyes (hay fever), lungs (asthma), skin (eczema, hives) or stomach.
Communication Plan: A plan that forms part of a child's Medical Condition Management Plan, completed on enrolment or diagnosis of a medical condition outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan must meet Regulation 90 and describe how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child enrolled at Heritage is diagnosed with a medical condition (Attachment 3).
Cross Reactivity: Where the same protein is present in several foods, a person may have allergic reactions to any food containing that protein. Examples of cross reactivity include people allergic to similar proteins present in hen and duck eggs; cow's and goat's milk; or cashew and pistachio nut. It may be difficult to predict whether a person will be allergic to one

unique protein allergen present in one food only, or several similar cross-reactive proteins present in multiple foods. Therefore, it is not possible to reliably predict the likelihood of allergy to seed or nut like foods without allergy testing to that particular food.
Duty of Care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable, foreseeable risk of injury.
Food Allergy: Occurs in around 1 in 20 children and 1 in 100 adults, (ASCIA, 2013) and can be due to peanuts, tree nuts, seafood, hen's eggs, wheat, milk products, soy, seeds and some fruits. The most common food allergies are cow's milk, hen's egg, peanut and tree nut. Cow's milk allergy in infants can cause eczema, asthma, colic, stomach upset, and failure to thrive.
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: A staff member who may be nominated to liaise with parents/ guardians of a child at risk of anaphylaxis, and the Director. This person may regularly check to ensure that the adrenaline auto-injector kit is complete, the device is unused and in date and lead practice sessions for staff who have undertaken anaphylaxis management training.
Peanuts: Peanuts are legumes, like peas, lentils and chickpeas, and other plants, eg, wattles and the black bean tree of Queensland. The proteins in peanut are different to those in tree nuts (see below). A person who is allergic to peanut is not automatically allergic to tree nuts.
Risk Minimisation: The practice of developing and implementing a range of strategies to reduce hazards for a child at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.
Risk Minimisation Plan: A plan that is completed as part of the child's Medical Condition Management Plan on enrolment or diagnosis. It documents a child's medical condition, strategies to reduce the risk of an adverse effect from the mismanagement of specific medical conditions and details of the person/s responsible for implementing these strategies. The plan is developed in consultation with the parents/guardians of the child diagnosed with a medical condition. It must be reviewed at least annually and always on re-enrolment (Attachment 3).
Seeds. The unit of reproduction of a flowering plant, capable of developing into another such plant. Seeds include sesame seeds, sunflower seeds, poppy seeds and pumpkin seeds. Coconut husk and the inner white flesh is also a seed. Many of the foods are considered to be nuts are part of a seed, often with the outer fruit or coating removed.
Tree nuts: The tree nut family includes almonds, brazil nuts, cashews, chestnuts, hazelnuts, hickory nuts, macadamia nuts, pecans, pine nuts, pistachios, walnuts and others.

Summary of Key Responsibilities

Role	Responsible for ensuring:
Management Committee	• An Allergy and Anaphylaxis (including Nut Free) Policy and Procedures is easily accessible at the service, regularly updated, and meets all legislative requirements, including the requirement to develop a Risk Minimisation Plan and Communication Plan for each child at the service diagnosed as at risk of allergy or anaphylaxis (Attachment 3). • This policy clearly sets out the roles and responsibilities of the Director, educators and Heritage community. • The Director is supported to ensure the adequate provision and maintenance of first aid kits including adrenaline auto-injector kits. • The service has procedures in place to ensure children with anaphylaxis are not discriminated against by the service and can participate in all activities safely and to their full potential.[1] • They work with the Director to respond to complaints and notifying CECA 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.

[1] Refer to: Creating Inclusion and Equity Policy; Individual and Additional Needs Policy; Attachments 4 and 5.

Director	• They work with the Management Committee to ensure that the Allergy and Anaphylaxis policy is regularly updated, easily accessible to the Heritage community and meets all legislative requirements. • All permanent educators are first-aid trained to identify and respond to allergic reactions, including the administration of the adrenaline auto-injection devices and CPR (exceeding R136). • All permanent educators practice the administration procedures for adrenaline auto-injection devices using device trainers under various anaphylaxis scenarios on a regular basis (at least annually and preferably quarterly), such as during staff meetings. • Particular focus is be placed on **training nursery educators** as children may have their first allergic reaction at Heritage, particularly if less than 12 months old. • Families complete the allergy section of the Enrolment Form so children diagnosed as at risk of allergy or anaphylaxis can be identified. • The Enrolment Checklist is completed for children identified as at risk of allergy and anaphylaxis (Attachment 2). • Families complete the Medical Conditions Management Plan (Attachment 3) and provide an Allergy or Anaphylaxis Action Plan if their child has been diagnosed as at risk of allergy/anaphylaxis. The forms are signed by the child's GP and updated by families every **6 months** and as required. • Emergency contact information is supplied by families on enrolment and updated annually or as needed. • Educators and families of children with diagnosed allergies are involved in preparing a Risk Minimisation Plan with Heritage educators in order to ensure that all possible allergen sources are identified and removed from the premises or managed appropriately. • The Risk Minimisation Plan is reviewed regularly and upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. • Families of children diagnosed as at risk of anaphylaxis are informed that MedicAlert jewellery is helpful in the ECEC setting, but not mandatory. • Families of children diagnosed with allergies and/or at risk of anaphylaxis are provided with a copy of this policy and the Medical Conditions Policy and Medication Policy, either in paper form or online. • A list of children at risk of anaphylaxis is compiles and placed in a secure but readily accessible location known to all staff. It includes the Action Plans, and risk minimisation and communication plans for each child. • Educators, including relief educators, students and regular volunteers, are aware of children in their rooms with known allergies, their Actions Plan, and the location of their medication. • The location of adrenaline auto-injection device kits is known to all educators, including relief educators, students and regular volunteers, and easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat or cold. • Educators and staff are aware of the procedures for first aid treatment for anaphylaxis (Refer to: Section on First Aid Procedures). • Educators follow each child's Allergy/Anaphylaxis Action Plan in the event of an allergic reaction OR the general first aid procedure for Allergies and Anaphylaxis if a child has an allergic reaction and does not have a Plan. • Medication is not administered to a child at the service unless it has been authorised and administered in accordance with R 95 and 96.[2] • Parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (R 94).[3]

