8.14 ANAPHYLAXIS POLICY

1. POLICY
St Finbar’s OSHC committed to adopting and implementing a range of procedures and risk minimisation strategies:
• to reduce the risk of a student having an anaphylactic reaction at school.
• to ensure that staff are trained to respond appropriately if a student has an anaphylactic reaction.

Values
This children’s service believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. 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 parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
• ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
• facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

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

2. Scope
The Children's Services Act 1996 require proprietors of licensed children’s services to have an anaphylaxis management policy in place. This policy is required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It applies 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 Children’s Services Regulations 1998 include the matters to be included in the policy, 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 per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications. Young children may not be able to express the symptoms of anaphylaxis 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 such as an EpiPen®. The licensee 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 auto injection device such as an EpiPen®. Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.
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.

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

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

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

**Anaphylaxis management training**: Accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Early Childhood Development and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise with a trainer adrenaline auto-injection device such as the EpiPen® trainer.

**Adrenaline auto-injection device**: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. There are a range of commercial devices including the EpiPen®.

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

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

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

**EpiPen® kit**: An insulated container, for example an insulated lunch pack containing current adrenaline auto-injection device, 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 may be included in the kit. Auto-injection devices (e.g. EpiPen®) are stored away from direct heat.

**Intolerance**: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.
No food sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the adrenaline auto-injection device such as an EpiPen® is current, the auto injection device (EpiPen®) kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

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

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

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

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

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

5. PROCEDURES

The Proprietor shall:

1 In all children’s services:
   • ensure there is an anaphylaxis management policy in place containing the matters prescribed in Schedule 3 of the Children’s Services Regulations1998 (r. 34A).
   • ensure that the policy is available for all parents and guardians at the service (r. 20(2)).
   • ensure that all staff in all services whether or not they have a child diagnosed at risk of anaphylaxis attending the service undertake training in the administration of the adrenaline auto-injection device such as an EpiPen® every 12 months (r. 26(2)) and recorded this in the staff records (r.19(e)). It is recommended that practice with the trainer EpiPen® is undertaken on a regular basis, preferably quarterly.

2 In services where a child diagnosed at risk of anaphylaxis is enrolled the proprietor shall also:
   • conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the centre in consultation with staff and the families of the child/children (Schedule 3 of the Regulations).
   • ensure that a notice is displayed prominently in the main entrance of the services stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service (r. 20(1)(j)).
   • ensure all staff members on duty have completed recognised anaphylaxis management training (r. 26(3) and that practice of the adrenaline auto injection device such as the EpiPen® administration is undertaken on a regular basis, preferably quarterly, and recorded annually.

   • ensure that all relievers have undertaken recognised anaphylaxis management training including the administration of an adrenaline auto injection device, are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child’s allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device(EpiPen®) kit .
   • ensure that no child who has been prescribed an adrenaline auto-injection device such as an EpiPen® is permitted to attend the service or its programs without that device. (Schedule 3 of the Regulations).
   • ensure parents/guardians of the child diagnosed at risk of anaphylaxis are provided with a copy of the policy (r. 20(2A)).
   • implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child’s allergies, this policy and its implementation (Schedule 3 of the Regulations).
• display an ASCIA generic poster called *Action plan for Anaphylaxis* in a key location at the service, for example, in the children’s room, the staff room or near the medication cabinet.
• display an ambulance contact card by telephones.
• comply with the procedures outlined in Schedule 1 of the model policy.
• ensure that a child’s individual anaphylaxis medical management action plan signed by a registered medical practitioner is inserted in to the enrolment records for each child (r. 16(p)). This will outline the allergies and describe the prescribed medication for that child and the circumstances in which it should be used.
• ensure that all staff know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device (EpiPen®) kit (Schedule 3 of the Regulations).
• Ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan in the auto-injection device (EpiPen®) kit (r. 31(2)(c)).

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

• ensure a copy of the child’s anaphylaxis medical management action plan invisible to all staff.
• 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.
• Commence first aid measures.
• Contact the parent/guardian.
• Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
• practice adrenaline auto-injection device (EpiPen®) administration procedures using an EpiPen® trainer and “anaphylaxis scenarios” on a regular basis, preferably quarterly.
• ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the service, whether the child has allergies and document this information on the child’s enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner.
• ensure that parents/guardians provide an anaphylaxis medical management action plan signed by the child’s Registered Medical Practitioner and a complete auto-injection device (EpiPen®) kit (which must contain a copy the child’s anaphylaxis medical management action plan) while the child is present at the service.
• ensure that the auto-injection device (EpiPen®) kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat (r. 37(2)(b)).
• ensure that the auto-injection device (EpiPen®) kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the service e.g. on excursions that this child attends (Schedule 3 of the Regulations).

