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ANAPHYLAXIS POLICY

Anaphylaxis is a severe, life-threatening allergic reaction. Up to 2% of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications. This policy applies when a child, diagnosed as "being at risk of anaphylaxis" by a qualified medical practitioner is enrolled at the Centre. It also applies to parents, guardians, staff and management.

Merinda Park Learning and Community Centre believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. The service is committed to:

- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences.
- raising awareness about allergies and anaphylaxis amongst the Centre community and children in attendance.
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- ensuring each Educator and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service.
- ensure that Educators respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen®.
- raise awareness of anaphylaxis and its management through education and policy implementation to Centre users and parents.

This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at the children's service. It applies to children enrolled at the service, their

parents/guardians, Educators and Approved Provider. It also applies to other relevant members of the service community, such as volunteers and visiting specialists.

The Centre recognises the importance of all Educators responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an EpiPen®.

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. Educators need to be aware that it is not possible to eliminate all allergens from the environment. Instead a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service is required.

The Approved Provider, Nominated Supervisor or Manager of the service shall:

- conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the Centre in consultation with Educators and the families of the child/ren.
- ensure Educators responsible for the child/ren at risk of anaphylaxis attend anaphylaxis management training, that is reinforced at yearly intervals.
- ensure that all relieving Educators are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, Action Plan for Anaphylaxis and EpiPen® kit. All relieving Educators must be trained in anaphylaxis management the same as our regular educators
- ensure that no child who has been prescribed an EpiPen® is permitted to attend the service or its programs without that EpiPen® and Action plan for Anaphylaxis signed by a treating Medical Practitioner.
- ensure parents/guardians aware of this policy, and provide in the OSH handbook.
- encourage ongoing communication between parents/guardians and Educators regarding the current status of the child's allergies, this policy and its implementation.
- parents complete a Risk Minimisation form with an Educator
- As a non-secondary School provider of VCAL it is necessary for all staff to undertake twice yearly briefings on anaphylaxis under the Department of Education and Training requirements. This will be conducted at team meetings and with the staff undergoing yearly CPR and maintenance upgrades of first aid.

Enrolment Checklist for Children at Risk of Anaphylaxis

- An Action Plan for Anaphylaxis is completed, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented
- Parents of a child at risk of anaphylaxis have been provided a copy of the Centre's Anaphylaxis policy
- All parents/guardians are made aware of the Anaphylaxis policy
- Action Plan for Anaphylaxis for the child is signed by the child's Medical Practitioner and is visible to all staff and displayed in a prominent position to ensure that all team members are aware of the child's anaphylaxis status, triggers and emergency procedures.

- EpiPen[®] (within expiry date) is available for use at any time the child is in the care at the Centre
- EpiPen[®] is stored in an insulated container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All Educators are aware of the EpiPen[®] kit location
- The Action Plan for Anaphylaxis is in place and all staff understand the plan
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis
- A risk minimisation plan must be developed for each child being cared for or educated by the Centre who has been diagnosed as at risk of anaphylaxis in consultation with the child's parent or guardians and includes all matters as prescribed in the regulations
- Parent/guardian's current contact details are available
- Information regarding any other medications or medical conditions (for example asthma) is available to Educators
- If food is prepared at the service, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

Educators responsible for the child at risk of anaphylaxis shall:

- ensure a copy of the child's anaphylaxis action plan is visible to all Educators.
- follow the child's anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by dialing 000.
 - Commence first aid.
 - Contact the parent/guardian.
 - Contact the approved nominee to be notified in the event of illness if the parent/guardian cannot be contacted.
- practice EpiPen[®] administration procedures using an EpiPen[®] trainer and "anaphylaxis scenarios" on a regular basis, preferably half yearly at staff meetings.
- ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has allergies, ask the parents/guardians to provide a medical management plan signed by a Medical Practitioner.
- ensure that parents/guardians provide an Action Plan for Anaphylaxis signed by the child's Medical Practitioner and a complete EpiPen[®] kit while the child is present at the service.
- ensure that the EpiPen[®] kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- If the child is taken by the Educator outside the premises, then the Children's Services Manager must ensure that the Educator accompanying the child carries the child's anaphylaxis medication and medical management plan. Also an operational phone, first aid kit and phone number of who to notify of any injury, trauma or illness. The EpiPen[®] kit for each

child at risk of anaphylaxis is to be carried by a trained adult on excursions that this child attends.