[2] Refer to: Medication Policy and Procedures
[3] Refer to: Medication Policy and Procedures

	• An adrenaline auto-injector kit is taken on all excursions and other offsite activities, including evacuations, and to the designated safe area during a lockdown.[4] • Educators, families and visitors at Heritage are aware of the up to date Excluded Food List and that food containing nuts and nut products, and seafood is excluded from the premises at all times. This information clearly in all Handbooks, on notice boards and in the newsletter. • Educators follow the procedures in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis.[5] • Programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of allergies or anaphylaxis.[6] • Staff dispose of used adrenaline auto-injection devices appropriately in the appropriate sharps' disposal unit.[7] • Parents/guardians or an authorised person named in the child's enrolment record provide written authorisation for children to attend excursions outside the service premises.[8] • Educators comply with the risk minimisation procedures outlined in this policy. • A notice is displayed prominently in the main entrance stating when there is a child or children diagnosed at risk of anaphylaxis in attendance. • There is a generic ASCIA First Aid Action Plans (Orange) for Allergy and Anaphylaxis displayed in key locations such as in rooms, the staff room and main office. • Children who have been prescribed an adrenaline auto-injection device are not permitted to attend Heritage without the device. The device is stored at Heritage in an insulated bag which also contains their emergency contact details and their Anaphylaxis Action Plan. • An ambulance contact card which contains all the information the ambulance service will request is located by telephones. • The expiry date of adrenaline auto-injection devices is checked regularly (a reminder service may be used). • Information is provided to increase awareness of allergies and anaphylaxis among the Heritage community. This may include organising anaphylaxis management information sessions for families, where appropriate.
Educators	**Room Leaders are responsible for:** • Displaying information in the food preparation areas for each child with a known food or other allergy, including name, photo, list of allergens and their Allergy/Anaphylaxis Action Plans. • Ensuring photographs on the Allergy/Anaphylaxis Action Plans are updated as the child moves to another room. • Assisting the Director and families with the development of a Risk Minimisation Plan for each child diagnosed as at risk of allergy or anaphylaxis at the service. • Contacting parents/guardians immediately if an unused, in-date adrenaline auto-injection device has not been provided to the service for a child diagnosed as at risk of anaphylaxis. Where this is not provided, children will be unable to attend the service. • Ensuring the child's personal auto-injection device kit (including emergency contact details and Action Plan) is carried by an educator when a child at risk of anaphylaxis leaves the service, eg, for regular outings, excursions or on evacuations or is taken to a safe area during a lockdown.

[4] Refer to: Excursions and Incursions Policy; Emergency and Evacuation Policy and Procedures
[5] Refer to: Food Safety Policy and Procedures; Nutrition and Oral Hygiene Policy and Procedures
[6] Refer to: Creating Inclusion and Equity Policy and Procedures
[7] Refer to: Dangerous Products Policy and Procedures
[8] Refer to: Excursions and Incursions Policy and Procedures

- Ensuring the use of food in crafts, science experiments and special occasions etc. is restricted to reflect children's risk minimisation plans, eg, wheat-free flour may be used for making play dough.
- Asking families to provide a clearly labelled safe treat box, for use on birthdays, etc.

All educators are responsible for:

- Being familiar with and complying with this policy, the Medical Conditions Policy and all related procedures.
- Maintaining current approved first aid qualifications including anaphylaxis management.
- Ensuring they are aware of the procedures for first aid treatment for anaphylaxis (See**:** Section on First Aid Procedures).
- Following each child's Allergy or Anaphylaxis Action Plan in the case of an allergic episode, where they have one.
- Following the first aid procedures in the event that a child who has not been diagnosed as at risk of anaphylaxis appears to be having an anaphylactic episode. This includes:
  - Calling an ambulance immediately by dialing 000
  - Commencing first aid treatment.
  - Contacting the parents/guardians or person authorised in the enrolment record
  - Informing the Director as soon as is practicable.
- Practising the administration of an adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly.
- Assisting the Director and Room Leader with the development of a Risk Minimisation Plan for children diagnosed as at risk of anaphylaxis.
- Identifying and, where possible, minimising exposure to allergens in their room, according to each child's risk minimization plan.
- Knowing which children are diagnosed as at risk of allergy and/or anaphylaxis in their rooms, their allergies and symptoms, and the location of their adrenaline auto-injector kits and Medical Condition Management Plans including Allergy or Anaphylaxis Action Plans.
- Ensuring they do not bring food containing nuts to Heritage or other foods on the latest Excluded Foods list including seafood.
- Ensuring food is not contaminated with nuts or known allergens.
- Following all procedures to prevent cross contamination of food during preparation including hand washing, cleaning and other hygiene practices.[9]
- Removing any nuts or nut products from children's lunch boxes:
  - These items must be sealed in a plastic bag and placed in an external rubbish bin.
  - Any traces of these items must be cleaned from children and eating areas, and educators must wash their hands thoroughly.
- Ensuring children with known severe food allergies only eat food prepared at home.
- **Ensuring no food is introduced to a baby if the family has not previously given this food to the baby at home**.[10]
- Preventing children from sharing food, drink bottles, utensils or containers. **Note:** A highly allergic child may need their own chair or may need to sit away from tables where the allergen is being served.
- Ensuring food is prepared for allergic children first.

