

POLICY & PROCEDURAL STATEMENTS

Topic: Early Learning - Anaphylaxis Policy

Policy: Avenue Neighbourhood House @ Eley Inc. (ANH@E) is committed to providing a safe and secure environment for all children in its care, this includes minimising the risk of an anaphylactic reaction occurring while a child is in its care.

Purpose: To manage and minimise the risk of an anaphylactic reaction occurring while a child is in the care of the ANH@E Early Learning Centre and raise the community's awareness of anaphylaxis and its management through education and policy implementation at ANH@E Early Learning Centre.

Legislation

The *Children's Services Act 1996* (Vic), the *Education and Training Reform Act 2006* (Vic) and the *Children's Services Regulations 2020* (Vic) require proprietors of licenced childrens' 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 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.

Under the *Children's Services Regulations 2020* (Vic) Regulation 95, at least one staff member or one nominated supervisor who has approved anaphylaxis management training must be in attendance at all times at the premises and immediately available in an emergency.

Background

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two (2) per cent of the general population and up to five (5) per cent of children (0-5years) are at risk. The most common anaphylactic triggers 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.

The licensee recognises the importance of all staff responsible for the child/children at risk of anaphylaxis to undertake training that:

- Includes preventative measures to minimise the risk of an anaphylactic reaction.
- Recognises the signs of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device.

Staff and parents/guardians must 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 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.

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, coughing, or wheezing, 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 Ambulance Victoria will request when phoned on 000 (triple zero). An example of this is the card that can be obtained from Ambulance Victoria and once completed by the service it should be kept by the telephone from which the 000 (triple zero) 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 includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise using a trainer adrenaline auto-injection device. Current courses that are accredited can be found at:

<https://www.education.vic.gov.au/childhood/providers/regulation/Pages/anaphylaxis.aspx>

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 for general use: In line with Victorian Department of Education and Training Policy ([Ministerial Order 706](#)) *Any premises that has enrolled a child/student at risk of anaphylaxis must by law have an Anaphylaxis Management Policy in place that includes the purchase of 'backup' adrenaline auto-injector(s) as part of the first aid kit(s), for general use.*

The adrenaline auto-injection device for general use can be used in the situation where there is no improvement or severe symptoms progress (as described in the Medical Management Action Plan for Anaphylaxis) and further adrenaline doses may be administered every five (5) minutes. In the situation where a child has not been diagnosed as anaphylactic, but appears to be having an anaphylactic reaction, the adrenaline auto-injection device for general use can be administered by ringing 000 (triple zero) and asking for an ambulance, then speaking to a paramedic, describing symptoms. The paramedic will advise if adrenaline auto-injection device for general use can be administered.

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 more than 20kg.

Anapen®: Anapen 300®, Anapen 500® and Anapen 150 Junior® (Anapen Junior) adrenaline (epinephrine) autoinjectors have been approved by the Therapeutic Goods Administration (TGA) for the treatment of anaphylaxis (severe allergic reactions). Anapen 300®, Anapen 500® and Anapen 150 Junior® is now available in Australia on the PBS as of 01 October 2021.

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

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

Auto-injection device kit: an insulated container; for example, an insulated lunch pack containing a 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 must be 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 practise 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 that the adrenaline auto-injection device is current, the auto-injection device kit is complete, and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

Risk minimisation and communication plan: a plan specific to the service for a child with a medical condition, allergy, or specific health care need. The risk minimisation and communication plan must be developed with staff at the service and the parent/guardian of the child at risk of anaphylaxis. The plan must be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.

The plan will outline how the service will minimise risks, communicate with parents/guardians and staff, who is responsible for implementing the strategies, and how parents and staff will continue to be informed about the child at risk of anaphylaxis and emergency procedures to be followed.

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. Appendix 2 within this policy provides strategies for minimising risks for children with anaphylaxis.

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.

Code of Practice

ANH@E Early Learning Centre believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. The Early Learning Centre ('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 childrens' program and experiences.
- Raising awareness about allergies and anaphylaxis amongst the service community and children in attendance.
- Ensuring each staff member and other relevant adults are appropriately informed of and understand allergies and emergency procedures.
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks and completing a risk minimisation and communication plan with management strategies for their child.
- Ensuring that at least one Early Learning staff member or one nominated supervisor who has completed an approved anaphylaxis management training is in attendance at the premises at all times and immediately available in an emergency.
- Ensuring all staff who care for or educate children at the service, and any other staff members required to meet minimum staff levels at ANH@E Early Learning Centre and complete first aid and anaphylaxis management training approved by the Department at least every three (3) years. First aid training and anaphylaxis management training may be undertaken as a combined course.
- Ensuring all staff on duty whenever children are being cared for or educated have undertaken training in administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation (CPR) at least every twelve (12) months.

It is recommended that all staff members practise quarterly using the adrenaline auto-injection device, whether or not a child with anaphylaxis is enrolled and attending the service. The first aid training must include training in the following:

- Emergency life support and cardio-pulmonary resuscitation.
- Convulsions.
- Poisoning.
- Respiratory difficulties.
- Management of severe bleeding.
- Injury and basic wound care appropriate for children.

Procedure for Anaphylaxis Management

1. ANH@E Early Learning Centre shall:
 - Ensure that all staff members on duty (including relief staff), whether or not they have care of a child/children being cared for or educated and diagnosed at risk of anaphylaxis, have completed: (a) first aid training every three (3) years, (b) CPR training annually, and (c) the administration of anaphylaxis management training annually, as approved by the Victorian Department of Education, and that this is recorded in their staff record. It is recommended that practice with the trainer adrenaline auto-injection device is undertaken at least quarterly and recorded.
 - Ensure there is an anaphylaxis management policy in place containing the matters prescribed in Schedule 3 of the *Children's Services Regulations 2020* (Vic).

- Ensure that this policy is provided to a parent or guardian of each child who is attending the service and diagnosed at risk of anaphylaxis.
2. Where a child diagnosed as being at risk of anaphylaxis is enrolled, ANH@E Early Learning Centre shall also:
- Complete a risk minimisation and communication plan for the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are in the care of the service and develop strategies to minimise the risk for the service, in consultation with staff and the families of the child/children.
 - Ensure that a notice is displayed prominently in the main entrance of the Early Learning Centre stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service.
 - Ensure all staff members at the Early Learning Centre are aware of the ‘child at risk’ signs and symptoms of an anaphylactic reaction, the child’s allergies, the individual anaphylaxis medical management action plan, and the location of the auto-injection device kit.
 - Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Early Learning Centre without the device.
 - Implement the risk minimisation and communication plan and encourage ongoing communication between parents/guardians and staff regarding the status of the child’s allergies, this policy, and its implementation.
 - Display an Australasian Society of Clinical Immunology and Allergy Inc (ASCI) generic poster called *Action Plan for Anaphylaxis* in a key location at the service.
 - Prominently display emergency contact numbers by the House telephones.
 - Comply with the procedures outlined in Appendix 1 of this policy.
 - Ensure that a child’s individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child diagnosed at risk from anaphylaxis. 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 all staff in the Early Learning Centre 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 staff, including relief staff; easily accessible to adults (i.e. not locked away); inaccessible to children; and kept away from direct sources of heat.
 - Ensure that the staff member accompanying children outside the service (including in emergency evacuations) carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.
 - Ensure staff regularly check the adrenaline auto-injection device expiry date. The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month.
 - Ensure all staff follow the child’s anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis.
 - Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device.
 - In the situation where there is no improvement or severe symptoms progress (as described in the Medical Management Action Plan for Anaphylaxis), further adrenaline doses may be administered every five (5) minutes if other adrenaline auto-injectors are available (such as the adrenaline auto-injector for general use).

- 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 (triple zero).
 - Commence first aid measures, including speaking and describing symptoms to the paramedic over the phone to see if adrenaline auto-injection device for general use can be administered.
 - Contact the parent/guardian.
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Parents/guardians of children shall:

- Inform staff at the Early Learning Centre, either on enrolment or on diagnosis, of their child's allergies:
- Be involved in the development of an anaphylaxis risk minimisation and communication plan with service staff.
- Provide service staff 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 service staff with a complete auto-injection device kit in an insulated container/bag.
- Regularly check the expiry date of the adrenaline auto-injection device.
- Assist service staff by offering information and answering any questions regarding allergies of children under their care.
- Notify the service staff of any changes to a child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Communicate all relevant information and concerns to service 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 is permitted to attend the service or its programs without that device.
- Read and be familiar with this policy and comply with the procedures outlined in Schedule 1 of this policy.

Related documents

- Enrolment checklist for children at risk of anaphylaxis (Appendix 1).
- Risk Minimisation Strategies (Appendix 2).
- ANH@E Risk Minimisation and Communication Plan template.
- Relevant ANH@E policies:
 - Early Learning - Administration of First Aid
 - Early Learning - Asthma Management
 - Early Learning - Child Health
 - Early Learning - Enrolment
 - Early Learning - Medical Conditions and Administering Medication
 - Early Learning - Nutrition, Food and Beverages, Dietary Requirements
 - Emergency Management

Evaluation

The Responsible Person (Manager) and/or Nominated Supervisor 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 and notify the Department of Education within 48 hours. 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.