- regularly check the EpiPen[®] expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen[®] to the end of the nominated expiry month.)
- provide information to the service community about resources and support for managing allergies and anaphylaxis.

Parents/guardians of a child at risk of anaphylaxis shall:

- inform Educators either on enrolment or on diagnosis, of their child's allergies.
- provide Educators with an Action Plan for Anaphylaxis and written consent to use the EpiPen[®] in line with this action plan.
- provide Educators with a complete EpiPen[®] kit.
- regularly check the EpiPen[®] expiry date.
- assist Educators by offering information and answering any questions regarding their child's allergies.
- notify the Educators of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- communicate all relevant information and concerns to Educators, for example, any matter relating to the health of the child.
- comply with the service's policy that no child who has been prescribed an EpiPen[®] is permitted to attend the service or its programs without that EpiPen[®].
- the parent will sign the Medical Authorisation Form the first term of attendance and review each term after that

The following procedures should be implemented to help protect the child at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her.
 - Where the service is preparing food for the child, ensure that it has been prepared according to the parent's instructions.
 - Some parents will choose to provide all food for their child.
- All food for this child should be checked and approved by the child's parent/guardian and be in accordance with the risk minimisation plan.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child's name.
- There should be no trading or sharing of food, food utensils and containers with this child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents/guardians should provide a safe treat box for this child.
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination.

- When the “at risk child” is allergic to milk, ensure non-allergic babies are held when they drink formula/milk.

- Increase supervision of this child on special occasions such as excursions, incursions or family days.

In relation to other practices at the Centre:

- Ensure tables and bench tops are washed down after eating
- Ensure hand washing for all children upon arrival at the service, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the Action Plan for Anaphylaxis .
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not ‘wander around’ the Centre with food.
- Educators should use non-food rewards, for example stickers, for all children.
- The Action Plan for Anaphylaxis will inform the children’s service’s food purchases and menu planning.
- Educators preparing food should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Where food is brought from home to the Centre, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the Action Plan for Anaphylaxis .

Possible exposure scenarios and strategies

Scenario	Strategy	Who is responsible
Food is provided by the children’s service and a food allergen is unable to be removed from the service’s menu (for example milk)	Menus are planned in conjunction with parents of at risk child/ren and food is prepared according to parents instructions Alternatively the parent provides all of the food for the at risk child	Educators & parents
	Ensure separate storage of foods containing allergen	Educators
	Educators observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children’s eating area, food utensils and containers.	Educators
	There is a system in place to ensure the at risk child is served only the food prepared for him/her	Educators
	An at risk child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child’s food. This place is not separate from all children and allows social inclusion at mealtimes.	Educators
	Children are regularly reminded of the importance of not food sharing with the at risk child.	Educators
	Children are supervised during eating	Educators
Party or celebration	Give plenty of notice to families about the event	Educators / parents

	Ensure a safe treat box is provided for the at risk child	Parent/ Educators
	Ensure the at risk child only has the food approved by his/her parent/guardian	Educators
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent	Educators
Protection from insect bite allergies	Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area	Educators
	Decrease the number of plants that attract bees	Educators / Management
	Ensure the at risk child wears shoes at all times outdoors	Educators
	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	Educators, OH&S rep and management
Latex allergies	Avoid the use of party balloons or contact with latex gloves	Educators

Reference:

National Quality Standards 2.1

National Regulations 90, 168

Staying Healthy: Preventing Infectious Diseases in early Childhood Education and Care Services

Victorian Early Years Learning and Development Framework

Website : www.acecqa.gov.au

Website:<http://www.education.vic.gov.au/Documents/childhood/providers/edcare/veyldframework.pdf>

VCAL PROGRAMS ONLY

MPLCC's anaphylaxis management policy require the CEO to complete an annual Risk Management Checklist to monitor compliance with our legal obligations under the Department of Education.

Annual risk management checklist (to be completed at the start of each year)

School name:	
Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

General information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	
2. How many of these students carry their adrenaline autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Training

7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> online training (ASCIA anaphylaxis e-training) within the last 2 years, or accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including cooking activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In kitchen or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the surrounding area of the building and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to staff at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The surrounding areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The surrounding areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The park land?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No

c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	