

	Anaphylaxis Policy & Procedures
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Authorisation	General Manager
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Responsible Officer	Manager Evolve Early Learning & Kindergarten
Policy Owner	Evolve Early Learning & Kindergarten

Policy

Evolve Early Learning & Kindergarten is committed to:

- Providing a safe and healthy environment in which children At Risk of Anaphylaxis can participate fully in all aspects of the program
- Raising awareness of families, staff, children and others attending the service about allergies and Anaphylaxis
- Actively involving the parents/guardians of each child At Risk of Anaphylaxis in assessing risks, and in developing Risk Minimisation and risk management strategies for their child
- Ensuring all staff members and other adults at the service have adequate knowledge of allergies, Anaphylaxis and emergency procedures
- Facilitating communication to ensure the safety and wellbeing of children At Risk of Anaphylaxis.

Purpose

Evolve Early Learning & Kindergarten is committed to:

- Minimise the risk of an Anaphylactic reaction occurring while children are in the care of Evolve Early Learning & Kindergarten
- Ensure that service staff respond appropriately to an Anaphylactic reaction by initiating appropriate treatment, including competently administering Adrenaline via an Auto-Injection Device
- Raise awareness of Anaphylaxis and its management amongst all at the service through education and policy implementation.
- This policy has been adapted from *PolicyWorks* Manual - National Quality Framework released by the Early Learning Association Australia (ELAA).
- ELAA acknowledges the contribution of the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne, Anaphylaxis Australia Inc. and Department of Education & Training (DET) in the development of this policy.

Scope

This policy applies to Evolve Early Learning & Kindergarten who is responsible for the direct education and care of children including offsite excursions and activities.

This policy applies to the Approved Provider, Nominated Supervisor/Primary Nominee, Nominated Certified Supervisor, Educators, Staff, Students on placement, Volunteers,

Parents/guardians, Children and others attending Evolve Early Learning & Kindergarten's programs and activities.

This policy will apply regardless of whether a child diagnosed by a registered medical practitioner as being At Risk of Anaphylaxis is enrolled at the service.

National Quality Standards (NQS)

Quality Area 2: Children's Health and Safety

2.1.1 Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation

2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented

2.2 Safety - Each child is protected

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Background

- Anaphylaxis is a severe and potentially life-threatening Allergic Reaction. The most common causes of Allergic Reaction in young children are eggs, peanuts, tree nuts, cow's milk, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the Allergen and young children may not be able to identify or articulate the symptoms of Anaphylaxis.
- With planning and training, a reaction can be treated effectively by using an Adrenaline Auto-Injection Device.
- Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm.
- The Approved Provider will ensure that there is at least one educator on duty at all times who has current Approved Anaphylaxis Management Training in accordance with the National Regulations 136 as a demonstration of Duty of Care and best practice.
- Approved Anaphylaxis Management Training is listed on the Australian Children's Education & Care Quality Authority (ACECQA) website (refer to *Sources*).

Education and Care National Regulations

- Medical Conditions Policy (National Regulations 90)
- Medical Conditions Communication Plan (National Regulations 90(1)(iv))
- Medical Conditions policy to be provided to parents (National Regulations 91)
- Medical Record (National Regulations 92)

- Administration of medication (National Regulations 93)
- Exception to authorisation requirement - anaphylaxis or asthma emergency (National Regulations 94)
- Procedure for administration of medication (National Regulations 95)
- Self-administration of medication (National Regulations 96)

Responsibility/Accountability

The Approved Provider, according to Regulations is responsible for the implementation of this policy. This will be achieved through the Centre Manager and the staff:

- An Anaphylaxis policy, which meets legislative requirements and includes a Risk Minimisation Plan) and Communication Plan, is developed and displayed at the service, and reviewed regularly
- Providing Approved Anaphylaxis Management Training (refer to Definitions) to staff as required under the National Regulations
- At least one educator with current Approved Anaphylaxis Management Training (refer to *Definitions*) is in attendance and immediately available at all times the service is in operation (National Regulations 136 and 137)
- Nominated Supervisor/Primary Nominee, educators, staff members, students and volunteers at the service have access to the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- Parents/guardians and others at the service have access to the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (National Regulations 91)
- Staff and educators practice administration of treatment for Anaphylaxis using an Adrenaline Auto-Injection Device trainer at least annually, and that participation is documented on the Staff Record and educator record
- Details of Approved Anaphylaxis Management Training (refer to *Definitions*) are included on the Staff Record (refer to *Definitions*), including details of training in the use of an Auto-Injection Device (National Regulations 146 and 147)
- Parents/guardians or a person authorised in the enrolment form provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency (National Regulations 161) and that this authorisation is kept in the enrolment form for each child
- Parents/guardians or a person authorised in the child's enrolment form provide written authorisation for excursions outside the service premises (National Regulations 102) (also refer to *Excursions and Service Events Policy*)
- Identifying children with Anaphylaxis during the enrolment process and informing staff.