Contact details for resources and support

- Australasian Society of Clinical Immunology and Allergy (ASCI), 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.
- 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 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 adrenaline 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: 1300 725 911.
 - Victorian Department of Education website at: <https://www.education.vic.gov.au/childhood/providers/regulation/Pages/anaphylaxis.aspx> provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Risk Minimisation and Communication Plan

A risk minimisation and communication plan must be completed for each child diagnosed or at risk of anaphylaxis in consultation with the parent/guardian. The following strategies should be implemented and documented on the plan to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens.

The template for the plan is located at:

The Avenue Neighbourhood House at Eley Inc\TANH Admin - REMOTE TANH FILES\Child Care\Risk Minimisation Communication Plan

In relation to the child at risk (currently the service does not provide food for the children however, the service can provide minimal food preparation in the way of heating food):

- This child must only eat food that has been specifically prepared for him/her and provided by the parent/guardian and be in accordance with the risk minimisation plan.

- Where the service is preparing food for the child, ensure that it has been prepared according to the parent's written and signed instructions.
- Bottles, other drinks, and lunch boxes, including any treats, provided by the parent/guardian for this child should be clearly labelled with the child's name.
- There must be no trading or sharing of food, food utensils, or 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.
- If requested, a parent/guardian must provide a safe 'treat' box for their child.
- Where this child is very young, provide his/her own high chairs to minimise the risk of cross-contamination.
- When a child diagnosed at risk of anaphylaxis is allergic to milk, ensure non-allergic children/babies are secured in their high chair or held when they drink formula/milk and away from child with allergy.
- Increase supervision of this child on special occasions such as excursions, incursions, or family days.

In relation to other practices at ANH@E Early Learning 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 Early Learning Centre.
- Restrict use of food and food containers, boxes and packaging in crafts and cooking, depending on the allergies of particular children.
- Staff should discuss the use of foods in activities with the parent/guardian of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk, children should not 'wander around' the centre with food.
- Staff must use non-food rewards, for example stickers, for all children.
- Where food is brought from home to the service, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

Appendix 1 Enrolment Check list for Children at Risk of Anaphylaxis

<input type="checkbox"/>	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.
<input type="checkbox"/>	All parents/guardians are made aware of this Anaphylaxis Management policy.
<input type="checkbox"/>	Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of this Anaphylaxis Management policy.
<input type="checkbox"/>	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 kit.
<input type="checkbox"/>	Adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the service.
<input type="checkbox"/>	Adrenaline 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.
<input type="checkbox"/>	All staff, including relief staff, are aware of the locations of each auto-injection device kit and of the Anaphylaxis Medical Management Action Plan.
<input type="checkbox"/>	Staff who are responsible for the child/children diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an auto-injection device trainer and is reinforced at quarterly intervals and recorded annually.
<input type="checkbox"/>	The service's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan.
<input type="checkbox"/>	A 'treat' box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis.
<input type="checkbox"/>	Parent/guardian's current contact details are available.
<input type="checkbox"/>	Information regarding any other medications or medical conditions (e.g., asthma) is available to staff.

Appendix 2 Risk Minimisation Strategies for Anaphylaxis

The following risk minimisation strategies should be considered when developing or reviewing a child's risk minimisation and communication plan in consultation with the parent/guardian.

<p>How well has the childrens' service planned for meeting the needs of children with allergies who are at risk of anaphylaxis?</p>	
<p>1 Who are the children?</p>	<ul style="list-style-type: none"> ● List names and room locations of each of the children at risk.
<p>2 What are they allergic to?</p>	<ul style="list-style-type: none"> ● List all the known allergens for each of the children at risk. ● 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.
<p>3 Does everyone recognise the children at risk?</p>	<ul style="list-style-type: none"> ● List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the children at risk. ● 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?	
Managing Risks	Date(s)
<ul style="list-style-type: none"> Record when each family of a child at risk is provided a copy of the service's Anaphylaxis Management policy. 	
<ul style="list-style-type: none"> Record when each family member provides a complete auto-injection device kit. 	
<ul style="list-style-type: none"> Test that all staff, including relief staff, know where the auto-injection device kit is kept for each child at risk. 	
<ul style="list-style-type: none"> Regular checks of the expiry date of each adrenaline auto-injection device are undertaken by a nominated staff member and the families of each child at risk. 	
<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Food containing the major sources of allergens, or foods where transfer from one child to another is likely, e.g., peanuts, nut products, whole egg, chocolate, sesame. Food packaging of risk foods (see known allergens at Point 2) for example, cereal boxes, egg cartons. 	
<ul style="list-style-type: none"> A new written request is sent to families if the food allergens change. 	
<ul style="list-style-type: none"> Ensure all families are aware of the policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device. 	

