



Definitions

- ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan (refer to Attachment 3) and communication plan, is developed and displayed at the service, and reviewed regularly
- providing approved anaphylaxis management training (refer to Definitions) to staff as required under the National Regulations
- ensuring that at least one educator with current approved anaphylaxis management training (refer to Definitions)

- responding to complaints and notifying Department of Education and Training, in

requirements of the National Act (Section 169(4)) and National Regulations (Regulation 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 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 (Regulation 94)
- ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)
- ensuring an adrenaline autoinjector kit (refer to Definitions) is taken on all excursions

Information regarding any other medications or medical conditions in the service (for example asthma) is available to staff.

	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure a new written request is sent to all families if food allergens change. <input type="checkbox"/> Ensure all families are aware of the service policy that no child who has been prescribed an adrenaline autoinjector is permitted to attend the service without that device. <input type="checkbox"/> Display the ASCIA generic poster in key locations at the service and ensure a completed Ambulance Victoria is next to all telephone/s. <input type="checkbox"/> The adrenaline autoinjector kit, including a copy of the ASCIA action plan for anaphylaxis, is carried by an educator when a child diagnosed as at risk is taken outside the service premises e.g. for excursions.
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Has a communication plan been developed which includes procedures to ensure that:

- all staff, volunteers, students and parents/guardians are informed about the policy and procedures for the management of anaphylaxis at EPIC ELC
- parents/guardians of a child diagnosed as at risk of anaphylaxis are able to communicate with service staff about any changes to the child's diagnosis or anaphylaxis medical management action plan

Potential exposure scenarios and strategies

How effective is the service's risk minimisation plan?

- Review the risk minimisation plan of each child diagnosed as at risk of anaphylaxis with parents/guardians at least annually, but always on enrolment and after any incident or accidental exposure to allergens.

Scenario	Strategy	Who is responsible?
Food is provided by the service and a food allergen is unable to be removed from the service's menu (e.g. milk).	Menus are planned in conjunction with parents/guardians of children diagnosed as at risk, and food is prepared according to the instructions of parents/guardians. Alternatively, the parents/guardians provide all food for the at risk child.	Cook, Nominated Supervisor and parents/guardians
	Ensure separate storage of foods containing the allergen.	Approved Provider and Cook
	Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross-contamination. This includes implementing good hygiene practices and effective cleaning of surfaces in the kitchen and children's eating area, food utensils and containers.	Cook, staff and volunteers
	There is a system in place to ensure the child diagnosed as at risk of anaphylaxis is served only food prepared for him/her.	Cook and staff
	A child diagnosed as at risk of anaphylaxis is served and consumes their food in a location considered to be at low risk of cross-contamination by allergens from another child's food. Ensure this location is not separate from all children and allows social inclusion at meal times.	Staff
	Children are regularly reminded of the importance of not sharing food.	Staff
	Children are closely supervised during eating.	Staff

Download this attachment from the Australasian Society of Clinical Immunology and Allergy: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis>