Food Allergy and Anaphylaxis Policy

1. Policy Statement

Purpose

The purpose of this policy is to minimise the risk of allergic food reactions occurring while children are being cared for at the Annie Dennis Children’s Centre (“ADCC”). In particular this policy aims to:

- minimise the risk of food-induced anaphylaxis
- ensure staff are trained to respond quickly and appropriately to an anaphylactic reaction, including competently administering and EpiPen and to
- raise awareness of allergies and anaphylaxis in the ADCC community through education and policy implementation.

The policy is based on guidelines published by the Australasian Society of Clinical Immunology and Allergy Inc. (www.allergy.org.au) and the model policy published by the Victorian Department of Education and Early Childhood Development (revised June 2008) www.office-for-children.vic.gov.au/earlychildhood

Values

Annie Dennis Children’s Centre believes that the safety and well-being of children who are at risk of anaphylaxis is a responsibility shared by the entire ADCC community. The Centre will:

- Provide, as best as it can, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children’s program and experiences
- Raise awareness about allergies and anaphylaxis amongst the Centre’s staff, children and families
- Involve the parents or guardians of each child at risk of anaphylaxis in establishing a risk minimisation plan (the Allergy Management Action Plan) appropriate for that particular child
- Ensure each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures, and
- Practise good communication to ensure the safety and wellbeing of children at risk of anaphylaxis.
2. **Scope**

The *Children’s Services Act 1996* was amended on 14 July 2008 to require proprietors of licensed children’s services to have an anaphylaxis management policy in place. This policy will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It will apply to children enrolled at the service, their parents/guardians, staff and licensee as well as to other relevant members of the community, such as volunteers and visiting specialists.

3. **Background and Legislation**

Anaphylaxis is defined as a ‘severe and sudden allergic reaction’, which occurs when a person is exposed to an allergen (such as food, or an insect bite, and some medications). Reactions usually occur within minutes of exposure to the allergen and can progress rapidly over a period of up to two hours or more. Anaphylaxis is potentially life threatening and always requires an emergency response. Fortunately, anaphylactic reactions are uncommon and usually preventable.

The ASCIA guidelines state that:

- the majority of food reactions, even to highly allergenic foods such as peanuts, are not anaphylactic

- the majority of food allergic and anaphylactic reactions occur in preschool age children. An Australian survey of over 4000 children indicated that more than 90% of anaphylactic food reactions (13/14) occurred in preschool age children and only one in a school age child

- the risk of anaphylaxis in an individual case depends on a number of factors including the age of the child, the particular food involved, the amount of the food ingested and the presence of asthma

- peanuts and other nuts are the most likely foods to cause anaphylaxis, and

- anaphylaxis is very unlikely to occur from skin contact or exposure to food odours.

4. **Glossary of terms**

**Allergen**

A substance which can cause an allergic reaction

**Allergy**

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

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

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

**Anaphylaxis medical management action plan**  A medical management plan prepared and signed by a Registered Medical Practitioner providing the child’s name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode.

**Anaphylaxis management training**  Accredited anaphylaxis management training that includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practice with and EpiPen trainer

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

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

**EpiPen auto-injector**  A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen and an EpiPen Jr, and are prescribed according the child’s weight. The EpiPen Jr is recommended for a child weighing 10
20kg and an EpiPen is recommended for use for a child weighing more than 20kg

**Food Intolerance**

Often confused with allergy, intolerance is an adverse reaction by the body to ingested foods or chemicals that is not due to the immune system

**Inflammation**

Is a defence reaction of tissues against invasion by foreign substances

**Auto Injector Pouch**

Is a pouch made from lightweight, heavy duty material with a padded core and an internal thermal silver lining. It is designed to carry an EpiPen.

5. **Risk Minimisation**

ADCC recognises that it is not possible to achieve a completely allergen-free environment in our Centre, which is open to the general community. For this reason ADCC has adopted a range of risk minimisation strategies designed to:

- reduce the risk of any child experiencing an anaphylactic reaction
- minimise the presence of allergens in the Centre.

Our risk minimisation strategy for the prevention of food anaphylactic reactions in children at risk includes:

- **A. Obtaining information about children at risk from their parents/guardians**
- **B. Education and training of carers**
- **C. Strategies to avoid exposure to known triggers**
- **D. Education of children and families in the Centre’s community.**

ADCC adopts these four measures as follows:

A. **Obtaining information about children at risk:**

Every child at risk will have an *Allergy Management Action Plan*

- All parents or guardians as part of the enrolment procedure will be asked to provide basic health information including any allergies their child has. This information will be documented on the child’s enrolment form.