In services where a child diagnosed as At Risk of Anaphylaxis is enrolled, the Approved Provider (Manager) is also responsible for:

- Displaying a notice prominently at the service stating that a child diagnosed as At Risk of Anaphylaxis is being cared for and/or educated by the service (National Regulations 173)
- Ensuring the Enrolment Checklist for Children Diagnosed as at Risk of Anaphylaxis) is completed
- Ensuring an Anaphylaxis Medical Management Action Plan, Risk Management Plan) and Communications Plan are developed for each child at the service who has been diagnosed as At Risk of Anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner

- Ensuring that all children diagnosed as At Risk of Anaphylaxis have details of their Allergy, their Anaphylaxis Medical Management Action Plan and their Risk Minimisation Plan filed with their enrolment form (National Regulations 162)
- Ensuring a medication record is kept for each child to who medication is to be administered by the service (National Regulations 92)
- Ensuring parents/guardians of all children with Anaphylaxis provide an unused, in-date Adrenaline Auto-Injection Device at all times their child is attending the service. Where this is not provided, children will be unable to attend the service
- Ensuring that the child's Anaphylaxis Medical Management Action Plan is specific to the brand of Adrenaline Auto-Injection Device prescribed by the child's medical practitioner
- Implementing a procedure for First Aid Treatment for Anaphylaxis consistent with current national recommendations and ensuring all staff are aware of the procedure
- Ensuring the expiry date of the Adrenaline Auto-Injection Device is checked regularly and replaced when required
- Implementing the Communication Plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- Identifying and minimising Allergens (refer to *Definitions*) at the service, where possible
- Ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as At Risk of Anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
- Ensuring that children with Anaphylaxis are not discriminated against in any way
- Ensuring that children with Anaphylaxis can participate in all activities safely and to their full potential
- Immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as At Risk of Anaphylaxis attending the service
- Ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations (National Regulations 95 and 96) (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)
- Ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an Anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (National Regulations 94)
- Ensuring that a medication record is kept that includes all details required by National Regulation 92 for each child to who medication is to be administered
- Ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency
- Responding to complaints and notifying DET, in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a child may have been At Risk
- Displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) (refer to *Sources*) generic poster Action Plan for Anaphylaxis in key locations at the service
- Complying with procedures outlined in the Risk Minimisation
- Ensuring that educators/staff who accompany children At Risk of Anaphylaxis outside the service carry a fully equipped Adrenaline Auto-Injector Kit (refer to *Definitions*) and a copy of the Anaphylaxis Medical Management Action Plan for each child diagnosed as At Risk of Anaphylaxis.

The Nominated Supervisor/Primary Nominee is responsible for:

- Ensuring the Enrolment Checklist for Children Diagnosed as At Risk of Anaphylaxis is completed
- Ensuring that all educators approved First Aid Qualifications, Anaphylaxis Management Training and emergency Asthma Management training are current, meet the requirements of the National Act (Section 169) and National Regulations 137 and are approved by ACECQA (refer to *Sources*)
- Ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with National Regulations 95 and 96 (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)
- Ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an Anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (National Regulations 94)
- Ensuring educators and staff are aware of the procedures for First Aid Treatment for Anaphylaxis
- Ensuring an Adrenaline Auto-Injector Kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- Compiling a list of children with Anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include the Anaphylaxis Medical Management Action Plan for each child
- Ensuring that all staff, including casual and relief staff, are aware of children diagnosed as At Risk of Anaphylaxis, their allergies and symptoms, and the location of their Adrenaline Auto-Injector Kits and Medical Management Action Plans
- Ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as At Risk of Anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
- Organising Anaphylaxis Management information sessions for parents/guardians of children enrolled at the service, where appropriate
- Ensuring that all persons involved in the program, including parents/guardians, volunteers and students on placement are aware of children diagnosed as At Risk of Anaphylaxis
- Ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as At Risk of Anaphylaxis
- Following the child's Anaphylaxis Medical Management Action Plan in the event of an Allergic Reaction, which may progress to an Anaphylactic episode
- Practising the administration of an Adrenaline Auto-Injection Device using an Adrenaline Auto-Injection Device trainer and 'Anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- Ensuring used Adrenaline Auto-Injection Devices are capped and given to ambulance officers
- Ensuring that the Adrenaline Auto-Injector Kit is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat
- Ensuring that parents/guardians or an authorised person named in the child's enrolment form provide written authorisation for children to attend excursions outside the service premises (National Regulations 102) (refer to *Excursions and Service Events Policy*)
- Providing information to the service community about resources and support for managing allergies and Anaphylaxis

