

This guideline must be implemented alongside *Medical Conditions*, *Administration of Medication*, *Nutrition and Food Safety Procedures* and *Best practice guidelines for anaphylaxis prevention and management in children's education and care services*. Do not follow this guideline for children with undiagnosed food allergies, intolerances or restrictions. Instead follow the *Undiagnosed Food Allergies, Intolerances and Restrictions Guideline*.

**\*\*\*\* Important \*\*\*\***

**A child with diagnosed anaphylaxis or allergy cannot commence enrolment until:**

- ☑ All *Medical Condition Checklist* tasks are completed.
- ☑ Centre has received a current medical management plan prepared and authorised (date and signed) by a doctor.
- ☑ A risk minimisation plan has been developed, documented and all teachers and educators have reviewed and completed the acknowledgement table.
- ☑ A communication plan has been implemented and documented to ensure all staff are aware of child's medical condition and health needs.

What?	Signs?	Treatment?
<b>Anaphylaxis</b> is a severe life-threatening allergic reaction that has been formally diagnosed by a doctor.	<ul style="list-style-type: none"> <li>• Difficult/noisy breathing</li> <li>• Swelling of tongue</li> <li>• Swelling/tightness in throat</li> <li>• Difficulty talking and/or hoarse voice</li> <li>• Wheeze or persistent cough</li> <li>• Persistent dizziness and/or collapse</li> <li>• Pale and floppy</li> </ul>	<ul style="list-style-type: none"> <li>• Adrenaline (EpiPen/Anapen) is the first line treatment for anaphylaxis.</li> <li>• Antihistamines may be prescribed to treat mild to moderate allergies but will not prevent or stop anaphylaxis.</li> </ul>
An <b>Allergy</b> is a medical condition that has been formally diagnosed by a doctor. An allergy is an overreaction of the immune system to a protein. Reactions can vary from mild to severe.	<ul style="list-style-type: none"> <li>• Swelling of lips, face, eyes</li> <li>• Hives or welts</li> <li>• Tingling mouth</li> <li>• Abdominal pain and vomiting</li> </ul>	<ul style="list-style-type: none"> <li>• Antihistamines</li> </ul>

### Teacher/Educator Responsibilities

- Never claim to be a 'nut free centre' or attempt to implement a ban on specific foods. Instead implement strategies to minimise the possibility of allergens entering the centre. It is impossible to guarantee certain foods will never enter the centre.
- Maintain current first aid qualifications, including emergency management of anaphylaxis. Training must outline how to administer the EpiPen® and Anapen®.
- (Optional) Maintain understanding of and ability to respond to anaphylaxis and allergies by:
  - Reviewing the ASCIA How to give [EpiPen/ Anapen](#) instruction.
  - Completing the [ASCIA Anaphylaxis Refresher e-Training](#) (free).
  - Completing in-house team scenario exercises with an [Adrenaline injector training device](#).
  - (For centres that provide food) Completing a relevant [All about Allergens](#) course.
- Implement all *Medical Conditions* and *Administration of Medication* procedural tasks.
- When possible, in collaboration with child's parents/guardians, complete *Risk Minimising Plan - Allergies and Anaphylaxis*.
- When a child has anaphylaxis, display '*Child/Children with anaphylaxis is enrolled at the centre*' poster; outlining known allergen(s) in prominent location in centre entrance.
- In consultation with child's parents/guardians, share allergy information with children and families. Refer to appendix of this procedure.

### Curriculum

- When appropriate, incorporate relevant concepts within the curriculum e.g. the importance of not sharing food and washing hands before and after mealtimes.
- When appropriate, provide children with food anaphylaxis/allergies with their own wind toys and instruments.

### Mealtimes and food provision

- Document and implement local level protocols to mitigate the risk of a food allergen exposure. For example, serving children with food allergies first, coloured plates for children with food allergies and/or completing a two educator/teacher check to ensure children with food allergies are given the correct meal/lunch box. Outline local level protocols in the risk minimisation plan.

- Closely supervise children at mealtimes.
- Do not isolate children with anaphylaxis/allergies from their peers at mealtimes.
- If serving food from a shared platter, provide children with food allergies with their own plate of food to select from.
- Observe precautionary allergen food product labelling statements e.g., "may contain traces of...".
- When providing children with meals:
  - When appropriate, exclude foods containing peanuts and tree nuts (such as cashew, hazelnut and almond) from centre menu as they are not essential/core foods and can be eaten at home. Do not exclude core diet foods such as wheat, dairy, and egg.
  - When a child has multiple/complex food allergies, it may be appropriate for child to only eat food from home. This should be discussed/decided (and documented in the risk minimisation plan) with the child's parents/guardians prior to the child commencing or upon diagnoses.

## Insect Allergies

- When spending time outdoors, direct children with insect allergies to:
  - Wear shoes.
  - (If centre is located in tick prone region) Wear clothing that covers as much skin as possible (e.g. long pants and sleeved tops) and tuck pants into socks.
  - Spend time away from garden beds, flowering plants and water.
- Promptly arrange for insect nests to be professionally removed/poisoned outside hours of operation via completing an online maintenance request (branch) or notifying the committee of the request.
- Keep bins covered.
- Maintain gardens and lawns.
- Avoid open drink containers outside, as they may attract insects.

## Store adrenaline autoinjectors:

- In a cool, dark place at room temperature between 15-25C°, within an insulated lunch box/wallet. Do not refrigerate.
- In a location that is inaccessible to children, but easily accessible and known to all teachers and educators i.e. clearly signed and not locked.
- With copies of the red and orange [ASCIA Action Plans for Anaphylaxis](#).

## Parent/Guardian responsibilities

- Clearly label lunch boxes and water/milk bottles with child's name.
- If required, provide allergen safe cupcakes (or similar) in a sealed container and labelled with child's name. Store in centre freezer, for special occasions such as birthdays.

## Anaphylaxis emergency first aid for undiagnosed children

- In an anaphylaxis emergency, an Adrenaline Autoinjector can be administered without written authorisation (i.e. medication label) of a registered medical practitioner.
- An Adrenaline Autoinjector is kept at the centre in case of children (undiagnosed) who experience anaphylaxis for the first time whilst attending the centre.
- Always treat anaphylaxis signs and symptoms as a medical emergency. Immediately call '000' after administering adrenaline.
- Refer to written parent/guardian authorisation register to administer an Adrenaline Autoinjector. When parent/guardian written authorisation has not been provided to administer Adrenaline Autoinjector, advise the '000' operator and follow their instructions.

In an anaphylaxis emergency, C&K employees with current first aid qualifications are permitted to administer appropriate emergency medication without parent consent (*s94 - Exception to authorisation requirement— anaphylaxis or asthma emergency*). This exception can be relied upon even where a parent has responded "No" to the administration of an Epi-pen consent questions in the child's Enrolment Booklet/Online Form.

- It is important to note that, s94 requires:
- (a) the centre **must** notify emergency services; and
- (b) the centre **must** notify the child's parent as soon as practicable.

## Anaphylaxis emergency first aid steps

1. Lay patient flat. Do not allow them to stand or walk. If patient is experiencing breathing difficulties, allow to sit with legs outstretched. If unconscious, place in recovery position.
2. Administer Adrenaline Autoinjector\*
3. Phone '000' – Request an ambulance and follow operator instructions\*. If patient has been previously diagnosed, refer to and follow their medical management plan.
4. Contact parent/guardian.
5. Upon '000' operator instruction, provide further Adrenaline Autoinjector doses.
6. Commence CPR at any time if unresponsive and not breathing normally.

### \*Note:

- Always immediately administer Adrenaline Autoinjector if patient is experiencing severe or sudden breathing difficulties i.e. wheeze, persistent cough or hoarse voice.
- If unhappy with or unsure of '000' operator instructions, ask to speak to the Clinical Dispatch Supervisor.
- If adrenaline is accidentally injected (e.g. into the administrator's thumb), phone and follow the advice of the Poisons Helpline – 13 11 26. Another first aider will assume management of patient.

## References

- *Allergy and Anaphylaxis Australia - [Examples of anaphylaxis risk minimisation strategies for children's education and care services](#)*
- *Australian Society of Clinical Immunology and Allergy - [www.allergy.org.au/](http://www.allergy.org.au/)*
- *National Allergy Strategy [All about allergies Resource Hub](#)*
- *The Royal Children's Hospital Melbourne - [www.rch.org.au/kidsinfo/fact\\_sheets/Allergic\\_and\\_anaphylactic\\_reactions/](http://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/)*

## Appendix One - Communication example

### Please adapt for your centre / context

Dear Families

**A child attending our centre has anaphylaxis due to XXXXXX.**

Anaphylaxis is potentially life threatening and we are seeking your support to minimise potential risks to the child when attending our centre.

We encourage parents/guardians to make food choices for their child that exclude food that contain XXX or XXX related products. If you do choose to pack these foods or if you are unsure of the ingredients of the food provided, please immediately inform an educator so they can implement appropriate risk minimisation strategies.

Please also ensure you and your child wash hands upon arrival. Washing hands thoroughly, will minimise traces of the allergen being unintentionally brought into the centre.

You may have been in other centres that state they are a "XXX free centre". Realistically however we cannot say that no XXX or XXX related product will ever enter our centre. However, we do work very hard to minimise the possibility of XXX and XXX related products entering our centre. We seek your support and assistance with this.

If you have any questions about the above information, please do not hesitate to contact the centre on XXXX or ask an educator.

We appreciate your understanding in this matter and thank you in advance for your support.

Kind regards

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