St Francis of Assisi
OSHC
Out of School Hours Care Program
312 Childs Road, MILL PARK
Phone: (03) 9407 3170
ABN No. 77 054 042 361

ANAPHYLAXIS AND ALLERGIC REACTIONS

QUALITY AREA 2 (V1.1)

PURPOSE

This policy provides guidelines for St Francis of Assisi OSHC to:

- minimise the risk of an allergic reaction including anaphylaxis occurring while children are in the care of St Francis of Assisi OSHC
- ensure that service staff respond appropriately to allergic reactions including anaphylaxis by following the child's ASCIA Action Plan for Anaphylaxis and ASCIA Action Plan for Allergic Reactions
- raise awareness of allergies and anaphylaxis and appropriate management amongst all at the service through education and policy implementation.
- working with parents/guardians of children with either an ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in understanding risks and identifying and implementing appropriate risk minimisation strategies and communication plan to support the child and help keep them safe.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy and Incident, Injury, Trauma and Illness Policy*.

POLICY STATEMENT

VALUES

St Francis of Assisi OSHCbelieves that the safety and wellbeing of children who have allergic reactions and/or are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- ensuring that every reasonable precaution is taken to protect children harm and from any hazard likely to cause injury
- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- raising awareness amongst 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 appropriate 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.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, staff, students, volunteers,

parents/guardians, children, and others attending the programs and activities of St Francis of Assisi OSHC, including during offsite excursions 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.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that an anaphylaxis policy, which meets legislative requirements *(Regulation 90)* and includes a risk minimisation plan *(refer to Definitions)* *(refer to Attachment 3)* and communication plan *(refer to Definitions)*, is developed and displayed at the service, and reviewed annually	R	□			
Providing approved anaphylaxis management training *(refer to Sources)* to staff as required under the *National Regulations*	R	□			
Ensuring that at least one educator with current (within the previous 3 year) approved anaphylaxis management training *(refer to Definitions)* is in attendance and immediately available at all times the service is in operation *(Regulations 136, 137)*	R	□			
Ensuring that all educators approved first aid qualifications, anaphylaxis management training *(refer to Sources)* and emergency asthma management training are current,(within the previous 3 years) meet the requirements of the National Act *(Section 169(4))* and National Regulations *(Regulation 137)*, and are approved by ACECQA *(refer to Sources)*	R	□			
Develop an anaphylaxis emergency response plan which follows the ASCIA Action Plan *(refer to Attachment 4)* and identifies staff roles and responsibilities in an anaphylaxis emergency. Emergency response plans should be practised at least once a year.	□	□	□		□
Ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis *(refer to Attachment 4)*	R	□	□		
Ensuring all staff, parents/guardians, contractors, volunteers and students are provided with and have read the *Anaphylaxis Policy and the Dealing with Medical Conditions Policy (Regulation 91)*	R	□			
Ensuring that staff undertake ASCIA anaphylaxis refresher e-training *(refer to Sources)* practice administration of treatment for anaphylaxis using an adrenaline injector trainer *(refer to*	R	□			

Definitions) twice a year, and that participation is documented on the staff record					
Ensuring the 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 adrenaline injectors *(refer to Definitions)* *(Regulations 145,146, 147)*	R	□	□		
Ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency *(Regulation 161)*, and that this authorisation is kept in the enrolment record for each child	R	□		□	
Ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises *(Regulation 102)* *(refer to Excursions and Service Events Policy)*	R	□	□	□	
Identifying children at risk of anaphylaxis during the enrolment process and informing staff	□	□	□		
In the case of a child having their first anaphylaxis whilst at the service, the general use adrenaline injector should be given to the child immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan *(refer to Attachment 4)* including calling an ambulance	□	□	□		□
Following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma *(Regulation 87)*	R	□	□		□
In addition to the above, services where a child diagnosed as at risk of anaphylaxis is enrolled, 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 *(Regulation 173(2)(f))*	R	□			
Ensuring the enrolment checklist for children diagnosed as at risk of anaphylaxis *(refer to Attachment 2)* is completed	R	□			
Ensuring that before the child begins orientation and attending the service, the parents have provided a medical management plan *(refer to definitions)*, a risk minimisation and communication plan has been developed, and authorisation for any medication and medical treatment has been obtained.	R	□	□		
Ensuring an ASCIA Action Plan for Anaphylaxis/ ASCIA Action Plan for Allergic Reactions completed by the child's doctor or nurse practitioner is provided by the parents are included in the child's individual anaphylaxis health care plan	R	□	□		
Ensuring individualised anaphylaxis care plans are reviewed when a child's allergies change or after exposure to a known allergen while attending the service or before any special activities (such as off-site activities) ensuring that information is up to date and correct, and any new procedures for the special activity are included	□	□	□		□

Ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions and their risk minimisation plan filed with their enrolment record that is easily accessible to all staff *(Regulation 162)*	R	□	□		
Compiling a list of children at risk of anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include the ASCIA Action and ASCIA Action Plan for Allergic Reactions Plan for anaphylaxis for each child	□	□	□		
Ensuring that all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their signs and symptoms, and the location of their adrenaline injector and ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions	R	□	□		□
Ensuring parents/guardians of all children at risk of anaphylaxis **provide an unused, in-date** adrenaline injector if prescribed 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 ASCIA Action Plan for anaphylaxis is specific to the brand of adrenaline injector prescribed by the child's medical or nurse practitioner	□	□	□		
Following the child's ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in the event of an allergic reaction, which may progress to anaphylaxis		□	□		□
Following the ASCIA Action Plan/ASCIA First Aid Plan consistent with current national recommendations *(refer to Attachment 4)* and ensuring all staff are aware of the procedure	R	□	□		□
Ensuring that the adrenaline injector 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, sunlight and cold	R	□	□		□
Ensuring adequate provision and maintenance of adrenaline injector kits *(refer to Definitions)*	R	□	□	□	□
Ensuring the expiry date of adrenaline injectors (prescribed and general use) are checked regularly (quarterly) and replaced when required	R	□	□		□
Ensuring that educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline injector kit *(refer to Definitions)* along with the ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions, for each child diagnosed as at risk of anaphylaxis *(refer to Excursions and Service Events Policy)*	R	□			
Ensuring that medication is administered in accordance with *Regulations 95 and 96 (refer to Administration of Medication Policy and Dealing with Medical Conditions Policy)*	R	□	□		□
Ensuring that emergency services and parents/guardians of a child are notified by phone as soon as is practicable if an adrenaline injector has been administered to a child in an	R	□	□		□

anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee *(Regulation 94)*					
Ensuring that a medication record is kept that includes all details required by *(Regulation 92(3)* for each child to whom medication is to be administered	R	□	□		□
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 *(Regulation 93 (2))*	R	□	□		□
Ensuring that children at risk of anaphylaxis are not discriminated against in any way	R	□	□		□
Ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential	R	□	□		□
Ensuring food from home is not consumed at Before or After School Care sessions. (Vacation Care – Food from Home is not to shared or contain nut products, including peanut butter, Nutella or chocolate spread)		□	□	□	
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis	R	□	□		□
Immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service	R	□	□		□
Responding to complaints and notifying Department of Education and Training, 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	R	□			
Displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) *(refer to Sources)* First Aid Plan for Anaphylaxis poster in key locations at the service	□	□			
Displaying Ambulance Victoria's AV How to Call Card *(refer to Definitions)* near all service telephones	□	□			
Complying with the risk minimisation strategies identified as appropriate and included in individual anaphylaxis health care plans and risk management plans, from *Attachment 1*	R	□			
Providing support (including counselling) for educators and staff who manage an anaphylaxis and for the child who experienced the anaphylaxis and any witnesses	□	□	□		□

BACKGROUND AND LEGISLATION

BACKGROUND

Anaphylaxis is a severe and life-threatening allergic reaction. Allergies, particularly food allergies are common in children. The most common causes of allergic reaction in young children are foods, 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 communicate the symptoms of anaphylaxis. With planning and training, many reactions can be prevented, however when a reaction occurs, good planning, training and communication can ensure the reaction is treated effectively by using an adrenaline injector (EpiPen® or 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 exposure to known allergens, can reduce the risk of allergic reactions including anaphylaxis.

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, ELAA recommends all educators have current approved anaphylaxis management training** *(refer to Definitions)*.

Approved anaphylaxis management training is listed on the ACECQA website *(refer to Sources)*. This includes ASCIA anaphylaxis e-training for Australasian children's education and care services, which is an accessible, evidence-based, best practice course that is available free of charge. The ASCIA course is National Quality Framework (NQF) approved by ACECQA for educators working in ECEC services.

LEGISLATION AND STANDARDS
Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations 2011: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184.
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety Regulations 2017
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

Adrenaline injector: An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. Two brands of adrenaline injectors are currently available in Australia - EpiPen® or an Anapen®. As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA Action Plan for Anaphylaxis *(refer to Definitions)* must be specific for the brand they have been prescribed. Staff should know how to administer both brands of adrenaline injectors.

Used adrenaline injectors should be placed in a hard plastic container or similar and given to the paramedics. Or placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.

Adrenaline injector kit: An insulated container with an unused, in-date adrenaline injector, a copy of the child's ASCIA Action Plan for Anaphylaxis, and 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. Adrenaline injectors must be stored away from direct heat and cold.

Allergen: A substance that can cause an allergic reaction.

Allergy: 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. Almost always, food needs to be ingested to cause a severe allergic reaction(anaphylaxis) however, measures should be in place for children to avoid touching food they are allergic to.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following:

- Mild to moderate signs & symptoms:
  - hives or welts
  - tingling mouth
  - swelling of the face, lips & eyes
  - abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms; however, these are severe reactions to insects.
- Signs & symptoms of anaphylaxis are:
  - difficult/noisy breathing
  - swelling of the tongue
  - swelling/tightness in the throat
  - difficulty talking and/or hoarse voice
  - wheeze or persistent cough
  - persistent dizziness or collapse (child pale or floppy).

Anapen®: A type of adrenaline injector *(refer to Definitions)* containing a single fixed dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. Three strengths are available: an Anapen® 250 and an Anapen® 300 and Anapen® 500, and each is prescribed according to a child's weight. The Anapen® 150 is recommended for a child weighing 7.5–20kg. An Anapen® 300 is recommended for use when a child weighs more than 20kg and Anapen® 500 may be prescribed for teens and young adults over 50kg. The child's ASCIA Action Plan for Anaphylaxis *(refer to Definitions)* must be specific for the brand they have been prescribed (i.e. Anapen® or EpiPen®).

Anaphylaxis: A severe, rapid and potentially life-threatening allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

Anaphylaxis management training: Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector *(refer to Definitions)* trainer. Approved training is listed on the ACECQA website *(refer to Sources)*.

ASCIA Action Plan for Anaphylaxis/Allergic Reactions: A standardised emergency response management plan for anaphylaxis prepared and signed by the child's treating, registered medical or nurse practitioner that provides the child's name and confirmed 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 adrenaline injector prescribed for each child. Examples of plans specific to different adrenaline injector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website: https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis

At risk child: A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

EpiPen®: A type of adrenaline injector *(refer to Definitions)* containing a single fixed dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an Epipen® and an Epipen Jr®, and each is prescribed according to a child's weight. The Epipen Jr® is recommended for a child weighing 10–20kg. An Epipen® is recommended for use when a child weighs more than 20kg. The child's ASCIA Action Plan for anaphylaxis *(refer to Definitions)* must be specific for the brand they have been prescribed.

First aid management of anaphylaxis course: Accredited training in first aid management of anaphylaxis including competency in the use of an adrenaline autoinjector.

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.

No food sharing: A rule/practice in which a child at risk of anaphylaxis only eats food that is supplied/permitted by their parents/guardians and does not share food with, or accept food from, any other person.

Nominated staff member: (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 injector kit *(refer to Definition)* is complete and that the device itself is unused and in date and leads practice sessions for staff who have undertaken anaphylaxis management training.

SOURCES AND RELATED POLICIES

SOURCES

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website:www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training
- All about Allergens for Children's education and care (CEC) training: https://foodallergytraining.org.au/course/index.php?categoryid=5
- The Allergy Aware website is a resource hub that includes a Best Practice Guidelines for anaphylaxis prevention and management in children's education and care and links to useful resources for ECEC services to help prevent and manage anaphylaxis. The website also contains links to state and territory specific information and resources: https://www.allergyaware.org.au/
- Allergy & Anaphylaxis Australia is a not-for-profit support organisation for individuals, families, children's education and care services and anyone needing to manage allergic disease including the risk of anaphylaxis. Resources include a telephone support line and items available for sale including adrenaline injector trainers. Many free resources specific to CEC are available: https://allergyfacts.org.au
- The Australasian Society of Clinical Immunology and Allergy (ASCIA): www.allergy.org.au
- provides information, and resources on allergies. ASCIA Action Plans can be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis *(refer to Attachment 4)*. Contact details of clinical immunologists and allergy specialists are also provided however doctors must not be called during an emergency. Call triple zero (000) for an ambulance as instructed on the ASCIA Action Plan.
- The Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for CEC: https://etraining.allergy.org.au/
- Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training: https://www.education.vic.gov.au/childhood/providers/regulation/Pages/anaphylaxis.aspx
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne (www.rch.org.au/allergy) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline autoinjector prescription when required. Kids Health Info fact sheets are also available from the website, including the following:
    - Allergic and anaphylactic reactions (July 2019): www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions
- The Royal Children's Hospital has been contracted by the Department of Education and Training (DET) to provide an Anaphylaxis Advice & Support Line to central and regional DET staff, school principals and representatives, school staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Asthma
- Chid Safe Environment
- Dealing with Medical Conditions
- Diabetes
- Enrolment and Orientation
- Excursions and Service Events
- Food Safety
- Hygiene
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Nutrition and Active Play
- Occupational Health and Safety
- Privacy and Confidentiality
- Supervision of Children

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle or following an anaphylactic episode at the service, or as otherwise required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk *(Regulation 172 (2))*.

ATTACHMENTS

- Attachment 1: Risk Minimisation Strategies (excerpt from Anaphylaxis Package)
- Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis:
- Attachment 3: Anaphylaxis child risk assessment (communication plan)
- Attachment 4: First Aid Treatment for Anaphylaxis – download from the Australasian Society of Clinical Immunology and Allergy: https://www.allergy.org.au/hp/ascia-plans-action-and-treatment
- Attachment 5: Individualised Anaphylaxis Care Plan Template

ATTACHMENT 1

RISK MINIMISATION STRATEGIES

The following procedures should be developed in consultation with the parents/guardians of child in the service who have been diagnosed as at risk of anaphylaxis and implemented to protect those children from accidental exposure to allergens. These procedures should be regularly reviewed to identify any new potential for accidental exposure to allergens.

In relation to the child diagnosed as at risk of anaphylaxis:

- the child should only eat food that has been specifically prepared for him/her. Some parents/guardians may choose to provide all food for their child.
- Ensure there is no food sharing (refer to Definitions), or sharing of food utensils or containers at the service.
- Where the service is preparing food for the child:
  Ensure that it has been prepared according to the instructions of parents/guardians
  Parents/guardians are to check and approve the instructions in accordance with the risk minimisation plan.
- Bottles, other drinks and lunch boxes, and all food provided by parents/guardians should be clearly labelled with the child's name.
- Consider placing a severely allergic child away from a table with food allergens. However, be mindful that children with allergies should not be discriminated against in any way and should be included in all activities.
- Ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions such as excursions and other service events.
- Children diagnosed as at risk of anaphylaxis who are allergic to insect/sting bites should wear shoes and long-sleeved, light-coloured clothing while at the service.

In relation to other practices at the service:

- Ensure tables, chairs and bench tops are thoroughly cleaned after every use
- Ensure that all children and adults wash hands upon arrival at the service and before and after eating.
- Supervise all children at meal and snack times,and ensure that food is consumed in specified areas. To minimise risk children should not move around the service with food.
- Do not use food of any kind as a reward at the service
- Ensure that children's risk minimisation plans inform the service's food purchases and menu planning.
- Ensure that staff and volunteers who are involved in food preparation and service undertake measures to prevent cross contamination of food during the storage, handling, preparation and serving of food including careful cleaning of food preparation areas and utensils (refer to Food Safety Policy)
- request that all parents/guardians avoid bringing food to the service that contains specified allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis
- restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, according to the allergies of children at the service
- ensure staff discuss the use of foods in children's activities with parents/guardians of at risk children. Any food used at the service should be consistent with the risk management plans of children diagnosed as at risk of anaphylaxis
- ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.

