City of Moonee Valley

Policy title	2.3 Anaphylaxis Management
Policy type	Management
Group	Family and Children

Rationale

Anaphylaxis is a severe, rapidly progressive allergic reaction, which often involves more than one body system (eg. skin, respiratory, gastrointestinal or cardiovascular). Severe allergic reaction usually occurs within 20 minutes of exposure to the cause or trigger and can rapidly become life-threatening. Up to 2 per cent of the general population and up to 5 per cent of children (0–5 years) are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee stings or other insect stings, and some medications. Young children may not be able to express the symptoms of anaphylaxis.

The safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility.

The purpose of this Policy is to ensure that Moonee Valley City Council staff have an appropriate management plan for enrolled children who are at risk of anaphylaxis.

Policy statement

Moonee Valley City Council 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 service programs and experiences
- raising awareness about allergies and anaphylaxis among the service community and children in attendance
- actively involving the parent/guardian of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies, management strategies and communication plans for their child
- ensuring all staff, students and volunteers have adequate knowledge of allergies, anaphylaxis management and emergency procedures as outlined in this Policy and Procedures

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The prevalence of allergies is increasing with approximately 1 in 20 Australian children having a food allergy and approximately 1 in 50 having a peanut allergy. The most common allergens causing allergies in children are:

- peanuts
- eggs
- tree nuts (eg. cashews)
- cow's milk
- fish and shellfish
- wheat
- soy
- sesame
- certain insect stings (particularly bee stings)

Procedure	2.3 Anaphylaxis Management Procedure
Policy type	Management
Group	Family and Children

Action	Approved provider	Responsible Person or Primary Nominee	Educators/contractors	Families	*Education and Care Services National Regulations 2011*	*Education and Care Services National Law Act 2010*	*Children's Services Regulations 2009 & Children's Services Act 1996*
Ensure all educators/contractors have undertaken current ACECQA-approved anaphylaxis management training.	✓	✓	✓		r.136 r.90	s.165 s.167	r.41-44 r.50 r.53 r.63-67 r.83-88 s.26 s.26A
At all times and at any place that an approved service is operating, at least one staff/educator who has undertaken anaphylaxis management training must be in attendance and immediately available in case of emergency.	✓	✓	✓		r.136 r.90	s.165 s.167 s.169	r.41-44 r.50 r.53 r.63-67 r.83-88 s.26 s.26A
Ensure that all staff/educators in all services, whether or not they have a child diagnosed at risk of anaphylaxis, undertake training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 12 months. This will need to be recorded in the staff's/educator's records. Practice with the trainer auto-injection device is undertaken on a quarterly basis.	✓	✓	✓		r.136 r.90	s.167 s.169	r.41-44 r.50 r.53 r.63-67 r.83-88 s.26 s.26A

Action	Approved provider	Responsible Person or Primary Nominee	Educators/contractors	Families	*Education and Care Services National Regulations 2011*	*Education and Care Services National Law Act 2010*	*Children's Services Regulations 2009 & Children's Services Act 1996*
Provide anaphylaxis resource kits to all licensed children's services. The kits must contain auto-injection device trainers (EpiPen®) and trainer CD ROMs to enable staff to practise the administration of the auto-injection device quarterly, and 'anaphylaxis scenarios' every three months.	✓	✓	✓			s.167	s.26 s.26A
The trainer auto-injection devices 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.		✓	✓			s.167	s.26 s.26A
Discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.	✓	✓	✓			s.167 s.169	r.41-44 r.50 r.53 r.63-67 s.26 s.26A
Ensure that the staff/educator accompanying children outside the service carries the anaphylaxis medication and a copy of the Anaphylaxis Action Plan with the auto-injection device kit.		✓	✓		r.90	s.165 s.167 s.169	r.41-44 r.50 r.53 r.63-67 r.83-88 s.26 s.26A
All parents/guardians are asked as part of the enrolment procedure, and prior to their child's attendance at a service, whether their child has allergies, and ensure that this information is documented on the child's enrolment record.		✓	✓	✓	r.90 r.160-162	s.167 s.175	r.28 r.31-35 s.26 s.26A
The medical information provided by the family will identify the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.	✓	✓	✓	✓	r.90 r.160-162	s.167 s.175	r.28 r.31-35 r.78-81 s.26 s.26A