Managing Risks	Date/s
<ul style="list-style-type: none"> The service displays the ASCIA generic poster, an action plan for anaphylaxis, in a key location and locates a completed emergency contact card by the telephones. 	
<ul style="list-style-type: none"> The auto-injection device 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 (e.g., evacuations and kindergarten bus runs). 	

<p>Do all staff know how the children’s service aims to minimise the risk of a child being exposed to an allergen?</p>	
<p>Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them (See below for possible exposure scenarios and strategies). To avoid cross contamination:</p>	
<ul style="list-style-type: none"> Food for the child at risk is prepared according to their parents’/guardians’ instructions to avoid the inclusion of food allergens. 	
<ul style="list-style-type: none"> The child at risk should not be given food if the label for the food states that the food may contain traces of a known allergen. 	
<ul style="list-style-type: none"> Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens. 	
<ul style="list-style-type: none"> Consider the safest place for the child at risk to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child. 	

<ul style="list-style-type: none"> • Service develops procedures for ensuring that each child at risk only consumes food prepared specifically for him/her. 	
<ul style="list-style-type: none"> • NO FOOD is introduced to a baby if the parent/guardian has not previously given this food to the baby. 	
<ul style="list-style-type: none"> • 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. 	
<ul style="list-style-type: none"> • Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the child/children at risk and the reasons for this. 	
<ul style="list-style-type: none"> • Bottles, other drinks, and lunch boxes provided by the family of the child at risk should be clearly labelled with the child's name. 	
<ul style="list-style-type: none"> • If requested, the family will provide a safe 'treat box' for each child at risk to be used by the service. 	

Do relevant people know what action to take if a child has an anaphylactic reaction?	
Action	Name of relevant person/s
<ul style="list-style-type: none"> • Know what each child's Anaphylaxis Medical Management Action Plan says and implement it. 	
<ul style="list-style-type: none"> • 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 service and take them to the child.	
<ul style="list-style-type: none"> All staff with responsibilities for children at risk have undertaken anaphylaxis management training and undertake regular practise sessions for the administration of the auto-injection device. 	

How effective is the service’s risk minimisation plan?
<ul style="list-style-type: none"> Review the risk minimisation plan with families of children at risk at least annually, but always upon enrolment of each child at risk and after any incident or accidental exposure.

Possible exposure scenarios and strategies

Scenario	Strategy	Who
<ul style="list-style-type: none"> There is food at the children’s service that is a potential food allergen and is unable to be removed from the service (for example milk). 	Food is prepared according to parents’ instructions.	Nominated Supervisor, Parent/Guardian
	Ensure separate storage of foods containing allergen.	Nominated Supervisor
	Observe food handling, preparation and serving practices to minimise the risk of cross-contamination. This includes hygiene of surfaces in children’s eating area, food utensils and containers.	Nominated Supervisor and Certified Supervisors
	There is a system in place to ensure the child at risk is served only the food prepared for him/her.	Nominated Supervisor and Certified Supervisors
	A child at risk is served and consumes their food at a place considered to pose a low risk of	Nominated Supervisor and Certified Supervisors

	contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes.	
	Children are regularly reminded of the importance of no food sharing.	Nominated Supervisor and Certified Supervisors
	Children are supervised during eating.	Nominated Supervisor and Certified Supervisors
Party or celebration	Give plenty of notice to families about the event.	Nominated Supervisor
	Ensure a safe 'treat' box is provided by the family for the child at risk.	Nominated Supervisor and Certified Supervisors/Parent/Guardian
	Ensure the child at risk only has the food approved by his/her parent/guardian.	Nominated Supervisor and Certified Supervisors
	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 sting allergies	Specify play areas that are lowest risk to the child at risk and encourage him/her and peers to play in that area.	Nominated Supervisor and Certified Supervisors
	Decrease the number of plants that attract bees.	Responsible Person (Manager)
	Always ensure the child at risk wears shoes outdoors.	Nominated Supervisor and Certified Supervisors
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the child at risk during the period required to eradicate the insects.	Responsible Person (Manager) and Nominated Supervisor
Latex allergies	Avoid the use of party balloons or contact with latex gloves.	Nominated Supervisor and Certified Supervisors

Cooking with children (not done at present)	Ensure parents/guardians of the child at risk are advised well in advance and included in the planning process. Parents will be asked to provide the ingredients themselves for the child at risk.	Nominated Supervisor
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(Source Department of Education and Training)

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This policy was reviewed in October 2021 and will be reviewed again in October 2023.

Signed..... CoM Meeting.....