

Background

C&K is committed to supporting the inclusion and participation of all children, including children diagnosed with anaphylaxis and allergies. The safe management of allergies relies on ongoing collaboration and open communication between the centre, parents and health professionals. This procedure outlines the responsibilities and actions of both parents and the centre to ensure each child's medical condition and health needs are appropriately and safely managed. This procedure reflects Best Practice Guidelines for Anaphylaxis Prevention and Management in Children's Education and Care Services (2023) and is implemented alongside the Medical Condition Procedure, Administration of Medication Procedure and Nutrition and Food Safety Procedure.

As recommended by the National Allergy Council (2023), C&K centres will not claim to be "nut free" or ban food allergens but rather will implement and promote an allergy aware approach.

Not in scope

Food preferences, restrictions, allergies and intolerances **not** diagnosed by a registered medical practitioner are not in scope of this procedure – refer to Undiagnosed Dietary Requirements Procedure.

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

For the purposes of this procedure:

- **Medical Condition:** A current condition diagnosed by a registered medical practitioner that requires a medical management plan.
- **Medical Management Plan:** A current plan developed and authorised by a registered medical practitioner (practitioner's name, signature OR practice stamp with practitioner's name and provider number), outlining how a child's medical condition must be managed. A Medical Management Plan is deemed current if not older than 18 months or recorded expiry date. The plan must include:
 - the child's full name and recent photo
 - the name of the medical condition
 - management and care tasks
 - (if applicable) signs and symptoms, first aid and/or emergency treatment
 - (if applicable) medication details e.g. name, frequency, dosage, method.
- A plan may be in any format e.g. a letter from registered medical practitioner or a template from a recognised peak body such as Australian Society of Clinical Immunology and Allergy.
- **Anaphylaxis:** A severe, life-threatening immune response (allergic reaction) that occurs after exposure to an allergen (e.g. food, insect or medicine) requiring the immediate administration of adrenaline (EpiPen and Anapen). Anaphylaxis is diagnosed by a registered medical practitioner.
- **Adrenaline:** 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).
- **Child at risk of anaphylaxis:** A child that has been medically diagnosed with an allergy or anaphylaxis.
- **Allergy:** An immune response that occurs after exposure to an allergen. An allergy is diagnosed by a registered medical practitioner.
- **Allergic reaction:** 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.
- **Registered Medical Practitioner:** A person registered with the Australian Health Practitioner Regulation Agency under the *Health Practitioner Regulation National Law Act 2009 (Qld)*, (excluding students), including general practitioners, and specialists.
- **Parent:** A parent/guardian with the lawful authority and responsibility to make decisions for a child; in this document, the term "parent" will be used to refer to both parent and guardian.

On receipt of Enrolment Booklet/Online Form

Centre Director/Nominated Supervisor will:

- Seek clarification from parents to determine if anaphylaxis, allergy, intolerance or dietary requirement recorded in the 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 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.

Risk Minimisation Strategies

In consultation with a child's parent(s) and centre team (where possible), the Centre Director/Nominated Supervisor is responsible for developing and documenting a Risk Minimisation Plan in the child's Medical Condition Record. Risk minimisation strategies must be tailored to the child's specific medical condition and health needs. Teachers and educators are required to read, understand, implement and follow Risk Minimisation Plans.

The following strategies outline measures to reduce the risk of allergen exposure.

Before a child starts, or as soon as possible after a diagnosis for an enrolled child

Centre Director/Nominated Supervisor will:

- Create a laminated Dietary Requirement Card for each child with diagnosed anaphylaxis or allergy. Optional for kindergartens and OSCHC.
- Discuss with parents which foods their child may safely eat at special events and celebrations. Discuss the option of parents providing suitable foods that could be stored in the centre freezer, in a sealed container, labelled with their child's name.
- (Childcare centres only) When a child has a complex food allergy, consult with parents about the option of the child eating suitable foods from home instead of meals provided by the centre. This arrangement must be documented in the child's Risk Minimisation Plan in their Medical Condition Record
- Display a Medication Stored Here sign at storage locations and, if applicable, a "Child with Anaphylaxis currently enrolled Poster" sign at the centre foyer/entrance.

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.

