

**LA TROBE UNIVERSITY  
COMMUNITY CHILDREN'S CENTRE**

**ANAPHYLAXIS STATEMENT**

**1. Statement**

**Values**

**La Trobe University Community Children's Centre** believes and actively encourages its whole community to be supportive of and responsible for the health, safety and well being of **all** the children and adults within the Centre's environment. The service is committed to:

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

**Purpose**

The aim of this Statement is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is attending our service.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device.
- Raise the service community's awareness of anaphylaxis and its management through education and statement implementation.

**2. Scope**

The Education and Care Services National Law Act 2010 (r 167 – Offence relating to protection of children from harm and hazards) and Education and Care Services National Regulations (r 101- medical conditions policy) requires proprietors of licensed children's services to have an anaphylaxis management statement in place. This Statement will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It will apply to children enrolled at the service, their parents/guardians, staff and licensee as well as to other relevant members of the service community, such as volunteers and visiting specialists. The Education and Care Services National Law Act 2010 and Education and Care Services National Regulations include the matters to be in the statement, practices and procedures related to anaphylaxis management and staff training.

### **3. Background and legislation**

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two percent of the general population and up to five percent (0-5years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow's milk, sesame, bee or other insect stings, and some medications.

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

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

Centre Management recognises the importance of all staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an EpiPen®/Anapen®.

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

#### **Legislation**

*Education and Care Services National Law Act 2010*

*Education and Care Services National Regulations*

*Health Act 1958*

*Health Records Act 2001*

*Occupational Health and Safety Act 2004*

#### **4. Definitions**

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

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

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

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

*Anaphylaxis Management Statement:* referred to as the Statement throughout this document.

*Anaphylaxis management training:* the Centre arranges for an accredited anaphylaxis management training session that includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise trainer adrenaline auto-injection device. Current courses that are accredited and recognised by the Secretary are:

- Course in Anaphylaxis Awareness, 21827VIC
- Course in First Aid Management of Anaphylaxis 22099VIC (valid from 1 January 2011 until 31 December)

The training is to be undertaken by **all staff**. This training is reinforced at 3 yearly intervals.

*Induction of new staff:* it is a requirement that all staff must have completed Anaphylaxis Management Training (accredited for 3 years). However all new staff members are also taken through the Centre's own internal training session on Anaphylaxis.

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

*Adrenaline auto-injection device training:* The Centre organises for internal practice sessions on administration of the adrenaline auto-injection devices to be undertaken by existing employees (at least annually), casual relief staff, parents, grandparents and other members of the child's family. The Centre has resource kits on the administration of the adrenaline auto-injection devices (EpiPen® and Anapen®) in the Centre's library. Staff and children's families may borrow these kits at any time.

Anapen®. Is another adrenaline auto injection device containing a single dose of adrenaline, recently introduced to the Australian market?

NB: The mechanism for delivery of the adrenaline in Anapen® is different to EpiPen®.

*Centre Management:* Consists of any or part of the Licensee, Responsible Persons, Primary Nominee or Committee.

*Communication Strategy:* The Centre's established statement and formal induction process as part of enrolment (annually) enables staff to identify children at risk of anaphylaxis. The process importantly empowers families to communicate with staff and Centre Management about their child's individual needs. As part of this process parents and staff will be informed about our risk minimisation plans and emergency procedures.

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

*Emergency Call Information:* A laminated information sheet that the Centre has posted near the telephones in each section contains all the information that the Ambulance service will request.

*EpiPen®:* A 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.

*EpiPen®/Anapen® kit:* An insulated lunch pack containing a current *EpiPen®/Anapen®*, a copy of the child's anaphylaxis medical management 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 parent/guardian cannot be contacted. If prescribed an antihistamine or Asthma medication this is to be included in the kit. *EpiPen®/Anapen®* are to be stored away from direct sources of heat.

*Enrolment:* Is undertaken by all families annually.

*Green First Aid Bag:* This is the bag that a child's EpiPen®/Anapen® Kit will be stored. Each Section has been provided with a green bag with a white cross displayed in the front pocket window and a sign (black on white) reading EPIPEN®/Anapen®. In each of the green bag there will be each child's kit and a black texta. This green bag will be hung (out of children's reach) between the outdoor/indoor areas for easy access and transportation in cases of emergencies.

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

*Individual Menu:* Parents/Guardians are required on enrolment or diagnosis of their child to identify any individual dietary requirements. Parents/Guardian of children identified as requiring individual menus must meet with Centre Management and staff to discuss and develop an individual menu.

*Alternative food items provided by Parents:* This is food that the Parents provide: as an alternative food to that provided on the Centre's menu and also as party options.

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

*Section Head:* Is a qualified Educator in each playroom that has successfully completed at least a 2 year full – time, or part – time equivalent, post secondary early childhood qualification which has been approved.

The Centre's Section Heads are responsible for liaising between parents/guardians of a child at risk of anaphylaxis and Centre Management. This person also checks that the adrenaline auto-injection device is current, the EpiPen®/Anapen® kit is complete and that staff practise sessions are undertaken on a regular basis, preferably quarterly if the section has a child at risk of anaphylactic reaction.

*Risk minimisation:* The Centre has, via our Nutrition Statement, Individual Menu Development Plan and the Centre's Risk Minimisation Plan, reduced risks to a child by removing, as far as is practicable, major sources of the allergen from the service and developed strategies to help reduce risk of an anaphylactic reaction.