- It is the responsibility of all parents or guardians to inform the Director and staff, either on enrolment or on diagnosis, of their child’s allergies and assist staff by offering information and answering any questions regarding their child’s allergies.
• ADCC’s Director requires a current anaphylaxis management plan prepared and signed by the child’s doctor. The Centre will not accept a Management Action Plan unless it has been signed by a registered Medical Practitioner.

• The Allergy Management Action Plan includes:
  - A recent photo of the child (no more than 6 months old)
  - A list of the allergic triggers
  - Documentation of the first aid response, including any prescribed medication
  - Contact details of the child’s Doctor
  - Contact details of the child’s parents or guardians and emergency contact

• ADCC’s Director will meet with the parents or guardians to discuss implementation of the Allergy Management Action Plan. The Director shall conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of their service. The Director with the parent/guardian will discuss how best to ensure the avoidance of triggers (including menu planning) and the first aid response required in the event of an emergency. The Director will seek consent from the parents or guardians to share information about the child’s condition with the Centre’s staff, children and families, in particular, by displaying the Allergy Management Action Plan.

• The Allergy Management Action Plan will be attached to the child’s enrolment form. The Allergy Management Action Plans will be displayed prominently in every room where children are cared for.

• Parents/Guardians of a child at risk shall notify the Director and staff of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes.

• The Director and staff will provide feedback to parents of children with allergies on how the child is integrating into the group given the restriction on his or her food and/or play activities

• Parents or guardians must advise staff members of all relevant information and concerns as the need arises (e.g. if food allergy symptoms were present the previous night)

• Where a child’s Allergy Management Action Plan prescribes the use of medication in the event of an allergic reaction, it is strongly recommended that this medication be provided to the Centre at the beginning of the year and kept at the Centre until it is due to be replaced. The child’s parent or guardian is required to sign in the
medication in the log book kept in the medical cabinet in the child’s room. They must record the child’s name, the type of medication and its expiry date, their name and signature.

If it is not possible for allergy medication such as an EpiPen to be kept at the Centre on a permanent basis, parents may organise with the Director to bring the medication with the child on a daily basis. It is the parent’s responsibility to ensure that the medication is signed into the log book kept in the medical cabinet in the child’s room at the beginning of the day and signed out at the end of the day. A staff member is required to verify with their signature the entry in the medication book.

- No child who has been prescribed and EpiPen is permitted to attend the service or its programs without that EpiPen.
- If a child’s Allergy Management Action Plan prescribes the use of an EpiPen, it must be brought to the Centre clearly labeled with the child’s name and its expiry date. It will be stored in an insulated pouch provided by ADCC with an ID tag attached bearing the child’s name, room and name of the centre.
- The insulated pouch containing the child’s EpiPen medication will be located on a hook beside the child’s Allergy Management Action Plan, which will be inaccessible to children and away from direct sources of heat. All other allergy medication, eg antihistamines, will be securely stored in the medical cabinet in the child’s room (which has a child safety lock, but not a key lock so that the medication is easily accessible by staff).
- If the child leaves the Centre on an excursion, all medication will be taken with the child along with a staff member who is trained in its use. This staff member will sign the medication out and back into the log book in the medical cabinet.
- ADCC will store a spare EpiPen Jnr in an insulated pouch in the office. This EpiPen will be used in the event of a child’s EpiPen misfiring or malfunctioning in an emergency situation. It is the responsibility of the Director to ensure the EpiPens are within the expiry date.
- In a situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction, the staff shall:
  1. call an ambulance immediately by dialing 000
  2. seek the advice of an ambulance officer to administer the Centre’s EpiPen
  3. commence first aid measures
  4. contact the parent/guardian
5. contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.

- ADCC staff will check the expiry date of medication stored at the Centre. Parents or guardians will be required to replace medication where the expiry date is due (the manufacturer will only guarantee the effectiveness of the EpiPen to the end of the nominated expiry month).

- If an EpiPen is given, an ambulance will be requested by phoning 000. Parents will be informed of this procedure during the enrolment process and will be asked to sign off on this procedure and the Centre’s other policies and procedures.

B. Education & training of carers

- The Director will advise all staff of any children with food allergies when they have enrolled.