[9] Refer to: Hygiene and Infection Control Policy and Procedures; Food Safety Policy and Procedures; Nutrition and Oral Hygiene Policy and Procedures

[10] Refer to: Food Safety Policy and Procedures; Nutrition and Oral Hygiene Policy and Procedures

	• Ensuring milk-allergic children are carefully supervised when other children are consuming milk/dairy products containing similar allergens. • Preventing any processed food which has "May Contain Traces of Nuts" on the label from being given to known severely nut allergic children. • Ensuring children with a known severe nut allergy do not play with recycled food packaging during craft/construction activities as it may contain traces of nuts. • Ensuring the use of food in crafts, science experiments and special occasions etc., is restricted depending on children's allergies and risk minimisation plan, e.g., using wheat-free flour in play dough. • Asking families to provide a clearly labelled safe treat box, for use on birthdays, etc. • Disposing of used adrenaline auto-injection devices in the sharps' disposal unit provided at the service. • Taking the adrenaline auto-injector kit for each child at risk of anaphylaxis on excursions or to other offsite service events and activities including evacuations, and to the designated safe area during a lockdown. • Providing information to Heritage families about resources and support for managing allergies and anaphylaxis. • Complying with the service Allergy and Anaphylaxis Risk Minimisation Plan (**Refer to:** Risk Minimisation Plan Checklist). • Discussing with parents/guardians the requirements for completing the Medication Form for their child as required. • Communicating respectfully with the parents/guardians of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child and discussing any concerns. • Ensuring that children diagnosed as at risk of anaphylaxis are not discriminated against in any way and can participate fully in all activities.
Families	**Families of a child diagnosed with an allergy or anaphylaxis risk are responsible for:** • Providing clear and accurate information on the Enrolment Form or on initial diagnosis regarding their child's known allergies, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises. • Completing all details on the Medical Condition Management Plan (Attachment 3) and including an Allergy or Anaphylaxis Action Plan signed by a registered medical practitioner and with written consent to use medication prescribed in line with the plan. • Developing a Risk Minimisation Plan and Communication Plan with the Heritage Director and their child's educators. • Ensuring all relevant forms are checked and updated at least every **6 months** and as needed. • Providing educators with a current, unused adrenaline auto-injection kit if required and regularly checking the device's expiry date. • Complying with the service's policy where a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the service or service programs without that device • Ensuring they are aware of the procedures for first aid treatment for anaphylaxis. • Completing and signing the Medication Form as required. • Communicating all relevant health information and concerns to educators. • Working in a collaborative partnership with educators by providing information and answering questions regarding their child's allergies. • Notifying educators of any changes to their child's allergy status and providing a new Plan in accordance with these changes. • Providing a clearly labelled safe treat box, for use on birthdays, etc. **All enrolled families are responsible for:**

	• Becoming familiar with this policy and procedures and reading the Family Handbook. • Complying with the risk minimisation procedures outlined in this policy including not bringing any foods on the Excluded Foods list to the service including nuts and seafood. • Where practicable, providing a list of ingredients used in home cooked food or providing the packaging of bought food when it is brought into Heritage for sharing, eg, birthday cakes. If families are unsure about a certain food, they should consult an educator. • Signing on enrolment, written permission to allow Heritage educators to administer Epipen, Ventolin or antihistamines. **Note:** These will only be given in the event of an emergency and only at the discretion of the Room Leader or Director, in line with the Medication Policy. • Understanding that asthma/anaphylaxis medication may be given in an emergency according to the First Aid Procedure without authorisation. [11]. • Clearly labelling all bottles, other drinks, lunch boxes and all food provided by parents/guardians with their child's name. • Being aware of the information displayed in each room regarding the known allergies of children in the same room as their child.
Relief Educators, Students and Regular Volunteers	• Becoming familiar with the service policies and procedures and reading the Relief Educator Handbook. • Being aware of the information displayed in each room regarding the known allergies of enrolled children. • Complying with the risk minimisation strategies in this policy. • Not bringing any foods on the Excluded Foods list to the service. • Ensuring they are aware of the procedures for first aid treatment for allergies and anaphylaxis (**Refer to:** Section on First Aid). • Bringing relevant issues and concerns to the attention of educators and the Director.

Strategies and Procedures

First Aid Qualification Requirements

- As a duty of care and in line with current best practise in early childhood education, Heritage requires that all permanent educators have current approved anaphylaxis management training.
- The service approach exceeds National Regulation 136 that states that at least one staff member with current approved anaphylaxis management training must be in attendance and immediately available at all times the service is in operation.

Peanut and Tree Nut Free

Heritage excludes peanuts and tree nuts from the service (**Refer to:** Excluded Foods List over-page). Heritage recognises that:

- Peanuts and tree nuts are the most common allergens causing severe allergic reactions in children and that these allergens cannot be managed in the environment easily.
- Nuts are small items that are a choking hazard and when spilt or dropped can easily be missed and picked up by another child. In addition, products such as peanut butter & Nutella are easily smeared onto surfaces. In addition, nuts are a choking hazard.

<u>Procedures</u>

- Families must comply with the requirement to exclude food containing nuts and nut products from the Heritage premises.
- Food products labelled "May Contain Traces of Nuts" on the label are not excluded, however **educators must ensure they are not given to nut allergic children.**

[11] Refer to: First Aid Policy and Procedures for Injury, Illness or Trauma; Medication Policy and Procedures

- Topical lotions and creams including nappy rash creams that have nut oil listed as an ingredient will not be used at Heritage. This includes creams supplied by families.
- Educators will be educated about the dangers that are associated with peanuts and nut products to children/adults with severe allergies.
- Families will be informed on enrolment that Heritage is a nut free service and information provided on the increase in severe allergies to nuts and nut products and the life-threatening dangers they possess. This may include the ASCIA Peanut, Tree nut and Seed Allergy Factsheet.
- Heritage will provide information in the Family Handbook, as well as on notice boards and about the nut free policy and the reasons for this policy.
- Families will be encouraged to discuss with educators or the Director any concerns or uncertainties they have about particular foods or topical lotions.
- Families of an enrolled child who is diagnosed with an allergy to peanuts or tree nuts must complete the Medical Condition Management Form and include a Risk Minimisation Plan and a Communication Plan, as well as an Allergy or Anaphylaxis Action Plan signed by the child's medical practioner that outlines the symptoms and the procedures to follow in the case of an allergic reaction.

Excluded Foods List

Nut Free Strategy

In line with the Heritage nut free strategy, peanuts, tree nuts and nut products are excluded.