*Risk minimisation plan:* This plan will be developed in consultation with the family and this will be undertaken at least annually. The form will specify 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 service, practical strategies to minimise those risks, and who is responsible for implementing the strategies.

*Service community:* All those who are connected to the children's service.

## **5. Procedures**

### **Centre Management shall:**

- 1 Our service will:
  - Ensure there is an anaphylaxis management statement in place containing the matters prescribe in *Education and Care Services National Law Act 2010 Education and Care Services National Regulations*
  - Ensure that we will have an EpiPen®/Anapen® on the premise at all times
  - Ensure that the Statement is displayed in each playroom with the children's Anaphylaxis Medical Management Plans
  - Ensure all staff rostered on duty have completed first aid and anaphylaxis management training least every 3 years undertaken the 3 year accredited anaphylaxis training
  - Ensure all staff have discussed and are familiar with the Centre's Anaphylaxis Management Statement

- Ensure all staff have undertaken training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 12 months recording this in the staff records. It is recommended that practise with the trainer auto-injection device is undertaken on a regular basis, preferably quarterly via Internal training
- Ensure **all new staff** at the Centre:
  - Have completed a 3 year accredited anaphylaxis training program
  - Current First Aid and CPR Training
  - Undertaken Internal Training.

## **2 When the Centre has a child diagnosed at risk of anaphylaxis enrolled Centre Management will:**

- Ensure that a child's individual anaphylaxis medical management action plan signed and dated by a registered medical practitioner is prominently displayed in each child's playroom and in the food preparation area.
- Ensure all staff with responsibilities for at risk children knows what each child's Anaphylaxis Medical Management Action Plan states.
- Ensure that the potential for accidental exposure to allergens while the child at risk of anaphylaxis is in care is undertaken (via the Centre's - Risk Minimisation Plan) at least annually.
- Ensure that all staff members rostered on duty have completed accredited anaphylaxis management training in the administration of anaphylaxis management and that practice of the adrenaline auto-injection device is undertaken on a regular basis, preferably quarterly, and recorded.
- Ensure that all casual relief staff and students on practicum undertake the Centre's training session for management of anaphylaxis during induction.
- Ensure that all Staff receive a list of all the Children in the Centre at risk of Anaphylaxis their known allergens and which section. (Schedule 1, Attachment 1a)
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without the device' (Refer to Conditions of Enrolment – **(h) EXCLUSION ii) Anaphylaxis**)
- Ensure that the procedures are in place to enable staff to administer another child's adrenaline auto-injection device, or Centre's EpiPen®/Anapen® when instructed by the Victoria Ambulance Service.
- Ensure procedures are in place to encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this Management Statement and its implementation.
- Ensure that a notice is displayed prominently in the main entrance of the children's service stating that a child diagnosed at risk of anaphylaxis and allergies is being cared for or educated at this Centre
- Ensure that the service displays an ASCIA generic poster called *Action plan for Anaphylaxis* in a key location at the service.
- Display an Emergency Call Information sheet by telephones in all areas of the Centre.

### 3 Food Preparation Personnel:

- Comply with procedures outlined in Schedule 1

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

- Ensure that they have undertaken a 3 year Accredited Training program and that practice of the adrenaline auto-injection device is undertaken on a regular basis; preferably quarterly have a current First Aid certificate and current CPR training.
  - Knows what each child's Anaphylaxis Medical Management Action Plan states.
  - Ensure that parents/guardians provide a current anaphylaxis medical management action plan signed and dated by the child's Doctor and a complete EpiPen®/Anapen® kit while the child is present at the service.
  - Ensure the original of the child's anaphylaxis medical management action plan, with a current coloured photograph, is located near the telephone in each individual section - visible to all staff.
  - Ensure that the child only eats the food the parents/guardians have agreed to - refer to child's individual menu plan (Schedule 2).
  - Follow the child's anaphylaxis medical management action 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 previously, but who appears to be having an anaphylactic reaction: Refer to Centre's Emergency Action Plan (Schedule 3)
  - The Centre's Internal Training - Management of Anaphylaxis for existing staff who are responsible for an at risk child will be taken through the training by the Assistant Manager - annually.
  - Ensure that each individual *EpiPen®/Anapen® kit* for their section is stored in the green first aid bag.
  - The green first aid bag is to display a white cross and the sign EPIPEN®/Anapen® on the outside facing pocket
  - Ensure all staff including relief staff are aware of the location of the *EpiPen®/Anapen®* kits in the green first aid bag.
  - Will check weekly the *EpiPen®/Anapen®* kit to ensure that it is complete and the adrenaline auto-injection device has not expired or the liquid has become cloudy discoloured or leaked (Refer to Conditions of Enrolment - **(h) EXCLUSION ii)**
- Anaphylaxis**
- Ensure that the *EpiPen®/Anapen®* kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends.
  - Staff within each section are responsible for developing a list of all the known allergens within their section. This list will be displayed for all families' information and children's safety (Schedule 1, Attachment 1b)
  - Comply with procedures outlined in this Statement and all attached schedules (1-4).
  - Ensure a copy of the signed Schedule 4 is included in the individual child's *EpiPen®/Anapen®* Kit.