Food provision and mealtimes

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) The Colour Plate Protocol Poster has been created for easy reference and display. 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 OSCHC.
- 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.
- Develop strategies to ensure children's water bottles are not exposed to known allergens. 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 food and milk spills with soapy water (detergent and water).
- Promptly clean bodily fluid spills e.g. vomit.
- Promptly after mealtimes:
 - Clean meal area before allowing children to play there.
 - 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 plating meals.
- Prepare 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 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.
- Remove nuts from centre menu. As nuts are not staple foods, it is a reasonable risk minimisation strategy to remove nuts from centre menu.
- 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.

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

- To minimise cross contamination, **prepare and plate meals** for children with anaphylaxis and allergies in a segregated and clean workspace, 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



Medically Diagnosed
ANAPHYLAXIS
Insert child's first name and surname
I am severely allergic to insert allergen
Group/Room Name: Insert group/room name



Medically Diagnosed
ALLERGY
Insert child's first name and surname
I am allergic to insert allergen
Group/Room Name: Insert group/room name



Medically Diagnosed
INTOLERANCE
Insert child's first name and surname
I am not allowed to eat insert name of food
Group/Room Name: Insert group/room name

Medication Storage

Teachers and educators will store:

- Adrenaline (EpiPen/Anapen):
 - in a location that is clearly signed and easily accessible and known to teachers, educators, clearly signed,
 - away from direct sunlight, at room temperature between 15-25°C
 - in an insulated lunch box/wallet, if storing at room temperature is not possible.
 - not in a refrigerator.
- A copy of child's medical management plan with their medication.
- A copy of ASClA 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 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 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.

Insect Allergies

Centre Director/Nominated Supervisor 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](#).

Teachers and educators will:

- Via the [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

As outlined in the *Administration of Medication Procedure*, the Nominated Supervisor/Centre Director will maintain a supply of Adrenaline (EpiPen/Anapen) in case of an undiagnosed child experiences a suspected Asthma medical emergency.

First Aid/Emergency Response

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

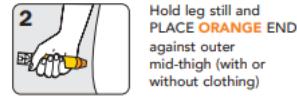
Signs and symptoms of anaphylaxis (severe allergic reaction)	
<ul style="list-style-type: none"> Difficulty or noisy breathing Swelling of tongue Swelling or tightness in throat Wheeze and persistent cough 	<ul style="list-style-type: none"> Difficulty talking or hoarse voice Persistent dizziness or collapse Pale and floppy
Anaphylaxis Emergency First Aid Actions	
<ol style="list-style-type: none"> Lay patient flat. Do not allow them to stand or walk. <ul style="list-style-type: none"> 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. Administer Adrenaline (EpiPen/Anapen) * to outer mid-thigh as illustrated EpiPen/Anapen barrel. Telephone '000' and request an ambulance. Follow operator instructions until ambulance arrives. Refer to/follow patient's medical management plan. When instructed by the '000' operator, administer further doses of Adrenaline (EpiPen/Anapen). Do not allow patient to stand or walk even if the patient appears well. Commence CPR at any time if patient is unresponsive and not breathing normally. 	

*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](#)

How to give adrenaline (epinephrine) injectors

EpiPen®



Anapen®



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"> 1. Follow patient's medical management plan when available. 2. Administer antihistamine as per patient's medical management plan. 3. Closely monitor patient. 4. If patient experiences and displays symptoms and signs of a severe allergic reaction (anaphylaxis) follow emergency first aid actions above. 	

References and resources

- Allergy and Anaphylaxis Australia (2023) - [Examples of how to reduce the risk of allergic reactions in CEC services](#)
- Allergy Facts - [Adrenaline injector trainers](#)
- Allergy Facts - [How to give an EpiPen | How to give an Anapen](#)
- ASCIA - [Anaphylaxis - Australasian Society of Clinical Immunology and Allergy](#)
- ASCIA - [Anaphylaxis refreshing e-training](#)
- Australian Government (2023) – [Best Practice Guidelines Children's Education and Care](#)
- Australian Society of Clinical Immunology and Allergy - [Home - Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)
- National Allergy Strategy - [All about allergies Resource Hub](#)
- Raising Children Network - [Anaphylaxis in children and teenagers](#)
- Raising Children Network - [Food allergies in children and teenagers](#)
- The Royal Children's Hospital Melbourne - [Kids Health Information: Allergic and anaphylactic reactions](#)