- **Examples of excluded nut products include:** Peanuts, tree nuts, ground nuts, beer nuts, monkey nuts, peanut butter, nutella, chocolate bars, cereal bars, muesli products, commercial pesto, cakes or biscuits containing nuts, peanut oil (expressed or expelled), marzipan; nougart, nutmeg.
  - **Note:** Tree nuts are different to peanuts as tree nuts come from a different plant family and do not include coconut which is a seed (refer to: Definitions). The tree nut family includes almonds, brazil nuts, cashews, chestnuts, hazelnuts, hickory nuts, macadamia nuts, pecans, pine nuts, pistachios, walnuts and others.
- **Pine nuts are excluded.** Although they are technically a different seed to tree nuts, cross reactivity with peanut allergy has been reported, they are a choking hazard in infants and there is potential for confusion in trying to differentiate one nut product from another.
- **Foods in the following list should also be carefully examined to** ensure no traces of nuts: Ice creams, pastries, spaghetti sauce, hydrolised vegetable protein, Indonesian, Chinese, Vietnamese and vegetarian dishes, kebabs.

Seafood Free Strategy

- Where a child is at risk of anaphylaxis from food other than nuts, that food will be excluded for the duration of the child's enrolment.
- Currently **seafood is excluded from the service.**

Risk Management Strategies

- Risk management procedures will be discussed in consultation with the parents/guardians of children in the service who have been diagnosed as at risk of allergy and anaphylaxis and implemented to protect those children from accidental exposure to allergens.
- These strategies will be regularly reviewed to identify any new risks for accidental exposure to allergens.

In relation to the child diagnosed as at risk of food allergy or anaphylaxis educators will:

- Ensure that all children and adults wash their hands on arrival at the service, and before and after eating.
- Ensure tables and bench tops are thoroughly cleaned after every use.
- Ensure that educators and any regular 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.[12]

[12] Refer to: Food Safety Policy and Procedures

- Supervise all children at meal and snack times and ensure that food is consumed in specified areas. To minimise risk, children will not move around the service with food.
- Educators will not use food of any kind as a reward at the service.
- 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 educators discuss the use of foods in children's activities with parents/guardians of at-risk children. Any food used at the service must be consistent with the risk management plans of children diagnosed as at risk of anaphylaxis.
- Ensure children with a diagnosed risk of anaphylaxis only eat food that has been specifically prepared and provided for them.
- Ensure there is no food sharing or sharing of food utensils or containers at the service.[13]
- Ensure bottles, lunch boxes and all food provided by parents/guardians are clearly labelled with each child's name.
- Consider placing a severely allergic child away from a table with food allergens, while being mindful that children with allergies must 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 other children.
- Ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on excursions and special occasions such as service events.
- Consider having a Nominated Staff Member to liase with the parents/guardians of a child at risk of anaphylaxis and the Director. This person may be tasked with regularly checking their adrenaline auto-injector kit is complete, the device is unused and in date and lead practice sessions for staff who have undertaken anaphylaxis management training.

In relation to a child diagnosed with a risk of allergy or anaphylaxis to stings/bites, Heritage management will:

- Ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.
- Reasonable measures are taken to decrease the number of plants that are known to attract stinging insects.
- Bee/wasps nests are removed.
- Ensure children at risk of anaphylaxis from stings wear appropriate clothing such as light-coloured long-sleeved tops and wear shoes, particularly when playing in grassed areas.
- Ensure low risk play areas are identified and children at risk of anaphylaxis from stings and their peers will be encouraged to play there, being mindful that children with allergies must not be discriminated against in any way and should be included in all activities.
- Ensure educators watch for bees in pools of water and grassed areas of outdoor play areas.
- Ensure children will be educated to avoid drinking from open containers.
- Ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on excursions and special occasions such as service events.
- Consider having a Nominated Staff Member to liase with the parents/guardians of a child at risk of anaphylaxis and the Director. This person may be tasked with regularly checking their adrenaline auto-injector kit is complete, the device is unused and in date and lead practice sessions for staff who have undertaken anaphylaxis management training.

Medication Procedure

- Appropriate medication, such as adrenaline auto-injection devices must be supplied and stored in an insulated bag and in accordance with the Medication Policy.
- All medication must have the child's name clearly on the label and be in its original packaging.

[13] Refer to: Hygiene and Infection Control Policy and Procedures

- The location of medication must be known to all educators and it must be readily accessible (not locked away) and have a current expiry date.
- Heritage educators must communicate with families and each other about the administration of medication to children through the Medication Form. Where they exchange information verbally/on the phone, this will also be documented on the form. [14]

Procedure Excursions, Evacuations and Lockdowns

- Supervision of at-risk children will be increased on regular outings, excursions, evacuations and lockdowns and during service events.
- A portable first aid kit will be taken on all excursions, evacuations and to designated safe areas during lockdowns and will be used to store medications required by children at risk of allergic reactions or anaphylaxis.
- Epipens/Anapens will be stored in an insulated bag/container and out of direct heat/cold.
- Emergency contact and medical information, including each child's Allergy or Anaphylaxis Action Plan, will be taken on excursions, evacuations and to safe areas during Lockdowns.
- Educators will adhere to this policy and the Medical Conditions Policy and Medication Policy on excursions and ensure medication is administered in a safe and hygienic way.[15]

First Aid Procedure

Emergency Procedure for an Allergic or Anaphylactic Reaction

- If a child, educator or other staff member develops signs of what appears to be an allergic or anaphylactic reaction, appropriate care must be given immediately.
- Regardless of whether the attack is mild, moderate or severe, treatment should commence immediately. A delay may increase the severity of the attack and ultimately risk the child/person's life.
- If a child has written instructions on their Allergy or Anaphylaxis Action Plan, educators will follow these instructions immediately.
- If no instructions are available, educators will immediately commence the standard allergy and anaphylaxis first aid protocol.
- If a child appears to be having an anaphylactic reaction for the first time, an ambulance will be called immediately, and the anaphylaxis emergency protocol followed.
- If educators are unsure if a child is having a severe asthma attack or anaphylaxis give adrenaline auto-injector first, followed by asthma reliever medication, then call an ambulance.
- In an emergency, Ventolin or adrenaline may be given without authorisation. Adrenaline must be given using auto-injection device into thigh area only. Only educators who have completed a first aid course may administer an Epipen/Anapen.
- The child's family must be informed as soon as practicable.
- Any treatment and medication given should be recorded on the Illness Form and Medication Form.

