

NQS2 Children's health and safety

Procedure

Anaphylaxis and Allergy

Exposure to known allergens can have serious, sometimes life-threatening health consequences. Compliance with this procedure is essential.

Background

This procedure outlines:

- Responsibilities to manage the health needs of children with anaphylaxis (severe allergic reaction) and allergies (mild or moderate allergic reaction) that are formally diagnosed by a registered medical practitioner.
- Principles of Best Practice Guidelines for Anaphylaxis Prevention and Management in Children's Education and Care Services (2023).

For the purpose of this procedure, an intolerance diagnosed by a registered medical practitioner is an allergy.

This procedure is implemented with the Nutrition and Food Safety, Medical Conditions and Administration of Medication Procedures.

Not in scope of this procedure: Food preferences, restrictions, allergies and intolerances **not** diagnosed by a registered medical practitioner. Follow *Undiagnosed Dietary Requirements Procedure*.

Be allergy aware

As recommended by the National Allergy Council (2023), rather than claiming to be a "nut free centre" or banning food allergens, implement and promote an allergy aware approach to prevent and manage anaphylaxis and allergies,

Centre Director/Nominated Supervisor or Responsible Person in Charge will:

- Promptly undertake a review of health and dietary information provided by parents/guardians upon receipt of an *Enrolment Booklet/Online Form*.
- When needed, seek clarification from parents/guardians to determine if anaphylaxis, allergy, intolerance or dietary requirement recorded in an *Enrolment Booklet/Online Form* is undiagnosed or diagnosed by a registered medical practitioner.
- When an undiagnosed dietary requirement is recorded as a medical condition, amend Kidsoft by:
 1. "Add a Comment" on child's details. Include your name, parent/guardian name, date and details of conversation and if applicable, upload scanned copy of written parent/guardian instructions as "undiagnosed dietary requirement" to the child's record.
 2. Delete medical information record from the child's details.
 3. Create a tag "special dietary requirement" on child's Kidsoft record to reflect the undiagnosed dietary requirement.
- Proactively monitor and review centre compliance with this procedure, including mealtime protocols.
- Maintain and display (in a prominent location(s) including mealtime area, kitchen) a current *Centre Health Summary Record*. Optional for kindergartens and OSHC.
- As outlined in the Medical Conditions Procedure:
 - Formally meet with parents/guardians (with a child with anaphylaxis or allergies) every 6mths (or more frequently when health needs change) to review (and update if necessary) risk minimisation plans.
 - Lead the implementation of communication plans (as detailed in *Medical Condition Records*), including undertaking medical emergency scenario activities every 6mths at team meetings.
- When an enrolled child has anaphylaxis:
 - Display 'Child/Children with anaphylaxis is enrolled at the centre' poster in a prominent location, visible from the front entrance of centre.
 - Add an anaphylaxis medical emergency to *Centre Specific Emergencies Risk Assessment*.

Teachers, educators and kitchen personnel will:

- (Optional) Complete "All about allergens for children's education and care" online course (Food Allergy Aware) upon commencement and then every 2yrs.
- Participate in communication activities to understand children's health needs and strategies to manage associated risks.
- Proactively support colleagues understanding and implementation of this procedure.

Food provision and mealtime risk minimisation

Centre Director/Nominated Supervisor or Responsible Person in Charge will:

- Create a laminated *Dietary Requirement Card* for each child with anaphylaxis or allergy. Optional for kindergartens and OSHC.

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- Prior to commencement or upon diagnosis, meet with parents/guardians (with a children with anaphylaxis or allergies) to:
 - Discuss the possibility of them eating suitable foods from home to consume at special events and celebrations instead of food being supplied by centre. Store suitable foods in centre freezer, in a sealed container, labelled with their child's name.
 - Childcare centres only - When a child has a complex food allergy, discuss the possibility of them eating suitable foods from home instead of meals provided by centre. This decision must be made in consultation with child's parents/guardians and documented in child's risk minimisation plan (in the Medical Condition Record).