#### Families of all children attending the Centre shall:

- Ensure food and/or medication brought in from home is clearly labelled and handed to staff upon arrival- to be stored appropriately and safely.
- Ensure children wash their hands on arrival.
- Ensure that the Centre is a **Nut, Nut product and Whole Egg free environment** (hard boiled, poach, fried or omelette style egg dishes) as specified in the Centre's Nutrition Statement.
- Be aware of the list of known allergens within your child's group of peers.

## **Families of a child at risk of anaphylaxis shall:**

- Inform staff, either on enrolment (annually) or on diagnosis, of their child's allergies.
- Provide staff with an anaphylaxis medical management action plan signed and dated by the registered medical practitioner giving written consent to use an adrenaline auto-injection device in line with this action plan.
- Provide staff with a complete EpiPen®/Anapen® kit.
- Ensure Anaphylaxis Medical Management Action Plans are **updated every 12 months**, signed and dated by a Doctor.
- Develop a Risk Minimisation Plan in consultation with Centre Management (Schedule 1).
- Meet with Centre Management and staff to develop an individual menu plan that meets the child at risk nutritional needs (Schedule 2)
- Assist staff by offering information and answering any questions regarding their child's allergies.
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis medical management action plan in accordance with these changes.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- Provide a new adrenaline auto-injection device by the nominated use by date or by the child's next day of attendance
- Provide the Centre with three current colour photographs of their child
- Regularly check the adrenaline auto-injection device expiry date.
- Be required to complete (Schedule 4)
- Non compliance to any of the above statements will mean exclusion of your child from the Centre (Refer to Conditions of Enrolment – **(h) EXCLUSION ii) Anaphylaxis**).

## **6. Related documents**

### Related Documentation:

- Individual Anaphylaxis Medical Management Action Plan (a medical management plan prepared signed and dated by a Doctor for children identified as at risk of Anaphylaxis)
- Brochure titled "Anaphylaxis – a life threatening reaction", available through the Royal Children's Hospital, Department of Allergy.
- Resource Kits (1 EpiPen® and 1 Anapen®) Each kit contains an EpiPen®/Anapen® trainer and trainer CD to enable the Centre's community to practice the administration of the EpiPen®/Anapen® regularly. Our trainer EpiPen®/Anapen® is stored separately from all other EpiPens®/Anapen®. Our Centre has a resource library where the Anaphylaxis resource Kits (3) can be borrowed. A children's story book titled Jeremy's Cake (written by Bethany Tucker and illustrated by Anthony Cullen) can be borrowed from the Centre's Library.  
The story is about Jeremy who has a life threatening allergy to nuts and egg. He also has hay fever and asthma.

### Relevant Centre statements and procedures include:

- Anaphylaxis Statement and all attached schedules
- Qualifications and Training Statement
- Nutrition Statement
- Children's Celebrations at the Centre
- Communication Plan
- Privacy Statement
- Equal Opportunity Statement
- Information for Users and Conditions of Enrolment
- Enrolment Forms
- Food Preparation Procedure for Children with Allergies
- Individual Menu Development Plan
- Statement of Appropriate Food Handling Practices
- Centre's Emergency Action Plan

- Emergency Procedures Medical/Police/Fire
- Early/Late Shift Communication Sheets
- Procedure for Transition
- Day to Day Monitoring of Children's Play Environment
- Centre's Internal Training - Management of Anaphylaxis - For New/Existing and Casual Relief Staff
- Casual Relief Staff Induction
- Induction for Visitors
- Induction – for visiting, enrolling and re-enrolling families;
- Adult Health Information
- First Aid Registry for Staff

### **Other 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. Their sample Anaphylaxis Medical Management Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- Anaphylaxis Australia Inc, at [www.allergyfacts.org.au](http://www.allergyfacts.org.au), is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on 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, 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 to evaluate a child's allergies and if necessary, provide an auto-injection device prescription, as well as to purchase auto-injection device trainers. Telephone (03) 9345 5701.
- Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licenced children's services staff and parents. Telephone 1300725911 or Email: [Wilma.Grant@rch.org.au](mailto:Wilma.Grant@rch.org.au)
- Department of Education and Early Childhood Development website at [www.office-for-children.vic.gov.au/anaphylaxis](http://www.office-for-children.vic.gov.au/anaphylaxis) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

### **Training**

- You can access the Department of Education and Early Childhood Development website for information about free training for staff members in services where there is a child diagnosed at risk of anaphylaxis enrolled at: [www.office-for-children.vic.gov.au/anaphylaxis](http://www.office-for-children.vic.gov.au/anaphylaxis)
- There are a range of providers offering anaphylaxis training, including Royal Children's Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that where there is a child diagnosed at risk of anaphylaxis enrolled in the service the anaphylaxis management training undertaken is accredited.
- At least annually the Assistant Manager will organise for Anaphylaxis training sessions to be conducted at the Centre for existing employees, our broader community, casual relief staff, parents, grandparents and other members of the child's family.
- Centre's Internal Training - Management of Anaphylaxis – For New/Existing and Casual Relief Staff

### **7. Authorisation**

This statement of practice was adopted by the **La Trobe University Community Children's Centre Management Committee** May 26 2010.

### **8. Review date**

This statement shall be reviewed in the month of **September 2012**.

