

DOCUMENTATION CONTROL RECORD

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ELAA acknowledges the contribution of the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne, Allergy & Anaphylaxis Australia Inc and Department of Education and Training (DET) in the development of this policy.

PURPOSE

This policy will provide guidelines to:

- minimise the risk of allergic reaction resulting in anaphylaxis occurring while children are in the care of Summerhill Park Kindergarten
- ensure that service staff respond appropriately to anaphylaxis by following the child's ASCIA action plan for anaphylaxis
- raise awareness of anaphylaxis and its management amongst all at the service through education and policy implementation.

This policy should be read in conjunction with the [Dealing with Medical Conditions Policy](#).

POLICY STATEMENT

1. VALUES

Summerhill Park Kindergarten believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- raising awareness of families, staff, children and others attending the service about allergies and anaphylaxis
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing risk minimisation and risk management strategies 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.

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 Summerhill Park Kindergarten. 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.

3. BACKGROUND AND LEGISLATION

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 autoinjector, 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*).

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)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. 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.

Adrenaline autoinjector: 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 ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

Used adrenaline autoinjectors should be placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.

Adrenaline autoinjector kit: An insulated container with an unused, in-date adrenaline autoinjector, a copy of the child's ASCIA action plan for anaphylaxis, and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Autoinjectors must be stored away from direct heat and cold.

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something in the environment which is usually harmless, eg: 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).

Anapen®: A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. Two strengths are available: an Anapen® and an Anapen Jr®, and each is prescribed according to a child's weight. The Anapen Jr® is recommended for a child weighing 10–20kg. An AnaPen® 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.

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

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

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*).

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 autoinjector prescribed for each child. Examples of plans specific to different adrenaline autoinjector 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

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

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.

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 autoinjector (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. Cooking activities are exempt from this, when conducted in accordance with approved Risk Minimisation Plan strategies (refer to Attachment 3).

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 autoinjector 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.

5. SOURCES AND RELATED POLICIES

Sources

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: <http://acecqa.gov.au/qualifications/approved-first-aid-qualifications/>
- Allergy & 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, 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 Training (DET) provides information related to anaphylaxis and anaphylaxis training: <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/allergy) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline autoinjector prescription. 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
 - *Autoinjectors (EpiPens) 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 Training (DET) to provide an Anaphylaxis Advice & Support Line to central and regional DET staff, school principals and representatives, school staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

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*

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 (refer Attachment 5), is developed and displayed at the service, and reviewed regularly
- providing approved anaphylaxis management training (refer to *Definitions*) to staff, including all teachers, assistants and educators, 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 autoinjector trainer at least annually, and preferably quarterly, and that participation is documented in the staff meeting book and on the designated sheet on the office cupboard
- 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 autoinjector (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*)
- ensuring staff identify children at risk of anaphylaxis during the enrolment process and informing other 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 ASCIA action plan for anaphylaxis, risk management plan (refer to Attachment 3) and communications plan are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner (Attachment 3), and ensuring these are updated at least annually and more often if required.

- 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 at risk of anaphylaxis provide an unused, in-date adrenaline autoinjector 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 autoinjector prescribed by the child's medical practitioner
- implementing a procedure for first aid treatment for anaphylaxis consistent with each child's action plan (refer to Attachment 4) and ensuring all staff are aware of the procedure
- ensuring adequate provision and maintenance of adrenaline autoinjector kits (refer to *Definitions*)
- ensuring the expiry date of the adrenaline autoinjector is checked regularly and replaced when required and the liquid in the EpiPen/EpiPen Jnr is clear
- ensuring that a sharps disposal unit is available at the service for the safe disposal of used adrenaline autoinjectors
- identifying and minimising allergens (refer to *Definitions*) at the service, where possible
- 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 whom medication is to be administered
- ensuring that written notice (via the injury, illness and medications book) 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 autoinjector kit (refer to *Definitions*) along with the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis.
- updating the relief/staff handbook and volunteer/student handbook to ensure anaphylaxis management information and information regarding each child diagnosed as at risk of anaphylaxis enrolled at the service is always current

Risk assessment

The National Law and National Regulations do not require a service to maintain a stock of adrenaline autoinjectors 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 autoinjectors, it is the responsibility of the Approved Provider to ensure that:

- adequate stock of the adrenaline autoinjector 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.

Summerhill Park Kindergarten will maintain its own supply of adrenaline autoinjectors. The Approved Provider is also responsible for ensuring that:

- adequate stock of the adrenaline autoinjector 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 child's 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 of children with anaphylaxis 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:

- identifying children at risk of anaphylaxis during the enrolment process and informing other staff
- 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*)
- In an anaphylaxis emergency, 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 without authorisation from a parent/guardian or authorised nominee (Regulation 94)
- ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)

- ensuring an adrenaline autoinjector kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- ensuring an adrenaline autoinjector kit (refer to *Definitions*) for each child diagnosed 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 at risk of 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 autoinjector kits and ASCIA action plans 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*)
- ensuring that all students on placement, are aware of their role and procedures to be followed in the event of an anaphylaxis-related emergency
- Ensuring all volunteers (including parents on duty) or other adults present and assisting with the kindergarten program are aware of the procedures that staff will follow in the event of an anaphylaxis-related emergency
- 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, symptoms of anaphylaxis and report any symptoms observed to the Nominated Supervisor.
- 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 autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- ensuring staff dispose of used adrenaline autoinjectors appropriately in the sharps disposal unit provided at the service by the Approved Provider
- ensuring that the adrenaline autoinjector 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*)
- assisting with the development of a risk minimisation plan (refer to Attachment 3) for children diagnosed as at risk of anaphylaxis at the service
- complying with the risk minimisation procedures outlined in Attachment 1.
- ensuring that records (or a copy) of medication, management and monitoring are kept at the service (for filing at the appropriate time)
- assisting with the development of a risk minimisation plan for each child diagnosed as being at risk of anaphylaxis at the service

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 autoinjector 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 autoinjectors in the sharps disposal unit provided at the service by the Approved Provider
- following appropriate first aid 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 autoinjector 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
- assisting with the development of a risk minimisation plan for each child diagnosed as being at risk of anaphylaxis at the service.
- 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 using an agreed communications plan or method as determined with parents (refer Attachment 5)
- 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
- ensuring that records (or a copy) of medication, management and monitoring are kept at the service (for filing at the appropriate time)

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 and/or, under emergency

circumstances, the adrenaline autoinjector provided by the service, in line with this action plan, prior to commencement at the service or immediately upon diagnosis.

- providing staff with an unused, in-date and complete adrenaline autoinjector kit
- ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner
- regularly checking the adrenaline autoinjector's expiry date and colour of EpiPen adrenaline
- 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, using an agreed communications plan or method as determined with staff (refer Attachment 5)
- 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).
- ensuring they notify the service immediately about any changes to the child's individual ASCIA action and management plan and providing a new ASCIA action plan for anaphylaxis at least annually or more frequently if required.
- encouraging child to learn about their medical-related symptoms
- communicating all relevant information and concerns to staff, particularly in relation to the health of their child
- completing all the details on the enrolment form, including providing a current management plan and consent for medication, and providing a supply of in-date medication that complies with the management plan

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.

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.

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>
- Attachment 5: Sample medical communications plan
- Attachment 6: Procedure for checking Summerhill Park Kindergarten-supplied medications (also repeated in Asthma Policy)

AUTHORISATION

This policy was adopted by the Approved Provider of Summerhill Park Kindergarten on 12th October 2020.

REVIEW DATE: JULY 2021

DOCUMENT HISTORY

Version	Date	By	Reason for change
0.0	2014	ELAA	Initial Draft – ELAA template 2014
v1.0	2014	Aug 2014	Reviewed and Endorsed by 2014CoM
	October 2015	2015 President (V Ivan)	Re-review of policy against current policy and new 2015 ELAA revisions. Based on ELAA 2015 release. Anaphylaxis, Asthma & Diabetes policies extensively cross-referenced. Endorsement by 2015 CoM
v2.0	October 2015	2015 Vice President (H Whittle)	Review and addition of documentation control and history tables Final Version v2
v3.0	April 2016	2016 Vice President	Annual review, update risk management plan
V3.1	April 2016	2016 Vice President	Update following further consultation with teachers
V3.2	April 2019	Mira Haldun (consultant)	Removal of outdated NQS standards and associated element in line with NQS changes. Removal of outdated Ambulance Victoria URL
V4	June 2019	2019 President (I. Griffith)	Review and endorsement by CoM
V4.1	July 2020	Mira Haldun (consultant)	Updated <i>No food sharing</i> Definition Update location of staff record of practice using an adrenaline autoinjector trainer

V5.0	October 2020	2020 President (X. Yang)	Review and endorsement by CoM
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ACKNOWLEDGEMENT

The ELAA policy on which this policy is based 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 as provided by their parent/guardian
- ensure there is no food sharing (refer to *Definitions*), or sharing of food utensils or containers (consider risk of shared food disposal containers) at the service
- 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 known food allergens and removing the food allergens. However, be mindful that children with allergies should not be discriminated against in any way and should be included in all activities
- ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions such as excursions and other service events

In relation to other practices at the service:

- ensure tables and bench tops are thoroughly cleaned after every use and in the case of severe risk of anaphylaxis to wipe down chairs also.
- ensure that all children and adults wash hands upon arrival at the service, and before 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 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
- assess garden areas (plants, water) that may attract biting insects, and reduce where appropriate.

ATTACHMENT 2

Enrolment checklist for children diagnosed as at risk of anaphylaxis

- A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented including following procedures to address the particular needs of each child diagnosed as at risk of anaphylaxis.
- Parents/guardians of a child diagnosed as at risk of anaphylaxis have been provided with a copy of the service's *Anaphylaxis Policy* and *Dealing with Medical Conditions Policy*.
- All parents/guardians are made aware of the service's *Anaphylaxis Policy*.
- An ASCIA action plan for anaphylaxis for the child is completed and signed by the child's registered medical practitioner and is accessible to all staff.
- A copy of the child's ASCIA action plan for anaphylaxis is included in the child's adrenaline autoinjector kit (refer to *Definitions*).
- An adrenaline autoinjector (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service.
- An adrenaline autoinjector is stored in an insulated container (adrenaline autoinjector kit) in a location easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold.
- All staff, including casual and relief staff, are aware of the location of each adrenaline autoinjector kit which includes each child's ASCIA action plan for anaphylaxis.
- All staff have undertaken approved anaphylaxis management training (refer to *Definitions*), which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions and emergency first aid treatment. Details regarding qualifications are to be recorded on the staff record (refer to *Definitions*).
- All staff have undertaken practise with an autoinjector trainer 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

Summerhill Park Kindergarten risk minimisation plan

Child's Name _____

Child's Birthdate _____

What is your child allergic to (please specify)?

What are the potential sources of exposure to each known allergen and strategies to minimise the risk of exposure? Are there certain foods/items that should not be brought to the service?

Actions to be taken prior to the child commencing at Summerhill Park Kindergarten:

Provide parents/guardians with a copy of the Summerhill Park Kindergarten *Anaphylaxis Policy*.
Date provided: _____

Parents/guardians must provide an unused, in-date and complete adrenaline autoinjector kit.
Date provided: _____

I acknowledge that my child will not be permitted to attend the kindergarten without the adrenaline autoinjector and an Action Plan being provided to Summerhill Park Kindergarten on or before my child's first day of kindergarten for the year.

I acknowledge I have received a copy of the SPK Anaphylaxis Policy and agree to abide by all recommendations.

(name)

(signature)

(name)

The following information is not a comprehensive list but contains some suggestions to consider when developing/reviewing the Summerhill Park 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?	<input type="checkbox"/> List names of each child diagnosed as at risk.
What are they allergic to?	<input type="checkbox"/> List all known allergens for each child at risk. <input type="checkbox"/> 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?	<input type="checkbox"/> 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 adrenaline autoinjector kit including their ASCIA action plan for anaphylaxis.
Do families and staff know how the service manages the risk of anaphylaxis?	<input type="checkbox"/> Record the date on which each family of a child diagnosed as at risk of anaphylaxis is provided a copy of the service's <i>Anaphylaxis Policy</i> . <input type="checkbox"/> Record the date that parents/guardians provide an unused, in-date and complete adrenaline autoinjector kit. <input type="checkbox"/> Test that all staff, including casual and relief staff, know the location of the adrenaline autoinjector kit and ASCIA action plan for anaphylaxis for each at risk child. <input type="checkbox"/> Ensure that there is a procedure in place to regularly check the expiry date of each adrenaline autoinjector. <input type="checkbox"/> 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: <ul style="list-style-type: none"> • 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 • food packaging where that food is a known allergen e.g. cereal boxes, egg cartons.
	<input type="checkbox"/> Ensure a new written request is sent to all families if food allergens change. <input type="checkbox"/> Ensure all families are aware of the service policy that no child who has been prescribed an adrenaline autoinjector is permitted to attend the service without that device. <input type="checkbox"/> Display the ASCIA generic poster <i>Action Plan for Anaphylaxis</i> in key locations at the service and ensure a completed Ambulance Victoria <i>AV How to Call Card</i> is next to all telephone/s. <input type="checkbox"/> The adrenaline autoinjector kit for each at risk child, including a copy of their 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.

<p>Has a communication plan been developed which includes procedures to ensure that:</p> <ul style="list-style-type: none"> ● all staff, volunteers, students and parents/guardians are informed about the policy and procedures for the management of anaphylaxis at Summerhill Park Kindergarten ● 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 plan for anaphylaxis and the [Service Name]Summerhill Park Kindergarten risk management plan. 	<ul style="list-style-type: none"> <input type="checkbox"/> All parents/guardians of children diagnosed with anaphylaxis are provided with a copy of the <i>Anaphylaxis Policy</i> prior to commencing at Summerhill Park Kindergarten. <input type="checkbox"/> A copy of this policy is displayed in a prominent location at the service. <input type="checkbox"/> 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. <input type="checkbox"/> An induction process for all staff and volunteers includes information regarding the management of anaphylaxis at the service including the location of adrenaline autoinjector kits, ASCIA action plans for anaphylaxis, risk minimisation plans and procedures, and identification of children at risk.
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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

<p>How effective is the service's risk minimisation plan?</p>
<p><input type="checkbox"/> 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.</p>

Scenario	Strategy	Who is responsible?
<p>Food is provided by the service and a food allergen is unable to be removed from the service's menu (e.g. milk).</p>	<p>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.</p> <p>Alternatively, the parents/guardians provide all food for the at risk child.</p>	<p>Cook, Nominated Supervisor and parents/guardians</p>
	<p>Ensure separate storage of foods containing the allergen.</p>	<p>Approved Provider and Cook</p>
	<p>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.</p>	<p>Cook, staff and volunteers</p>
	<p>There is a system in place to ensure the child diagnosed as at risk of anaphylaxis is served only food prepared for him/her.</p>	<p>Cook and staff</p>
	<p>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.</p>	<p>Staff</p>
	<p>Children are regularly reminded of the importance of not sharing food.</p>	<p>Staff</p>
	<p>Children are closely supervised during eating.</p>	<p>Staff</p>

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.	Approved Provider, Nominated Supervisor and educators
	Ensure activities and ingredients used are consistent with risk minimisation plans.	

ATTACHMENT 4

First Aid Treatment for Anaphylaxis

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



australasian society of clinical immunology and allergy

FIRST AID TREATMENT FOR ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction and potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen they are allergic to (usually a food, insect or medication).

MILD TO MODERATE ALLERGIC REACTION

In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction:

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis).

ACTION

- For insect allergy, flick out the sting if it can be seen (but do not remove ticks)
- Stay with person and call for help
- Give medications if prescribed (whilst non-drowsy antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication)
- Locate **adrenaline autoinjector** if available (instructions are included in the ASCIA Action Plan for Anaphylaxis which should be stored with the adrenaline autoinjector)
- Contact parent/guardian or other emergency contact.

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Continue to watch for any one of the following signs of anaphylaxis (severe allergic reaction):

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

ACTION

- **Lay person flat - if breathing is difficult, allow to sit - do not allow them to stand or walk**
- **Give the adrenaline autoinjector** if available (instructions are included in the ASCIA Action Plan for Anaphylaxis, stored with the adrenaline autoinjector)
- **Call Ambulance** (Telephone 000 in Australia, 111 in New Zealand)
- Contact parent/guardian or other emergency contact
- Further adrenaline doses may be given (when an additional adrenaline autoinjector is available), if there is no response after 5 minutes.

If in doubt, give the adrenaline autoinjector.

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

If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

NOTE:

- **Adrenaline is life saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and death. This is why giving the adrenaline autoinjector is the first instruction on the ASCIA Action Plan for Anaphylaxis. If cardiopulmonary resuscitation (CPR) is given before this step there is a risk that adrenaline is delayed or not given.**
- **In the ambulance oxygen will usually be administered to the patient by paramedics.**
- **Medical observation of the patient in hospital for at least 4 hours is recommended after anaphylaxis.**
- **Adrenaline autoinjectors available in Australia and New Zealand include EpiPen® and EpiPen® Jr.. EpiPen Jr is generally prescribed for children aged 1 to 5 years.**

© ASCIA 2015 For further information on anaphylaxis visit www.allergy.org.au - the web site of ASCIA.
ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand.

ATTACHMENT 5 SAMPLE MEDICAL COMMUNICATIONS PLAN

This plan aims to help the SPK community understand and meet the needs of the SPK Anaphylaxis Policy, ensuring the health and safety of both children and adults attending the kindergarten is improved and maintained.

Objectives

1. Ensure all staff and volunteers at the kinder are aware of and understand their role as part of the relevant policy
2. Help parents and parents/guardians clearly communicate regarding a child diagnosed with medical condition
3. Raise awareness and understanding of the medical condition within the kindergarten community

Actions

1. Awareness and understanding of policy and roles for staff and volunteers
 - a. Ensure policy is made available to all parents and staff:
 - i. Online placement
 - ii. Included as part of parent handbook materials (full policy provided to relevant parents)
 - iii. Available in kinder foyer
 - iv. Included as part of discussion/orientation for parents
 - v. Volunteers and casual staff (eg kinder duty) to be made aware of the relevant medical condition within the kindergarten (refer to management plans)
 - vi. Included on OHS risk management checklist
 - b. Staff training, policy review and management schedules are maintained by staff and committee of management

2. Help parents and parents/guardians clearly communicate regarding a child diagnosed with the medical condition
 - i. Create a template to record significant discussions/information updates with parents
 - ii. Provide access to this template every session that a child diagnosed with the medical condition attends, and as requested by parents/guardians

3. Raise awareness and understanding of the medical condition within kindergarten community
 - a. Create, provide and display materials to support awareness
 - b. Include information about diabetes within SPK newsletter, parent handbook, parent orientation, handouts and online

Communications template (example)

Child's name:

Condition:

Action plan provided (date/signed)

Management plan provided (date/signed)

How frequently does the action plan require updating?

How frequently does the management plan require updating?

DATE	INFORMATION	ACTION REQUIRED	Y	N	SIGNED PARENT

		COMPLETED	Y	N	TEACHER
		REQUIRED	Y	N	PARENT
		COMPLETED	Y	N	TEACHER

ATTACHMENT 6

Procedure for checking Summerhill Park Kindergarten-supplied medications (such as Anaphylaxis and Asthma medications)

The Approved Provider of Summerhill Park Kindergarten has decided that the service should hold and maintain its own supply of Asthma reliever medication (eg. Ventolin inhaler/spacer) and an Anaphylaxis adrenaline auto-injector device (eg. Epipen) as a back up measure. It is the responsibility of the Approved Provider to ensure that:

- adequate stock of the medications are held by the service and are checked regularly that they are unused and in date
- the integrity of the packaging of the Summerhill Park Kindergarten medications are checked for any damage/tampering
- if the medication has been used, it is the responsibility of the staff on duty to inform the Approved Provider to replace ASAP
- the medications are kept in a secure yet accessible location
- the location of the SPK adrenaline auto-injector and reliever medication is known to all staff, volunteers and parents on duty
- The service follows the Anaphylaxis/Asthma/Administration of First Aid/Administration of Medication/Dealing with Medical Conditions policies.