Teachers and educators will:

- Regularly facilitate developmentally appropriate discussions with children about the serious nature of anaphylaxis and allergies and the importance of hand washing and not sharing food with peers.
- Support and supervise children to wash their hands on arrival at the centre, before and after mealtimes, and to stay seated when eating.
- Closely supervise children during mealtimes. When appropriate, sit near children with anaphylaxis and allergies.
- Never seat children with anaphylaxis and allergies away from their peers.
- Seat children with anaphylaxis and allergies with children who are more likely to keep their food in lunch box/on their plate AND not share food with their peers.
- Childcare only - Serve meals in this order:
 1. Children with anaphylaxis on **red** plates.
 2. Children with allergies on **green** plates.
 3. Children with undiagnosed special dietary requirements on **yellow** plates
 4. Children with no dietary requirements.
- Refer to displayed Centre Health Summary Record and laminated Dietary Requirement Cards before serving meals/lunch boxes. Optional for kindergartens and OSHC.
- Complete a two person check to ensure children with anaphylaxis and allergies are provided with the correct meal/lunch box.
- When serving food from a shared platter, provide when applicable, children with anaphylaxis and allergies with their own plate of food.
- Where practical and possible, place water bottles belonging to children with anaphylaxis and allergies in a separate location to reduce the likelihood of other children drinking from them.
- Implement bottle storage and preparation responsibilities outlined in the *Nutrition and Food Safety Procedure* to ensure children with milk or soy allergies are provided with the correct drink.
- During meals, immediately clean table food and milk spills with soapy water (detergent and water). When using cloth towels, launder and sanitize after each meal.
- Promptly after mealtimes:
 - Thoroughly wipe tables and chairs with a disposable paper towel (preferred) and soapy water (detergent and water).
 - Mop floors with soapy water (detergent and water) when a significant amount of food and drink has been spilt.

Childcare kitchen personnel will:

- Consistently follow *Centre Food Safety Program* and *Nutrition and Food Safety Procedure* and refer to current *Centre Health Summary Record* before ordering food and preparing and serving meals.
- Prepare and serve nutritional and varied meals for children who have anaphylaxis and allergies. Avoid preparing and serving last minute meal requests.
- Develop and display menus that detail meals options for all children, including children with anaphylaxis and allergies.
- When a child(ren) has an allergy to dairy, wheat or egg, do not remove foods containing dairy, wheat and egg from centre menu. Foods containing dairy, wheat and egg are staple foods and contain essential nutrients for children. (National Allergy Council (2023) recommendation)
- Remove nuts from centre menu. As nuts are not staple foods, it is a reasonable risk minimisation strategy to remove nuts from centre menu. (National Allergy Council (2023) recommendation)
- When ordering food and preparing meals, observe precautionary allergen food product labelling statements e.g. "may contain traces of..."
- To minimise cross contamination **prepare meals** in the following order:
 1. Meals for children with **anaphylaxis**.
 2. Meals for children with **allergies**.
 3. Meals for children with **undiagnosed special dietary requirements**.
 4. Meals for children with no dietary requirements.




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Only kitchen personnel are permitted to prepare and plate meals to children with anaphylaxis, allergies and undiagnosed dietary requirements.

- To minimise cross contamination **plate and serve meals** for children with anaphylaxis and allergies in a segregated and clean work space, in the following manner and order:

	1	2	3
A.	Children with anaphylaxis on red plates	Children with children with allergies on green plates	Children with undiagnosed dietary requirements on yellow plates
B.	Cover meal/plate with cling wrap	Cover meal/plate with cling wrap	Cover meal/plate with cling wrap
C.	Secure child's red <i>Dietary Requirement Card</i> on correct meal	Secure child's green <i>Dietary Requirement Card</i> on the correct meal	Secure child's yellow <i>Dietary Requirement Card</i> on correct meal
	 <p>Medically Diagnosed ANAPHYLAXIS</p> <p>Insert child's first name and surname</p> <p>I am severely allergic to Insert allergen</p> <p>Group/Room Name: Insert group/room name</p>	 <p>Medically Diagnosed ALLERGY</p> <p>Insert child's first name and surname</p> <p>I am allergic to Insert allergen</p> <p>Group/Room Name: Insert group/room name</p>	 <p>Medically Diagnosed INTOLERANCE</p> <p>Insert child's first name and surname</p> <p>I am not allowed to eat Insert name of food</p> <p>Group/Room Name: Insert group/room name</p>