- Complying with the procedures outlined in Risk Minimisation

Certified Supervisors, Nominees other educators and staff are responsible for:

- Reading and complying with the Anaphylaxis Policy and the Dealing with Medical Conditions Policy
- Maintaining current approved Anaphylaxis Management Qualifications (refer to *Definitions*)
- Practising the administration of an Adrenaline Auto-Injection Device using an Adrenaline Auto-Injection Device trainer and 'Anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly.
- Ensuring they are aware of the procedures for First Aid Treatment for Anaphylaxis
- Completing the Enrolment Checklist for Children Diagnosed as At Risk of Anaphylaxis with parents/guardians
- Knowing which children are diagnosed as At Risk of Anaphylaxis, their allergies and symptoms, and the location of their Adrenaline Auto-Injector Kits and Medical Management Action Plans
- Identifying and, where possible, minimising exposure to Allergens (refer to *Definitions*) at the service
- Following procedures to prevent the cross-contamination of any food given to children diagnosed as At Risk of Anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
- Assisting with the development of a Risk Minimisation Plan for children diagnosed as At Risk of Anaphylaxis at the service
- Following the child's Anaphylaxis Medical Management Action Plan in the event of an Allergic Reaction, which may progress to an Anaphylactic episode
- Ensuring used Adrenaline Auto-Injection Devices are capped and given to ambulance officers
- Following appropriate procedures in the event that a child who has not been diagnosed as At Risk of Anaphylaxis appears to be having an Anaphylactic episode.

This includes:

- Calling an ambulance immediately by dialling 000 (refer to *Definitions* - AV How to Call Card)
- Commencing First Aid treatment
- Contacting the parents/guardians or person authorised in the enrolment record
- Informing the Approved Provider as soon as is practicable.
- Taking the Adrenaline Auto-Injector Kit (refer to *Definitions*) for each child At Risk of Anaphylaxis on excursions or to other offsite service events and activities
- Complying with the procedures outlined in Risk Minimisation
- Contacting parents/guardians immediately if an unused, in-date Adrenaline Auto-Injection Device has not been provided to the service for a child diagnosed as At Risk of Anaphylaxis. Where this is not provided, children will be unable to attend the service
- Discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- Consulting with the parents/guardians of children diagnosed as At Risk of Anaphylaxis in relation to the health and safety of their child, and communicating any concerns
- Ensuring that children diagnosed as At Risk of Anaphylaxis are not discriminated against in any way and are able to participate fully in all activities.

Parents/guardians of a child At Risk of Anaphylaxis are responsible for:

- Informing staff, either on enrolment or on initial diagnosis, of their child's allergies
- Completing all details on the child's enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises
- Assisting the Approved Provider, staff and educators to develop an Anaphylaxis Risk Minimisation Plan
- Providing staff with an Anaphylaxis Medical Management Action Plan signed by a registered medical practitioner and with written consent to use medication prescribed in line with this action plan
- Providing staff with an unused, in-date and complete Adrenaline Auto-Injector Kit
- Ensuring that the child's Anaphylaxis Medical Management Action Plan is specific to the brand of Adrenaline Auto-Injection Device prescribed by the child's medical practitioner
- Regularly checking the Adrenaline Auto-Injection Device's expiry date
- Assisting staff by providing information and answering questions regarding their child's allergies
- Notifying staff of any changes to their child's Allergy status and providing a new Anaphylaxis Medical Management Action Plan in accordance with these changes
- Communicating all relevant information and concerns to staff, particularly in relation to the health of their child
- Complying with the service's policy that where a child who has been prescribed an Adrenaline Auto-Injection Device they are not permitted to attend the service or its programs without that device
- Complying with the Risk Minimisation Procedures
- Ensuring they are aware of the procedures for First Aid Treatment for Anaphylaxis
- Volunteers and students, while at the service, are responsible for following this policy and its procedures