ATTACHMENT 2
Enrolment checklist for children diagnosed as at risk of Anaphylaxis

- ☐ A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented including following procedures to address the particular needs of each child diagnosed as at risk of anaphylaxis.
- ☐ Parents/guardians of a child diagnosed as at risk of anaphylaxis have been provided with a copy of the service's *Anaphylaxis Policy* and *Dealing with Medical Conditions Policy.*
- ☐ All parents/guardians are made aware of the service's *Anaphylaxis Policy*.
- ☐ An ASCIA action plan for anaphylaxis for the child is completed and signed by the child's registered medical practitioner and is accessible to all staff.
- ☐ A copy of the child's ASCIA action plan for anaphylaxis is included in the child's adrenaline autoinjector kit (refer to *Definitions*).
- ☐ An adrenaline autoinjector (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service.
- ☐ An adrenaline autoinjector is stored in an insulated container (adrenaline autoinjector kit) in a location easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold.
- ☐ All staff, including casual and relief staff, are aware of the location of each adrenaline autoinjector kit which includes each child's ASCIA action plan for anaphylaxis.
- ☐ All staff have undertaken approved anaphylaxis management training (refer to *Definitions*), which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions and emergency first aid treatment. Details regarding qualifications are to be recorded on the staff record (refer to *Definitions*).
- ☐ All staff have undertaken practise with an autoinjector trainer twice yearly. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).
- ☐ A procedure for first aid treatment for anaphylaxis is in place and all staff understand it (refer to Attachment 4).
- ☐ Contact details of all parents/guardians and authorised nominees are current and accessible.
- ☐ Information regarding any other medications or medical conditions in the service (for example asthma) is available to staff.
- ☐ If food is prepared at the service, measures are in place to prevent cross-contamination of the food given to the child diagnosed as at risk of anaphylaxis.

.....	.....
Parent/Guardian	Co-ordinator/Assistant Co-Ordinator
Date: ...../...../.....	Date: ...../...../.....

ATTACHMENT 3

CHILD RISK ASSESSMENT (COMMUNICATION PLAN)

This form is used to identify the most suitable control measures that will be implemented to minimise the risk of personal injury or ill-health of an individual with a known health or behavioural condition. This assessment should be reviewed and revised at regular intervals.

CHILD'S NAME:	DATE OR BIRTH:
RISK ASSESSMENT DATE:	REVIEW DATE DUE:

REVISION PERIOD

DAILY ☐ WEEKLY ☐ FORTNIGHTLY ☐ MONTHLY ☐

QUARTERLY ☐ SIX MONTHLY ☐ ANNUALLY ☐

DETAILS OF THE CONDITION/BEHAVIOUR

FORMS COMPLETED BY: .....

SIGNED: .....

IN CONSULTATION WITH: ..... DATE: .....

CONTENTS UNDERSTOOD BY: (SUPERVISING ADULT)

..... DATE: .....

SUMMARISE THE CONTROL MEASURES THAT WILL BE IMPLEMENTED

AVOID KNOWN ALLERGENS:

- **NO SHARING OF FOOD**
- **ALL TABLES AND SPILLS WIPED DOWN AFTER MEALS**
- **NO FOOD REWARDS TO CHILDREN**
- **ASCIA ACTION PLANS UP TO DATE**
- **STAFF INSERVICE AND BRIEFING ON ANAPHYLAXIS AS PER DEECD RECORDS.**

CHILD RISK ASSESSMENT

HAZARD:

A hazard is something with the Potential to cause harm.

ALLERGEN CHILD MUST AVOID NUTS

ASSESS THE RISK

WHAT IS THE RISK?

A risk is the likelihood that injury or death might result because of the hazard.

THE RISK IS MINIMAL AS ALL OSHC RISK MINIMISATION STRATEGIES ARE IN PLACE AND ADHERED TO BY STAFF. STAFF ARE TRAINED IN ANAPHYLAXIS AND FIRST AID. ALL POLICIES AND PROCEDURES ARE CURRENT AND REVIEWED REGULARLY.

WHAT ARE THE SPECIFIC CIRCUMSTANCES RELATING TO THE RISK

SEE DETAILS OF ABOVE.