## 9. Review

Centre Management shall ensure that there is:

- Discussion with staff on their knowledge of issues following staff participation in anaphylaxis management training (via Staff Development meetings).
- Selective auditing of enrolment checklists (annually) to ensure that documentation is current and complete.
- Annual process for updating/changing this statement by our community and external authorities.
- Discussion on this statement and its implementation with families of children at risk of anaphylaxis to gauge their satisfaction with both the statement and its implementation in relation to their child (annually through enrolment).
- Respond to complaints.
- A review to the adequacy of the response of the service if a child has an anaphylactic reaction and considers the need for additional training and other corrective action.

## Acknowledgements

The Victorian Government Department of Education and Early Childhood Development acknowledges the contribution of the Royal Children's Hospital Department of Allergy, Kindergarten Parents Victoria Inc and Anaphylaxis Australia Inc for their contribution to the development of this model policy for children's services in Victoria.

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## Schedule 1

### La Trobe University Community Children's Centre

#### Risk Minimisation Plan for Anaphylaxis

This risk minimisation plan is developed by the Centre Management in consultation with the family and implemented to protect the child diagnosed at risk of anaphylaxis from accidental exposure to allergens:

In relation to **all** children:

- Wash hands upon arrival.
- Staff will ensure at mealtime, afternoon tea and late snack that there will be no trading or sharing of food, food utensils and containers.
- All children will be closely supervised at meal and snack times. To minimise the risk of accidental exposure to allergens **all** children are to be sitting when eating and not 'wandering around' with food.
- Where food is brought from home to the Centre, all parents/guardians and staff will be asked not to bring food containing peanuts, nut product, popcorn and whole egg (hard boiled, poach, fried or omelette style egg dishes) as specified in the Centre's Nutrition Statement.
- NO FOOD is introduced to a child if the parent/guardian has not previously given this food.

<b>How do we plan for meeting the needs of children with allergies who are at risk of anaphylaxis?</b>	
1. Who are the children?	<ul style="list-style-type: none"> <li>• Management provide staff with a list of children's names, allergens, first aid, days of attendance and room locations (attachment 1a)</li> </ul>
2. What are they allergic to?	<ul style="list-style-type: none"> <li>• We will list all of the known allergens for each of the at risk children(attachment 1b) This information is collated from each child's Anaphylaxis Medical Management Action Plan</li> <li>• The sources of exposure to each known allergen can occur during <ul style="list-style-type: none"> <li>▪ Food preparation(attachment 2)</li> <li>▪ Food consumption/serving(attachment 3)</li> <li>▪ Party/Celebrations(attachment 4) and via other</li> <li>▪ Environmental Influences (attachment 5)</li> </ul> </li> </ul>
3. Does everyone recognise the at risk children?	<ul style="list-style-type: none"> <li>• As part of the Centre's Internal Training - Management of Anaphylaxis – For New/Existing and Casual Relief Staff(attachment 6) will:- <ul style="list-style-type: none"> <li>▪ recognise each of the at risk children;</li> <li>▪ know where each child's Anaphylaxis Medical Management Action Plan (including the child's photograph) will be displayed.</li> </ul> </li> </ul>

<b>Do families understand how we manage the risk of anaphylaxis?</b>
<ul style="list-style-type: none"> <li>• Centre personnel complete an enrolment check list for Children identified as at risk of Anaphylaxis(attachment 7)</li> </ul>
<ul style="list-style-type: none"> <li>• Centre personnel will check weekly the EpiPen®/Anapen® kit to ensure that it is complete and the adrenaline auto-injection device has not expired or the liquid has become cloudy discoloured or leaked. Staff record this checking on the Day to Day Monitoring of Children's Play Environment checklist.</li> </ul>
<ul style="list-style-type: none"> <li>• Regular checks of the expiry date of the adrenaline auto-injection device should <b>also</b> be undertaken by the families of each at risk child.</li> </ul>
<ul style="list-style-type: none"> <li>• The Centre notifies all families, in writing (Anaphylaxis Management Statement), requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This includes requesting the following <b>are not sent</b> to the service: <ul style="list-style-type: none"> <li>○ Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg (hard boiled, poached, fried or omelette style egg dishes) as specified in the Centre's Nutrition Statement.</li> <li>○ For activities such as art experiences food packaging of risk foods for example cereal boxes, egg cartons and other items containing major sources of allergies as required. All families will be notified, in writing of changes/additions to items not to be sent to the Centre.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• The Centre's Nutrition Statement outlines the foods that are discouraged from the Centre – if a change to this list is required – <b>all</b> families will be notified in writing.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure all families are aware of the Statement that no child who has been prescribed an EpiPen®/Anapen® is permitted to attend the service without that adrenaline auto-injection device (Refer to this Statement and Conditions of Enrolment – <b>(h) EXCLUSION ii) Anaphylaxis</b>)</li> </ul>
<ul style="list-style-type: none"> <li>• The service displays the ASCIA generic poster, <i>Action plan for anaphylaxis</i>, in a key location by the telephone/s along with the Emergency Call Information</li> </ul>
<ul style="list-style-type: none"> <li>• The EpiPen®/Anapen® kit is taken on all excursions attended by the at risk child</li> </ul>

**How do all staff know how we aim to minimise the risk of a child being exposed to an allergen?**

- The Centre has identified times when the at risk child could potentially be exposed to allergens during their time at the Centre. Potential exposures could occur during :-
  - **Food preparation** (Schedule 1 - attachment 2)
  - **Food consumption/serving** (Schedule 1 - attachment 3)
  - **Party/Celebrations** (Schedule 1 – attachment 4) or via other
  - **Environmental Influences** (Schedule 1 - attachment 5)

**How do relevant people know what action to take if a child has an anaphylactic reaction?**

- Ensure all staff are familiar with the Anaphylaxis Medical Management Action Plans
- Ensure all staff with responsibilities for at risk children know what each child’s Anaphylaxis Medical Management Action Plan says and implement it.
- Understand the Centre’s Emergency Action Plan (Schedule 3).
- All staff with responsibilities for at risk children have undertaken anaphylaxis management training and regular practise sessions for the administration of the adrenaline auto-injection device

**How effective is our risk minimisation plan?**

- The Centre will undertake a review of our risk minimisation plan with families of at risk children at least annually, but always upon enrolment (annually) of each at risk child and after any incident or accidental exposure.

**Further suggested strategies (if required)**

I agree that the Risk Minimisation Plan that has been discussed with me ensures as far as practicable, a safe and healthy environment in which my child can participate equally in the Centre.

<b>Child's Name</b>	
<b>Child's Allergens</b>	
<b>Parent/Guardian Name</b>	
<b>Parent/Guardian Signature</b>	
<b>Date</b>	
<b>Centre Signature</b>	
<b>Position in Centre</b>	
<b>Date</b>	





## **Schedule 1**

### **Attachment 2**

## **Food Preparation Procedures For Children With Allergies**

When preparing food for children with food allergies, the following procedure must be followed by all food preparation staff, to minimise the risk of cross contamination between foods during the handling, preparation and serving of food.

### **NOTE:**

Serving/preparation area will display the following information

- List of children who require any special diet (individual menu's) or allergy to a particular food;
- Copies of Anaphylaxis Medical Management Action Plans
- The day the child attends the Centre and
- The section they are in.

### **Lunch Preparation**

First thing each morning Food Preparation Staff check the Food Allergy and Individual diets list for children's names attending that day – refer to black folder titled "Individual Diets Folder" and copies of Anaphylaxis Medical Management Action Plans in the food preparation area. For children with allergies, their nutritional requirements will be prepared/served first.

Procedures:

#### **Lunch Preparation**

Procedures:

1. The careful cleaning of food preparation areas and utensils before preparation takes place;
2. Wash hands and apply fresh gloves for each child's menu preparation;
3. Lunch for children with allergies are prepared first, and then wrapped with cling wrap, the child's name, the date and their section is written on the cling wrap immediately.

### **Afternoon Tea Preparation**

Procedures:

1. The careful cleaning of food preparation areas and utensils before preparation takes place;
2. Wash hands and apply fresh gloves for each child's menu preparation;
3. Children with allergies have spreads specifically labelled e.g. "**Food for Children with Allergies – No Dairy**" which are kept in the refrigerator and or pantry. Use these spreads only when preparing sandwiches for children with allergies or on individual menu;
4. Prepare sandwiches for child with allergy first, and then wrapped with cling wrap, the child's name, the date and their section is written on the cling wrap immediately;
5. All sandwiches boxes are to have note on lid: child's name and type of allergy.

## Schedule 1

### Attachment 3

### Food consumption/serving.

#### Procedures for Centre Personnel

The Centre has identified times when the at risk child could potentially be exposed to allergens during their time at the Centre. Staff will ensure the following strategies are implemented to minimise the risk of accidental exposure.

- Staff will ensure hand washing for all children and staff takes place:
  - **upon arrival**, and
  - **before and after eating**.
- Staff will ensure tables, chairs, feeding chairs and bench tops are washed down before and after eating or drinking.
- The child will only eat food that has been identified and prepared according to the developed individual menu for that child.
- 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
- Bottles, other drinks and lunch boxes provided by the family of the at risk child should be clearly labelled with the child's name.
- Where appropriate and agreed to by Management and the Parents/guardians a safe food box for this child will be provided.
- Any treats to be offered as party options during celebrations at the Centre provided by the parents/guardians for this child will be stored in the office adjoining the child's playroom in a safe food box which will be labelled with the child's name.
- Room staff undertake safe food handling sessions with the Food Safety Supervisor to ensure safe serving practices are carried out when serving food to minimise the risk of cross contamination
- Staff, in some circumstances, may deem it 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
- Where the at risk child is allergic to milk, staff will ensure non-allergic babies and toddlers are held or placed in a feeding chair when they drink formula/milk.
- Staff will ensure at mealtime, afternoon tea and late snack that there will be no trading or sharing of food, food utensils and containers
- Staff will increase supervision of this child on special occasions such as excursions, incursions, days of celebration or family days.

**Schedule 1**  
**Attachment 4      Party/Celebrations.**

**Procedures for Centre Personnel**

The Centre has identified times when the at risk child could potentially be exposed to allergens during their time at the Centre. Staff will ensure the following strategies are implemented to minimise the risk of accidental exposure.

- Give plenty of notice to families about the party or celebration event
- Ensure a safe treat box is provided for the at risk child
- Ensure the at risk child only has the food approved by his/her parent/guardian
- Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent. The Centre is a nut, nut product and whole egg (hard boiled, poach, fried or omelette style egg dishes) free environment.
- Staff will be actively monitoring/restricting the use of food and food containers, boxes and packaging in crafts, cooking and science experiments. Depending on the allergies of particular children. Staff will discuss the use of such items with parents/guardians of this child and these items will be consistent with the Risk Minimisation Plan for Anaphylaxis.