Action	Approved provider	Responsible Person or Primary Nominee	Educators/contractors	Families	*Education and Care Services National Regulations 2011*	*Education and Care Services National Law Act 2010*	*Children's Services Regulations 2009 & Children's Services Act 1996*
Provide the service with a colour copy Anaphylaxis Action Plan (including a current photo of their child and written consent to use the auto-injection device in line with this action plan), and that is stamped, signed and dated by the family's registered medical practitioner and a complete EpiPen® while the child is present at a service.	✓	✓	✓	✓	r.90 r.160-162	s.167 s.179 s.175	r.28 r.31-35 s.26 s.26A
In consultation with the service, complete a Risk Management Plan and Communication Plan, including strategies to address the particular needs of each child at risk of anaphylaxis, and ensure that the plans are implemented and reviewed annually or as required.	✓	✓	✓	✓	r.90 r.160-162	s.167 s.175	r.28 r.31-35 r.50 r.53 r.63-67 s.26 s.26A
Implement the Communication Plan and encourage ongoing communication between parents/guardians and staff/educators regarding the current status of the child's allergies, this Policy and its implementation.		✓	✓	✓	r.90 r.160-162	s.167 s.169	r.50 r.53 r.63-67 s.26 s.26A
Ensure Anaphylaxis Action Plans, Risk Minimisation Plans and Communication Plans for the children are all contained in the enrolment record and the plans are visible to all staff/educators.	✓	✓	✓		r.90	s.167 s.169 s.179 s.175	r.28 r.31-35 r.50 r.53 r.63-67 s.26 s.26A
Parents/guardians need to notify the staff of any changes to their child's allergy status and provide a new Anaphylaxis Action Plan in accordance with these changes.		✓	✓	✓	r.160-162 r.90	s.175	s.26A
All permanent and relief staff, students and volunteers can identify children at risk of anaphylaxis, and locate the individual child's respective Anaphylaxis Action Plan and prescribed medication.		✓	✓		r.90	s.165 s.167 s.169 s.179	r.41-44 r.50 r.53 r.63-67 s.26 s.26A

Action	Approved provider	Responsible Person or Primary Nominee	Educators/contractors	Families	*Education and Care Services National Regulations 2011*	*Education and Care Services National Law Act 2010*	*Children's Services Regulations 2009 & Children's Services Act 1996*
Ensure that a notice is displayed prominently in the main entrance of the children's service or FDC venue stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service. Display an emergency contact card next to service telephones.		✓	✓		r.90 r.173	s.167 s.172	r.40 s.26 s.26A
Display an Australasian Society of Clinical Immunology and Allergy Inc (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at the service, for example in the children's room, the staffroom or near the medication cabinet.	✓	✓	✓		r.90	s.167	
Conduct an assessment of the potential for accidental exposure to allergens while children at risk of anaphylaxis are in the care of the service and develop a Risk Minimisation Plan for the service in consultation with staff/educators and the families of the children's Schedule 1 of this Policy.	✓	✓	✓		r.90	s.167 s.169	r.41-44 r.50 r.53 r.63-67 s.26 s.26A
Provide information to the service's community about resources and support for managing allergies and anaphylaxis.		✓	✓				
Comply with the procedures outlined in Schedule 1 of this Policy regarding risk minimisation from exposure to allergens.		✓	✓			s.167 s.169	r.50 r.53 r.63-67 s.26 s.26A
Support children developing awareness and understanding of anaphylaxis. In consultation with the children and family, develop strategies for sharing information with the service's communities, rather than targeted individual family messages, to assist the service site remaining 'Allergy Aware'.		✓	✓		r.155	s.167 s.169	r.41-44 r.50 r.53 r.63-67 s.26 s.26A
Ensure that this Policy and Procedures are provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service.	✓	✓	✓		r.91	s.167	r.41-44 s.26A

Action	Approved provider	Responsible Person or Primary Nominee	Educators/contractors	Families	*Education and Care Services National Regulations 2011*	*Education and Care Services National Law Act 2010*	*Children's Services Regulations 2009 & Children's Services Act 1996*
Every three months check the EpiPen® expiry date and ensure that unexpired EpiPen® is available to the child each day the child attends a service. If the expiry date on the EpiPen® packaging lists a month and year, then the medication will be deemed to be expired by the last day of the listed month (ie. June 2017), then the expiry date will be deemed to be the last day of that month that is 30 June 2017.		✓	✓		r.90	s.167 s.169	r.41-44 r.50 r.53 r.63-67 s.26 s.26A
No child, who has been prescribed medicine(s) such as an EpiPen® or by a registered medical practitioner as part of the Anaphylaxis Action Plan, is permitted to attend a service or its programs without that prescribed medicine, which must also be within its expiry date. If the expiry date is listed as a month and year (ie. June 2017), then the expiry date will be deemed to be the last day of that month, that is 30 June 2017.		✓	✓	✓	r.90	s.167 s.169	r.41-44 r.50 r.53 r.63-67 s.26 s.26A
If a child has not been diagnosed as allergic, but appears to be having an anaphylactic reaction, a staff member/educator will immediately ring 000 for an ambulance and commence first aid measures.		✓	✓		r.85-8 r.89 r.90 r.92-96	s.165 s.167 s.169 s.189	r.50 r.53 r.63-67 r.75 r.77 r.83-88 r.90-91 s.26A
Parents/guardians need to notify the Responsible Person or Primary Nominee of a later diagnosis that their child is at risk of anaphylaxis has been confirmed.		✓	✓	✓	r.160-162		s.26A
Medication may be administered to a child by a staff member who has completed accredited anaphylaxis management and first aid training, or on the instruction of an ambulance officer/paramedic. In this circumstance, the child's parent/guardian and approved Responsible Person must be contacted as soon as possible.	✓	✓	✓	✓	r.92-96 r.178 r.181-184	s.165 s.167 s.169	r.41-44 r.50 r.53 r.63-67 r.75 r.77 r.90-91 s.26 s.26A

Action	Approved provider	Responsible Person or Primary Nominee	Educators/contractors	Families	*Education and Care Services National Regulations 2011*	*Education and Care Services National Law Act 2010*	*Children's Services Regulations 2009 & Children's Services Act 1996*
Follow the child's Anaphylaxis Action Plan in the event of an allergic reaction, which may progress to anaphylaxis. A reaction may 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. Adrenaline given through an adrenaline auto-injector into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.		✓	✓		r.90 r.92-96	s.165 s.167 s.169 s.175	r.41-44 r.50 r.53 r.63-67 s.26 s.26A
When medical treatment has been given according to a child's Anaphylaxis Action Plan, the child's parent/guardian is notified. In the case of emergency, the parent/guardian is to be notified in the event of illness and is contacted as soon as possible.		✓	✓		r.90	s.165 s.169	r.50 r.53 r90-91 s.26A
If a child attends a registered medical practitioner or hospital the incident must be reported to the Victorian Department of Education and Training within 24 hours and a full report made on the ACECQA Form SI01 Notification of Serious Incident within 48 hours.		✓	✓		r.90	s.180	r.90 s.26A
Mild to severe allergic reactions, and any medication administered, are recorded in accordance with this Policy and Procedures as well as the Incident, Injury, Trauma and Illness (2.6), Administration of First Aid (2.7), and Administration of Medication (2.8) policies and associated procedures.		✓	✓		r.90		s.26A
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.	✓	✓	✓		r.90	s.167 s.169	r.50 r.53 r.63-67 s.26 s.26A

Action	Approved provider	Responsible Person or Primary Nominee	Educators/contractors	Families	*Education and Care Services National Regulations 2011*	*Education and Care Services National Law Act 2010*	*Children's Services Regulations 2009 & Children's Services Act 1996*
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.	✓	✓	✓	✓	r.90	s.167	r.41-44 s.26 s.26A
Respond to complaints and notify the Department of Education and Training within 48 hours.	✓	✓	✓		r.105	s.174	s.26A
Selectively audit enrolment checklists (eg. annually) to ensure that documentation is current and complete.	✓	✓	✓			s.167 s.169	r.50 r.53 r.63-67 s.26 s.26A
Communicate any relevant information to the Responsible Person relating to the health of their child.		✓	✓	✓		s.167 s.169	r.50 r.53 r.63-67 s.26 s.26A
Comply with the food policy of the education and care service, and requests not to provide specific foods/allergens to their child when the education and care service displays a notice that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service.		✓	✓	✓	r.77 r.79 r.80 r.355-357	s.165 s.167 s.169 s.175	r.41-44 r.50 r.53 r.63-67 r.78-81 s.26 s.26A
Read and become familiar with this Policy and Procedures.		✓	✓			s.167 s.169	r.41-44 s.26 s.26A

Definitions

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 kit: an insulated container, for example an insulated lunch pack containing a current adrenaline auto-injection device, a copy of the child's Anaphylaxis Action Plan, and telephone contact details for the child's parent/guardian, the registered medical practitioner 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 are stored away from direct heat.