Definitions

The terms defined in this section relate specifically to this policy and related procedures. For commonly used terms e.g. Approved Provider, Regulatory Authority etc. refer to the *Glossary of Terms*

Word/Term	Definition
Adrenaline Auto-Injection Device	An intramuscular injection device containing a single dose of Adrenaline designed to be administered by people who are not medically trained. This device is commonly called an EpiPen® or an Anapen®. (Not limited to) As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their Anaphylaxis Medical Management Action Plan (refer to Definitions) must be specific for the brand they have been prescribed. Used Adrenaline auto-injectors should be capped and given to ambulance officers.
Adrenaline Auto-Injection Device Training	Training in the use of the Adrenaline Auto-Injection Device is provided by Allergy Nurse educators or other qualified professionals such as doctors or First Aid trainers, through accredited training institutions or through the use of a self-paced training CD and Auto-Injection Device trainer.

Adrenaline Auto-Injector Kit	A kit includes an in-date Adrenaline Auto-Injection Device, a copy of the child's Anaphylaxis Medical Management Action Plan, telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Auto-injection devices must be stored away from direct heat.
Allergen	A substance that can cause an Allergic Reaction.
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.
Allergy	An immune system response to an external stimulus that the body identifies as an Allergen. People genetically programmed to experience an Allergic Reaction will make antibodies to particular Allergens.
Anaphylaxis	A severe, rapid and potentially fatal Allergic Reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.
Anaphylaxis Action Plan	Refer to the definition for Anaphylaxis Medical Management Action Plan below.
Anaphylaxis Management Training	Training that includes recognition of Allergic Reactions, strategies for Risk Minimisation and risk management, procedures for emergency treatment and facilitates practice in the administration of treatment using a Adrenaline Auto-Injection Device (refer to <i>Definitions</i>) trainer. Approved training is listed on the ACECQA website (refer to <i>Sources</i>).
AV How to Call Card	A card that the service has completed containing all the information that Ambulance Victoria will request when phoned on 000. Once completed, this card should be kept within easy access of all service telephone/s.
Anaphylaxis Medical Management Action Plan (sometimes simply referred to as an Action Plan)	An individual Medical Management Plan prepared and signed by the child's treating, registered medical practitioner that provides the child's name and allergies, a photograph of the child, a description of the prescribed Anaphylaxis medication for that child and clear instructions on treating an Anaphylactic episode. The plan must be specific for the brand of Auto-Injection Device prescribed for each child. Examples of plans specific to different Adrenaline auto-injector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website.
Approved Anaphylaxis Management Training	Training that is approved by the National Authority in accordance with Regulation 137(e) of the <i>Education and Care Services National Regulations 2011</i> and is listed on the ACECQA website (refer to <i>Sources</i>).
At-Risk Child	A child whose allergies have been medically diagnosed and who is At Risk of Anaphylaxis.

Communication Plan	<p>A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff/educators in relation to the policy.</p> <p>The Communication Plan also describes how parents/guardians and staff/educators will be informed about Risk Minimisation Plans and emergency procedures to be followed when a child diagnosed as At Risk of Anaphylaxis is enrolled at a service.</p>
Duty of Care	<p>A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.</p>
Intolerance	<p>Often confused with Allergy, Intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.</p>
MICA Ambulance	<p>Mobile Intensive Care Ambulance (MICA) paramedics have a higher clinical skill set and can perform more advanced medical procedures. MICA paramedics training goes beyond practical skill precision to include more detail in anatomy, physiology, pathophysiology and pharmacology to greater increase capacity to make complex clinical decisions without medical consultation.</p>
No Food Sharing	<p>A rule/practice in which a children only eat food that is supplied/permitted by their parents/guardians.</p>
Nominated Staff Member	<p>(In relation to this policy) a staff member nominated to be the liaison between parents/guardians of a child At Risk of Anaphylaxis and the Approved Provider. This person also checks regularly to ensure that the Adrenaline Auto-Injector Kit is complete and that the device itself is unused and in date, and leads practice sessions for staff who have undertaken Anaphylaxis Management Training.</p>
Risk Minimisation	<p>The practice of developing and implementing a range of strategies to reduce hazards for a child At Risk of Anaphylaxis, by removing, as far as is practicable, major Allergen sources from the service.</p>
Risk Minimisation Plan	<p>A service-specific plan that documents a child's Allergy, practical strategies to minimise risk of exposure to Allergens at the service and details of the person/s responsible for implementing these strategies.</p> <p>A Risk Minimisation Plan should be developed by the Approved Provider/Nominated Supervisor/ Primary Nominee/Certified Supervisor in consultation with the parents/guardians of the child At Risk of Anaphylaxis and service staff/educators. The plan should be developed upon a child's enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment.</p> <p>A sample Risk Minimisation Plan is provided as Attachment 3.</p>
Staff Record	<p>A record which the Approved Provider of a service must keep containing information about the Nominated Supervisor/Primary Nominee, staff, educators, volunteers and students at a service, as set out under the National Regulations 9.</p>