**Procedures for Centre Personnel**

The Centre has identified times when the at risk child could potentially be exposed to allergens during their time at the Centre. Staff will ensure the following strategies are implemented to minimise the risk of accidental exposure.

- For protection from insect bite allergies the strategies staff can implement will include:-
  - Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area;
  - Decrease the number of plants that attract bees;
  - Ensure the at risk child wears shoes at all times outdoors and quickly manages any instance of insect infestation (It may be appropriate to request exclusion of the at risk child during the period required to eradicate the insects)
  
- When children with latex allergies have been identified staff will ensure the environment is free of party balloons and Centre families will be advised in writing of this update.
  
- The Centre usage of vinyl disposable gloves.

**FOR NEW/EXISTING/CASUAL RELIEF STAFF:**

1. **Anaphylaxis** is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.

Anaphylaxis is a generalised allergic reaction, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal, and cardiovascular). A severe allergic reaction usually occurs within 20 minutes of exposure to the trigger and can rapidly become life threatening.

### **Signs and Symptoms**

The signs and symptoms of anaphylaxis may occur almost immediately after exposure or within the first 20 minutes after exposure. Rapid onset and development of potentially life threatening symptoms are characteristic markers of anaphylaxis.

Allergic symptoms may initially appear mild or moderate but can progress rapidly. The most dangerous allergic reactions involve the respiratory system (breathing) and/or cardiovascular system (heart and blood pressure).

### **Common Symptoms**

#### **Mild to moderate allergic reaction**

- Tingling of the mouth
- Hives, welts or body redness
- Swelling of the face, lips, eyes
- Vomiting, abdominal pain

#### **Severe allergic reaction- ANAPHYLAXIS**

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

**For further and more detailed information you can visit this web site**

**[www.allergyfacts.org.au/whatis.html](http://www.allergyfacts.org.au/whatis.html)**

2. The Centre will have developed with the family an individual menu plan, meeting the specific needs of the child. 'Some special dietary requirements can be provided for, however, depending on the special dietary requirements Parents may be requested to provide some food items.....' (La Trobe University Community Children's Centre – Information Manual, Nutrition Statement).  
The individual menu plan/s are made available to staff within the individual section – please be familiar with these and their location for referencing.
3. Introduce new staff member to all children within the individual section that have individual menu plans/anaphylaxis medical management action plans. Provide new staff member with a photo of the child/ren;
4. Present and discuss individual menu plan/s and or anaphylaxis medical management action plan/s. 'The Centre is a **Nut, Nut product and Whole Egg** (hard boiled, poach, fried or omelette style egg dishes) **free environment**', refer to Nutrition Statement;

## 5. **Centre's Emergency Action Plan:**

In the event that one of the children is mistakenly given incorrect food and/or cross contamination occurs with a known allergen or a child not previously diagnosed as allergic, appears to be having an anaphylactic reaction;

- The Section Head is to be notified immediately and the child's Anaphylaxis Medical Management Action Plan is to be followed;
- The Section Head will notify the Manager or their representative;
- The Section Head will comfort the child and monitor symptoms;
- The Manager and/or their representative will observe from the office area ready to administer the **adrenaline auto-injection device**
- The Manager or their representative will follow the Centre's **Emergency Call Information** immediately
- Other staff members are to organise the calm removal of non affected children from the immediate emergency area;
- Parents /Guardians are to be notified and they will also provide direction as to what they wish to occur;
- The Manager or their representative to escort ambulance officers to the emergency situation.

### **If in doubt, give adrenaline auto-injection device**

Symptoms experienced by these children are listed on their Anaphylaxis Medical Management Action Plans you must familiarise yourself with each of the plans and discuss with the Section Staff/Assistant Manager.

**Note:** Symptoms can be experienced at differing levels in isolation or in groups over differing periods of time. When breathing distress is apparent or when in doubt administer adrenaline auto-injection device. If adrenaline auto-injection device is administered an ambulance **must** be called, you also need to record, the time using the black texta form the green first aid bag on the adrenaline auto-injection device canister, where you will store the used EpiPen®/Anapen®.

6. Inform the new staff member that all staff are required to have a current accredited anaphylaxis management training certificate (3 yearly). Staff who have a child in their Section with anaphylaxis reactions are also required to undertake practice sessions on the administration of the adrenaline auto-injection device and related scenarios on a regular basis, preferably quarterly. This training will be conducted by the Assistant Manager.

7. Explain the Adrenaline auto-injection device -

What is it? **A disposable, prefilled injection device containing a single dose of epinephrine (adrenaline).**

Where is it kept? **Green First Aid Bag. Insulated EpiPen®/Anapen® Kits are located in this bag and labelled with the child's name.**

How to use an **EpiPen®**?

1. **Form a fist around the EpiPen® (black tip down).**
2. **With the other hand pull off the grey cap (DO NOT touch BLACK tip).**
3. **Place the black end near the outer mid-thigh. (DO NOT swing the EpiPen® in a stabbing motion)**
4. **Place the BLACK tip gently against the fleshy outer part of the thigh. This can be done through the person's clothes (one layer). Firmly push the black tip into the thigh until a click is heard. Hold the EpiPen® in place for 10 seconds.**
5. **Remove the EpiPen®. Be careful not to touch the needle.**

**Massage the injected site for 10 seconds. Place the EpiPen® back into its plastic container and note the time that it was administered (with black text).**

**Assistant Manager to demonstrate with the Centre's EpiPen® Trainer.**

How to use an Anapen®?