Adrenaline auto-injection device training: training in the administration of adrenaline via an auto-injection device provided by first aid trainers, through accredited training or through the use of the self-paced trainer CD ROM and trainer auto-injection device.

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 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 next to the telephone from which the 000 phone call will be made.

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 weighs in excess of 20kg.

Anaphylaxis: a severe, rapid and potentially fatal allergic reaction that involves the body's major systems, particularly the respiratory and circulation systems.

Anaphylaxis medical management action plan (abbrev. Anaphylaxis Action Plan): a colour copy medical management plan prepared, signed and stamped 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 ACECQA and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practice using a trainer adrenaline auto-injection device. Current courses that are accredited and recognised by ACECQA can be found at http://acecqa.gov.au/qualifications

Children at risk of anaphylaxis*:* diagnosed as at risk of anaphylaxis, in relation to a child, means a child who has been diagnosed by a registered medical practitioner as at risk of anaphylaxis.

Communication Plan*:* a plan that forms part of the policy outlining how the service will communicate with parent/guardian and staff in relation to the policy and how parent/guardian 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.

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 parent/guardian of a child at risk of anaphylaxis and the licensee. This person also checks if the adrenaline auto-injection device is current, the auto-injection device kit is complete and leads staff practice sessions after all staff have undertaken anaphylaxis management training.

Responsible Person: a person with management or control of an education and care service operated by the approved Responsible Person. This person is the Responsible Person or Primary Nominee of the service or a certified supervisor who has been placed in day-to-day charge of the service in accordance with section 162 of the *Education and Care Services National Law Act 2010 and Education and Care Services National Regulations 2011.*

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, and educating parents/guardians and children about food allergies and washing hands before and 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. A sample risk minimisation plan is outlined in Schedule 2 of this document.

Service community: all adults who are connected to the family and children's service.

This Policy and Procedures are aligned to National Quality Standard.

http://acecqa.gov.au/national-quality-framework/the-national-quality-standard

Links to Council policies

Occupational Health and Safety: Emergency and Response, First Aid Management and Risk Management are relevant policies to this Policy. This Policy is also linked to the following Policies and Procedures:

- dealing with Medical Conditions
- enrolment and Attendance Records
- incident, Injury, Trauma And Illness
- nutrition
- hygiene and Infection Control
- asthma Management
- inclusion and Equity

Resources and useful websites

Anaphylaxis resources: www.allergy.org.au/health-professionals/anaphylaxis-resources

More information: www.allergyfacts.org.au and www.education.vic.gov.au/anaphylaxis.

Training

Ensure that anaphylaxis management training undertaken is accredited.

ACECQA will publish on its website a list of approved qualifications, including approved first aid qualifications, including anaphylaxis management and asthma training. ACECQA will also publish a list of qualifications that have been approved for transitioning into the National Quality Framework.

More information: www.acecqa.gov.au

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. http://www.education.vic.gov.au/childhood/providers/health/Pages/anaphylaxis.aspx

There are a range of Responsible Persons offering anaphylaxis training, including the Royal Children's Hospital Department of Allergy, first aid Responsible Persons and Registered Training Organisations. See a brochure entitled: *Anaphylaxis – a life-threatening reaction*, available through the Royal Children's Hospital, Department of Allergy and Immunology.

Contact details for resources and support

The 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.

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 adrenaline auto-injection device prescription, as well as to purchase auto-injection device trainers. Telephone: (03) 9345 4235.

The Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to schools and licensed children's services staff and parents/guardians. Telephone: 1300 725 911 or email: carol.whitehead@rch.org.au.

http://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/

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.

