

	<h2 style="text-align: center;">Anaphylaxis Policy</h2>
Version No.	Version 3.0 November 2021 (approved)
Authorisation	General Manager Community Services
Expiry Date	Policy to be reviewed by 1 December 2024
Responsible Officer	Manager Families and Children
Policy Owner	Early Childhood Coordinator

1. Purpose

Melton City Council is committed to:

- minimise the risk of an allergic reaction resulting in anaphylaxis occurring while children are in the care of Melton City Council
- ensure that service staff respond appropriately to anaphylaxis by following the child's ASCIA action plan for anaphylaxis
-
- raise awareness of Anaphylaxis and its management amongst all at the service through education and policy implementation.

1.1. This policy has been adapted from *PolicyWorks* Manual - National Quality Framework released by the Early Learning Association Australia (ELAA).

2. Scope

This policy applies to licenced services responsible for the direct education and care of children at Melton City Council programs including offsite excursions and activities. This policy applies to the Approved Provider, Persons with Management or Control, Persons in Day to Day Charge, Nominated Supervisor Responsible person/s, educators, staff, students on placement, volunteers, parents/guardians, children and others attending Melton City Council programs and activities.

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

3. 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, fish, shellfish, soy, wheat and sesame, 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 autoinjector, often called an EpiPen® or an Anapen®.

In any service that is open to the general community it is not possible to achieve a completely Allergen-free environment. A range of procedures and Risk Minimisation strategies, including strategies to minimise the presence of Allergens in the service, can reduce the risk of Anaphylactic reactions.

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 *Education and Care Services National Regulations 2011* (Regulation 136(1) (b)) 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*).

4. 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	<p>An intramuscular injection device containing a single dose of Adrenaline designed to be administered by people who may not be medically trained.</p> <p>This device is commonly called an EpiPen® or an Anapen®. EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA plan 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 or placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available and disposed of via medical sharps waste disposal (seek advice from waste management).</p>
Adrenaline Auto-Injection Device Training	<p>Training in the use of the Adrenaline Auto-Injection Devices are 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 trainers.</p>
Adrenaline Auto-Injector Kit	<p>A kit often includes an insulated container with an in-date adrenaline auto-injection device, a copy of the child's ASCIA or Anaphylaxis Medical Management Action Plan for anaphylaxis, 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.</p> <p>If prescribed, an antihistamine should also be included in the kit.</p> <p>Auto-injection devices must be stored away from direct heat.</p>
Allergen	<p>A substance that can cause an Allergic Reaction.</p>
Allergic Reaction	<p>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.</p>
Allergy	<p>An immune system response to something in the environment, which is usually harmless, e.g.: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed.</p>

Word/Term	Definition
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>).
Anaphylaxis Medical Management Action Plan (sometimes simply referred to as an Action Plan or ASCIA plan)	<p>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.</p> <p>The plan must be specific for the brand of Auto-Injection Device prescribed for each child.</p> <p>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.</p>
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</i> 2011 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.
AV How to Call Card	<p>A card that the service has completed containing all the information that Ambulance Victoria will request when phoned on 000.</p> <p>Once completed, this card should be kept within easy access of all service telephone/s.</p>
Communication Plan	<p>A mandatory 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	A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury.
Intolerance	Often confused with Allergy, Intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.
MICA Ambulance	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.

Word/Term	Definition
No Food Sharing	A rule/practice in which children only eat food that is supplied/permitted by their parents/guardians.
Risk Minimisation	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.
Risk Minimisation Plan	<p>A mandatory 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 person in day to day charge in consultation with the nominated supervisor and 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, before attendance to the program 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	A record which the Approved Provider of a service must keep containing information about the Nominated Supervisor/Person in day to day charge, responsible person/s, staff, educators, volunteers and students at a service, as set out under division 9 of the National Regulations.

5. Policy

Melton City Council 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.

6. Responsibility/Accountability

6.1. The Approved Provider, according to Regulations is responsible for the implementation of this policy. This will be achieved through the Leadership Group and their service staff:

- an Anaphylaxis policy, which meets legislative requirements and includes a Risk Minimisation Plan) and Communication Plan, is developed and accessible 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/Person in day to day charge, responsible person/s , 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
- Identifying children with Anaphylaxis during the enrolment process and informing staff prior to the child attending the service.

6.2. In services where a child diagnosed as At Risk of Anaphylaxis is enrolled, the Approved Provider 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, provided prior to children attending the service
- 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 by the parent/guardian 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 where medication is to be and has been 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 the 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
- displaying Ambulance Victoria's *AV How to Call Card* (refer to *Definitions*) near all service telephones
- 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.

6.3. The Nominated Supervisor/Person in day to day charge/Responsible person 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
- providing information to the service community about resources and support for managing allergies and Anaphylaxis
- complying with the procedures outlined in Risk Minimisation

6.4. 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
- providing information to the service community about resources and support for managing allergies and Anaphylaxis
- 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.

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

- informing staff in writing, either on enrolment or on initial diagnosis, of their child's allergies, before the child starts to attend the service
- 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 before the child starts to attend the service
- assisting the Approved Provider, nominated supervisor/person in day to day charge, responsible person/s staff and educators to develop an Anaphylaxis Risk Minimisation Plan before the child starts to attend the service

- 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 before the child starts to attend the service
- providing staff with an unused, in-date and complete Adrenaline Auto-Injector Kit before the child starts 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
 - regularly checking the Adrenaline Auto-Injection Device's expiry date and providing an unused replacement before the current device expires
- assisting staff by providing information and answering questions regarding their child's allergies
- notifying staff in writing of any changes to their child's Allergy status and providing a new Anaphylaxis Medical Management Action Plan in accordance with these changes or as requested by the nominated supervisor/person in day to day charge, responsible persons, staff or educators
- communicating all relevant information and concerns to staff, particularly in relation to the health of their child, preferably in writing to the person in day to day charge, responsible person, staff, or educators
- 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 Plan and Procedures
- ensuring they are aware of the procedures for First Aid Treatment for Anaphylaxis
- providing the service with all allergen free food and drink, other than water, and other materials and equipment clearly labelled with the child's name e.g. Kits, containers etc. for the care of the child for the time they are within the service

6.6 Parents/guardians are responsible for:

- reading and complying with the *Anaphylaxis Policy* and all procedures.
- bringing relevant issues and concerns to the attention of staff and if required, the approved provider
- compliance in following notices, emails/SMS instructions regarding this policy and related procedure.

6.7. Volunteers and students, while at the service, are responsible for following this policy and its procedures.

7. References, Sources, Links to Legislation and Other Documents

Please refer to Reference and Sources page located on the Melton City Council Website.
<http://www.melton.vic.gov.au/Services/People/Children/Childrens-Services-policies-and-procedures/Sources-and-References>

7.1. Related service policies:

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Asthma Policy*
- *MCC Child Safe Policy, Procedure and Code of Conduct*
- *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.*

7.2 Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*