Medication Storage

Teachers and educators will store:

- Medication as per product instructions,
- Medication in a known location that is clearly signed, inaccessible to children, but easily accessible (not locked) and to teachers, educators and kitchen personnel.
- Adrenaline (EpiPen/Anapen):
 - At room temperature (between 15-25°C); not in a refrigerator.
 - Out of direct sunlight.
 - In an insulated lunch box/wallet, if storing at room temperature is not possible.
- A copy of child's medical management plan with their medication.
- A copy of [ASCIA First Aid Plan for Anaphylaxis](#) with centre emergency EpiPen/Anapen.

Curriculum decisions and food allergies

Teachers and educators will:

- Consider children's allergens and ingredients before planning a cooking experience. Always observe precautionary allergen food product labelling statements e.g. "may contain traces of..."
- Monitor donated containers for known allergens. Do not use egg cartons when a child(ren) has a known egg allergy.
- Before use, review the ingredients found in face paint products, as some may contain food allergens such as peanut, tree nut, milk or egg.
- Review ingredients when providing play dough and other similar mediums as products used may contain food allergens such as nut oils. Discuss alternatives with parents/guardians if their child's allergen is wheat.
- Review ingredients found in sunscreen products used at the centre, as some may contain nut oils.
- Be aware animal feed may contain food allergens e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food. When a child has an egg allergy and the centre has resident chickens, implement strategies to minimise child's exposure to eggs. Document strategies in child's risk minimisation plan.

Insect Allergies

Centre Director/Nominated Supervisor or Responsible Person in Charge will:

- When identified, promptly arrange for harmful insects, nests and hives to be professionally removed/sprayed outside hours of operation. Branch centres only - complete [online maintenance request](#).
- Communicate regularly with garden maintenance contractor to ensure gardens and lawns are maintained. Branch centres only - When necessary, complete an [online maintenance request](#).

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Teachers and educators will:

- Via the Daily/Weekly Safety Checklist, check for harmful insects, nests and hives weekly. Promptly notify centre Director/Responsible Person in Charge when identified.
- Never store open drink containers outside, as they may attract insects. When a child(ren) has an insect allergy, instruct and support them to closed in shoes when outdoors.
- When a child(ren) has a tick allergy and centre is in tick prone location, instruct and support child to wear long pants and long-sleeved tops, and tuck pants into socks when outdoors.

Anaphylaxis emergency first aid for undiagnosed children

- In an anaphylaxis emergency, an Adrenaline (EpiPen/Anapen) can be administered without written authorisation of a registered medical practitioner i.e. pharmacy label.
- Adrenaline (EpiPen/Anapen) is kept at the centre in case of children (undiagnosed) who experience anaphylaxis for the first time whilst attending the centre. Branch childcare centres will receive 2 EpiPens annually.
- C&K employees with current first aid qualifications are permitted to administer appropriate emergency medication without parent consent (*Regulation 94 - Exception to authorisation requirement—anaphylaxis or asthma emergency*). This exception can be relied upon even where a parent/guardian has responded "No" to the administration of an Epi-pen consent questions in the child's Enrolment Booklet/Online Form. It is important to note, Regulation 94 requires: (a) centre **must** notify emergency services; and (b) centre **must** notify child's parent/guardian as soon as practicable.