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• regularly check the adrenaline auto-injection device (EpiPen®) expiry date.
  (The manufacturer will only guarantee the effectiveness of the EpiPen® to the end of the nominated expiry month.)
• provide information to the service community about resources and support for managing allergies and anaphylaxis.
• comply with the procedures outlined in Schedule 1 of the model policy.
Parents/guardians of children shall:
• comply with the procedures outlined in Schedule 1 of the model policy.

Parents/guardians of a child at risk of anaphylaxis shall:
• inform staff, either on enrolment or on diagnosis, of their child’s allergies.
• develop an anaphylaxis risk minimisation plan with service staff.
• provide staff with an anaphylaxis medical management action plan signed by the registered medical practitioner giving written consent to use the EpiPen® in line with this action plan.
• provide staff with a complete EpiPen® kit.
• regularly check the adrenaline auto-injection device (EpiPen®) expiry date.
• 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 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.
• comply with the service’s policy that no child who has been prescribed an adrenaline auto-injection device such as an EpiPen® is permitted to attend the service or its programs without that device.
• comply with the procedures outlined in Schedule 1 of the model policy.

6. Related documents

Related documents at the service
• Enrolment checklist for children at risk of anaphylaxis (Schedule 2 of the model policy).
• Sample Risk Minimisation Plan (Schedule 3 of the model policy).
• Brochure titled “Anaphylaxis – a life threatening reaction”, available through the Royal Children’s Hospital, Department of Allergy.

7. Authorisation

This policy was adopted by the [insert name of service] on [insert date].

8. Review date

This policy shall be reviewed on [insert date of automatic review]

9. Evaluation

The licensee shall:
• discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.
• selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.
• discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
• respond to complaints.
• review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.
The staff shall nominate a staff member to:
• conduct ‘anaphylaxis scenarios’ and supervise practise sessions in EpiPen® administration procedures to determine the levels of staff competence and confidence in locating and using the auto-injection device (EpiPen®) kit.(An anaphylaxis resource kit has been provided to all children’s services. This kit contains an EpiPen® trainer and trainer CD rom to enable staff to practise the administration of the EpiPen® regularly at least quarterly. This trainer EpiPen® should be stored separately from all other EpiPens®, for example in a file with anaphylaxis resources, so that the EpiPen® trainer is not confused with an actual EpiPen®).
• routinely (e.g. monthly) review each auto-injection (EpiPen®) kit to ensure that it is complete and the auto-injection device (EpiPen®) is not expired.
• liaise with the licensee and parents of children at risk of anaphylaxis.
Parents/guardians shall:
• read and be familiar with the policy.
• identify and liaise with the nominated staff member.
• bring relevant issues to the attention of both staff and licensee.
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FURTHER PROCEDURES

Schedule 1 Risk minimisation plan

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:
In relation to the child at risk:
• This child should only eat food that has been specifically prepared for him/her.
  o Where the service is preparing food for the child, ensure that it has been prepared according to the parent’s instructions.
  o 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.
• Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination.
• When the child diagnosed at risk of anaphylaxis is allergic to milk, ensure on-allergic babies are held when they drink formula/milk.
• Increase supervision of this child on special occasions such as excursions, incursions or family days.
In relation to other practices at the centre:
• Ensure tables, high chairs and bench tops are washed down after eating.
• Ensure hand washing for all children before and after eating and, if the requirement is included in a particular child’s anaphylaxis medical management action plan, on arrival at the children’s service.
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• Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk minimisation plan.
• All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not ‘wander around’ the centre with food.
• Staff should use non-food rewards, for example stickers, for all children.
• The risk minimisation plan will inform the children’s service’s food purchases and menu planning.
• Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
• Where food is brought from home to the centre, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

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Schedule 2 Enrolment Checklist for Children at Risk of Anaphylaxis

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

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Schedule 3 Sample Risk Minimisation Plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a children’s service risk minimisation plan.

**How well has the children’s service planned for meeting the needs of children with allergies who are at risk of anaphylaxis?**

1. **Who are the children?**
   - List names and room locations of each of the at risk children
2. **What are they allergic to?**
   - 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 will include requesting that certain foods/items not be brought to the service
3. **Does everyone recognise the at risk children?**
   - List the strategies for ensuring that all staff, including relief staff and cooks, 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 staff know how the service manages the risk of anaphylaxis?

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

Do all staff know how the children’s service aims to minimise the risk of a child being exposed to an allergen?

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

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

- Know what each child’s anaphylaxis medical management action plan says and implement it
- Know who will administer the adrenaline auto-injection device (EpiPen®) and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child
• All 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 (EpiPen®).

**How effective is the service’s risk minimisation plan?**
• Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure.

Contact details for resources and support

• Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided. Telephone 0425 216 402.
• 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, EpiPen® 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 EpiPen® prescription, as well as to purchase EpiPen® trainers. Telephone (03) 9345 5701.
• Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

**Training**
• 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.education.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.