- If agency staff members on duty are not trained in anaphylaxis management, the Director will ensure that all permanent staff members on duty at the service are trained in anaphylaxis management and that the staff member responsible for the administration of an EpiPen in an emergency is aware of that responsibility. The permanent room staff will advise all agency staff of any children with food allergies when they are in the children’s rooms.

- The Director will provide a list to all the staff of the children who require an EpiPen. This list will also be stored in the office with the spare EpiPen Jnr.

- ADCC will ensure that all staff members will have undertaken accredited anaphylaxis management training annually by qualified professionals on how to minimise food anaphylaxis. The Director will record the date of that training.

  Staff training will cover the following topics:
  - what is an allergy
  - what is anaphylaxis
  - what are the triggers for allergy and anaphylaxis
  - how anaphylaxis can be recognised
  - what shall be done in the event of a child having a severe allergic or anaphylactic reaction
  - instruction on the use of an EpiPen, and
  - the Centre’s Allergy and Anaphylaxis Policy
• All staff will practice EpiPen administration procedures using and EpiPen trainer and “anaphylaxis scenarios” at 6 monthly intervals to reinforce the training undertaken.

• A anaphylaxis resource training kit will be kept in the staff room, and

• ADCC staff will follow a child’s Allergy Management Action Plan in the event of an allergic reaction, which may progress to anaphylaxis.

C. Strategies to avoid exposure to known triggers

ADCC has a “no nut policy”. This is because nuts (peanuts and tree nuts, eg walnut, cashew, pistachio, pecan and almond) are the most common cause of anaphylaxis reaction and the avoidance of specific triggers is recognised as the best means to prevent anaphylaxis.

The “no nut policy” means:

• ADCC will ensure that all meals do not contain nuts nor products that have the warning “may contain traces of nuts” or “manufactured in a plant where nuts are also processed”

• Nuts will not be used in play activities involving food

• Packaging from nuts or nut products or products which have a warning such as “may contain traces of nuts” will not be used in play activities

• All families are informed not to bring any nuts or products with nuts or traces of nuts into the centre. This includes a child’s breakfast, food for any social functions, and

• Staff will remind parents and children of this policy when food is brought into the centre. Any food which contains nuts or traces of nuts will be removed.

Other food allergens which can produce anaphylaxis are dairy products, eggs, soybean, wheat, seeds (sesame, poppy, sunflower), fish and shellfish. Because dairy products, wheat and eggs are an essential part of the balanced diet for the non-allergic children and seeds are difficult to eliminate due to their size, ADCC has not banned these products from the Centre, but will ensure that:

• Children with allergies are provided meals that do not contain their food allergen. Staff will notify parents and guardians of the replacement meal provided to a child in the handover sheet for that child’s room.
• Staff are trained to ensure that there is no cross-contamination of foods during the handling, preparation and serving of meals.

• There should be no sharing of food, food utensils and containers with a child.

• If a parent/guardian has some concerns about their highly allergic child sitting at the same table when others consume food or drink containing or potentially containing the allergen. It may be appropriate that their child sits away from the other children but remains close enough to continue to be a part of the group.

• No new food will be introduced to babies (children 18 months and younger) unless a parent or guardian has given prior written consent.

• Families will be provided with recipes which exclude substances that children may be allergic to. Once the food has arrived at the centre, a staff member will complete a ‘food brought from home’ checklist to ensure food safety criteria are met. Refer to the Centre’s Food Safety Policy

• Parents of severely allergic children are given the option to bring meals prepared from home or to provide a safe “treat box” to be used in the event of birthday celebrations or other special events. These should be clearly labeled with the child’s name.

• Food containing dairy products, eggs, soybean, wheat, seeds, fish and shellfish are not used in play activities when a child or children with allergies to these foods are present in the room.

• Packaging of products containing the above allergens (or traces of the above allergens) are not used in art and craft activities (eg, egg cartons).

• ADCC will ensure routine hygiene is practised. Children and staff will be encouraged to always wash their hands after play and before eating.

• A waist band belt will be used by staff to hold the insulated pouch containing a child/ren’s EpiPen when they are outdoors/or on an excursion in order deliver the medication as quickly as possible if needed.

• All children will be closely supervised at meal times and snack times and consume food in specified areas. To minimise the risk children should not ‘wander around’ the centre with food.
**D. Education of the ADCC community**

ADCC educates all children and families in the ADCC community about allergies and anaphylaxis and the importance of minimising the risk of anaphylactic reactions in children at risk.

ADCC will achieve this by:

- Displaying posters called *Action plan for Anaphylaxis* in key locations around the Centre. Parents/guardians will be reminded with a poster near the front door not to bring nuts or food with nuts or ingredients which “may contain traces of nuts” into the Centre

- Including this policy in the Parent’s Handbook, on the centre website and on display in all the children’s rooms

- Providing a one page information sheet summarising this policy to all families

- Families will be provided with suggestions and recipes for party foods that families may bring to the Centre for birthday celebrations. Refer to the Centre’s Food Safety policy

- Providing a binder of resource material about allergies and anaphylaxis in the foyer of the Centre, including story books, brochures, cookbooks and DVDs (see [www.allergyfacts.org.au](http://www.allergyfacts.org.au))

- Creating an online resource binder on the ADCC website

- Hosting an annual information session on managing children with allergies

- Educating children at the Centre not to share food and utensils, and

- Reminding children and parents not to bring nuts or products, with nuts into the centre as breakfast, snacks, party food or food for a function.

**6. Resources and Support**

The following organisations provide information and resources about allergies and anaphylaxis:

- The Australasian Society of Clinical Immunology and Allergy (ASCIA) at [www.allergy.org.au](http://www.allergy.org.au), phone: 0425 216 402. The Anaphylaxis Action Plan can be downloaded from this site
• Anaphylaxis Australia Inc. at [www.allergyfacts.org.au](http://www.allergyfacts.org.au) is a non-profit support organisation of families with food anaphylactic children. They have a product catalogue on the site as well as providing a telephone support line on 1300 728 000


• The Royal Children’s Hospital, Department of Allergy at [www.rch.org.au](http://www.rch.org.au), provides information about allergies and the services provided by the hospital, phone (03) 9345 5701.

7. Training

The Director shall:
Access the Department of Education and Early Childhood Development website for information about free training for staff members in services where there is a child/ren diagnosed at risk of anaphylaxis enrolled at [www.office-for-children.vic.gov.au/earlychildhood](http://www.office-for-children.vic.gov.au/earlychildhood)

Ensure that the anaphylaxis management training undertaken is accredited where there is a child diagnosed at risk of anaphylaxis enrolled in the service.

8. Evaluation

The Director shall:
• Discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.
• Check enrolment checklist for children at risk of anaphylaxis
• Respond to complaints
• Discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis

Parents/guardians shall:
• Read and be familiar with the policy
• Liaise with staff
• Bring relevant issues to the attention of the Director and staff

The staff shall:
• Practice using the ‘trainer’ EpiPen and read all the information provided in the Anaphylaxis resource kit located in the staff room.
• Routinely check each EpiPen to ensure that it has not expired and inform the parent immediately if it has expired.
• Liaise with parents/guardians of children at risk of anaphylaxis.
9. **Related Documents**

Enrolment checklist for children at risk of anaphylaxis (Schedule 2)

10. **Related Policies**

- Food and Nutrition
- Illness and Medication
- Food Safety
- Hygiene

**Date** Approved by the COM 21 September 2007  
**Next review date** will be in May 2008 when new regulations come into operation  
**Reviewed** September 2008  
**Date** Approved by the COM 15 October 2008  
**Next review date** October 2010

**Key Source Documents**

Ascia – Australasian Society of Clinical Immunology and Allergy Inc.

Department Education and Early Childhood Development, Model Policy, June 2008  
## Schedule 2 Enrolment Checklist for Children at Risk of Anaphylaxis

All parents or guardians are made aware of the Food Allergy and Anaphylaxis Policy

Parents or guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the Centre’s Food Allergy and Anaphylaxis Policy

The child’s Anaphylaxis Management Action Plan is signed by the child’s Medical Practitioner and is visible in the child’s room

The child’s EpiPen is available for use at any time the child is in the care of the centre

The child’s EpiPen is stored in an insulated pouch beside the child’s Anaphylaxis Management Action Plan, which is accessible to adults, inaccessible to children and away from direct sources of heat

All staff, including casual staff, are aware of the location of each child’s EpiPen and other medication

A ‘treat box’ is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis

Parent’s or guardian’s current contact details are available

Information regarding any other medications or medical conditions (e.g., asthma) is available to staff

For food that is prepared at the centre, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

Staff undertake accredited anaphylaxis management training