- 1. Pull off the black needle shield.**
- 2. Pull off the grey safety cap from red button.**
- 3. Place needle end firmly against outer thigh at a 90° angle, with or without clothing.**
- 4. Press the red button so it clicks & hold for 10 seconds. Remove the Anapen® & do not touch the needle. Massage the injection site for 10 seconds.**

**AFTER USE:**

- Place the black needle shield onto a flat surface with the narrow end facing up – DO NOT hold the black needle shield in place.**
- Hold the used Anapen® in a fist and push down onto the black needle shield – this causes the needle to retract into the device.**
- Note the time that it was administered (with black text).**

**Assistant Manager to demonstrate with the Centre's Anapen® Trainer.**

More than 1 dose?

- 1.** In the event that the initial dose was not effective another child's/ Centre's adrenaline auto-injection device can be administered when instructed by the Victorian Ambulance Service.
  - 2.** Parents of children at risk of Anaphylaxis are required by the Centre to authorise the use of their child's adrenaline auto-injection device for another child and for their child to be administered with another child's/Centre's adrenaline auto-injection device, under direction of the Victoria Ambulance Service.
- 8.** Assistant Manager is to observe and give feedback on the new staff members use of the EpiPen®/Anapen® Trainer;
  - 9.** Assistant Manager is to advise the new staff member that EpiPen®/Anapen® kits are located in the green first aid bags within each individual playroom
  - 10.** Section Staff/Assistant Manager are to advise the new staff member of all allergies within the Section as well as the other allergies within the Centre – List of Allergies within the Centre – Staff Information Only (Schedule 1 Attachment 1a – Anaphylaxis Management Statement).
  - 11.** Section Staff/Assistant Manager to ask if the new staff member has any questions;
  - 12.** New Staff member in the children's section will not give any children food for the first week in attendance at the Centre. This time is to be used for observing the process on which food is distributed to all children and in particular children with food restrictions.  
Section Staff/Assistant Manager to stress the importance of asking questions if you are unsure whether a child can have a particular food item;

- 13.** For existing staff with a child in their Section that is at risk of anaphylaxis the practice of EpiPen®/Anapen® administration and the carrying out of scenarios will be conducted by the Assistant Manager on a regular basis, preferably quarterly.

The Assistant Manger will undertake the following with these staff:-

- conducting 'anaphylaxis scenarios':
- supervising practise sessions in EpiPen®/Anapen® administration procedures:
- assessing staff confidence in locating and using the EpiPen®/Anapen® kit:
- checking that all EpiPen®/Anapen® kits are complete:-
  - have a current adrenaline auto-injection device :
  - the fluid in the adrenaline auto-injection device has not leaked or discoloured:
  - check that there is a current copy of the Medical Management Plan:
  - check that there are telephone contact details for the parent/guardian:
  - check there are telephone contacts for the doctor/medical service:
  - check there is an alternative telephone contact if the parent/guardian cannot be contacted:
  - check that, if prescribed, the antihistamine or Asthma medication is also in the individual kit.

Records of this internal training session are to be recorded in the 'Current Staff' folder.

- 14.** Both the Assistant Manager and new staff member are to sign acknowledgement form indicating they have undertaken this training;
- 15.** A copy of this signed acknowledgement along with a copy of the attachments provided to the staff member is to be handed to the Manager for filing in the staff member's file.

**Staff Member** ..... **Date**.....

**Assistant Manager** ..... **Date**.....

## Schedule 1

### Attachment 7 Centre Personnel Enrolment Checklist for Children at Risk of Anaphylaxis

- The Centre's established Nutrition Statement, Anaphylaxis Statement and Family Induction process (Communication Strategies) enables staff to identify children at risk of anaphylaxis. The process also empowers families to initiate communicate with staff about their child's individual needs.

***Has this been undertaken? YES NO***

- Parents/Guardians are required on enrolment of their child at the Centre to identify any individual dietary requirements. Parents/Guardian of children identified as requiring individual menus must meet with Management and staff to discuss and develop an individual menu. This meeting will be initiated by Centre Section Heads. Most individual dietary requirements can be provided for, however, depending on the special dietary requirements Parents may be requested to supply some food items. The menu agreed upon will be signed by and copied to all those present. Children with allergies are identified via Anaphylaxis Medical Management Action Plan provided and signed by the Childs Doctor

***Has this been undertaken? YES NO***

- A risk minimisation plan is completed at the above mentioned meeting. This will include strategies to address the particular needs of each child at risk, and this plan is then implemented.

***Has this been undertaken? YES NO***

- All Parents/guardians are provided on enrolment (annually) or on review, a copy of the Centre's Anaphylaxis Management Statement.

***Has this been undertaken? YES NO***

- A Current Anaphylaxis Medical Management Action Plan for the child must be signed and dated by the child's Doctor and will be visible to all staff – located on a red background near the telephone in each playroom.

***Has an Action Plan been provided by Parents/Guardian? YES NO***

- A copy of the current Anaphylaxis Medical Management Action Plan should be attached to the child's enrolment form.

- ***Has this been undertaken? YES NO***

- Section Heads will ensure that there is an adrenaline auto-injection device (within expiry date) as well as a complete EpiPen®/Anapen® Kit, available for use at any time the child is in attendance.

***Has an adrenaline auto-injection device and completed EpiPen®/Anapen® Kit been provided by Parents/Guardian? YES NO***

- Section Heads will ensure the adrenaline auto-injection device is stored in an insulated container, and placed in the green first aid bag. This bag is located between the indoor and outdoor play areas, hanging from the window frame closest to the outdoor exit in each playroom. This will ensure easy access for staff when children are playing indoors or outdoors.

***Has this been undertaken? YES NO***

- All staff, including relief staff, are aware that each EpiPen®/Anapen® kit is stored in the green first aid bag within each playroom.  
**Have staff been made aware of this? YES NO**
- Staff responsible for the child/ren diagnosed at risk of anaphylaxis advise families that they undertake accredited anaphylaxis management training (3 yearly). The training includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an EpiPen®/Anapen® trainer.  
**Has this been undertaken? YES NO**
- The Centre has an established Emergency Action Plan (Schedule 3) for the management of anaphylaxis. This is discussed during the Centre's internal training session which all staff undertake at least annually and upon induction of new staff. The Emergency Action Plan is posted near the telephones in each playroom.  
**Has this been undertaken? YES NO**
- Any alternative food items provided by the parents/guardians for this child for special occasions will be stored in a safe food box which will be clearly labelled with the child's name.  
**Has this been undertaken? YES NO**
- Parent/guardian's current contact details are available and easily accessible.  
**Has this been undertaken? YES NO**
- Information regarding any other medications or medical conditions (for example asthma) will be available to staff.  
**Has this been undertaken? YES NO**

## **Schedule 2 Individual Menu Development Plan**

Families of a child at risk of anaphylaxis are required to meet with Management and staff to develop a menu plan that meets the child at risk nutritional needs.

### **Background:**

Our menu is a 2 by 3 week rotating menu that has been developed in consultation with staff, children, families, management and relevant Health Agencies to ensure a high standard of nutrition is maintained. The menu will be displayed in the reception area and in each play room of the All Day Care service. The Nutrition Statement and Menu will be handed to each family upon enrolment (annually).

### **Statement:**

Families are required on enrolment or diagnosis of their child to identify any individual dietary requirements. Parents/Guardian of Children identified as requiring individual menus must meet with Management and staff to discuss and develop an individual menu. This meeting is initiated by Centre Section Heads. Most individual dietary requirements can be provided for, however, depending on the special dietary requirements Parents may be requested to supply some food items. The menu agreed upon will be signed by and copied to all those present.

### **Procedure:**

1. Section Heads via the Centre's Induction process for enrolment and through discussion with families will identify children who require an individual menu plan.
2. Section Heads **must** arrange a meeting that includes: the Manager, the Section Head (of the child's section) the Food Safety Supervisor and a representative of the child.
3. The original of the agreed menu is to be filed and stored in a black folder titled "Individual Menus"- located in the Managers Office. Copies are provided to Parent, Section Head and the Food Safety Supervisor.
4. A Risk Minimisation Plan is to be discussed, completed and signed.
5. Food Safety Supervisor is to inform other Food Preparation Staff members of the modified menu for that child.

### Schedule 3

## **EMERGENCY ACTION PLAN**

In the event that one of the children is mistakenly given incorrect food and/or cross contamination occurs with a known allergen or a child not previously diagnosed as allergic, appears to be having an anaphylactic reaction;

- The Section Head is to be notified immediately and the child's Anaphylaxis Medical Management Action Plan is to be followed;
- The Section Head will notify the Manager or their representative;
- The Section Head will comfort the child and monitor symptoms;
- The Manager and/or their representative will observe from the office area ready to administer the **adrenaline auto-injection device or commence first aid measures**
- The Manager or their representative will follow the Centre's **Emergency Call Information** immediately
- Other staff members are to organise the calm removal of non affected children from the immediate emergency area;
- The family are to be notified and they will also provide direction as to what they wish to occur;
- The Manager or their representative to escort ambulance officers to the emergency situation.

**Schedule 4**

**Authorisation Form – Adrenaline Auto-Injection Device**

Centre Management will “ensure that the procedures are in place to enable staff to administer another child’s adrenaline auto-injection device, or Centre’s EpiPen®/Anapen®, when instructed by the Victoria Ambulance Service.” (Centre’s Information Manual - Anaphylaxis Management Statement).

I ..... herby consent that **my child’s adrenaline auto-injection device can be used for another child in an emergency** under the direction of the Victorian Ambulance Service.

**My child’s name is .....**

I ..... herby consent that **my child in an emergency** and under the direction of the Victorian Ambulance Service **can be administered with another child’s adrenaline auto-injection device or Centre’s EpiPen®/Anapen®**.

**My child’s name is .....**

If my child uses another child’s adrenaline auto-injection device or Centre’s EpiPen®/Anapen® **I agree to replace this auto-injection device** by the next day.

<b>Parent/Guardian Signature</b>	
<b>Parent/Guardian Name</b>	
<b>My Child’s Name</b>	
<b>My Child’s Section</b>	
<b>Date</b>	

(A copy of this document will be placed with the child’s EpiPen®/Anapen® Kit)