Anaphylaxis Policy

Mandatory – Quality Area 2
Sourced ELAA V3

1. Authorisation
This policy was adopted by the Approved Provider of Canterbury and District Pre-School on 15th September 2014.

2. Review date: Last reviewed May 9th, 2019**.** This policy will be reviewed annually or as required.

3. Purpose
This policy will provide guidelines to:

- minimise the risk of an allergic reaction resulting in anaphylaxis occurring while children are in the care of Canterbury and District Pre-School
- ensure that service staff respond appropriately to anaphylaxis by following the child's Australasian Society of Clinical Immunology and Allergy (ASCIA) action plan for anaphylaxis. This may include 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

4. Policy statement
4.1 Values
Canterbury and District Pre-School 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 about allergies and anaphylaxis among educators, staff, parents/guardians and any other person(s) dealing with children enrolled at the service
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing 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

4.2 Scope
This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Canterbury and District Pre-School. 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.

5. Background and legislation
5.1 Background
Anaphylaxis is a severe and potentially life-threatening allergic reaction. Up to two per cent of the general population and up to ten per cent of children are at risk. The most common causes of allergic reaction in young children are eggs, peanuts, tree nuts, cow's milk, fish, shellfish, soy, wheat and sesame, 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 articulate the symptoms of

anaphylaxis. With planning and training, a reaction can be treated effectively by using an adrenaline auto-injector, often called an EpiPen® or an 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 the presence of allergens in the service, can reduce the risk of anaphylactic reactions.
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).

5.2 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, 246
- *Health Records Act 2001* (Vic)
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
    - Standard 2.1: Each child's health is promoted
        - Element 2.1.1: Each child's health needs are supported
        - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
    - Standard 2.3: Each child is protected
        - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

1. Definitions
The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Anaphylaxis action plan: Refer to the definition for *anaphylaxis medical management action plan below*.

Adrenaline auto-injection device: An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. This device is commonly called an EpiPen® or an Anapen®. As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their anaphylaxis medical management action plan (refer to Definitions) must be specific for the brand they have been prescribed. Used adrenaline auto-injectors should be placed in a rigid sharps disposal unit, or another rigid container if a sharps container is not available.

Adrenaline auto-injector kit: An insulated container with an unused, in-date adrenaline auto-injection device, a copy of the child's 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. Auto-injection devices must be stored away from direct heat and cold.

Adrenaline Mylan®: A type of adrenaline auto-injection device (refer to *Definitions*) containing a single dose of adrenaline. The administration technique is different to that of the EpiPen®. Two strengths are available: an Adrenaline Mylan® and an Adrenaline Jr Mylan®, and each is prescribed according to a child's weight. The child's ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

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.

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).

AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned on 000. Once completed, this card should be kept within easy access of all service telephone/s. A sample card can be downloaded from www.ambulance.vic.gov.au/Education/Calling-000-Triple-Zero.html

Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.
ASCIA action plan for anaphylaxis: An individual medical management plan prepared and signed by the child's treating, registered medical 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 auto-injection device prescribed for each child. Examples of plans specific to different adrenaline auto-injector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website: www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

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 auto-injectior (refer to *Definitions*) trainer. Approved training is listed on the ACECQA website (refer to *Sources*).
Approved anaphylaxis management training: Training that is approved by the National Authority in accordance with Regulation 137(e) of the *Education and Care Services National Regulations 2011* and is listed on the ACECQA website (refer to *Sources*).

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

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

EpiPen®: A type of adrenaline auto-injection device (refer to Definitions) containing a single 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 auto-injector kit is complete and that the device itself is unused and in date and leads practice sessions for staff who have undertaken anaphylaxis management training.

Risk minimisation: The practice of developing and implementing a range of strategies to reduce hazards for a child at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.

Risk minimisation plan: A service-specific plan that documents a child's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the Approved Provider/Nominated Supervisor in consultation with the parents/guardians of the child at risk of anaphylaxis and service staff. The plan should be developed upon a child's enrolment or initial diagnosis and reviewed at least annually and always on re-enrolment. A sample risk minimisation plan is provided as Attachment 3.

Staff record: A record which the Approved Provider of a centre-based service must keep containing information about the Nominated Supervisor, staff, volunteers and students at a service, as set out under Division 9 of the National Regulations.

2. Sources and related policies

7.1 Sources

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: http://acecqa.gov.au/qualifications/approved-first-aid-qualifications/
- Anaphylaxis Australia Inc is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, tapes and EpiPen® trainers. www.allergyfacts.org.au
- Australasian Society of Clinical Immunology and Allergy (ASCIA): www.allergy.org.au
- Provides information and resources on allergies. Action Plans for Anaphylaxis 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.
- Department of Education and Early Childhood Development (DET) provides information and resources related to anaphylaxis and anaphylaxis training.
- http://www.education.vic.gov.au/childhood/providers/health/Pages/anaphylaxis.aspxDepartment of Allergy and Immunology at The Royal Children's Hospital Melbourne (www.rch.org.au) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline auto-injector prescription. An EpiPen® trainer kit can also be purchased. Kids Health Info fact sheets are also available from the website, including the following:
    - Allergic and anaphylactic reactions: www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11148
    - Auto-injectors (epi-pens) for anaphylaxis – an overview: www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11121
- The Royal Children's Hospital has been contracted by the Department of Education and Early Childhood Development (DET) to provide an Anaphylaxis 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 Support Line can be contacted on
- 1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

7.2 Service policies

- Administration of First Aid Policy
- Administration of Medication Policy
- Asthma Policy
- Dealing with Medical Conditions Policy
- Diabetes Policy
- Enrolment and Orientation Policy
- 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

3. Procedures

The Approved Provider is responsible for:

- 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*) is in attendance and immediately available at all times the service is in operation (Regulations 136, 137)
- ensuring the Nominated Supervisor, educators, staff members, students and volunteers at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- ensuring parents/guardians and others at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (Regulation 91)
- ensuring that 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
- 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
- auto-injection device (Regulations 146, 147)
- 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
- 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*)
- identifying children with anaphylaxis during the enrolment process and informing staff
- 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

In services where a child diagnosed as at risk of anaphylaxis is enrolled, the Approved Provider 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 (Regulation 173(2)(f))
- 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 communications 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 ASCIA action plan for anaphylaxis and their risk minimisation plan filed with their enrolment record (Regulation 162)
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 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 ASCIA action plan for anaphylaxis is specific to the brand of adrenaline auto-injection device prescribed by the child's medical practitioner

- implementing a procedure for first aid treatment for anaphylaxis consistent with current national recommendations (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 when required and the liquid in the adrenaline autoinjector is clear
- ensuring that a sharps disposal unit is available at the service for the safe disposal of used adrenaline auto-injection devices
- implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- identifying and minimising allergens (refer to *Definitions*) at the service, where possible (also see Nutrition Policy Section 6.17 & 6.18)
- 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 at risk of anaphylaxis are not discriminated against in any way
- ensuring that children at risk of 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 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 that a medication record is kept that includes all details required by Regulation 92(3) 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 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
- displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) (refer to Sources) generic poster *Action Plan for Anaphylaxis* 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 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 ASCIA action plan for anaphylaxis plan for each child diagnosed as at risk of anaphylaxis

Risk Assessment

The National Law and National Regulations do not require a service to maintain a stock of adrenaline auto-injection devices at the service premises to use in an emergency. However, ELAA recommends that the Approved Provider undertakes a risk assessment in consultation with the Nominated Supervisor, Certified Supervisors and other educators, to inform a decision on whether the service should carry its own supply of these devices. This decision will also be informed by considerations such as distance to the nearest medical facility and response times required for ambulance services to reach the service premises etc.

If the Approved Provider decides that the service should maintain its own supply of adrenaline auto-injection devices, it is the responsibility of the Approved Provider to ensure that:

- adequate stock of the adrenaline auto-injection device is on hand, and that it is unused and in date
- appropriate procedures are in place to define the specific circumstances under which the device supplied by the service will be used
- the autoinjector is administered in accordance with the written instructions provided on it and with the generic ASCIA action plan for anaphylaxis
- the service follows the procedures outlined in the *Administration of Medication Policy*, which explains the steps to follow when medication is administered to a child in an emergency
- parents/guardians are informed that the service maintains a supply of adrenaline autoinjectors, of the brand that the service carries and of the procedures for the use of these devices in an emergency

The Nominated Supervisor is 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(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 auto-injector kit (refer to *Definitions*)for each child at risk of anaphylaxis 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 ASCIA action 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 allergies and symptoms, and the location of their adrenaline auto-injector kits and ASCIA action plan for anaphylaxis
- 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 ASCIA action plan for anaphylaxis 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 autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly

- ensuring staff dispose of used adrenaline auto-injection devices appropriately in the sharps disposal unit provided at the service by the Approved Provider
- 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 and cold
- ensuring that parents/guardians or an authorised person named in the child's enrolment record provide written authorisation for children to attend excursions outside the service premises (Regulation 102) (refer to *Excursions and Service Events Policy*)
- 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

Certified Supervisors, other 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 autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- 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
- 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 ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode
- disposing of used adrenaline auto-injection devices in the sharps disposal unit provided at the service by the Approved Provider
- 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 (Refer to attachment 4).
- informing the Approved Provider and the child's parents/guardians following an anaphylactic episode
- 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 autoinjector 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

Parents/guardians of a child at risk of anaphylaxis are responsible for:

- informing staff, either on enrolment or on initial diagnosis, of their child's allergies
- 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
- assisting the Approved Provider and staff to develop an anaphylaxis risk minimisation plan (refer to Attachment 3)
- providing staff with an ASCIA action plan for anaphylaxis signed by a registered medical practitioner and with written consent to use medication prescribed in line with this action plan
- providing staff with an unused, in-date and complete adrenaline auto-injector kit
- ensuring that the child's ASCIA action plan for anaphylaxis s specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner
- regularly checking the adrenaline auto-injection device's expiry date and the colour of the adrenaline autoinjector
- assisting staff by providing information and answering questions regarding their child's allergies
- notifying staff of any changes to their child's allergy status and providing a new anaphylaxis medical management action plan in accordance with these changes
- communicating all relevant information and concerns to staff, particularly in relation to the health of their child
- complying with the service's policy where a child who has been prescribed an adrenaline autoinjector 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)

Parents/guardians are responsible for:

- reading and complying with this 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

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

4. 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
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures

5. Attachments

- Attachment 1: Risk minimisation procedures
- Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis

- Attachment 3: Sample risk minimisation plan
- Attachment 4: First Aid Treatment for Anaphylaxis - download from the Australasian Society of Clinical Immunology and Allergy:
- http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis

Acknowledgement
This policy has been reviewed by the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne on 25 February 2015.

Attachment 1
Risk minimisation procedures
The following procedures should be developed in consultation with the parents/guardians of children 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.
- 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, 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
- where a child diagnosed as at risk of anaphylaxis is allergic to milk, ensure that non-allergic children are closely supervised when drinking milk from cups and that these cups are not left within reach of children
- 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, 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
- 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 auto-injector 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 auto-injector 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 auto-injector 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 at least annually and preferably quarterly. 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.

Attachment 3
Sample risk minimisation plan
The following information is not a comprehensive list but contains some suggestions to consider when developing/reviewing your service's risk minimisation plan in consultation with parents/guardians.

How well has the service planned for meeting the needs of children with allergies and those who have been diagnosed as at risk of anaphylaxis?

Who are the children?	□ List names and room locations of each child diagnosed as at risk.
What are they allergic to?	□ List all known allergens for each child at risk. □ List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting certain foods/items not be brought to the service.
Do staff (including casual and relief staff), volunteers and visiting staff recognise the children at risk?	□ List the strategies for ensuring that all staff, including casual and relief staff, recognise each at-risk child, are aware of the child's specific allergies and symptoms and the location of their ASCIA action plan for anaphylaxis.
Do families and staff know how the service manages the risk of anaphylaxis?	□ Record the date on which each family of a child diagnosed as at risk of anaphylaxis is provided a copy of the service's *Anaphylaxis Policy*. □ Record the date that parents/guardians provide an unused, in-date and complete adrenaline auto-injector kit. □ Test that all staff, including casual and relief staff, know the location of the adrenaline auto-injector kit and ASCIA action plan for anaphylaxis for each at-risk child. □ Ensure that there is a procedure in place to regularly check the expiry date of each adrenaline autoinjector. □ Ensure a written request is sent to all families at the service to follow specific procedures to minimise the risk of exposure to a known allergen. This may include strategies such as requesting specific items not be sent to the service, for example: o food containing known allergens or foods where transfer from one child to another is likely e.g. peanut/nut products, whole egg, sesame or chocolate o food packaging where that food is a known allergen e.g. cereal boxes, egg cartons. □ Ensure a new written request is sent to all families if food allergens change. □ 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. □ Display the ASCIA generic poster *Action Plan for Anaphylaxis* in key locations at the service and ensure a

	completed Ambulance Victoria *AV How to Call Card* is next to all telephone/s. □ The adrenaline auto-injector 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.
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 Canterbury and District Pre-School • 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 • all staff, including casual, relief and visiting staff, volunteers and students are informed about, and are familiar with, all ASCIA action plans for anaphylaxis and the Canterbury and District Pre-School risk management plan.	□ All parents/guardians are provided with a copy of the *Anaphylaxis Policy* prior to commencing at Canterbury and District Pre-School. □ A copy of this policy is displayed in a prominent location at the service. □ Staff will meet with parents/guardians of a child diagnosed as at risk of anaphylaxis prior to the child's commencement at the service and will develop an individual communication plan for that family. □ An induction process for all staff and volunteers includes information regarding the management of anaphylaxis at the service including the location of adrenaline auto-injector kits, ASCIA action plans for anaphylaxis, risk minimisation plans and procedures, and identification of children at risk.

Do all staff know how the service aims to minimise the risk of a child being exposed to an allergen?

Think about times when the child could potentially be exposed to allergens and develop appropriate strategies including identifying the person responsible for implementing them (refer to the following section for possible scenarios and strategies).

- □ Menus are planned in conjunction with parents/guardians of children diagnosed as at risk of anaphylaxis.
    - Food for the at-risk child is prepared according to the instructions of parents/guardians to avoid the inclusion of food allergens.
    - As far as is practical, the service's menu for all children should not contain food with ingredients such as milk, egg, peanut/nut or sesame, or other products to which children are at risk.
    - The at-risk child should not be given food where the label indicates that the food may contain traces of a known allergen.
- □ Hygiene procedures and practices are followed to minimise the risk of cross-contamination of surfaces, food utensils or containers by food allergens (refer to *Hygiene Policy and Food Safety Policy*).
- □ Consider the safest place for the at-risk child to be served and to consume food, while ensuring they are not discriminated against or socially excluded from activities.
- □ Develop procedures for ensuring that each at-risk child only consumes food prepared specifically for him/her.
- □ Do not introduce food to a baby/child if the parents/guardians have not previously given this food to the baby/child.
- □ Ensure each child enrolled at the service washes his/her hands upon arrival at the service, and before and after eating.
- □ Employ teaching strategies to raise the awareness of all children about anaphylaxis and the importance of no food sharing (refer to *Definitions*) at the service.
- □ Bottles, other drinks, lunch boxes and all food provided by the family of the at-risk child should be clearly labelled with the child's name.

Do relevant people know what action to take if a child has an anaphylactic episode?

- □ Know what each child's ASCIA action plan for anaphylaxis contains and implement the procedures.
- □ Know:
    - who will administer the adrenaline autoinjector and stay with the child
    - who will telephone the ambulance and the parents/guardians of the child
    - who will ensure the supervision of other children at the service
    - who will let the ambulance officers into the service and take them to the child.
- □ Ensure all staff have undertaken approved anaphylaxis management training and participate in regular practise sessions.
- □ Ensure a completed Ambulance Victoria *AV How to Call Card* is located next to all telephone/s.

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
Party or celebration	Give parents/guardians adequate notice of the event.	Approved Provider, Nominated Supervisor and educators
	Ensure safe food is provided for the child diagnosed as at risk of anaphylaxis.	Parents/guardians and staff
	Ensure the child diagnosed as at risk of anaphylaxis only eats food approved by his/her parents/guardians.	Staff
	Specify a range of foods that all parents/guardians may send for the party and note particular foods and ingredients that should not be sent.	Approved Provider and Nominated Supervisor

Protection from insect bite allergies	Specify play areas that are lowest risk to the child diagnosed as at risk and encourage him/her and peers to play in that area.	Educators
	Decrease the number of plants that attract bees or other biting insects.	Approved Provider
	Ensure the child diagnosed as at risk of anaphylaxis wears shoes at all times they are outdoors.	Educators
	Respond promptly to any instance of insect infestation. It may be appropriate to request exclusion of the child diagnosed as at risk during the period required to eradicate the insects.	Approved Provider/Nominated Supervisor
Latex allergies	Avoid the use of party balloons or latex gloves.	Staff
Cooking with children	Ensure parents/guardians of the child diagnosed as at risk of anaphylaxis are advised well in advance and included in the planning process. Parents/guardians may prefer to provide the ingredients themselves. Ensure activities and ingredients used are consistent with risk minimisation plans.	Approved Provider, Nominated Supervisor and educators

Attachment 4

First Aid Treatment for Anaphylaxis

This information has been reproduced from the ASCIA website: www.allergy.org.au, with permission from the Australasian Society of Clinical Immunology and Allergy (ASCIA).

Please check the ASCIA webpage: http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis for the latest version of this information as ASCIA resources are regularly reviewed and updated. ASCIA is the peak professional body of clinical immunology and allergy specialists in Australia and New Zealand.

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

Information
FOR PATIENTS, CONSUMERS AND CARERS

First Aid for Anaphylaxis

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline (epinephrine) autoinjector
- Phone family/emergency contact

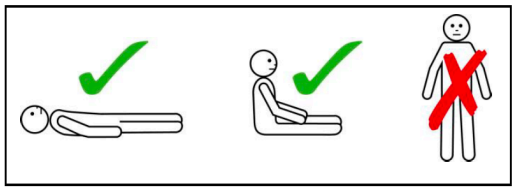
Mild to moderate allergic reactions (such as hives or swelling)
may not always occur before anaphylaxis (severe allergic reaction)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS

- **Difficult/noisy breathing**
- **Swelling of tongue**
- **Swelling/tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking and/or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

1 Lay person flat
Do NOT allow them to stand or walk
If unconscious, place in recovery position
If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after 5 minutes
6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer
if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

*If an adrenaline autoinjector is injected accidentally **seek medical help** and phone your local Poisons Information Centre*

5. Asthma Policy

Mandatory – Quality Area 2
Sourced ELAA V3

1. Authorisation
This policy was adopted by the Approved Provider of Canterbury and District Pre-School on 15th September 2014.

2. Review date: Reviewed May 23rd, 2019. This policy will be reviewed annually or as required.

3. Purpose
This policy will outline the procedures to:

- ensure educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma at Canterbury and District Pre-School
- ensure that all necessary information for the effective management of children with asthma enrolled at Canterbury and District Pre-School is collected and recorded so that these children receive appropriate attention when required
- respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service

4. Policy statement
4.1 Values
Canterbury and District Pre-School is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with asthma can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to the management of asthma
- educating and raising awareness about asthma among educators, staff, parents/guardians and any other person(s) dealing with children enrolled at the service

4.2 Scope
This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Canterbury and District Pre-School.
Asthma management should be viewed as a shared responsibility. While Canterbury and District Pre-School recognises its duty of care towards children with asthma during their time at the service, the responsibility for ongoing asthma management rests with the child's family and medical practitioner.

5. Background and legislation
5.1 Background
Asthma is a chronic, treatable health condition that affects approximately one in 10 Australian children and is one of the most common reasons for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact. Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. With this in mind, a service must recognise the need to educate staff and parents/guardians about asthma and promote responsible asthma management strategies. 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 emergency asthma management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(c)). As a demonstration of duty of care and best practice, ELAA recommends **all educators** have current approved emergency asthma management training (refer to *Definitions*).

5.2 Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 90, 92, 93, 94, 95, 96, 136, 137
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
    - Standard 2.1: Each child's health is promoted
        - Element 2.1.1: Each child's health needs are supported
    - Standard 2.3: Each child is protected
        - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Privacy Act 1988* (Cth)
- *Privacy and Data Protection Act 2014 (Vic)*
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

6. Definitions

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Approved Emergency Asthma Management (EAM) training: Training that is approved by the National Authority in accordance with Division 7 of the National Regulations, and is listed on the ACECQA website: http://www.acecqa.gov.au. EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

Asthma Friendly Children's Services Program: A program developed by The Asthma Foundation of Victoria to provide a safer environment for children in kindergarten, childcare, family day care and out-of-school hours care. This program also gives staff the confidence and skills to care for a child with asthma and gives parents/guardians peace of mind. To be recognised as an Asthma Friendly Children's Service, services must address and fulfil five essential criteria, which will be assessed by The Asthma Foundation of Victoria. Upon accreditation, the service will receive a certificate and window sticker. This accreditation is valid for three years.

Asthma Care Plan: A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. An Asthma Care Plan template specifically for use in children's services can be downloaded from the *Resources section of* The Asthma Foundation of Victoria's website: www.asthma.org.au. A sample plan specifically for use in children's services is provided in this policy as Attachment 2.

Asthma emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

Asthma first aid kit: Kits should contain:

- reliever medication
- 2 small volume spacer devices
- 2 compatible children's face masks (for children under the age of four)

- record form
- asthma first aid instruction card.

The Asthma Foundation of Victoria recommends that spacers and face masks are for single-use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.

Asthma triggers: Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke and exercise. Asthma triggers will vary from child to child.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

Metered dose inhaler (puffer): A common device used to administer reliever medication.

Puffer: The common name for a metered dose inhaler.

Reliever medication: This comes in a blue/grey metered dose inhaler containing salbutamol, a chemical used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency. Reliever medication is commonly sold by pharmacies as Airomir, Asmol, or Ventolin.

Risk minimisation plan: Provides information about child-specific asthma triggers and strategies to avoid these in the service. A risk minimisation plan template specifically for use in children's services can be downloaded from the Resources section of The Asthma Foundation of Victoria website: www.asthma.org.au

Spacer device: A plastic chamber device used to increase the efficiency of delivery of reliever medication from a puffer. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.

Staff record: Must be kept by the service and include details of the Nominated Supervisors, the educational leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149). A sample staff record is available on the ACECQA website: www.acecqa.gov.au

7. Sources and related policies

7.1 Sources

- Asthma Australia: www.asthmaaustralia.org.au
- The Asthma Foundation of Victoria: www.asthma.org.au or phone (03) 9326 7088 or 1800 278 462 (toll free)
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA

7.2 Service policies

- Administration of Medication Policy
- Anaphylaxis Policy
- Dealing with Medical Conditions Policy
- Emergency and Evacuation Policy
- Excursions and Service Events Policy
- Incident, Injury, Trauma and Illness Policy
- Privacy and Confidentiality Policy
- Staffing Policy

8. Procedures

The Approved Provider is responsible for:

- providing the Nominated Supervisor and all staff with a copy of the service's *Asthma Policy*, and ensuring that they are aware of asthma management strategies (refer to Attachment 1) upon employment at the service
- providing approved Emergency Asthma Management (EAM) training (refer to *Definitions*) to staff as required under the National Regulations
- ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (refer to *Definitions*) is on duty at all times
- ensuring the details of approved Emergency Asthma Management (EAM) training (refer to *Definitions*) are included on the staff record (refer to *Definitions*)
- providing parents/guardians with a copy of the service's Asthma Policy upon enrolment of their child (Regulation 91)
- identifying children with asthma during the enrolment process and informing staff
- providing parents/guardians with an Asthma Care Plan (refer to *Definitions* and Attachment 2) to be completed in consultation with, and signed by, a medical practitioner
- developing a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for every child with asthma, in consultation with parents/guardians
- ensuring that all children with asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
- ensuring parents/guardians of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the service
- implementing an asthma first aid procedure (refer to Attachment 1) consistent with current national recommendations
- ensuring that all staff are aware of the asthma first aid procedure
- ensuring adequate provision and maintenance of asthma first aid kits (refer to *Definitions*)
- ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use
- facilitating communication between management, educators, staff and parents/guardians regarding the service's Asthma Policy and strategies
- identifying and minimising asthma triggers (refer to *Definitions*) for children attending the service, where possible
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children with asthma at the service
- ensuring that the service meets the requirements to be recognised as an Asthma Friendly Children's Service (refer to *Definitions*) with The Asthma Foundation of Victoria

- displaying Asthma Australia's *Asthma First Aid* poster (refer to Sources and Attachment 3) in key locations at the service
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94).
- 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.

The Nominated Supervisor is responsible for:

- ensuring that all educators' approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable (Regulation 94)
- ensuring an asthma first aid 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 asthma and placing it in a secure, but readily accessible, location known to all staff. This should include the Asthma Care Plan for each child
- ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with asthma, and the location of their medication and action plans
- organising asthma management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma

Certified Supervisor/s and other educators are responsible for:

- ensuring that they are aware of the service's Asthma Policy and asthma first aid procedure (refer to Attachment 1)
- ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Care Plans and the asthma first aid kit
- maintaining current approved Emergency Asthma Management (EAM) (refer to *Definitions*) qualifications
- identifying and, where possible, minimising asthma triggers (refer to *Definitions*) as outlined in the child's Asthma Care Plan
- taking the asthma first aid kit, children's personal asthma medication and Asthma Care Plans on excursions or other offsite events
- administering prescribed asthma medication in accordance with the child's Asthma Care Plan and the *Administration of Medication Policy* of the service
- developing a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for every child with asthma in consultation with parents/guardians
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- consulting with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma

- communicating any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential

Parents/guardians are responsible for:

- reading the service's *Asthma Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has asthma
- providing a copy of their child's Asthma Care Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Care Plan should be reviewed and updated at least annually
- ensuring all details on their child's enrolment form and medication record (refer to *Definitions*) are completed prior to commencement at the service
- working with staff to develop a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for their child
- providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with the child's name
- notifying staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- encouraging their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Evaluation

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

- 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 as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures

Attachments

- Attachment 1: Asthma First Aid Procedure
- Attachment 2: Sample Asthma Care Plan
- Attachment 3: Asthma First Aid poster
- Attachment 4: Asthma Risk Minimisation Plan

Acknowledgement

Kindergarten Parents Victoria (ELAA) acknowledges the contribution of The Asthma Foundation of Victoria in developing this policy. If your service is considering changing any part of this model policy please contact The Asthma Foundation of Victoria to discuss your proposed changes (refer to *Sources*).

Attachment 1

Asthma First Aid Procedure

This Asthma First Aid Procedure has been reproduced from The Asthma Foundation of Victoria's *Asthma & the Child in Care Model Policy*, Version 2, March 2014.

Asthma First Aid Procedure

Follow the written first aid instructions on the child's Asthma Care Plan, if available and signed by a medical practitioner. If no specific and signed instructions are available, the instructions are unclear, or the child does not have an Asthma Care Plan, **begin the first aid procedure outlined below**. Reliever medication is safe to administer to children, even if they do not have asthma, however if there is no Asthma Care Plan you must also **call emergency assistance to attend (000)** and notify the parent/carer of the child as soon as possible.

Call emergency assistance immediately (Dial 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a reliever puffer is not available
- If you are not sure it is asthma

Step 1. Sit the person upright

- Be calm and reassuring
- Do not leave them alone

(Send someone else to get the asthma first aid kit)
(Sitting the child in an upright position will make it easier for them to breathe)

Step 2. Give 4 puffs of reliever puffer medication

- Use a spacer if there is one
- Shake the puffer
- Put 1 puff into the spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken

Remember: Shake, 1 puff, 4 breaths
(This medication is safe to administer and may be lifesaving)

Step 3. Wait 4 minutes

If there is no improvement, give 4 more puffs as above

Step 4. If there is still no improvement call emergency assistance (000)

- Say ambulance and that someone is having an asthma attack
- Keep giving 4 puffs every 4 minutes until emergency assistance arrives

(If calling Triple Zero (000) doesn't work on your mobile phone, try 112)

Attachment 2
Sample Asthma Action Plan
This sample Asthma Action Plan is available for download from The Asthma Foundation of Victoria's website.

Asthma care plan for education and care services

Photo of child (optional)

Plan date
____/____/201___

Review date
____/____/201___

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Child's name Date of birth

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

Daily asthma management

This child's usual asthma signs
- ☐ Cough
- ☐ Wheeze
- ☐ Difficulty breathing
- ☐ Other (please describe)

Frequency and severity
- ☐ Daily/most days
- ☐ Frequently (more than 5 x per year)
- ☐ Occasionally (less than 5 x per year)
- ☐ Other (please describe)

Known triggers for this child's asthma (eg exercise, colds/flu, smoke) — please detail:*

Does this child usually tell an adult if s/he is having trouble breathing?	☐ **Yes**	☐ **No**
Does this child need help to take asthma medication?	☐ **Yes**	☐ **No**
Does this child use a mask with a spacer?	☐ **Yes**	☐ **No**
*Does this child need a blue reliever puffer medication before exercise?	☐ **Yes**	☐ **No**

Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	*Dose/number of puffs*	*Time required*

Doctor

Name of doctor

Address

Phone

Signature Date

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature Date

Name

Emergency contact information

Contact name

Phone

Mobile

Email

Date of approval: December 2016 | Approved by: CEO Asthma Australia | Date of review: July 2018 | AACPED2016 Care Plan for Ed-Care-Serv A4 | 15 December 2016

Asthma Australia asthmaaustralia.org.au | 1800 ASTHMA Helpline (1800 278 462) | YouTube

Attachment 3
Asthma First Aid poster
This poster is available for download from The Asthma Foundation of Victoria's website.

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone

2 Give 4 separate puffs of blue/grey reliever puffer

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer

Repeat until 4 puffs have been taken
Remember: Shake, 1 puff, 4 breaths
OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)

3 Wait 4 minutes

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more dose of Bricanyl or Symbicort inhaler

4 If there is still no improvement call emergency assistance - Dial Triple Zero (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

OR give 1 dose of a Bricanyl or Symbicort every 4 minutes - up to 3 more doses of Symbicort

Call emergency assistance immediately - Dial Triple Zero (000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse or is not improving
- If the person is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma

Asthma Australia

Contact your local Asthma Foundation
1800 ASTHMA Helpline (1800 278 462) **asthmaaustralia.org.au**

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AACPED2016 Care Plan for Ed-Care-Serv A4 | 15 December 2016

Attachment 4
Asthma Risk Minimisation Plan
Cover Sheet

This Plan is to be completed by the Director or nominee on the basis of information from the student's medical practitioner provided by the parent/carer**.**

Children's Service or School Name:		
Phone:		
Student's name:		
Date of birth:	Year level:	
Asthma Action Plan provided by parent/carer (please circle): YES / NO		
Asthma Triggers:		
Other health conditions:		
Medication at school:		
Parent/carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:
Other emergency contacts (if parent/carer not available):		
Medical practitioner contact:		
Emergency care to be provided at school:		
Medication Storage:		
The following Asthma Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on (record date):		
Signature of parent/carer:	Date:	
Signature of principal (or nominee):	Date:	

Strategies to Avoid Asthma Triggers

Student's name:	
Date of birth:	Year level:
Predominant Asthma Trigger/s:	
Other Asthma Triggers:	

Risk (suggested risks listed in **Appendix**)	Strategy	Who is Responsible?

Appendix

Examples of Risks, Situations, Concepts to consider when completing the Asthma Risk Minimisation Plan

- Who are the children and what are their asthma triggers (is information provided on their Asthma Action Plan)?
- What are the potential sources of exposure to their asthma triggers?
- Where will the potential source of exposure to their asthma triggers occur?
- Are all staff (including relief staff, visitors and parent/carer volunteers) aware of which children have asthma?
- Does the bullying policy include health related bullying?
- Is there age appropriate asthma education for children at the service and are children actively encouraged to seek help if they feel unwell?
- Do you have asthma information available at the service for parents/carers?
- What are the lines of communication in the children's service?
- What is the process for enrolment at the service, including the collection of medical information and Action Plans for medical conditions?
- Who is responsible for the health conditions policy, the medications policy, Asthma Action Plans and Risk Minimisation plans?
- Does the child have an Asthma Action Plan and where is it kept?
- Do all service staff know how to interpret and implement Asthma Action Plans in an emergency?
- Do all children with asthma attend with their blue/grey reliever puffer and a spacer? (a children's face mask is recommended for children unable to use a spacer correctly, consider face mask use in children under 5 years old)
- Where are the Asthma Emergency Kits kept?
- Do all staff and visitors to the service know where Asthma Emergency Kits are kept?
- Who is responsible for the contents of Asthma Emergency Kits? (checking reliever medication expiry dates, replacing spacers and face masks as needed)
- Do you have one member of staff on duty at all times who has current and approved Emergency Asthma Management training?
- Who else needs training in the use of asthma emergency equipment?
- Do you have a second Asthma Emergency Kit for excursions?
- What happens if a child's reliever medication and spacer are not brought to the service?
- Does the child have any other health conditions, such as allergies or anaphylaxis?
- Do they have an Action Plan and Risk Minimisation plan for each health condition?
- Do plants around the service attract bees, wasps or ants?
- Have you considered planting a low-allergen garden?
- Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
- Could traces of food allergens be present on craft materials used by the children? (*e.g.* egg cartons, cereal boxes, milk cartons)
- Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
- Do your staff use heavy perfumes or spray aerosol deodorants while at work?
- Are you in a bushfire-prone area where controlled burning may occur?
- What special activities do you have planned that may introduce children to asthma triggers?