Refer to:

- Chart over-page
- ASCIA First Aid Plan for Anaphylaxis

[14] Refer to: Medication Policy and Procedures
[15] Refer to: Emergency and Evacuation Policy and Procedures; First Aid Policy and Procedures; Supervision Policy and Procedures; Creating Inclusion and Equity Policy and Procedures; Excursions and Incursions Policy and Procedures; Medication Policy and Procedures.

First Aid Procedures for Allergy

Where a child has an Allergy Action Plan, educators will follow the child's Plan

Where a child does NOT have an Allergy Action Plan (eg, first time attack)

Allergy Symptoms	**Procedures**
• Swelling of lips, face, eyes • Hives or welts • Tingling mouth • Abdominal pain or vomiting (sign of anaphylaxis to insects)	• For insect allergy, flick out sting if visible. Do not remove ticks. • For tick allergy seek medical or freeze tick and let it drop off • Stay with child. • Call for the help of a first aider. • Locate adrenalin auto-injector. • Contact child's family/emergency contact • Director/Room Leader to give ~~medications, such as~~ antihistamines, where appropriate and authorised. • Watch for signs of anaphylaxis

First Aid Procedures for Anaphylaxis

Where a child has an Anaphylaxis Action Plan for EpiPen/Anapen, educators will follow the child's Plan

Where a child does NOT have an Anaphylactic Action Plan (eg, first time attack)

Anaphylaxis Symptoms	**Educators will:**

• Difficulty/noisy breathing
• Swelling of tongue
• Swelling/tightness in throat
• Difficulty talking and/or hoarse voice
• Wheeze or persistent cough
• Difficulty talking or hoarse voice
• Persistent dizziness or collapse
• Pale and floppy (young children)
	• Lay child flat. Do not let them stand/walk.
	• If breathing is difficult allow them to sit with legs outstretched.
	• If unconscious or pregnant, place in recovery position - on left side if pregnant.
	• **Give adrenaline auto-injection device** into thigh area only – may be given through clothing in an emergency and without authorisation.
	• Phone ambulance
	• Phone family/emergency contact
	• Further adrenaline doses may be given if no response after 5 minutes.
	• Transfer person to hospital for at least 4 hours observation.
	• **IF IN DOUBT GIVE ADRENALINE INJECTOR**
	  ○ Commence CPR at any time if person is unresponsive and not breathing normally.
	  ○ Give asthma medication if unsure whether it is asthma or anaphylaxis
	  ○ Place adrenaline auto-injection device in a container, labelled with the time it was given and then hand it over to the ambulance crew.

First Aid Procedures for a child with Asthma and at Risk of Anaphylaxis

If educators are unsure if a child is having a severe asthma attack or anaphylaxis

- Give adrenaline auto-injector first, followed by asthma reliever medication
- Call an ambulance
- Continue asthma first aid and following their ASCIA Action Plan for Anaphylaxis

Policy Evaluation and Review

In order to assess whether the values and purposes of the policy have been achieved, the Director in consultation with the Management Committee will:

- Audit enrolment and checklists (at least 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.
- Notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

Related Policies

Name of Policy and Procedures Document	Location
Acceptance and Refusals of Authorisations	Policy and Procedures Manuals in Office, Main Entrance and Staff Resources Room. Family Handbook, Educator and Relief Educator Handbooks. Policy and Procedures section in Members Area of Heritage website.
Asthma	
Creating Inclusion and Equity	
Dangerous Products	
Excursions and Incursions	
Enrolment and Graduating Rooms	
Emergency and Evacuation	
First Aid for Injury, Trauma and Illness	
Hygiene and Infection Control	
Illness and Infectious Diseases	
Medical Conditions	
Medication	
Nutrition and Oral Hygiene	
Privacy and Confidentiality	
Supervision	

References and Further Reading

ACECQA (May 2022). *Guide to the National Quality Framework*
ACECQA (2021). *Dealing with Medical Conditions in Children. Policy Guidelines*
Australasian Society of Clinical Immunology and Allergy (ASCIA) Inc. (2022). *Anaphylaxis*
Allergy and Anaphylaxis Australia. (2020). *What is Allergy?*
Allergy and Anaphylaxis Australia. (2021). *Tree Nut Allergen*
Allergy and Anaphylaxis Australia and ASCIA (2022). *Best practice guidelines for prevention of anaphylaxis in schools and children's education and care services*
ASCIA (2020). *Allergy Testing*
ASCIA (2021). *Action Plans for Allergy (Green) and Anaphylaxis (Red) and Generic First Aid Posters (Orange)*
ASCIA (2022). *Anaphylaxis Resources*
ASCIA (2019). *Peanut, Tree Nut and Seed Allergy Factsheet*
ASCIA (2019). *Food Intolerance*
CELA (2021). *Dealing with Medical Conditions. Sample Policy*
National Allergy Strategy (2021). *Children's Education and Care Food Service - Food Allergy Training - Resources*
Healthy Eating Advisory Service (Victoria). (n.d.). *Developing an Allergy Policy*
National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services. 5th edition.*
Starting Blocks. (n.d.). *Managing Children's Special Health Needs in Child Care*

University of Melbourne Early Learning Centre. (2014). *Anaphylaxis Policy.*
University Preschool and Childcare Centre. (2016). *Peanut and Tree Nut Policy.*

Useful Websites/Apps

AirRater: Freer Smartphone app provides real-time information on air quality.
ACECQA: Provides lists of approved first aid training, including approved emergency asthma management training and approved anaphylaxis management training.
Allergy and Anaphylaxis Australia. A not-for-profit support organisation for families of children with allergic disease, especially food-related anaphylaxis.
ASCIA - Australasian Society of Clinical Immunology and Allergy (ASCIA) – Anaphylaxis
ASCIA - Anaphylaxis e-training for schools and childcare - supports ECEC services to understand how to develop an ASCIA Action plan and to administer first aid to children with anaphylaxis.
ASCIA - Training Videos – How to administer an EpiPen or Anapen
Asthma Australia
Canberra Pollen Count and Forecast
Food Allery Aware - All about Allergens - free online course is designed to help providers, service leaders, educators, and kitchen staff gain knowledge and understanding about food allergens, and to develop best practice procedures
National Health and Medical Research Council

Useful Contacts for Parents

The Immunology Clinic

- Provides a tertiary referral service to adults and children with immune-mediated disease.
- Paediatric immunology clinics take place at the Centenary Hospital for Women and Children. Canberra Region Cancer Centre, Building 19, Yamba Drive, GARRAN, ACT, 2605: Ph: 02 6201 6944.

Version Control and Change History

Version Number	Approval Date	Approved by	Author and Amendments
1	October 2001	Management Committee	
2	Sept 2009	Management Committee	Author: Julia Charters Combined the Heritage Allergy Policy, Heritage Anaphylaxis Policy and Heritage Nut Free Policy. Included additional information from references above. Added Anaphylaxis Action Plan from the Australasian Society of Clinical Immunology and Allergy. Created Allergy Action Plan for use in place of Illness/Condition Management form.
3	Sept 2013	Management Committee	Author: Julia Charters • Updated Rationale and References Sections. • Expanded Policy Statement with updated stats. • Added Definitions section and included information on new Anapen. • Adrenaline devices to be stored in an insulated bag/container to avoid temperature fluctuations. • Added information on MedicAlert jewellery. • Added Risk Minimisation Strategies for Bites/Stings. • Updated First Aid Charts including that anaphylaxis medication can be given without authorisation in an emergency. • Added Risk Minimisation Plan for Anaphylaxis.

			• Heritage to use new 2013 ASCIA action plans and first aid posters.
4	March 2014	Director	Added pine nuts to excluded list. Although technically a different seed to tree nuts, cross reactivity with peanut allergy has been reported. In addition, pine nuts are a choking hazard in infants and there is potential for confusion in trying to differentiate one nut product from another.
5	June 2017	Director	Added updated ASCIA Action Plans 2017 for Anaphylaxis using Epipen. The devices are the same, different instructions on the labels.
6	October 2017	Director	Added any staff member or nominated supervisor to be the person who holds an approved first aid, anaphylaxis and emergency asthma management qualification and is immediately available.
7	8 March 2021	Management Committee	Author: Julia Charters Updated all links and resources. Added Contents page and Definitions. Added more details to risk minimisation strategies. Added more details to Summary of Responsibilities Removed references to Anapen as Anapen Auto-Injector is no longer listed on the Australian Register of Therapeutic Goods (ARTG) Added attachments: • Updated ASCIA Allergy/Anaphylaxis Action Plans • Updated ASCIA First Aid Poster for Anaphylaxis. • Enrolment Checklist for a Child at Risk. • Risk Minimisation Plan Checklist • Exposure Scenario/Strategy Planning Checklist • ASCIA Information Sheet – Peanut, Tree Nut and Seed Allergy
8		Director	No changes to procedures. Included information on Anapen following Anapen 300®, Anapen 500® and Anapen 150 Junior® being made available in Australia on the PBS in September 2021. Updated all references in light of CECA list of resources published December 2022. Replaced Attachments with direct hyperlinks to most current forms and factsheets from ASCIA: Action Plan Forms; Generic First Aid Poster for Allergy and Anaphylaxis; Peanut, Tree Nut and Seed Allergy Factsheet.

Attachment 1: Summary of Key Features of Epipen and Anapen

Feature	EpiPen®	Anapen®
Adrenaline dose	Single pre-measured	Single pre-measured
150 microgram device 7.5-20kg (aged around 1-5 years) Green label	 EpiPen® Junior (150 microgram)	 Anapen® Jr (150 microgram)
300 microgram device Children 20kg and over (aged around 5 years and over) and adults Yellow label	 EpiPen® (300 microgram)	 Anapen® 300 (300 microgram)
500 microgram device Children 50kg and over (aged around 12 years and over) and adults Magenta (purple) label	Not available	 Anapen® 500 (500 microgram)
Viewing window to check adrenaline for discolouration or precipitate	Yes	Yes
Availability	Available over-the-counter at full price 2 devices on Pharmaceutical Benefits Scheme (PBS) authority prescription	Available over-the-counter at full price 2 devices on Pharmaceutical Benefits Scheme (PBS) authority prescription
Activation of device	Press firmly against outer mid-thigh	Press red button when device on outer mid-thigh
Safety	Blue safety release Orange needle end automatically extends over needle after use	Grey safety cap Black needle shield can be replaced over needle after use
Trainer devices	Available from Allergy & Anaphylaxis Australia - https://allergyfacts.org.au/shop/adrenaline-injector-trainers-and-resources	Available from Allergy & Anaphylaxis Australia - https://allergyfacts.org.au/shop/adrenaline-injector-trainers-and-resources
Expiry reminder service	MyEpiPen https://www.myepipen.com.au/	Optional patient sms/email **Anapen®** expiry reminder available at participating pharmacies https://anapen.pharmaprograms.com.au/locator/

Source: WAPHA 2022

ENROLMENT CHECKLIST FOR CHILDREN DIAGNOSED WITH 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 the following procedures to address the needs of each child diagnosed as at risk of anaphylaxis.

- ☐ Parents/guardians have provided with a copy of the service's Allergy and Anaphylaxis Policy and Medical Conditions Policy.
- ☐ All parents/guardians are made aware of the service's Allergy and Anaphylaxis Policy.
- ☐ A Medical Condition Management Plan for the child is completed, including a Risk Minimisation Plan and Communication Plan and signed by the child's registered medical practitioner and is accessible to all staff.
- ☐ A copy of the child's Anaphylaxis Action Plan is included in the child's adrenaline auto-injector kit.
- ☐ An adrenaline auto-injection device (within a visible expiry date) is available for use at the service at all times the child is attending the service.
- ☐ An adrenaline auto-injection device is stored in an insulated container (adrenaline auto-injector 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.
- ☐ All educators, including relief educators, are aware of the location of each adrenaline auto-injector kit and the location of each child's Anaphylaxis Action Plan.
- ☐ All staff have undertaken approved anaphylaxis management training 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.
- ☐ All educators have undertaken practise with an auto-injection device trainer at least annually and preferably quarterly. Details regarding participation in practice sessions are to be recorded on the staff record.
- ☐ A procedure for first aid treatment for anaphylaxis is in place and all staff understand it.
- ☐ Contact details of all parents/guardians and authorised nominees are current and accessible.
- ☐ Information regarding any other medications or medical conditions in the service (for example asthma) is available to educators.
- ☐ Families have been informed that MedicAlert jewellery is helpful in the early years' education setting, but not mandatory.

Link to: Current ASCIA Action Plans and First Aid Posters for Allergy and Anaphylaxis

Attachment 3: Medical Condition Management Plan

*For Asthma, Anaphylaxis, Allergies, Diabetes or Epilepsy, **please attach an Action Plan** from a recognised authority, eg, ASCIA Action Plan, signed by your child's Medical Practitioner, for use with this form.*

Instructions

- To be completed by parents in consultation with their child's Medical Practitioner.
- Parents must check and review this Medical Condition Management Plan at least annually on enrolment and after a relevant incident.
- Parents must inform the Director immediately of any changes to this Plan.
- Please print your responses clearly.

Photo of Child

Privacy

The information on this Plan is confidential. All educators that care for your child will have access to this information and it may be displayed, with your consent, in your child's room, and only to provide safe management for your child. Heritage will only disclose this information to others with your consent if it is to be used elsewhere, unless required to do so by law.

Child's Name ..…… **Date of Birth** ……..……..

Medical Condition …… ……..……

Parent 1 Name ……..……

Telephone: (H) …… (W) ……..……(M)……..……

Parent 2 Name ……..……..……

Telephone: (H) …… (W) ……..……(M)……..……..……

Emergency contact……

Relationship…… Emergency contact phone (H)……..……

(W) ……..(M) ……..……

Doctor ……..…… Phone ……..……

Risk Minimisation Plan

(Strategies to minimise risk may include safe food handling practices; excluding certain foods; notifying parents of allergens present at service**;** Management Plan on display**;** child cannot attend without medication/device etc).

Signs and Symptoms of Condition	
Mild	**Action/Treatment to be Taken**
Severe	**Action/Treatment to be Taken**

Risk/Trigger Factor	Strategies to Minimise Risk	Who is Responsible
Risk Management on Excursions		

Medication Authorisation (including those administered at home, eg, herbal medications)

Name and Location of Medication	Dosage	How often given

Other information

(include system of treatment eg injections/oral/inhaled and if dosage needs to be altered etc.)

Communication Plan

What must be communicated	Procedures
If a child's condition suddenly deteriorates or if educators are at any time concerned	• Educators must call an ambulance immediately and notify parents/guardians. • Parents /guardians to be notified as soon as practicable whenever their child has received first aid for their condition.
Relevant educators and regular volunteers must be informed about the Medical Conditions Policy, Medical Condition Management Plan and Risk Minimisation Plan for children in their care that have a diagnosed medical condition	• Director will inform relevant educators and regular volunteers about the Medical Conditions Policy during their induction and ensure they have access to the policy in the Staff Programming room and via the Members section of the website. Procedures must be summarised in service Handbooks. • Director will inform relevant educators and volunteers of children in their care with diagnosed medical conditions, of their Medical Condition Management Plan and the location of their medication. This will be done during their induction; on enrolment of new families; prior to room transitions; and whenever a family updates their child's health information.

	• Director will regularly review medical condition procedures with educators at Staff meetings.
Educators must regularly communicate with families regarding their child's medical condition.	• Educators must complete an Illness Report Form when a child has an incident at Heritage related to their medical condition and advise parents/guardians if their child requires medication when this has not previously been authorised (such as outside their usual day/time for administration). • Educators must regularly communicate with families at drop off and pick up times about their child's health to check if there have been any changes in their condition or treatment. • Educators must advise families when their child's medication needs to be replenished at Heritage.
Parents/guardians must regularly update and communicate any changes to their child's Medical Condition Management Plan and Risk Minimisation Plan.	• Families must provide details annually on enrolment and on subsequent diagnosis of any existing or new medical conditions. • Families must provide an updated Medical Condition Management Plan at least annually, prior to expiry or whenever information changes. • Families must verbally advise the Director of changes to their child's Medical Condition Management Plan or authorised medication as soon as possible after a change has occurred, and immediately provide an updated Medical Management Plan, medication and medication authorisation (if relevant). • The Director will regularly remind families of the requirement to keep their child's Medical Condition Management Plan up to date through emails, the newsletter, notices etc. • Families must advise educators verbally or in writing on arrival at Heritage of symptoms experiences by their child requiring administration of medication in the past 48 hours, and the cause of the symptoms if known. • Families must ensure the service has adequate supplies of their child's medication.
Other	

- I agree with the Risk Minimisation and Communication Plan arrangements for managing my child's medical condition as detailed above.
- In the event my child falls ill, I agree to my child receiving the treatment described above.
- I authorise staff to assist my child with taking medication.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.
- A copy of my child's Medical Condition Action Plan is attached, if relevant.
- A copy of the Medical Conditions Policy is attached.

Parent's/Guardian Signature _____ Date___/__/_____

Doctor's Name _____ Ph_____

Doctor's Signature _____ Date__/__/_____

Allergy and Anaphylaxis Risk Minimisation Plan - Checklist

How well has the service planned for meeting the needs of children with allergies and those who have been diagnosed as at risk of anaphylaxis?	
Who are the Children?	☐ The service Allergy and Anaphylaxis Risk Minimisation Plan includes a list of the names and room locations of each child diagnosed as at risk of allergy or anaphylaxis.
What are they allergic to?	☐ List all known allergens for each child at risk. ☐ List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting certain foods/items not be brought to the service.
Do staff (including relief staff) and volunteers recognise the children at risk?	☐ List the strategies for ensuring that all staff, including relief staff, students and volunteers recognise each at-risk child, are aware of the child's specific allergies and symptoms and the location of their Allergy or Anaphylaxis Management Plan. (See attachment 5: Anaphylaxis Exposure Scenarios and Strategies). ☐ Confirm the location of each child's Allergy or Anaphylaxis Action Plan and ensure it contains a photo of the child.
Do families and staff know how the service manages the risk of anaphylaxis?	☐ Record the date when families of children diagnosed as at risk of allergy or anaphylaxis are provided with a copy of this policy. ☐ Record the date that parents/guardians of a child diagnosed with the risk of anaphylaxis provide an unused, in-date and complete adrenaline auto-injector kit. ☐ Test that all educators, including relief staff, know the location of the adrenaline auto-injector kit and the Allergy or Anaphylaxis Action Plan for each at-risk child. ☐ Ensure that there is a procedure in place to regularly check the expiry date of each adrenaline auto-injection device. ☐ Ensure a written request is sent to all families at the service to follow specific procedures to minimise the risk of exposure to known allergens. This may include strategies such as requesting specific items not be sent to the service, for example: food containing known allergens or foods where transfer from one child to another is likely eg. whole egg, sesame, chocolate, food packaging eg. cereal boxes, egg cartons. ☐ Ensure a new written request is sent to all families if food allergens change. ☐ Ensure all families are aware of the service policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device. ☐ Display the ASCIA First Aid Poster for Anaphylaxis in key locations at the service and ensure a How to Call an Ambulance Card is next to all telephones in the rooms and Main Office. ☐ Ensure the adrenaline auto-injector kit and a copy of each child's Allergy or Anaphylaxis Action Plan, is carried by an educator when a child diagnosed as at risk is taken outside the service premises eg. for regular outings and excursions.

Has a communication plan been developed which includes procedures to ensure that:	☐ All staff, student, volunteers and families are informed about the Allergy and Anaphylaxis Policy and Procedures at Heritage and have easy access to the policy - in hard copy, online and summarised in the Family Handbook/Educator/Relief Educator Handbook. ☐ All parents/guardians of children diagnosed as at risk of allergy or anaphylaxis are provided with the Allergy and Anaphylaxis Policy and Procedures prior to commencing at Heritage or on diagnosis. ☐ All educators, including relief staff, students and regular volunteers are informed about, and are familiar with the Allergy and Anaphylaxis Risk Management Plan. ☐ The Room Leader meets with parents/guardians of a child diagnosed as at risk of allergy or anaphylaxis prior to the child's commencement at the service and develops a Communication Plan for that family. ☐ An induction process for all staff and regular volunteers includes information regarding the management of allergy and anaphylaxis at the service including the location of adrenaline auto-injector kits, Anaphylaxis Action Plans, risk minimisation plans and procedures, and identification of children at risk. ☐ Parents/guardians of a child diagnosed as at risk of allergy or anaphylaxis are able to communicate with educators about changes to the child's diagnosis or Allergy or Anaphylaxis Action Plan.
Do all staff know how the service aims to minimise the risk of a child being exposed to an allergen?	☐ Hygiene procedures and practices are followed to minimise the risk of cross-contamination of surfaces, food utensils or containers by food allergens.[16] ☐ Consider the safest place for the at-risk child to be served and to consume food, while ensuring they are not discriminated against or socially excluded from activities. ☐ Develop procedures for ensuring that each at-risk child only consumes food prepared specifically for him/her. ☐ Ensure each child enrolled at the service washes his/her hands upon arrival at the service, and before and after eating. ☐ Employ teaching strategies to raise the awareness of all children about allergies and anaphylaxis and the importance of no food sharing at the service. ☐ All bottles, lunch boxes and food provided by the family of the at-risk child should be clearly labelled with the child's name.
Do relevant people know what action to take if a child has an anaphylactic episode?	Know what each child's Allergy or Anaphylaxis Action Plan contains and implement the procedures**.** ☐ Who will administer the adrenaline auto-injection device and stay with the child? ☐ Who will call an ambulance and the parents/guardians of the child? ☐ Who will ensure the supervision of other children at the service? ☐ Who will let ambulance officers in and take them to the child? ☐ Ensure all staff have undertaken approved anaphylaxis management training and participate in regular practise sessions. ☐ Ensure an Ambulance How to Call Card is located next to telephones.

[16] Refer to: Hygiene and Infection Control Policy and Procedures; Food Safety Policy and Procedures

Anaphylaxis Exposure Scenarios and Strategies

The Director will review the risk minimisation plan of each child diagnosed as at risk of anaphylaxis with parents/guardians at least annually, and always on enrolment and after any incident or accidental exposure to allergens.

Scenario	Strategy	Who is Responsible?
Food allergies	The parents/guardians provide all food for the at-risk child.	Parents/ Guardians Director
	Any food used at the service in cooking activities is consistent with the risk management plans of children diagnosed as at risk and discussed with families.	
	Request that all parents/guardians avoid bringing food to the service that contain allergens specified in children's Medical Condition Management Plans.	
	Staff observe food handling and consumption to minimise the risk of cross-contamination. This includes implementing good hygiene practices and effective cleaning of surfaces in children's eating area, food utensils and containers.	Educators
	There is a system in place to ensure the child diagnosed as at risk of anaphylaxis is served only food prepared for him/her.	Educators
	A child diagnosed as at risk of anaphylaxis consumes their food in a location considered to be at low risk of cross-contamination by allergens from another child's food. Ensure this location is not separate from all children and allows social inclusion at mealtimes.	Educators
	Children are reminded of the importance of not sharing food.	Educators
	Children are closely supervised during eating, at service events and on regular outings/excursions or during evacuations/lockdowns.	Educators
	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.	
	Where a child is allergic to milk, non-allergic children are closely supervised when drinking milk/formula from bottles/cups and these are within reach of other children.	
Insect bite allergies	Specify play areas that are lowest risk to the child diagnosed as at risk and encourage him/her and peers to play in that area.	Educators
	Decrease the number of plants that attract bees or other biting insects and remove any areas of stagnant water.	Management Committee
	Ensure the child diagnosed as at risk of anaphylaxis wears shoes and long-sleeved, light-coloured clothing at all times they are outdoors.	Educators
	Respond promptly to any instance of insect infestation. It may be appropriate to request exclusion of the child diagnosed as at risk during the period required to eradicate the insects.	Management Committee Director
Latex Allergies	Avoid the use of party balloons or latex gloves.	Educators