ANAPHYLAXIS PROCEDURE

Purpose

This procedure will provide a process to:

- Minimise the risk of an Anaphylactic reaction occurring while children are in the care of Evolve Early Learning & Kindergarten
- Ensure that service staff respond appropriately to an Anaphylactic reaction by initiating appropriate treatment, including competently administering Adrenaline via an Auto-Injection Device
- Raise awareness of Anaphylaxis and its management amongst all at the service through education and policy implementation
- This procedure applies to services responsible for the direct education and care of children at Evolve Early Learning & Kindergarten programs including offsite excursions and activities
- This procedure will apply regardless of whether a child diagnosed by a registered medical practitioner as being At Risk of Anaphylaxis is enrolled at the service

Procedure

In terms of daily routines for Allergens the educator will:

- Ensure that the child's exposure to the identified Allergen is, if possible, prevented and at least minimised
- If the Allergy is food, ensure that the child's parent/guardian provides all dietary requirements, with the exception of water
- Understand the importance of, and ensure that, food, food utensils and containers are not shared
- Ensure that all the children wash their hands after eating so as minimise potential contamination of other surfaces
- Carefully check all empty food containers used within the environment to eliminate the possibility of contact with the Allergen e.g. art and craft materials, other play equipment
- Inform other families that there is a child in care with Anaphylaxis to ensure the potential of food Allergens in the environment are reduced or eliminated
- Inform other parents if there are changes in Allergy triggers and or Management Plans

In terms of procedures for meal times if the Allergen is food the educator should:

- Discreetly supervise and monitor meal times
- If another child is eating a food containing the Allergen, ensure that the potential for cross contamination is minimised or eliminated
- Supply wet ones (or equivalent) and disposable towels to clean the face and hands of children, particularly the child eating the Allergen, to minimise the dangers of cross contamination via taps or skin contact
- Use liquid soap/foam only
- Ensure children's hands are washed before and after eating
- Wash tables, chairs, highchairs and equipment after each use
- Ensure left over foods are safely disposed in a bin

- Wipe tables and sweep floors clean of any food residue after use. All residue needs to be appropriately disposed of. The educator may need to consider a space at the table that is used specifically for the particular child.

For the child, if the Allergen is food, the educator should:

- Ensure the child only eats food and drink, with the exception of water, that is provided or approved by the parent
- Not allow other children in care to share food or drink
- Offer an inclusive program

In terms of training:

- Where there is a child in the service that is At Risk of Anaphylaxis all staff will be required to undertake accredited Anaphylaxis Management Training and Adrenaline Auto-Injection Device Training.
- In accordance to legislation staff and educators are required to undertake Anaphylaxis Management Training every three years and Adrenaline Auto-Injection Device Training at least every 12 months (National Regulations 136 and 137).

In terms of use of the Adrenaline Auto-Injection Device:

- The parent or guardian will be required to supply the staff/educator with an Adrenaline Auto-Injection Device in an insulated pack
- The Adrenaline Auto-Injection Device must be clearly labelled with the child's name and date of birth
- The Adrenaline Auto-Injection Device will contain the correct dosage for the child concerned
- The Adrenaline Auto-Injection Device must have a current expiry date and administered according to the instructions provided by the manufacturer and in accordance with the emergency response plan written by the child's doctor
- The staff/educator will need to be trained in the correct use of an Adrenaline Auto-Injection Device

In terms of Risk Minimisation Plans:

- The parent/guardian will be required to complete the Evolve Early Learning & Kindergarten Risk Minimisation Plan for each child in the service who has been diagnosed as At Risk of Anaphylaxis. This plan is to be used in conjunction with the Anaphylaxis Medical Management Plan or Action Plan for Anaphylaxis
- Prior to accessing the service, educators are to develop a Risk Minimisation Plan in consultation with the parent/guardian, which includes the identified risks, identifies the child, their Anaphylaxis Action Plan and the location of their medication
- Educators are to ensure that the child does not attend the service without the medication prescribed by the child's medical practitioner. In the event that the service needs to administer a child with their Adrenaline Auto-Injection Device, the parent/guardian will be responsible for a new replacement.

In terms of Communication Plan:

- Provide access to the *Anaphylaxis Policy* to all parents/guardians
- At enrolment identify whether or not the child has been diagnosed At Risk of Anaphylaxis
- In consultation with the parent/guardian develop a Risk Minimisation Plan

- Obtain a Medical Management Action Plan from the parent/guardian that has been prepared and signed by the child's medical practitioner
- Attach a current photograph of the child provided by the parent to the Medical Management Action Plan
- The staff member enrolling the child will identify the child At Risk of Anaphylaxis to the appropriate educators or in the case of Occasional Care, the Program Leader
- Provide a copy of the Risk Minimisation Plan and Medical Management Action Plan to the educators
- Educators will display the Medical Management Action Plans
- Educators will communicate to all other families in care the Allergen triggers
- Educators will identify any child At Risk of Anaphylaxis to any staff, students, volunteers or visiting early childhood professionals and communicate the child's Medical Management Action Plan and identify where the Auto Adrenaline-Injection Device is
- The parents/guardian and educators are required to communicate any changes with each other.
- The Medical Management Action Plan and Risk Minimisation Plan need to be updated each time a change occurs and a copy is to be provided to the person in charge at the service

In terms of emergency procedures:

- In the event of an Anaphylactic reaction, educators will follow the Anaphylaxis Medical Management Action Plan for that specific child. The educators must remain with child at all times until medical assistance arrives
- If an Adrenaline Auto-Injection Device is administered an ambulance must be called
- When speaking with the emergency services stay calm, speak clearly, give exact details of location, inform the operator you believe it is Anaphylaxis and request a MICA Ambulance. Do not hang up until directed by the operator
- Remove other children from area if possible
- Have somebody waiting outside for the ambulance to direct them to the patient, if practicable
- Once medical attention has arrived and the Anaphylactic reaction has been confirmed by paramedics, contact the parent/guardian and advise that the child has had an Anaphylactic reaction and inform parent/guardian where the child is or which hospital the child has been taken to. If possible, allow paramedics to speak to parent
- Inform the parents/guardians of other children, to explain an ambulance had been called to the program and offer parents/guardians the choice to collect child(ren)
- Confidentiality should be maintained when discussing the situation with other parents/guardians
- Contact the coordinator or team leader as soon as practicable to inform them of the situation
- The coordinator or team leader must notify the Department of Education & Training (DET) as soon as practicable and no later than 24 hours after emergency services have been called.

Evolve Early Learning & Kindergarten believes that the safety and wellbeing of children who are At Risk of Anaphylaxis is a whole-of-community responsibility, and is committed to:

- Providing a safe and healthy environment in which children At Risk of Anaphylaxis can participate fully in all aspects of the program

- Raising awareness of families, staff, children and others attending the service about allergies and Anaphylaxis
- Actively involving the parents/guardians of each child At Risk of Anaphylaxis in assessing risks, and in developing Risk Minimisation and risk management strategies for their child
- Ensuring all staff members and other adults at the service have adequate knowledge of allergies, Anaphylaxis and emergency procedures
- Facilitating communication to ensure the safety and wellbeing of children At Risk of Anaphylaxis

References, Sources, Links to Legislation and Other Documents

Please refer to Reference and Sources page

Related service policies:

Administration of First Aid Policy
Administration of Medication Policy
Asthma Policy
Dealing with Medical Conditions Policy
Diabetes Policy
Enrolment and Orientation Policy
Excursions and Service Events Policy
Food Safety Policy
Hygiene Policy
Incident, Injury, Trauma and Illness Policy

Inclusion and Equity Policy
Nutrition and Active Play Policy
Privacy and Confidentiality Policy
Supervision of Children Policy