

Anaphylaxis Policy

1. Authorisation

This policy was adopted by **bestchance** management and supported by the **bestchance** Kindergarten Cluster Reference Group in May 2012.

2. Scope

This policy applies to all children enrolled at the kindergarten, their parents/guardians, educators, and committee as well as other relevant members of the community, such as volunteers and visiting specialists.

3. Background and Relevant Legislation

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5 years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow 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-injection device.

bestchance recognises the importance of all educators/carers responsible for the child/children 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 adrenalin auto-injection device.

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

Legislation

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Public Health and Wellbeing Act 2008*
- *Health Records Act 2001*
- *Occupational Health and Safety Act 2004.*

4. Policy Statement

Values

bestchance believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. This kindergarten 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 kindergarten community and children in attendance.
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- Ensuring each educator and other relevant adults has adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Purpose

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is at the kindergarten.
- Ensure that educators respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenalin auto-injection device.
- Raise the kindergarten community's awareness of anaphylaxis and its management through education and policy implementation.

5. Procedures and Responsibilities

5.1. bestchance will:

In all bestchance kindergartens:

- Ensure there is an anaphylaxis management policy in place containing the matters prescribed in the legislation
- Ensure that all educators in all kindergartens, whether or not they have a child diagnosed at risk of anaphylaxis, undertakes accredited Anaphylaxis management training every three years and cardio-pulmonary resuscitation every 12 months.

- Ensure that all relief educators on the **bestchance**'s relief list have accredited Anaphylaxis management training.

5.2. The Nominated Supervisor will:

- Ensure that a notice is displayed prominently in the main entrance of the kindergarten stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the kindergarten.
- Display an *Australian Society of Clinical Immunology and Allergy Inc. (ASCI A)* generic poster called *Action Plan for Anaphylaxis* in a key location at the kindergarten, for example, in the children's room, the staff room or near the medication cabinet.
- Display an emergency contact card by the telephone.
- Provide information to the kindergarten community about resources and support for managing allergies and anaphylaxis.
- Conduct 'anaphylaxis scenarios' and supervise practise sessions in adrenalin auto-injection device administration procedures to determine the levels of educators competence and confidence in locating and using the auto-injection device kit. The Nominated Supervisor will also record the date of these training sessions.

(An anaphylaxis resource kit has been provided to all kindergartens. This kit contains an auto-injection device trainer and trainer CD Rom to enable educators to practise the administration of the auto-injection device. This trainer auto-injection device should be stored separately from all other auto-injection devices, for example in a file with anaphylaxis resources, so that the auto-injection device trainer is not confused with an actual auto-injection device).

- Liaise with **bestchance** and parents of children at risk of anaphylaxis as needed.

5.3. The Educator responsible for a child at risk of anaphylaxis will:

- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the kindergarten, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, the teacher will ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner.
- Ensure that a child's individual anaphylaxis medical management action plan is inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- Ensure that an anaphylaxis medical management action plan and a complete auto-injection device kit (which must contain a copy of the child's anaphylaxis medical management action plan) are provided by the parents/guardians for the child while at the kindergarten.

- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to all educators in the kindergarten.
- Ensure that all educators in the kindergarten know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit.
- Ensure that the auto-injection device kit is stored in a location that is known to all educators, including relief educators, easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.
- Ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the kindergarten.
- Conduct an assessment of the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are in the kindergarten and develop a risk minimisation plan for the kindergarten in consultation with educators and the families of the child/children. (see schedule 3).
- Ensure that no child who has been prescribed an adrenalin auto-injection device is permitted to attend the kindergarten without the auto-injection device.
- Implement the communication plan (see schedule 4) and encourage ongoing communication between parents/guardians and educators regarding the current status of the child's allergies, this policy and its implementation.
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by an educator accompanying the child when the child is removed from the kindergarten e.g. on excursions that this child attends.
- Regularly check the adrenalin auto-injection device expiry date. The manufacturer will only guarantee the effectiveness of the adrenalin auto-injection device to the end of the nominated expiry month.
- Use the enrolment checklist (schedule 2) to ensure that all responsibilities are met.