WHO IS AT RISK

WHAT IS THE LIKELIHOOD THAT AN INJURY WILL OCCUR:	Very Likely ☐	Likely ☐	Unlikely ☐	Very Unlikely ☐
	Extreme ☐	Major ☐	Moderate ☐	Minor ☐

WHAT ARE THE LIKELY CONSEQUENCES OF THAT INJURY:				

RISK PRIORITY CHART – Rank the risk to indicate how important it is to do something about it.

LIKELIHOOD How likely could it happen?	**CONSEQUENCES** – How severely could it hurt someone?			
	EXTREME Death or permanent disablement	**MAJOR** Serious bodily harm	**MODERATE** Casualty treatment	**MINOR** First Aid only No lost time
VERY LIKELY Could happen frequently	**1**	**2**	**3**	**4**
LIKELY Could happen occasionally	**2**	**3**	**4**	**5**
UNLIKELY Could happen, but rare	**3**	**4**	**5**	**6**
VERY UNLIKELY Could happen, but probably never will	**4**	**5**	**6**	**7**

Record result of likelihood and Consequences eg. 1,2,3,4,5,6,7 → ☐

Risk priority score	**1, 2 or 3**	**Action**	**Do something about these risks imemdiately**
Risk priority score	**4 or 5**	**Action**	**Do something about these risks as soon as possible**
Risk priority score	**6 or 7**	**Action**	**These risks may not need immediate attention**

DECIDE ON CONTROL MEASURES

DESCRIBE ANY CONTROL MEASURES THAT ARE ALREADY IN PLACE:

ALL POLICIES AND PROCEDURES ARE REVIEWED REGULARLY AND UPDATED ANNUALLY OR IN THE EVENT OF AN ALLERGY/ANAPHYLAXIS

a

CHILD RISK ASSESSMENT

WHAT ARE THE POSSIBLE CONTROL OPTIONS?

AS PER RISK STRATEGIES: 1. ASCIA

2. INDIVIDUAL PLAN

3. STAFF TRAINING AND

4. POLICIES AND PROCEDURES.

WHAT IS THE PREFERRED CONTROL OPTION? WHY?

AVOIDANCE OF CONTACT WITH ALLERGEN

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE COORDINATOR

IMPLEMENT THE CONTROL MEASURES

WHO IS RESPONSIBLE FOR IIMPLEMENTING THE PREFERRED CONTROL OPTION?

Name of Person: .....

Department: .....

DO THEY HAVE A COPY OF THIS FORM?

YES ☐ NO ☐

Date Given: .....

WHEN WILL THE CONTROL MEASURES BE IMPLEMENTED?

Date: .....

EST..... COST: $.....

MONITOR AND REVIEW THE CONTROL MEASURES

ARE CONTROL MEASURES IN PLACE?

YES ☐ NO ☐ Date: .....

Comment: **ALL PROCEDURES AND POLICIES IN RELATION TO ANAPHYLAXIS IN PLACE.**

HOW WILL THE CONTROL MEASURES BE IMPLEMENTED?

Who is responsible: ..... Date: .....

Comment:

ARE THE CONTROLS MINIMISING THE RISK?

☐ ☐

YES NO Comment: **AVOIDANCE OF CONTACT WITH ALLERGEN (RISK MINIMISATION) AND STAFF AWARENESS ARE KEY TO MINIMISING THE RISK.**
ARE THERE ANY NEW PROBLEMS WITH THE RISK? YES ☐ NO ☐ Comment:
RISK CONTROL IN PLACE YES ☐ NO ☐ Signature of Coordinator: ..... Date: .....
ASSESSMENT NOTES: **ASSESSMENT UNDERTAKEN WITH PARENTS. REVIEWED ANNUALLY, OR EARLIER IF ANY INCIDENT OR CHANGES TO THE CHILD. ALL POLICIES AND PROCEDURES AT OSHC ARE REVIEWED ANNUALLY.**
PLEASE ATTACH ALL NOTES OF DISCUSSIONS, REPORTS, COPIES OF EMAILS, QUOTES, PHOTOS AND DRAWINGS ETC. THAT ARE UNDERTAKEN THROUGHOUT THE RISK ASSESSMENT PROCESS, PLUS RELEVANT SECTIONS OF THE CODE, STANDARD OR GUIDE.

ATTACHMENT 4
https://www.allergy.org.au/hp/ascia-plans-action-and-treatment