**FURTHER READINGS**
Anaphylaxis Management Practice Note 3 | revised July 2010
Anaphylaxis is a severe form of allergy reaction and it can be fatal. While the incidence of death from anaphylaxis is very low, children can die without appropriate intervention.

Children’s Services Legislation
The *Children’s Services Act 1996* (Act) (section 26A) requires all children’s services to have an anaphylaxis management policy. The new *Children’s Services Regulations 2009* (Regulations) prescribe new requirements and in particular training requirements related to anaphylaxis.

What does this mean for your service?
All proprietors of licensed children’s services including family day care services, must develop an anaphylaxis management policy (section 26A). This requirement applies whether or not you have a child enrolled who has been diagnosed as at risk of anaphylaxis. The matters to be included in the anaphylaxis management policy are in Schedule 3 of the Regulations. To assist children’s services, an anaphylaxis model policy is available at: http://www.education.vic.gov.au/ecsm management/carean kinder/csg/anaphylaxisupdate.htm

What are the requirements under the Regulations?
All staff members and family day carers must have completed first aid and anaphylaxis management training by 2012 (regulations 63 and 64).
Until January 2012 at least one staff member on duty must have first aid training (regulation 122(1)).

If a child diagnosed at risk of anaphylaxis is being cared for or educated by the service, all staff members and family day carers on duty must have anaphylaxis management training (regulation 67(2) and (3)).

The following courses are recognised and approved by the Secretary for the purpose of the Regulations;

- Course in Anaphylaxis Awareness - 21827VIC
- Course in First Aid Management of Anaphylaxis - 21659VIC

These courses are current for three years.

From 2012 proprietors of licensed children’s services and family day care services must ensure all staff members and family day carers have undertaken training in the administration of the adrenaline auto injection devices at least every 12 months (regulation 65).

It is recommended that all staff members and family day carers practise using the adrenaline auto injection devices quarterly, whether or not a child with anaphylaxis is enrolled and attending the service.

When either Epipen® or Anapen® is used for treatment of anaphylaxis the respective Anaphylaxis Resource Kits can be used. They contain the self paced training CD ROMs and Trainer Epipen® or Anapen®. This training update should be recorded in the staff record (regulation 38).

A current anaphylaxis medical management action plan for the child (prepared and signed by the child’s medical practitioner) must be recorded as part of the child’s health information and kept in the enrolment record for that child (regulation 34(b)).

A risk minimisation plan must be developed in consultation with the child’s parents/guardians (Schedule 3).

Staff members and family day carers must be able to identify where the adrenaline auto injection device is located for each child (Schedule 3).

The Proprietor must ensure that an authorisation form signed by a person authorised to consent to the administration of medication is complete (section 29B and regulation 83) and attached to the child’s enrolment record (regulation 33).

What can licensed children’s services, family day care services and carers do to minimise the risk for children at risk of anaphylaxis?

**Awareness**

- Ensure that all staff and family day carers are aware of the allergens that can lead to anaphylaxis in young children. The most common are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, sesame and some drugs. However, anaphylaxis is not limited to these allergens.
- Ensure that all staff members and family day carers (including relief staff, volunteers and students) are aware of – and able to identify – each child diagnosed at risk of anaphylaxis.
- Ensure all staff members and family day carers (including those new to the service) are aware of the individual anaphylaxis medical management action plans for each child diagnosed as at risk of anaphylaxis.

**Communication**

- Ensure that a copy of the service’s anaphylaxis management plan is provided to the parent or guardian of a child diagnosed as at risk of anaphylaxis.
- Advise all parents that the service is caring for a child at risk of anaphylaxis.
- Maintain frequent communication with staff members, family day carers, and parents/guardians about changes in allergy triggers and/or management plans.
- Licensed children’s services other than a family day carer must display a notice stating that a child who has been diagnosed as at risk of anaphylaxis is being cared for or educated at the service (regulation 40(1)(k)).

**Planning and assessment**

- Consider anaphylaxis management when planning excursions, routine outings and special days.
- Assess your service and ensure that family day carers who care for a child at risk of anaphylaxis assess their homes regularly to identify potential accidental exposures to allergens while children are present.

**Medication**

- Store anaphylaxis medication out of reach of children (regulations 84(3) and 85(4)).
- Keep medication away from heat (regulations 84(3) and 85(4)).
- Ensure the medication and the anaphylaxis medical management action plan is kept together in a kit and is accessible to staff when children are inside, outside or on excursions (regulation 74(4)(d)).

**Food handling and storage**

- Have safe food preparation procedures (regulation 80).
- Ensure that staff members and family day carers check all foods that have been sent from home.
- Label food containers clearly and accurately with the child’s name and/or the contents of the container.
- Make sure children wash their hands before and after meals.
Relevant Policies:
- Children’s Individual Medical Plan Policy
- Medication Policy
- Communicable Diseases Policy

References:

Sources and further reading

Date approved:  
Approved by:  
To be reviewed: