

## Anaphylaxis Policy

### 1. Authorisation

This policy was reviewed and adopted by the DSCCC Management Committee at its meeting on **14** February 2018.

### 2. Review date

This policy will be reviewed in February 2021 or earlier if required.

### 3. Policy statement

#### Values

Dawson Street Child Care Co-operative (DSCCC) believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility.

Dawson Street Child Care Co-operative is committed to:

- Providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences.
- Raising awareness about allergies and anaphylaxis amongst the centre community and children in attendance.
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- Ensuring each staff member and other relevant adults has adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

#### Purpose

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the centre.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering adrenaline via an auto-injection device (for example, an EpiPen®).
- To raise the centre community's awareness of anaphylaxis and its management through education and policy implementation.

### 4. Scope

This policy applies to children enrolled at the centre, their parents/guardians, staff and Management Committee. It also applies to other relevant members of the centre community, such as staff relievers, volunteers and visiting specialists. This policy will apply regardless of whether a child is diagnosed by a registered medical practitioner as being at risk of anaphylaxis.

## 5. Background and legislation

### Background

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow's milk, bee or other insect stings, and some medications.

Young children may not be able to express the symptoms of anaphylaxis.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device, often called an EpiPen®.

The Management Committee recognises the importance of staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an EpiPen®.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any centre that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead the Management Committee recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the centre.

Legislation that governs the operation of the centre is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The centre 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)). Approved anaphylaxis management training is listed on the ACECQA website.

### Legislation

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184
- *Health Records Act 2001* (Vic)
- *Privacy and Data Protection Act 2014* (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)*, as amended 2007
- *Privacy Act 1988 (Cth)*
- *Public Health and Wellbeing Act 2008 (Vic)*
- *Public Health and Wellbeing Regulations 2009 (Vic)*

## 6. Definitions

**Allergen:** A substance that can cause an allergic reaction.

**Allergy:** An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

**Allergic reaction:** A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

**Ambulance contact card:** A card that the centre has completed, which contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance service and once completed by the centre it should be kept by the telephone from which the 000 phone call will be made.

**Anaphylaxis:** A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

**Anaphylaxis action plan:** A medical management plan prepared and signed by a doctor providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

**Anaphylaxis management training:** Comprehensive training provided by allergy nurse educators or other qualified professionals such as doctors or first aid trainers, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and **practice** with an EpiPen® trainer, and is reinforced at yearly intervals.

**Children at risk of anaphylaxis:** Those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

**EpiPen®:** A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

**EpiPen® kit:** An insulated container, for example an insulated lunch pack. The kit should contain a current EpiPen®, a copy of the child's anaphylaxis action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted.

**Intolerance:** Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

**No food sharing:** The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parents/guardians, and does not share food with, or accept other food from any other person.

**Nominated staff member:** A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the Management Committee. This person also checks the EpiPen® is current, the EpiPen® kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

**Risk minimisation:** A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the centre and developing strategies to help reduce risk of an anaphylactic reaction.

**Risk minimisation plan:** A plan specific to the centre that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the centre, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the centre and should be reviewed upon the enrolment or diagnosis of each child who is at risk of anaphylaxis or as required. DSCCC's Risk Minimisation Plan is at Schedule 3.

**Service community:** All adults who are connected to the children's centre.

## 7. Procedures

### **The Management Committee is responsible for:**

- Ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan (refer to Schedule 3) is developed and displayed on the centre's website and reviewed regularly.
- Developing a risk minimisation plan for the centre in consultation with staff and the families of the child/ren.
- Ensuring that at least one staff member trained in anaphylaxis management is present at the centre while the child at risk is at the centre and that staff member is aware that they are responsible for the administration of an EpiPen® in an emergency. If this is not possible parents/guardians must be informed of this situation immediately and asked to not bring their child to the centre or remove their child from care as soon as possible.
- Making all parents/guardians aware of the availability of policies on the Centre website and providing a copy of this policy at enrollment to parents / guardians of any child with allergies.
- Encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.

### **The Director is responsible for:**

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- Conducting an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the centre.
- Ensuring all permanent staff, especially those responsible for the child/ren at risk of anaphylaxis, attend anaphylaxis management training, which is reinforced at yearly intervals.
- Ensuring that all relieving staff are aware of children at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen® kit. Each relieving staff member will be required to sign a checklist to confirm they have been informed of children with allergies in their care.
- Ensuring that no child who has been prescribed an EpiPen® is permitted to attend the centre or its programs without that EpiPen®.
- Displaying an ASCIA generic poster called *Action Plan for Anaphylaxis* in a key location at the centre, for example, in the children's room, the staff room or near the medication cabinet.
- Displaying an ambulance contact card by each telephone.
- Complying with the procedures outlined in Schedule 1.
- Supplying a backup EpiPen® for use in management of anaphylaxis (stored in staff first aid kit)

### **Staff responsible for the child at risk of anaphylaxis are responsible for:**

- Ensuring a copy of the child's anaphylaxis action plan is visible to all staff - this includes attaching a copy of the child's action plan, including their photograph, to the food trolley for the room in which that child attends.
- Following the child's anaphylaxis action plan in the event of an allergic reaction that may progress to anaphylaxis.
- Where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  - calling an ambulance immediately by dialling 000
  - commencing first aid measures
  - contacting the parents/guardians
  - contacting the person to be notified in the event of illness if the parents/guardians cannot be contacted.
- Practicing EpiPen® administration procedures using an EpiPen® trainer and "anaphylaxis scenarios" on a regular basis, preferably yearly.
- Asking all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the centre, whether the child has allergies and documenting this information on the child's enrolment record. If the child has allergies, ask the parents/guardians to provide a medical management plan signed by a doctor.
- Ensuring that parents/guardians provide an anaphylaxis action plan signed by the child's doctor and one complete EpiPen® kit while the child is present at the centre.
- Ensuring that the EpiPen® kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Ensuring that the EpiPen® kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends.
- The Medical Conditions Officer is responsible for regularly checking the EpiPen® expiry date (noting that the manufacturer will only guarantee the effectiveness of the EpiPen® to the end of the nominated expiry month).
- Providing information to the centre community about resources and support for managing allergies and anaphylaxis.
- Complying with the procedures outlined in Schedule 1.

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

- Informing staff, either on enrolment or upon diagnosis, of their child's allergies.

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- Providing staff with an anaphylaxis action plan and written consent to use the EpiPen® in line with this action plan.
- Providing staff with one complete EpiPen® kit.
- Regularly checking the EpiPen® expiry date.
- Assisting staff by offering information and answering any questions regarding their child's allergies.
- Notifying the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Communicating all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- Complying with the centre's policy that no child who has been prescribed an EpiPen® is permitted to attend the centre or its programs without that EpiPen®.
- Complying with the centre's policy that no child who has been prescribed an EpiPen® shall attend the center unless a staff member, appropriately trained to administer an EpiPen®, is available to be at the center.
- Complying with the procedures outlined in Schedule 1.
- Familiarising themselves with related DSCCC policies.

## 8. Related policies & resources

### Internal

- *DSCCC Administration of Medication and First Aid Policy*
- *DSCCC Asthma Policy*
- *DSCCC Child Orientation and Enrolment Policy*
- *DSCCC Dealing with Medical Conditions Policy*
- *DSCCC Excursions and Service Events Policy*
- *DSCCC Food Safety and Hygiene Policy*
- *DSCCC Illness, Infectious Disease and Emergency Care Policy*
- *DSCCC Inclusion and Equity Policy*
- *DSCCC Nutrition and Active Play Policy*
- *DSCCC Privacy and Confidentiality Policy*
- *DSCCC Supervision of Children Policy*

### External

- 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](http://www.allergyfacts.org.au)
- Australasian Society of Clinical Immunology and Allergy (ASCIA): [www.allergy.org.au](http://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 Training provides information and resources related to anaphylaxis and anaphylaxis training. Anaphylaxis resource kits have also been distributed to all Victorian licensed children's services for the purpose of undertaking training in the administration of an auto-injection device.

<http://www.education.vic.gov.au/childhood/providers/health/pages/anaphylaxis.aspx>

- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne ([www.rch.org.au](http://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](http://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](http://www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11121)

The Royal Children's Hospital has been contracted by the Department of Education and Training to provide an Anaphylaxis Support Line to central and regional Department of Education and Training staff, school principals and representatives, school staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Support Advisory Line can be contacted on 1300 725 911 or 9345 4235

## 9. Evaluation

### The Director is responsible for:

- Supporting all permanent and regular casual staff to attend EpiPen training, either as stand-alone training or incorporated into other allergy or health related courses.
- Discussing with staff their knowledge of issues following staff participation in anaphylaxis management training.
- Selectively auditing enrolment checklists (for example, annually) to ensure that documentation is current and complete.
- Discussing this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
- Responding to complaints in respect of the policy and its implementation.
- Reviewing the adequacy of the response of the centre if a child has an anaphylactic reaction and considering the need for additional training and other corrective action.

### The Director shall nominate a staff member to:

- Attend a relevant allergy training information session.
- Conduct 'anaphylaxis scenarios' and supervise practice sessions in EpiPen® administration procedures to determine the levels of staff competence and confidence in locating and using the EpiPen® kit.
- An EpiPen® trainer shall be purchased for these practice sessions. It shall be labeled as a 'trainer' and be stored separately from all other EpiPens®, for example in a file with anaphylaxis resources, so that the EpiPen® trainer is not confused with an actual EpiPen®.
- Routinely (for example, monthly) review the EpiPen® kits to ensure that they are complete and the EpiPen®s are not expired.
- Liaise with the Management Committee and parents/guardians of children at risk of anaphylaxis.

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- Ensure accurate records are kept of all training, 'anaphylaxis scenarios' and routine checks of the EpiPen® kits.

### Parents/guardians are responsible for:

- Reading and being familiar with this policy.
- Identifying and liaising with the nominated staff member.
- Bringing relevant issues to the attention of both staff and Management Committee.

Date Reviewed	Details of Changes (if any)	Date of Next Review
February 2018	Schedule 3 (risk minimisation plan) reviewed and updated.	February 2021
February 2014	Minor clarifications, removal of duplication, addition of DSCCC Risk Management Plan and Communication Plan	February 2018
December 2012	Update to legislative framework and classification of Director responsibilities	June 2013
June 2010	None	June 2012
June 2008	Clarification of notification of relief staff of children with allergies	June 2011



## SCHEDULE 1

The following procedures should be implemented to help protect the child at risk of anaphylaxis from accidental exposure to food allergens:

### **In relation to the child at risk:**

- This child should only eat food that has been specifically prepared for him/her.
- Where the centre is preparing food for the child, ensure that it has been prepared according to the parents/guardians instructions.
- All food for the child at risk of anaphylaxis should be in accordance with the Centre's risk minimisation plan.
- Bottles provided by the parents/guardians for this child should be clearly labelled with the child's name.
- There should be no trading or sharing of food, food utensils and containers with this child. In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination.
- To protect babies with allergies from exposure to an allergen, any non-allergic babies should be held individually when they drink formula/milk.
- Ensure appropriate supervision of this child on special occasions such as excursions, incursions or family days.

### **In relation to other practices at the centre:**

- Ensure tables and bench tops are washed down after eating.
- Ensure handwashing for all children upon arrival at the centre, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. The use of foods in such activities should be consistent with the Centre's risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the centre with food.
- Staff should use non-food rewards, for example stickers, for all children.
- The risk minimisation plan will inform the centre's food purchases and menu planning.
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Where food is brought from home to the centre all parents/guardians will be asked to provide products that list all ingredients contained in the product.

## SCHEDULE 2 - ENROLMENT CHECKLIST

- Risk minimisation plan is completed, prior to the attendance of the child at the centre, which includes strategies to address the particular needs of each child at risk of anaphylaxis and this plan is implemented
- Parents/guardians of a child at risk of anaphylaxis have been provided a copy of the centre's Anaphylaxis Policy
- Parents/guardians of all children are made aware of the policy
- Anaphylaxis action plan for the child is signed by the child's doctor and is visible to all staff
- Two EpiPen® kits (within expiry date) are available for use at any time the child is in the care of the centre
- EpiPens® are stored in an appropriate container in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All staff, including relief staff, are aware of each EpiPen® kit location
- All permanent DSCCC staff, especially those responsible for the child/ren at risk of anaphylaxis, undertake anaphylaxis management training which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practice with an EpiPen® trainer, and is reinforced at yearly intervals
- The centre's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan
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- Parents/guardians current contact details are available
- Information regarding any other medications or medical conditions (for example asthma) is available to staff
- If food is prepared at the centre, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis.

Schedule 3

DAWSON STREET CHILDCARE CO OPERATIVE  
RISK MINIMISATION PLAN (ANAPHYLAXIS)

How well has the children’s service planned for meeting the needs of children with allergies who are at risk and with a medical condition requiring extra care?		
1. Who are the children?	<ul style="list-style-type: none"> <li>List name and room location of each of the at risk child</li> </ul>	Name:
2. What are they allergic to?	<ul style="list-style-type: none"> <li>List all of the known allergens and risk factors for each of the at risk children</li> </ul>	Allergens:
	<ul style="list-style-type: none"> <li>List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure</li> <li>All staff are aware of where each child’s medical management plan and medication (including expiry) are located</li> </ul>	<p>Dawson Street is a nut aware centre and there is a warning notifying all who attend that there may be children attending who are anaphylactic</p> <p>Information is written on each child’s medical management plan Any new information is communicated through staff meetings</p>
3. Does everyone recognise the at risk children?	<ul style="list-style-type: none"> <li>List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at risk children.</li> <li>Confirm where the child’s Medical Management Plan (including the child’s photograph) will be displayed</li> </ul>	Medical management plans with photos are visible in all rooms. Relief staff/students are directed to this when they start work

DO FAMILIES AND STAFF KNOW HOW THE SERVICE MANAGES THE RISK OF MEDICAL CONDITIONS?

Record when each family of an at risk child is provided a copy of the service’s Anaphylaxis policy	At the enrolment and when we update the policy
Record when each family member provides appropriate medication	
All staff, including relief staff, know where medication and medical management plans are kept for each at risk child	..... Epipen Kit is located in the ....., next to the .....and is accessible to

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	staff at all times
Regular checks of the expiry date of each child's medication are undertaken by nominated staff member and the families of each at risk child. A staff member in the Daisy Room has been designated to check medication expiry dates as the Medical Conditions Officer	Expiry dates are written on each child's medical management plan and the location of where to find it  Expiry .....
Procedures to be followed to minimise the risk of exposure to a know allergen. <ul style="list-style-type: none"> <li>• Food packaging of risk foods is kept separate and in labelled containers</li> <li>• Food Safety and Hygiene Policy will be followed by staff when serving food</li> </ul>	
If the food allergens change.	Families will notify staff verbally as soon as possible and staff will document on the changes to medical management plan form located in Individual Medical Book
Ensure all families are aware of the policy that no child who has been prescribed an EpiPen is permitted to attend the service without that EpiPen	As per policy the EpiPen Kit stays at the centre
The service displays the ASCIA generic poster in key locations, and emergency call information posters near all telephones	Ascia posters up in hallway, staffroom and office
Medication is taken on all outings attended by the at risk child	Yes. When DSCCC does the fire drill or excursions all medication baskets are taken with educators
The service ensures there is a first aid officer on duty at all times	All staff have up to date anaphylaxis and asthma training.

**DO ALL STAFF KNOW HOW THE CHILD'S 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 who is responsible for implementing them (see following section for possible exposure scenarios and strategies)	
Menus are planned in conjunction with parents/guardians of at risk children <ul style="list-style-type: none"> <li>• Food for the at risk child is prepared according to their parents'/guardians' instructions to avoid the inclusion of food allergens</li> <li>• As far as practical the food on the menu for all children should not contain ingredients such as milk, egg and peanut/nut products to which the child is at risk</li> <li>• The at risk child should not be given food if the</li> </ul>	The menu is prepared with parents advice and Medical management plan, avoiding inclusion of peanuts and eggs

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label for the food states that the food may contain traces of a known allergen	
Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens	Educators to use tongs when serving the children Separate containers for food for children with allergy
Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child	
Service develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her	Sema labels individual meals with name and photo cards
No food is introduced to a baby if the parent/guardian has not previously given this food to the baby	
Ensure each child enrolled at the service washes his/her hands upon arrival at the service, before and after eating	Educators encourage the children's to wash their hands at arrival and departure, parents are also reminded to encourage the children to wash their hand on arrival
Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk child/ren and the reason for this	Educators discuss this with children at mealtimes, staff sit with children during mealtimes as well
Bottles, other drinks and lunch boxes provided by the family of the at risk child should be clearly labelled with the child's name	Bottles are clearly labelled with names
Educators may consume foods that could contain ingredients dangerous to at risk children	Staff will wash hands and rinse mouth before returning to work

### DO RELEVANT PEOPLE KNOW WHAT ACTION TO TAKE IF A CHILD HAS AN ANAPHYLACTIC REACTION?

Know what each child's Action Plan says and implement it	All the educators
Who will administer medication and stay with the child;	Familiar staff member to minimise distress of child
Who will telephone the ambulance and the parents;	Director/Certified Supervisor
Who will let the ambulance officers into the service and take them to the child	Director/Certified Supervisor
Ensure the supervision of the other children;	All staff in the room not administering medication
All staff with responsibilities for at risk children have undertaken anaphylaxis management training and regular practise sessions	All DSCCC Staff have training Please see staff training records on file

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HOW EFFECTIVE IS THE SERVICE'S RISK MINIMISATION PLAN?

Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure	
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PARENT INPUT TO RISK MINIMISATION PLAN


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## POSSIBLE EXPOSURE SCENARIOS AND STRATEGIES

Scenario	Strategy	Who
Food is provided by the child's service and a food allergen is unable to be removed from the service's menu (for example milk)	Menus are planned in conjunction with parents of the at risk child/ren and food is prepared according to parents instructions.	Cook, educators in room, Director, Parent
	Ensure separate storage of foods containing allergens	Director, Cook and educators in the room
	Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers.	Cook & Staff
	There is a system in place to ensure the at risk child is served only the food prepared for him/her.	Cook educators and Director & Staff
	An at risk child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes.	Educators
	Children are regularly reminded of the importance of no food sharing with the at risk child.	Educators
	Children are supervised during eating	Educators
Party or celebration	Give plenty of notice to families about the event	Director, educators
	Ensure a safe treat box is provided for the at risk child	Parent/Staff
	Due the Food Safety program and allergies, families are not allowed to provide food	Director, educators
Protection from insect bite allergies	Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area	Educators
	Decrease the number of plants that attract bees	Director and educator
	Ensure the at risk child wears shoes at all times outdoors	Educators in the room
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at risk child during the period required to eradicate the insects	Pest Control every month

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I acknowledge that I have read and understood this document.

DIRECTOR: \_\_\_\_\_  
(name) (sign) (date)

COOK: \_\_\_\_\_  
(name) (sign) (date)

I also give consent for my child's action plan to be displayed around the centre.

PARENT: \_\_\_\_\_  
(name) (sign) (date)



## **Schedule 4**

### **Communication Plan for Dawson Street Child Care Co-operative in relation to medical conditions policy.**

DSCCC medical conditions policy is communicated with staff during their induction to the centre. They are directed to look at the medical quick lists and action plans in the room that they will be working in for the day and alerted to children who are covered by these.

20/01/13 Medical conditions was added to the staff meeting agenda

DSCCC Dealing with Medical Conditions policy is communicated with families upon enrolment. Parents/Guardians will provide all information on enrolment forms, a copy of a medical action plan and discuss the medical condition with the director/ administration officer.

The director will then pass this information onto a staff member working with the child and they will inform all staff in that room.

**Communication plan**

Child's name: \_\_\_\_\_

Medical condition: \_\_\_\_\_

Date centre was notified: \_\_\_\_\_

Who made the notification: \_\_\_\_\_

Who received the notification: \_\_\_\_\_

Medical action plan given: (please circle) Yes/Not yet

Date received: \_\_\_\_\_

Discussion about medication and it needing to be at the centre at all times with  
\_\_\_\_\_

Date medical action plan displayed and staff notified: \_\_\_\_\_

Who was notified: \_\_\_\_\_

By whom: \_\_\_\_\_

Who are the staff in the room & what date was it communicated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of staff meeting where it was discussed with all staff

\_\_\_\_\_  
\_\_\_\_\_

Further communication will be made on the correspondence sheet kept in the Childrens individual accident/illness/medical record.