

	<h1 style="margin: 0;">Anaphylaxis Procedure</h1>
Linked Policy Document	This procedure details actions and processes pursuant to the <i>Anaphylaxis Policy</i> .
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

This procedure will provide a process to:

- minimise the risk of an anaphylactic reaction occurring while children are in the care of Melton City Council children's services
- ensure that service staff respond appropriately to an Anaphylactic reaction by initiating appropriate treatment, including competently administering Adrenaline via an Auto-Injection Device
- raise awareness of Anaphylaxis and its management amongst all at the service through education and policy implementation.

2. Scope

This procedure applies to services responsible for the direct education and care of children at Melton City Council programs including offsite excursions and activities This Procedure applies to the Approved Provider, Nominated Supervisor, Person in day to day charge, responsible person/s, , educators, staff, students on placement, volunteers, parents/guardians, children and others attending Melton City Council programs and activities.

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

3. Definitions

For terms that relate specifically to this procedure refer to the *Anaphylaxis Policy*. For commonly used terms e.g. Approved Provider, Regulatory Authority etc. refer to the *Glossary of Terms*.

4. Procedure

4.1. In terms of daily routines for Allergens the educator will:

- ensure that the child's exposure to the identified Allergen is, if possible, prevented and at least minimised
 - if the Allergy is food, ensure that the child's parent/guardian provides all dietary requirements, with the exception of water
 - understand the importance of, and ensure that, food, food utensils and containers are not shared
 - ensure that all the children wash their hands after eating so as minimise potential contamination of other surfaces
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- carefully check all empty food containers used within the environment to eliminate the possibility of contact with the Allergen e.g. art and craft materials, other play equipment
- inform other families that there is a child in care with Anaphylaxis to ensure the potential of food Allergens in the environment are reduced or eliminated
- inform other parents, in writing e.g. email/SMS, if there are changes in Allergy triggers and or Management Plans where they may be affected
- update notices if there are changes in allergy triggers and or management plans for the children attending

4.2. In terms of procedures for mealtimes if the Allergen is food the educator should:

- discreetly supervise and monitor meal-times
- if another child is eating a food containing the Allergen, ensure that the potential for cross contamination is minimised or eliminated
- supply wet ones (or equivalent) and disposable towels to clean the face and hands of children, particularly the child eating the Allergen, to minimise the dangers of cross contamination via taps or skin contact
- use liquid soap only
- ensure children's hands are washed before and after eating
- wash tables, chairs, highchairs, equipment and touch points after each use
- ensure left over foods are safely disposed in a lidded bin
- wipe tables and sweep floors clean of any food residue after use. All residue needs to be appropriately disposed of. The educator may need to consider a space at the table that is used specifically for the particular child.

4.3. For the child, if the Allergen is food, the educator should:

- ensure the child only eats food and drink, with the exception of water, that is provided or approved by the parent
- not allow other children in care to share food or drink
- offer an inclusive program e.g. gluten free playdough, allergen free cookery
- if a menu is offered to adapt where reasonable to an allergen free menu. The parents of children at risk of anaphylaxis may offer advice and provide allergen free ingredients or replacements (at their cost).

4.4. In terms of training:

- Where there is a child in the service that is At Risk of Anaphylaxis all staff will be required to undertake accredited Anaphylaxis Management Training and Adrenaline Auto-Injection Device Training.
- In accordance to legislation staff and educators are required to undertake Anaphylaxis Management Training every three years and Adrenaline Auto-Injection Device Training at least every 12 months (National Regulations 136 and 137).

4.5. In terms of use of the Adrenaline Auto-Injection Device:

- the parent or guardian will be required to supply the staff/educator with an Adrenaline Auto-Injection Device in an insulated pack
 - the Adrenaline Auto-Injection Device must be clearly labelled with the child's name and date of birth
 - the Adrenaline Auto-Injection Device will contain the correct dosage for the child concerned
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- the Adrenaline Auto-Injection Device must have a current expiry date and administered according to the instructions provided by the manufacturer and in accordance with the emergency response plan written by the child's doctor
- the parent/guardian will have completed all required medical management plans, communication and risk minimisation plans before the child attends the service and will complete and sign the required documentation on the day of use.

4.6. In terms of Risk Minimisation Plans:

- the parent/guardian will be required to complete the Melton City Council Risk Minimisation Plan for each child in the service who has been diagnosed as At Risk of Anaphylaxis. This plan is to be used in conjunction with the Anaphylaxis Medical Management Plan or Action Plan for Anaphylaxis.
- Prior to accessing the service, educators are to develop a Risk Minimisation Plan in consultation with the parent/guardian, which includes the identified risks, identifies the child, their Anaphylaxis Action Plan and the location of their medication. This documentation must be approved and signed by the parent/guardian before the child attend the service.
- Educators are to ensure that the child does not attend the service without the medication prescribed by the child's medical practitioner. In the event that the service needs to administer a child with their Adrenaline Auto-Injection Device, the parent/guardian will be responsible for a new replacement.

4.7. In terms of Communication Plan:

- provide access to the *Anaphylaxis Policy* to all parents/guardians
- at enrolment identify whether or not the child has been diagnosed At Risk of Anaphylaxis
- obtain a Medical Management Action Plan from the parent/guardian that has been prepared and signed by the child's medical practitioner
- attach a current photograph of the child provided by the parent to the Medical Management Action Plan
- the staff member enrolling the child will identify the child At Risk of Anaphylaxis to the appropriate Nominated supervisor, responsible person/s, educators or in the case of Occasional Care, the Program Leader
- provide a copy of the communication plan, Risk Minimisation Plan and Medical Management Action Plan to the appropriate nominated supervisor, responsible person/s, educators and in the case of Occasional Care, the Program Leader
- educators will ensure easy access for reference and display the Medical Management Action Plans in a respectful and confidential manner
- educators will communicate to all other families in care the Allergen triggers
- educators will identify any child At Risk of Anaphylaxis to any staff, students, volunteers or visiting early childhood professionals and communicate the child's Medical Management Action Plan and identify where the Auto Adrenaline-Injection Device is
- the parents/guardian and educators are required to communicate any changes with each other, preferably in writing e.g. email.
- The Medical Management Action Plan, Communication and Risk Minimisation Plans need to be updated each time a change occurs, and a copy is to be provided to the person in charge at the service.

4.8. In terms of emergency procedures:

- in the event of an Anaphylactic reaction, educators will follow the Anaphylaxis Medical Management Action Plan for that specific child. The educators must remain with child at all times until medical assistance arrives
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- if an Adrenaline Auto-Injection Device is administered an ambulance must be called
- when speaking with the emergency services stay calm, speak clearly, give exact details of location, inform the operator you believe it is Anaphylaxis and request a Mobile Intensive Care Ambulance (MICA). Do not hang up until directed by the operator
- not leaving one staff member to manage the incident alone, if possible, ask staff to remove other children from area in a calm and reassuring manner, maintaining active supervision of all children
- have somebody waiting outside for the ambulance to direct them to the patient, if practicable
- once medical attention has arrived and the Anaphylactic reaction has been confirmed by paramedics, contact the parent/guardian and advise that the child has had an Anaphylactic reaction and inform parent/guardian where the child is or which hospital the child has been taken to. If possible, allow paramedics to speak to parent
- contact the coordinator or team leader as soon as practicable to inform them of the situation, reassure and inform the parents/guardians of other children, as soon as practical e.g. email/SMS, to explain an ambulance had been called to the program and offer parents/guardians the choice to collect child(ren). Confidentiality should be maintained when discussing the situation with other parents/guardians
- the coordinator or team leader must notify the Department of Education & Training (DET) as soon as practicable and no later than 24 hours after emergency services have been called.

4.9. 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, resources and training for the care and education of 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.

5. Responsibility/Accountability

5.1. The Approved Provider, according to Regulations is responsible for the implementation of the *Anaphylaxis 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 (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
 - 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)
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- Nominated Supervisor/Person in day to day charge, responsible person/s , educators, staff members, students and volunteers at the service are provided with access to the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- parents/guardians and others at the service are provided with access to the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (National Regulations 91)
- staff practice administration of treatment for Anaphylaxis using an Adrenaline Auto-Injection Device Trainer at least annually and preferably quarterly, and that participation is documented on the Staff Record which is maintained by the person in day to day charge of the service
- 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

5.2. In services where a child diagnosed as At Risk of Anaphylaxis is enrolled, the Approved Provider (Manager) 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 (refer to Attachment 2) is completed
 - ensuring an Anaphylaxis Medical Management Action Plan, Risk Management Plan (refer to Attachment 3) and Communication 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 (Attachment 3)
 - 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 Regulations (refer to Attachment 4) and ensuring all staff are aware of the procedure
 - ensuring adequate provision and maintenance of Adrenaline Auto-Injector Kits (refer to *Definitions*)
 - ensuring the expiry date of the Adrenaline Auto-Injection Device is checked regularly and replaced by the parent/guardian when required
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- implementing the Communication Plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, the *Anaphylaxis 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 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 Regulations 92 for each child to who medication is to be 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 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 Ambulance Victoria's AV *How to Call Card* (refer to *Definitions*) near all service telephones
- complying with the Risk Minimisation Procedures outlined in Attachment 1
- 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.

5.3. The Nominated Supervisor/Person in day to day charge, Responsible person/s are responsible for:

- ensuring the Enrolment Checklist for Children Diagnosed as At Risk of Anaphylaxis (refer to Attachment 2) 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), National Regulations 137 and are approved by Australian Children's Education & Care Quality Authority (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
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Anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (National Regulation 94)

- ensuring educators and staff are aware of the procedures for First Aid Treatment for Anaphylaxis (refer to Attachment 4)
- 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
- 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 Risk Minimisation Procedures outlined in Attachment 1.

5.4. 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.
 - ensuring they are aware of the procedures for First Aid Treatment for Anaphylaxis (refer to Attachment 4)
 - completing the Enrolment Checklist for Children Diagnosed as At Risk of Anaphylaxis (refer to Attachment 2) with parents/guardians
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- 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 (refer to Attachment 3) 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 (refer to Attachment 4)
- contacting the parents/guardians or person authorised in the enrolment form
- 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 Risk Minimisation Procedures outlined in Attachment 1 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.

5.5. 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, and staff to develop an Anaphylaxis Risk Minimisation Plan (refer to Attachment 3) before the child starts to attend the service
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- 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 the 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 before the child starts to attend the service
- 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 or staff
- 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 or staff
- complying with the service's policy that a child who has been prescribed an Adrenaline Auto-Injection Device is not permitted to attend the service or its programs without that device
- complying with the Risk Minimisation Procedures outlined in Attachment 1
- ensuring they are aware of the procedures for First Aid Treatment for Anaphylaxis (refer to Attachment 4).

5.6. Parents/guardians are responsible for:

- reading and complying with the *Anaphylaxis Policy* and all procedures, including those outlined in Attachment 1
- bringing relevant issues and concerns to the attention of both staff and the Approved Provider
- compliance in following notices, emails/SMS instructions in regard to this procedure and related policy.

5.7. Volunteers and students, while at the service, are responsible for following the *Anaphylaxis Policy* and its procedures.

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

6.1. 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>

6.2. 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*
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- *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. Attachments