First Aid/Emergency Response

When patient experiences and displays the following signs and symptoms, teachers and educators will:

Signs and symptoms of anaphylaxis (severe allergic reaction)

- | | |
|-----------------------------------|--------------------------------------|
| • Difficulty or noisy breathing | • Difficulty talking or hoarse voice |
| • Swelling of tongue | • Persistent dizziness or collapse |
| • Swelling or tightness in throat | • Pale and floppy |
| • Wheeze and persistent cough | |

Anaphylaxis Emergency First Aid Actions

1. Lay patient flat. Do not allow them to stand or walk.
 - If patient is unconscious, place in recovery position.
 - If breathing is difficult allow them to lay legs outstretched.
 - Always treat anaphylaxis first before treating breathing difficulties.
2. Administer Adrenaline (EpiPen/Anapen)* to outer mid-thigh as illustrated EpiPen/Anapen barrel.
3. Telephone '000' and request an ambulance.
4. Follow operator instructions until ambulance arrives. Refer to/follow patient's medical management plan.
5. When instructed by the '000' operator, administer further doses of Adrenaline (EpiPen/Anapen).
6. Do not allow patient to stand or walk even if the patient appears well.
7. Commence CPR at any time if patient is unresponsive and not breathing normally.

How to give adrenaline (epinephrine) injectors

EpiPen®

1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)
3. PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

Anapen®

1. PULL OFF BLACK NEEDLE SHIELD
2. PULL OFF GREY SAFETY CAP from red button
3. PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)
4. PRESS RED BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

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First Aid/Emergency Response – Mild to Moderate Allergic Reaction

When patient experiences and displays the following signs and symptoms, teachers and educators will:

Signs and symptoms for mild to moderate allergic reaction	
<ul style="list-style-type: none"> Swelling of lips, face and eyes Hives or welts Tingling mouth 	<ul style="list-style-type: none"> Abdominal pain Vomiting
Mild to Moderate Allergic First Aid Actions	
<ol style="list-style-type: none"> Follow patient's medical management plan when available. Administer antihistamine as per patient's medical management plan. Closely monitor patient. If patient experiences and displays symptoms and signs of a severe allergic reaction (anaphylaxis) follow emergency first aid actions above. 	

*Always give adrenaline injector first and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has sudden breathing difficulty (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Source: [ASCIA First Aid Plan Anaphylaxis General 2023.pdf \(allergy.org.au\)](https://allergy.org.au/ASCIA_First_Aid_Plan_Anaphylaxis_General_2023.pdf)

Definitions

- An **allergic reaction** is an immune response to something that is harmless to most people. An **allergy** can be mild, moderate or severe and is diagnosed by registered medical practitioner.
- Anaphylaxis** is a severe, life-threatening immune response/allergic reaction requiring the prompt administration of adrenaline (EpiPen). Anaphylaxis is diagnosed by a registered medical practitioner.
- A **child at risk of anaphylaxis** is a child that has been medically diagnosed with an allergy or anaphylaxis.
- A **food intolerance** is an allergy diagnosed by a registered medical practitioner which cause symptoms after eating some foods. For the purposes of this procedure, a medically diagnosed intolerance is an allergy.
- Adrenaline** is a medication that reverses the effects of severe allergic reaction (anaphylaxis).
- Adrenaline injectors** contain a single, fixed dose of adrenaline (EpiPen and Anapen) used to treat a severe allergic reaction (anaphylaxis).
- An **undiagnosed dietary requirement** is any food allergy, restriction, preference or intolerance NOT diagnosed by a registered medical practitioner. An undiagnosed dietary requirement is NOT a medical condition.

Resources

- [ASCIA anaphylaxis refreshing e-training](#)
- [Adrenaline injector trainers](#)
- [How to give an EpiPen | How to give an Anapen](#)
- [Food allergies in children and teenagers | Raising Children Network](#)
- [Anaphylaxis in children and teenagers | Raising Children Network](#)
- [Anaphylaxis - Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)

References

- Australian Government (2023). *Best Practice Guidelines for anaphylaxis prevention and management in Children's Education and Care Services*
- Allergy and Anaphylaxis Australia (2023). *Examples of how to reduce the risk of allergic reactions in CEC services*
- Australian Society of Clinical Immunology and Allergy. *Home - Australasian Society of Clinical Immunology and Allergy (ASCIA)*. [sourced 14 May 2024]
- National Allergy Strategy. *All about allergies Resource Hub*. [sourced 14 May 2024]
- The Royal Children's Hospital Melbourne. *Kids Health Information: Allergic and anaphylactic reactions (rch.org.au)*. [sourced 14 May 2024]