5.4 The committee of management will:

- Regardless of whether there is a known anaphylactic child at the kindergarten or not, purchase a spare auto-injection device that is kept within use-by date.

5.5 All educators will:

- Attend training in Anaphylaxis management as directed by **bestchance**.
- Comply with the procedures outlined in schedule 1 if this policy.
- 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, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by dialling 000.
 - Administer the spare auto-injection device if directed by the “000” operator.
 - Commence first aid measures.
 - Contact the parent/guardian.
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Practise the administration procedures of the adrenalin auto-injection device using an auto-injection device trainer and “anaphylaxis scenarios” on a regular basis, preferably quarterly.
- Ensure that the auto-injection device kit is located near the child at all times. That is, if the child is outside, the kit must also be relocated to a convenient location in the playground. If the kindergarten implements an Indoor/Outdoor program then the auto-injection device kit is in an easily accessible location. (eg. Near the door)

5.5. Parents/guardians of children will:

- Inform educators at the kindergarten, either on enrolment or on diagnosis, of their child’s allergies.
- Develop an anaphylaxis risk minimisation plan with kindergarten educators.
- Provide educators with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan.
- Provide educators with a complete auto-injection device kit.
- Regularly check the adrenalin auto-injection device expiry date.
- Assist educators by offering information and answering any questions regarding their child’s allergies.
- Notify the educators of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Communicate all relevant information and concerns to educators, for example, any matter relating to the health of their child.
- Comply with the kindergarten’s policy that no child who has been prescribed an adrenalin auto-injection device is permitted to attend the kindergarten or its programs without that device.
- Comply with the procedures outlined in schedule 1 of this policy.

6. Resources

- Australasian Society of Clinical Immunology and Allergy (ASCI), at www.allergy.org.au, provides information on allergies. Their sample of Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- Anaphylaxis Australia Inc, at 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, 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 adrenalin auto-injection device prescription, as well as to purchase auto-injection device trainers. Telephone (03) 9345 5701.

7. Evaluation

bestchance shall:

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

Schedule 1 Risk Minimisation – Educators’ Procedures

The following procedures should be discussed with the parents/guardians and revised as needed.

In relation to the child at risk:

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

In relation to other practices at the kindergarten:

- Ensure tables and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the kindergarten, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children.
- Educators should discuss the use of foods in such activities with parents/guardians of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk, children should not ‘wander around’ the Centre with food.
- Educators should use non-food rewards, for example stickers, for all children

- Food preparation personnel (educators and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.

If required by the Risk Minimisation Plan, all parents/guardians will be asked not to send food containing specified allergens or ingredients.

Schedule 2 Enrolment Checklist for Children at Risk of Anaphylaxis

- A risk minimisation plan is completed in consultation with the parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.
- Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the kindergarten's Anaphylaxis Management Policy. Date provided_____
- All parents/guardians are made aware of the Anaphylaxis Management Policy.
- Anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all educators. A copy of the anaphylaxis medical management action plan is included in the child's auto-injection device kit.
- Adrenalin auto-injection device (within expiry date) is available for use at any time the child is at the kindergarten.
- Adrenalin auto-injection device is stored in an insulated container (auto-injection device kit), in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.
- All educators, including relief educators, are aware of each auto-injection device kit location and the location of the anaphylaxis medical management action plan.
- The kindergarten's emergency action plan for the management of anaphylaxis is in place and all educators understand the plan.
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis.
- Parent/guardian's current contact details are available.
- Information regarding any other medications or medical conditions (for example asthma) is available to educators.
- If food is prepared at the kindergarten, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

Schedule 3 Sample Risk Minimisation Plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a child's risk minimisation plan in consultation with the parents/guardians.

How well has the kindergarten planned for meeting the needs of children with allergies who are at risk of anaphylaxis?	
1. Who are the children?	<ul style="list-style-type: none"> List names and session times of each of the at risk children
2. What are they allergic to?	<ul style="list-style-type: none"> List all of the known allergens for each of the at risk children List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This could include requesting that certain foods/items not be brought to the kindergarten.
3. Does everyone recognise the at risk children?	<ul style="list-style-type: none"> List the strategies for ensuring that all educators, including relief educators, recognise each of the at risk children Confirm where each child's Action Plan (including the child's photograph) will be displayed

Do families and educators know how the kindergarten manages the risk of anaphylaxis?
<ul style="list-style-type: none"> Record when each family of an at risk child is provided a copy of the kindergarten's Anaphylaxis Management Policy. Record when each family member provides a complete auto-injection device kit. Test that all educators, including relief educators, know where the auto-injection device kit is kept for each at risk child. Regular checks of the expiry date of each adrenalin auto-injection device are undertaken by Nominated Supervisor and the families of each at risk child. Kindergarten writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the kindergarten: <ul style="list-style-type: none"> Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate, sesame. Food packaging of risk foods (see known allergens at Point 2), for example cereal boxes, egg cartons and so on. A new written request is sent to families if the food allergens change. Ensure all families are aware of the policy that no child who has been prescribed an adrenalin auto-injection device is permitted to attend the kindergarten without that device. The kindergarten displays the ASCIA generic poster, <i>Action Plan for Anaphylaxis</i>, in a key location and locates a completed emergency contact card by the telephone/s

- The adrenalin auto-injection device kit including a copy of the anaphylaxis medical management action plan is carried by an educator when the at risk child is removed from the kindergarten e.g. on excursions.

Do all educators know how the kindergarten aims to minimise the risk of a child being exposed to an allergen?

- Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them (See following section for possible exposure scenarios and strategies).
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.
- Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child.
- Kindergarten develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her.
- Ensure each child enrolled at the kindergarten washes his/her hands upon arrival, before and after eating.
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk child/ren and the reasons for this.
- Bottles, other drinks and lunch boxes provided by the family of the at risk child should be clearly labelled with the child's name.
- A safe 'treat box' is provided by the family of each at risk child and used by the kindergarten to provide 'treats' to the at risk child, as appropriate.

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

- Know what each child's anaphylaxis medical management action plan says and implement it.
- Know who will administer the auto-injection device and stay with the child, who will telephone the ambulance and the parents, who will ensure the supervision of the other children, who will let the ambulance officers into the kindergarten and take them to the child.
- All educators with responsibilities for at risk children have undertaken anaphylaxis management training and undertake regular practise sessions for the administration of the auto-injection device.

How effective is the kindergarten's risk minimisation plan?

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

Possible exposure scenarios and strategies

Scenario	Strategy	Who
Party or celebration	Give plenty of notice to families about the event.	Qualified Staff
	Ensure a safe treat box is provided for the at risk child.	Parent/ Educators
	Ensure the at-risk child only has the food approved by his/her parent/guardian.	Educators
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent.	Nominated Supervisor
Protection from insect bite allergies	Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area.	Educators
	Decrease the number of plants that attract bees.	Committee
	Ensure the at-risk child wears shoes at all times outdoors.	Educators
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at-risk child during the period required to eradicate the insects.	Committee
Latex allergies	Avoid the use of party balloons or contact with latex gloves.	Educators
Cooking with children	Ensure parents/guardians of the at risk child are advised well in advance and included in the planning process. Parents may prefer to provide the ingredients themselves.	Educators

Schedule 4 Communication Plan

Upon enrolment of a child at risk of anaphylaxis, the teacher will implement this Communication Plan

1. All educators (including relievers) are aware of and have read this Anaphylaxis Policy.

Educators to initial here:

2. All educators (including relievers) have read the Action Plan and Risk Minimisation Plan for each child at risk of anaphylaxis.

Name of Children	Educators Initials				

3. Parents/guardians have been informed that they must advise the teacher about any changes to the child's allergies and any subsequent changes required to the Risk Minimisation Plan and Action Plan. Parents/guardians have been informed of the best way to communicate this.

Yes

Teacher's Name : _____

Signature : _____