Schedule 1: Minimising exposure to food allergens

Staff/educators 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. The approved Responsible Person recognises the need to adopt a range of risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction. This includes minimising the presence of the allergen in the service.

The following procedures should be read prior to the development of a Risk Management Plan (see Schedule 2) 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:

1. The child should only eat food that has been specifically prepared for him/her:
   - where the service is providing food, such as long childcare, ensure that menus are planned in conjunction with parent/guardian and food has been prepared according to the parent's/guardian's instructions
   - in family childcare, kindergarten and occasional care settings, some parents/guardians will choose to provide all food for their child
2. All food for the child should be checked (including food labels to ascertain if they contain traces of a known allergen), and approved by the child's parent/guardian in accordance with the Risk Minimisation Plan.
3. NO FOOD is introduced to a baby without prior consent of the parent/guardian.
4. 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.
5. A safe 'treat box' can be provided by the family of each at-risk child and used by the service to provide 'treats' to the at-risk child, as appropriate.
6. 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.
7. As far as is practical, the food on the menu for all children should not contain ingredients such as milk, eggs and peanut/nut or sesame products to which the child is at risk. Where food is brought from home to the kindergarten, occasional care or family childcare service, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the Risk Minimisation Plan.
8. When the child diagnosed at risk of anaphylaxis is allergic to milk, ensure non-allergic babies are held when they drink formula/milk.

9. Ensure each child enrolled at the service washes his/her hands before and after eating, and on arrival if this requirement is included in a particular child's Anaphylaxis Action Plan.
10. 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 service with food.
11. Consider the safest place for the at-risk child to be served and to consume food, while ensuring they are socially included in all activities. 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.
12. Use hygiene procedures and practices to minimise the risk of contamination of surfaces, food utensils and containers by food allergens. Use teaching strategies to raise the awareness of all children about anaphylaxis and food sharing with the at-risk children, and the reasons for this.
13. There should be no trading or sharing of food, food utensils and containers with the at-risk children.
14. Ensure tables, high chairs and bench tops are washed after eating.
15. Increase supervision of the child on special occasions, such as excursions, incursions or family days.
16. Refrain from targeted communication to individual families in the service's community regarding the provision of foods that are potential allergens to other children at risk of anaphylaxis.

Use of food in program activities: Staff should advise well in advance and discuss the use of foods in activities (such as cooking with the child) with the parent/guardian of a child at risk of anaphylaxis, and exclude food allergens in accordance with the child's Risk Minimisation Plan. This may include the restricted use of food containers, boxes and packaging in crafts, cooking and science experiments.

Schedule 2: Risk Minimisation Plan

This plan is to be completed by the Responsible Person or Primary Nominee in consultation with the parents/guardians on the basis of information provided by the child's medical practitioner.

<table>
<tr><td colspan="3">Child's name:</td></tr>
<tr><td colspan="2">Date of birth:</td><td>Group:</td></tr>
<tr><td colspan="3">Severely allergic to:</td></tr>
<tr><td colspan="3">Other health conditions:</td></tr>
<tr><td colspan="3">Medication at the service:</td></tr>
<tr><td rowspan="7">Parent/guardian contact:</td><td>Parent/guardian information (1)</td><td>Parent/guardian information (2)</td></tr>
<tr><td>Name:</td><td>Name:</td></tr>
<tr><td>Relationship:</td><td>Relationship:</td></tr>
<tr><td>Home phone:</td><td>Home phone:</td></tr>
<tr><td>Work phone:</td><td>Work phone:</td></tr>
<tr><td>Mobile:</td><td>Mobile:</td></tr>
<tr><td>Address:</td><td>Address:</td></tr>
<tr><td colspan="3">Other emergency contacts
(if parent/guardian not available):</td></tr>
<tr><td colspan="3">Medical practitioner contact:</td></tr>
<tr><td colspan="3">Emergency care to be
provided at service:</td></tr>
<tr><td colspan="3">Auto-injection device® storage:</td></tr>
<tr><td colspan="3">The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on ______________________.</td></tr>
<tr><td colspan="2">Signature of parent:</td><td>Date:</td></tr>
<tr><td colspan="2">Signature of Responsible Person or Primary Nominee:</td><td>Date:</td></tr>
</table>

Strategies to avoid allergens

Child's name:	
Date of birth:	Group:
Severe allergies:	
Other known allergies:	

Risk	Strategy	Who is responsible?	Date

Schedule 3: Checklist for service planning and delivery

For the Risk Minimisation Plan

Procedure	Who	Procedure compliance
Scenario: Party or celebration at the child's service/latex allergies		
Give plenty of notice to families about the event.	Responsible Person/staff/educator/contractor	✓
Ensure a safe treat box is provided for the at-risk child.	Parent/staff	✓
Ensure the at-risk child only has the food approved by his/her parents/guardians.	Staff	✓
Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent.	Responsible Person	✓
Staff to avoid the use of party balloons or contact with latex gloves.	Staff/educator/contractor	✓
Scenario: Protection from insect sting allergies		
Staff to specify play areas that are lowest risk to the at-risk child and encourage him/her and peers to play in the area.	Staff/educator/contractor	✓
Approved Responsible Person to decrease the number of plants that attract bees.	Approved Responsible Person	✓
Staff to ensure the at-risk child wears shoes at all times outdoors.	Staff /educator/contractor	✓
Approved Responsible Person to 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.	Approved Responsible Person	✓
Review		
How effective is the child's individual Risk Minimisation Plan? Review the Risk Minimisation Plan with families of at-risk child once every six months, but always upon enrolment of each at-risk child, and after any incident or accidental exposure.	Responsible Person/educational leader	✓

Schedule 4: Communication Plan *(example)*

Child's Name: John Citizen	**Date of Birth: 15/12/2012**			
Child's medical condition: Anaphylaxis			**Date diagnosed: 11/01/2014**	
Parent's/guardian's Name: Mary Citizen			**Preferred contact number: (0409) 111 222**	
What information are we communicating?	**How will we communicate?**	**When we will communicate?**	**Who is responsible?**	**Date completed & signature**
Enrolment process Service Policies and Procedures/Anaphylaxis Policy Service programs and contact details	Verbally and in print with families	Prior to and on enrolment	Responsible Person/educator	30/03/2015
The child has been diagnosed with anaphylaxis	Formal notification on Enrolment Form	On enrolment	Parent/guardian	30/03/2015
Anaphylaxis Management Plan (provided with prescribed medication and spacer)	Signed original plan and formal meeting	On enrolment and before the child attends service	Parent/guardian in consultation with family's registered medical practitioner	30/03/2015
	Copy of the plan is kept with the child's enrolment record Display in medication bag so Action Plan is visible to all staff/educators	Before the child attends service	Responsible Person	
Long-term Medication Form for the administration of medication	Signed original plan	Before the child attends service	Parent/guardian	
Risk Minimisation Plan	Signed original plan/formal meeting	Before the child attends service	Parent/guardian, educator	
Communication Plan	Formal meeting	Before the child attends service	Parent/guardian, educator	

Where the child's Anaphylaxis Management Plan, medication, medication records are located	Staff meetings and induction sessions	Before the child attends the service and during induction of staff, relievers, students, volunteers	Responsible Person	
Any changes to the child's Anaphylaxis Management Plan	In writing	As soon as possible after sign-off from family's registered medical practitioner	Parent/guardian	
All relevant information and concerns *(i.e. if anaphylaxis symptoms were present last night)*	Verbally/by telephone	As soon as practicable, but no later than 24 hours after condition became apparent	Parent/guardian, educator	
	Documented in Accident, Injury, Trauma and Illness Record Book	As soon as notified	Responsible Person/educator	
Anaphylaxis First Aid poster in key service locations	Poster displayed next to medication bag	At all times	Responsible. Person	
Medical Emergency Action Plan and Ambulance Card '000'	Plan displayed on noticeboard above service phone	At all times and when inducting relievers, students, volunteers	Responsible Person	
Procedure for excursions • Child's Anaphylaxis Management Plan, medication, and mobile first aid kit • In the case of mild/moderate anaphylaxis attack, emergency	• Formal meeting • Parent/guardian's preferred emergency contact number • Contact number of registered medical practitioner	Prior to excursion	Educator	
Medication reaching expiry date	Verbally and in writing	After quarterly check of medicines	Responsible Person/educator	
Risk Minimisation Plan review due	Verbally and in writing	Two weeks before review due date	Responsible Person/educator	