

ANAPHYLAXIS POLICY

Mandatory – Quality Area 2



Bentleigh West Kindergarten Inc.

Early Learning Association Australia (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 provides guidelines to:

- minimise the risk of an anaphylactic reaction occurring while children are in the care of Bentleigh West Kindergarten;
- ensure that Kindergarten staff respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering adrenaline via an auto-injection device; and
- raise awareness of anaphylaxis and its management amongst all at the Kindergarten through education and policy implementation.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.

POLICY STATEMENT

1. VALUES

Bentleigh West 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 Kindergarten 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 Kindergarten have adequate knowledge of allergies, anaphylaxis and emergency procedures; and
- 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 Bentleigh West 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 Kindergarten.

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 five 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, 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 auto-injection device, often called an EpiPen® or an Anapen®.

In any Kindergarten 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 Kindergarten, 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*). At BWK we follow this recommendation and take all steps possible to ensure all our educators have current anaphylaxis management training.

Approved anaphylaxis management training is listed on the Australian Children's Education and Care Quality Authority (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), as amended 2011
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, including Quality Area 2: Children's Health and Safety
- *Occupational Health and Safety Act 2004* (Vic), as amended 2007
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

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 auto-injection device: 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 anaphylaxis medical management action plan (refer to *Definitions*) must be specific for the brand they have been prescribed. Used adrenaline auto-injectors should be placed in a rigid sharps disposal unit, or another rigid container if a sharps container is not available.

Adrenaline auto-injection device training: Training in the use of the adrenaline auto-injection device that is provided by allergy nurse educators or other qualified professionals such as doctors or first aid trainers, through accredited training institutions or through the use of a self-paced training CD and auto-injection device trainer.

Adrenaline auto-injector kit: An insulated container with an unused, in-date adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, 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. Auto-injection devices must be stored away from direct heat.

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to an external stimulus that the body identifies as an allergen. People genetically programmed to experience an allergic reaction 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, coughing or

wheezing, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Anaphylaxis action plan: a document written by their treating doctor to communicate the child's medical requirements for their severe allergy. This includes signs of anaphylaxis, how to treat and family contact details.

Allergic reaction action plan: a document written by their treating doctor to communicate the child's medical requirements for their mild allergy. This includes signs of anaphylaxis, how to treat and family contact details.

AV How to Call Card: A card that the Kindergarten 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 Kindergarten telephone/s. A sample card can be downloaded from www.ambulance.vic.gov.au/Education/Calling-000-Triple-Zero.html

Anapen®: A type of adrenaline auto-injection device (refer to *Definitions*) containing a single dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. The child's anaphylaxis medical management action plan (refer to *Definitions*) must be specific for the brand they have been prescribed.

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

Anaphylaxis medical management action plan (sometimes simply referred to as an Action Plan): An individual medical management plan prepared and signed by the child's treating, registered medical practitioner that provides the child's name and 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 auto-injection device prescribed for each child. Examples of plans specific to different adrenaline auto-injector 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

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 a adrenaline auto-injection device (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*).

Approved Provider (also known as the Committee): An individual or organisation that has completed an application and been approved by the Regulatory Authority as fit and proper (in accordance with Sections 12, 13 and 14 of the National Law) to operate one or more education and care services. Where the applicant is an organisation, each person with management and control of that organisation must complete a separate application form.

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

Baking items: Homemade or pre-packaged food products such as muffins, cakes, slices, biscuits, pancakes and protein balls etc where there is greater risk of allergen triggers to be included as active ingredients, making it difficult to detect.

Communication plan: A plan that forms part of the policy outlining how the Kindergarten 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 Kindergarten.

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 auto-injection device (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 anaphylaxis medical management action plan (refer to *Definitions*) must be specific for the brand they have been prescribed.

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.

Nominated staff member: usually the child's teacher (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 auto-injector 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 Kindergarten.

Risk minimisation plan: A Kindergarten-specific plan that documents a child's allergy, practical strategies to minimise risk of exposure to allergens at the Kindergarten 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 Kindergarten 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 6.

Staff record: A record which the Approved Provider of a centre-based Kindergarten must keep containing information about the Nominated Supervisor, staff, volunteers and students at a Kindergarten, as set out under Division 9 of the National Regulations.

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/>
- Anaphylaxis Australia Inc is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, tapes and EpiPen® trainers. www.allergyfacts.org.au
- 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 7). Contact details of clinical immunologists and allergy specialists are also provided.
- Department of Education and Training (DET) provides information and resources related to anaphylaxis and anaphylaxis training. Anaphylaxis resource kits have also been distributed to all Victorian licensed children's Kindergartens for the purpose of undertaking training in the administration of an auto-injection device. www.education.vic.gov.au/ecsmangement/educareservices/anaphylaxis.htm
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne (www.rch.org.au) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline auto-injector prescription. An EpiPen® trainer kit can also be purchased. Kids Health Info fact sheets are also available from the website, including the following:
 - *Allergic and anaphylactic reactions:* www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11148
 - *Auto-injectors (epi-pens) 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 Support Line to central and regional DET staff, school principals and representatives, school staff, children's Kindergartens staff and parents/guardians wanting support. The Anaphylaxis Support Line can be contacted on

1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

Kindergarten 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 and Persons with Management or Control are responsible for:

- ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan (refer to Attachment 6) and communication plan, is developed and displayed at the Kindergarten, and reviewed regularly;
- providing approved anaphylaxis management training (refer to *Definitions*) to staff as required under the National Regulations;
- 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 the Nominated Supervisor, educators, staff members and students at the Kindergarten are aware of this policy and are provided access to the policy;
- ensuring parents/guardians with a child who has been diagnosed with Anaphylaxis at the Kindergarten are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (Regulation 91);
- ensuring that all parents/guardians are aware that both the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (Regulation 91) are available at Bentleigh West Kindergarten Inc.
- ensuring that staff practice administration of treatment for anaphylaxis using an adrenaline auto-injection device trainer at least annually, and preferably quarterly, and that participation is documented;
- 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 auto-injection device (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 Kindergarten premises (Regulation 102) (refer to *Excursions and Service Events Policy*) and
- identifying children with anaphylaxis during the enrolment process and informing staff.
- ensure over-hanging trees from neighbouring properties are pruned to reduce allergen risks.
- ensure all plants in the kinder grounds present no risk to children with anaphylaxis

In Kindergartens where a child diagnosed as at risk of anaphylaxis is enrolled, The Approved Provider and Persons with Management or Control are also responsible for:

- displaying a notice prominently at the Kindergarten stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the Kindergarten (Regulation 173(2)(f));
- ensuring the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 5) is completed;
- ensuring an anaphylaxis medical management action plan, risk management plan (refer to Attachment 6) and communications plan are developed for each child at the Kindergarten who has been diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner (Attachment 6);
- ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their anaphylaxis medical management action plan 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 Kindergarten (Regulation 92);
- ensuring parents/guardians of all children with anaphylaxis provide an unused, in-date adrenaline auto-injection device at all times their child is attending the Kindergarten. Where this is not provided, children will be unable to attend the Kindergarten;
- ensuring that the child's anaphylaxis medical management action plan is specific to the brand of adrenaline auto-injection device prescribed by the child's medical practitioner;
- ensuring that all staff (including relievers) are able to identify all children diagnosed at risk of anaphylaxis; where the adrenaline auto-injection device is located for each of those children; where the anaphylaxis medical management plan for those children is located
- implementing a procedure for first aid treatment for anaphylaxis consistent with current national recommendations (refer to Attachment 7) and ensuring all staff are aware of the procedure;
- ensuring adequate provision and maintenance of adrenaline auto-injector kits (refer to *Definitions*);
- ensuring the expiry date of the adrenaline auto-injection device is checked regularly and replaced when required;
- ensuring that a sharps disposal unit is available at the Kindergarten for the safe disposal of used adrenaline auto-injection devices;
- implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation;
- identifying and minimising allergens (refer to *Definitions*) at the Kindergarten, where possible;
- 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 children with anaphylaxis are not discriminated against in any way;
- ensuring that children with 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 Kindergarten;
- ensuring that medication is not administered to a child at the Kindergarten 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 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 DET and Glen Eira Council, 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 Kindergarten;
- displaying Ambulance Victoria's *AV How to Call Card* (refer to *Definitions*) near all Kindergarten telephones;
- complying with the risk minimisation procedures outlined in Attachment 1 and
- ensuring that educators/staff who accompany children at risk of anaphylaxis outside the Kindergarten carry a fully equipped adrenaline auto-injector kit (refer to *Definitions*) and a copy of the anaphylaxis medical management action plan for each child diagnosed as at risk of anaphylaxis.

Risk assessment

The National Law and National Regulations do not require a Kindergarten to maintain a stock of adrenaline auto-injection devices at the Kindergarten 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 Kindergarten 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 Kindergarten premises etc. BWK follows the recommendation of stocking an adrenaline auto-injection device where possible.

If the Approved Provider decides that the Kindergarten should maintain its own supply of adrenaline auto-injection devices, it is the responsibility of the Approved Provider to ensure that:

- adequate stock of the adrenaline auto-injection device 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 Kindergarten will be used
- the device is administered by an educator with approved anaphylaxis management training
- the Kindergarten 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 Kindergarten maintains a supply of adrenaline auto-injection devices, of the brand that the Kindergarten carries and of the procedures for the use of these devices in an emergency.
- BWK follows this advice when possible.

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- ensuring the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 5) 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 Kindergarten 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 educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 7):
- ensuring an adrenaline auto-injector kit including action plans (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*);
- compiling a list of children with anaphylaxis and placing it in a readily accessible location known to all staff. Bentleigh West Kindergarten uses colour-coded class group noticeboards located in main room close to the entry door. This includes the anaphylaxis medical management action plan for each child;

- developing and maintaining the Anaphylaxis Parent Communication Form – ‘Permitted Food Table’ annually or when a child presents with an Anaphylaxis Allergy with consultation of the Approved Provider.
- 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 auto-injector kits and medical management action plans;
- conduct ‘anaphylaxis scenarios’ and supervise practise sessions in administration of adrenaline auto injector procedures to determine the levels of staff competence and confidence in locating and using the adrenaline auto-injection device at least quarterly.
- 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 persons involved in the program, including parents/guardians, volunteers and students on placement are aware of children diagnosed as at risk of anaphylaxis;
- 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 anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to an anaphylactic episode;
- practising the administration of an adrenaline auto-injection device using an auto-injection device trainer and ‘anaphylaxis scenarios’ on a regular basis, at least annually and preferably quarterly;
- ensuring staff dispose of used adrenaline auto-injection devices appropriately in the sharps disposal unit provided at the Kindergarten by the Approved Provider;
- ensuring that the adrenaline auto-injector 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;
- 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 Kindergarten premises (Regulation 102) (refer to *Excursions and Service Events Policy*);
- providing information to the Kindergarten community about resources and support for managing allergies and anaphylaxis and
- complying with the risk minimisation procedures outlined in Attachment 1.
- Determining which donated boxes for art/construction are permissible annually, inline with children at risk for anaphylaxis for that specific year.

All 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 auto-injection device using an auto-injection device 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 7);
- completing the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 5) with parents/guardians;
- knowing which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline auto-injector kits and medical management action plans;
- identifying and, where possible, minimising exposure to allergens (refer to *Definitions*) at the Kindergarten;
- 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 6) for children diagnosed as at risk of anaphylaxis at the Kindergarten;
- following the child’s anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to an anaphylactic episode;
- disposing of used adrenaline auto-injection devices in the sharps disposal unit provided at the Kindergarten by the Approved Provider;

- following appropriate procedures in the event that a child who has not been diagnosed as at risk of anaphylaxis appears to be having an anaphylactic episode. This includes:
 - calling an ambulance immediately by dialling 000 (refer to *Definitions: AV How to Call Card*);
 - commencing first aid treatment (refer to Attachment 7);
 - contacting the parents/guardians or person authorised in the enrolment record; and
 - informing the Approved Provider as soon as is practicable.
- taking the adrenaline auto-injector kit (refer to *Definitions*) for each child at risk of anaphylaxis on excursions or to other offsite Kindergarten events and activities;
- providing information to the Kindergarten community about resources and support for managing allergies and anaphylaxis;
- complying with the risk minimisation procedures outlined in Attachment 1;
- contacting parents/guardians immediately if an unused, in-date adrenaline auto-injection device has not been provided to the Kindergarten for a child diagnosed as at risk of anaphylaxis. Where this is not provided, children will be unable to attend the Kindergarten;
- 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;
- Ensuring that when a known food allergy trigger is brought in a child's lunch, that families with a child with that food allergy trigger (who is attending that session) is notified verbally and in written form;
- Ensuring that written and verbal communication is given to families who have brought in foods that contain known food allergy triggers into the Kinder; and
- 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.

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 Kindergarten premises;
- assisting the Nominated Supervisor and staff to develop an anaphylaxis risk minimisation plan (refer to Attachment 6);
- providing staff with an anaphylaxis medical management action plan signed by a registered medical practitioner and dated within 12 months with written consent to use medication prescribed in line with this action plan;
- providing staff with an unused, in-date and complete adrenaline auto-injector kit;
- ensuring that the child's anaphylaxis medical management action plan is specific to the brand of adrenaline auto-injection device prescribed by the child's medical practitioner;
- replacing adrenaline auto-injection device's when staff inform parents it's about to expire.
- 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;
- complying with the Kindergarten's policy where a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Kindergarten or its programs without that device;
- complying with the risk minimisation procedures outlined in Attachment 1; and
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 7).

Parents/guardians are responsible for:

- reading and complying with this policy and all procedures,
- reading and complying with the most recent Anaphylaxis Parent Communication Form – 'Permitted Foods Table'
- bringing relevant issues and concerns to the attention of both staff and the Approved Provider.

Contractors, 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;
- request staff to share their learning following participation in anaphylaxis management training with the licensee to identify any issues which may need to be addressed;
- revise the policy and procedures as part of the Kindergarten's policy review cycle or following an anaphylactic episode at the Kindergarten, or as otherwise required; and
- 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: Permitted Foods Process
- Attachment 3: Permitted Foods Matrix
- Attachment 4: Anaphylaxis Parent Communication Sample
- Attachment 5: Enrolment checklist for children diagnosed as at risk of anaphylaxis
- Attachment 6: Sample risk minimisation plan
- Attachment 7: Current Parent Communication

AUTHORISATION

THIS POLICY WAS ADOPTED BY THE APPROVED PROVIDER OF BENTLEIGH WEST KINDERGARTEN ON 08/02/21

REVIEW DATE: FEB 2022

ACKNOWLEDGEMENT

This policy has been reviewed by the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne January 2016.

ATTACHMENT 1

Risk minimisation procedures

The following procedures should be developed in consultation with the parents/guardians of children in the Kindergarten 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.

While this policy relates to children diagnosed with anaphylaxis we also recognise children diagnosed with mild to moderate allergies. We treat these cases as we would a child with anaphylaxis with the expectation we do not exclude foods based on the permitted food table.

In relation to the child diagnosed as at risk:

- the child should only eat food that has been specifically prepared for him/her.
- ensure there is no food sharing (refer to *Definitions*), or sharing of food utensils or containers at the Kindergarten
- where the Kindergarten is undertaking a cooking class for the children:
 - ensure any recipes and ingredients used are free of any present allergens, or traces of; and
 - provide a copy of the recipe to parents at the end of the session.
- bottles, other drinks, lunch boxes and all food provided by parents/guardians should be clearly labelled with the child's name
- ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions such as excursions and other Kindergarten events
- children diagnosed as at risk of anaphylaxis who are allergic to insect/sting bites should wear shoes and long-sleeved, light-coloured clothing while at the Kindergarten.

In relation to other practices at the Kindergarten:

- ensure tables and bench tops are thoroughly cleaned after every use
- ensure that all children and adults wash hands before and after eating and cooking experiences
- 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 Kindergarten with food
- do not use food of any kind as a reward at the Kindergarten
- ensure that staff and volunteers who are involved in food preparation at Kindergarten 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 Kindergarten that contains specified allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis, refer to attachments 2, 3 and 4.
- 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 Kindergarten
- ensure staff discuss the use of foods in children's activities with parents/guardians of at-risk children. Any food used at the Kindergarten should be consistent with the risk management plans of children diagnosed as at risk of anaphylaxis
- ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.

Attachment 2

Permitted Foods Process

The following is the process to be used in developing a Permitted Foods List for the start of each kinder year:

1. Parents provide allergy information to BWK in their child's enrolment form in the year prior to their child commencing kinder.
2. Towards the end of Term 4 the BWK Director draws up a list of known allergens for the following year based on the enrolment information.
3. A permitted foods list is developed based on the known allergens using the **BWK Permitted Foods Matrix, refer to Attachment 3**.
4. Prior to the start of Term 1, the child's teacher with support from BWK Director has a meeting with a parent/guardian of each child who is at risk of Anaphylaxis or has an allergy. At this meeting the child's Management Plan is discussed, medication provided to the kinder, and the parent is given the opportunity to review the permitted foods list to ensure no known allergens have been included. It is expected this meeting would take approximately 15 minutes. Families may select to have an over phone meeting followed by required documents emailed to them.

In the case that the child is at risk to an allergen that is not considered practical to exclude (e.g. all wheat products), or not excluded for dietary reasons (e.g. dairy) from the kindergarten, the parent/guardian will be asked to give consent if they want their child placed away from a table with food allergens or not.

Incorporating 'progressive meal times' in the child's class should be considered here and discussed with the parents/guardians.

5. The **Anaphylaxis Parent Communication Form, refer to Attachment 4**, is drawn up and distributed to parents of children attending kinder during the January holiday period. N.B. It is not envisaged the BWK Permitted Foods Matrix would ever be distributed to parents.

If a parent objects to a food item on the list, and the Director cannot see a logical reason for excluding the food (i.e. the food item is not obviously related to the allergy), then the parent should be requested to provide medical advice from the child's Allergist that this item needs to be excluded from the kinder.

6. If a child is re-tested during the year and an allergy is deemed to no longer exist, the allergen may be removed from the known list of allergens and an updated list MUST be sent to families and staff. If a child (existing or newly enrolled child) presents with a new Anaphylaxis Allergy, the 'Permitted Foods Table' must be amended, using the BWK Permitted Foods Matrix as a guide. Parents/Guardians of children who have an allergy are emailed the amended 'Permitted Foods Table' and given 48 hours notice to review it and provide feedback to the BWK Director. This is to ensure it does not include any known allergens. The Anaphylaxis Parent Communication Form is then reissued to the entire kindergarten (all three groups) as soon as possible.
7. In a situation when there are no children with Anaphylaxis attending the Kindergarten at the start of Term 1 the **Anaphylaxis Parent Communication Form (Attachment 4)** will still be distributed to parents. The Foods not permitted as a precaution section of the Matrix must be referred to in this instance. Parents must also be notified that this Communication Form will be updated and reissued if a child presents with a new allergy throughout the year.

ATTACHMENT 3: Bentleigh West Kindergarten Permitted Foods Matrix

Permitted Foods BASE LIST	Foods <u>not</u> permitted due to NUTRITION POLICY	Foods <u>not</u> permitted as a precaution when NO ALLERGIES ARE PRESENT	Foods <u>not</u> permitted due to PEANUT/ TREENUT ALLERGY	Foods <u>not</u> permitted due to EGG ALLERGY	Foods <u>not</u> permitted due to DAIRY ALLERGY	Foods <u>not</u> permitted due to SOY ALLERGY	Foods <u>not</u> permitted due to SESAME ALLERGY	Foods <u>not</u> permitted due to FISH / SHELLFISH ALLERGY	Foods <u>not</u> permitted due to WHEAT ALLERGY
<p>Sandwiches, rolls, pita, wraps filled with salads, deli meats or your child's favourite nut free spreads.</p> <p>Pita bread pizza.</p> <p>Baked pita bread –baked with season mix or flavoured oils until crisp.</p> <p>Homemade rice or pasta salad with vegetables.</p> <p>Seaweed Sushi or Rice Paper Rolls.</p> <p>Left over meats like chicken drumsticks, sausages, chops.</p> <p>Toasted sandwiches.</p> <p>Savoury rolls and scrolls.</p> <p>Fresh fruit & Salad. Dried fruit.</p> <p>Canned fruit.</p> <p>Vegetable sticks.</p> <p>Fresh or steamed vegetables.</p> <p>Yoghurt.</p> <p>Cheese sticks, cream cheese, slices or cubes.</p> <p>Air popped popcorn.</p> <p>Poppadums & Naan Bread.</p> <p>Lunch box full of salad.</p> <p>Cream cheese & veggie sticks.</p> <p>Kabana, twiggy sticks, salami</p> <p>Baking items such as muffins, cakes, slices and biscuits, pancakes</p> <p>Pretzels*</p> <p>Plain Rice crackers*</p> <p>Plain Corn/Rice/Quinoa cakes*</p> <p>Savoury Quiches, omelette & frittata.</p> <p>Vegetable fritters.</p> <p>Puffed corn or rice.</p> <p>Dry biscuits* eg Cruskits & Saladas*</p> <p>Dips</p> <p>Hardboiled egg</p> <p>Hot cross buns (fruit/fruitless, un-iced fruit bun)</p> <p>Homemade pies, sausage rolls</p> <p>Croissant</p>	<p>Sweets, Lollies. Chocolate. Jelly. Chips. Muesli Bars. Flavoured custards. Flavoured Milk. Juice. Soft drinks Flavoured Mineral water Diet & sports drinks. 100&1000s.</p>	<p>Pre-packaged snack foods & health food bars.</p> <p>Nuts of any variety.</p> <p>Pesto and Satay.</p> <p>Peanut Butter.</p> <p>Nut Butters.</p> <p>Trail Mix.</p> <p>Protein Balls.</p> <p>Baking Items containing nuts or nut flours/almond meal.</p> <p>Dips.</p>	<p>Baking items such as muffins, cakes, slices biscuits and protein balls.</p> <p>Pancakes.</p> <p>Pre-packaged snack foods & health food bars.</p> <p>Nuts of any variety</p> <p>Peanut butter.</p> <p>Nutella spread.</p> <p>Dips.</p> <p>Breakfast cereals with the exception of puffed corn and rice.</p> <p>Pesto.</p> <p>Salad dressing.</p> <p>Gravy/sauces e.g. satays, pesto.</p> <p>Nut Butters.</p> <p>Trail Mix.</p> <p>Chocolate.</p> <p>Dry biscuits</p>	<p>Baking items such as muffins, cakes, slices biscuits and protein balls.</p> <p>Pancakes</p> <p>Hardboiled eggs.</p> <p>Mayonnaise.</p> <p>Pasta.</p> <p>Crumbed foods.</p> <p>Frittatas.</p> <p>Fritters.</p> <p>Rissoles/Meat loaf/hamburgers</p> <p>Naan bread.</p> <p>Noodles.</p> <p>Omelettes.</p> <p>Pastries.</p> <p>Pizzas.</p> <p>Savoury quiche.</p> <p>Salad dressings.</p> <p>Sushi.</p> <p>Croissants</p> <p>Coconut rolls</p>	<p>Cows milk is an important food in helping children meet their dietary requirements and should not be excluded from the kinder setting.</p> <p>Careful supervision is required for children with a dairy allergy using the progressive lunch model. (It is preferable this is done without routinely isolating the child).</p>	<p>Soy milk.</p> <p>Soy sauce.</p> <p>Soy Yoghurt</p> <p>Tofu.</p> <p>Sushi containing teriyaki.</p> <p>Other soy products</p>	<p>Baking items such as muffins, cakes, slices biscuits and protein balls.</p> <p>Pre-packaged snack foods & health food bars.</p> <p>Crackers</p> <p>Dips.</p> <p>Dressings.</p> <p>Meat Marinade.</p> <p>Pâtes.</p> <p>Pretzels.</p> <p>Sesame seeds on bread and rolls.</p> <p>Pretzels*</p> <p>Plain Rice crackers*</p> <p>Plain Corn/Rice cakes*</p>	<p>Cooked seafood (fish, lobster, prawn, crab).</p> <p>Tinned fish.</p> <p>Fish spreads.</p> <p>Dips.</p> <p>Salad dressings.</p> <p>Worcestershire Sauce</p> <p>Sushi containing seafood.</p>	<p>It is not considered practical to exclude all food items containing wheat.</p> <p>Wheat should not be excluded from the kinder setting.</p> <p>Careful supervision is required for children with a wheat allergy using the progressive lunch model. (It is preferable this is done without routinely isolating the child).</p>

NOTE: If your child's 'Allergy Trigger' is not listed in matrix, 'Permitted Food Table' will be developed by consultation between family, Director and Approved Provider.

Permitted foods to the base list can be added/removed based on known allergy triggers for any given year. *We don't accept foods that may contain traces of the known food allergen. Care must be taken when choosing these products, the only exception to this is wheat or dairy and where it is not considered practical to exclude.

PERMITTED FOOD TABLE (sample)

Allergy Triggers: Nuts

We therefore ask that you do not pack **NUTS** or **foods that contain nuts or foods that are manufactured on equipment that processes nuts of any type.**

Healthy & Nutritious Lunch, Brainfood and Snack Ideas ✓	
Foods Not Permitted due to Allergy Triggers X	Foods not permitted due to Nutrition Policy X
<ul style="list-style-type: none"> • Sandwiches, rolls, pita bread or wraps filled with salads, meats or your child's favourite nut free spreads • Pita bread pizzas • Baked pita bread • Rice or pasta salad • Soup • Homemade pasta • Left over meats eg schnitzel, chops drumsticks, sausages, hotdogs etc.. • Toasted sandwiches • Savoury scrolls eg vegemite scroll • Savoury rolls eg cheese & bacon roll • Fruit salad • Fresh fruit • Dried fruit • Canned fruit • Vegetable sticks • Fresh or steamed vegetables • Hardboiled egg • Cheese sticks, slices or cubes. • Yoghurt 	<ul style="list-style-type: none"> • Lunch box full of salad with mayonnaise • Philly cheese & veggie sticks • Kabana, twiggy sticks salami • Seaweed sushi or rice paper rolls. • Vegetable fritters • Savoury quiche • Omelette • Pretzels • Rice crackers • Rice/ quinoa/corn puffs • Corn/rice/ quinoa cake • Puffed corn/ quinoa/rice • Homemade salad (eg potato salad) • Hot cross buns/un-iced fruit buns • Baked potatoes • Popcorn • Garlic bread • Oven baked/roast veggies • Home-made pies and sausage rolls • Pappadums. • Croissant
<ul style="list-style-type: none"> • Pre-packaged snack foods & health food bars this includes all muesli bars, protein balls and similar products. • Nuts of any variety • Peanut butter and other nut butters • Nutella spread or similar spreads • Pesto • Trail Mix • Baked items such as muffins, cakes, slices, pancakes and biscuits • Non baked home prepared items such as slices, protein balls and biscuits • Cereals eg Fruit Loops and Nutri-grain • Dips • Chocolate • Dry biscuits such as jatz, water crackers, salada, vita wheat, cruskets etc... 	<ul style="list-style-type: none"> • Sweets/lollies • Chocolate • Jelly • Chips, corn chips and similar items • Muesli Bars and similar items • Custards • Flavoured milk • 100s and 1000s <p>NOTE: Please ensure food is compliant to our 'nude food policy' and free from packaging and waste.</p> <p>Thank you for your support and understanding.</p>

ATTACHMENT 5

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 Kindergarten, 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 Kindergarten's *Anaphylaxis Policy* and *Dealing with Medical Conditions Policy*.
- All parents/guardians are made aware of the Kindergarten's *Anaphylaxis Policy*.
- An anaphylaxis medical management action plan 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 anaphylaxis medical management action plan is included in the child's adrenaline auto-injector kit (refer to *Definitions*).
- An adrenaline auto-injection device (within a visible expiry date) is available for use at all times the child is being educated and cared for by the Kindergarten.
- An adrenaline auto-injection device is stored in an insulated container (adrenaline auto-injector 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.
- All staff, including casual and relief staff, are aware of the location of each adrenaline auto-injector kit and the location of each child's anaphylaxis medical management action plan.
- 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 auto-injection device 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 7).
- Contact details of all parents/guardians and authorised nominees are current and accessible.
- Information regarding any other medications or medical conditions in the Kindergarten (for example asthma) is available to staff.
- If food is prepared at the Kindergarten, measures are in place to prevent cross-contamination of the food given to the child diagnosed as at risk of anaphylaxis.

ATTACHMENT 6

Sample risk minimisation plan (many vary depending on each child's needs)

The following information is not a comprehensive list but contains some suggestions to consider when developing/reviewing your Kindergarten's risk minimisation plan in consultation with parents/guardians.

How well has the Kindergarten 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 and room locations 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 Kindergarten.
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 anaphylaxis medical management action plan. <input type="checkbox"/> Confirm the location of each child's anaphylaxis medical management action plan and ensure it contains a photo of the child.
Do families and staff know how the Kindergarten 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 Kindergarten's <i>Anaphylaxis Policy</i> . <input type="checkbox"/> Record the date that parents/guardians provide an unused, in-date and complete adrenaline auto-injector kit. <input type="checkbox"/> Test that all staff, including casual and relief staff, know the location of the adrenaline auto-injector kit and anaphylaxis medical management action plan 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 auto-injection device. <input type="checkbox"/> Ensure a written request is sent to all families at the Kindergarten 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 Kindergarten, 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 Kindergarten policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Kindergarten without that device. <input type="checkbox"/> Display the ASCIA generic poster <i>Action Plan for Anaphylaxis</i> in key locations at the Kindergarten and ensure a completed Ambulance Victoria <i>AV How to Call Card</i> is next to all telephone/s. <input type="checkbox"/> The adrenaline auto-injector kit, including a copy of the anaphylaxis medical management action plan, is carried by an educator when a child diagnosed as at risk is taken outside the Kindergarten premises e.g. for excursions.
Has a communication plan been developed which includes procedures to ensure that: <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 Bentleigh West Kindergarten• parents/guardians of a child diagnosed as at risk of anaphylaxis are able to communicate with Kindergarten 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 anaphylaxis medical management action plans and the Bentleigh West Kindergarten risk management plan.	<input type="checkbox"/> All parents/guardians are provided with a copy of the <i>Anaphylaxis Policy</i> prior to commencing at Bentleigh West Kindergarten. <input type="checkbox"/> A copy of this policy is displayed in a prominent location at the Kindergarten. <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 Kindergarten 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 Kindergarten including the location of adrenaline auto-injector kits, anaphylaxis medical management action plans, risk minimisation plans and procedures, and identification of children at risk.

Do all staff know how the Kindergarten 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 Kindergarten'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 Kindergarten washes his/her hands upon arrival at the Kindergarten, 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 Kindergarten.
- 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 anaphylaxis medical management action plan contains and implement the procedures.
- Know:
 - who will administer the adrenaline auto-injection device 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 Kindergarten
 - who will let the ambulance officers into the Kindergarten 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

How effective is the Kindergarten's risk minimisation plan?	
<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.	

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

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



IMPORTANT INFORMATION PLEASE READ

Anaphylaxis Family Communication

At Bentleigh West Kindergarten we have a commitment to support families with children who have allergies and/or anaphylaxis and provide a safe eating and learning environment for all. Anaphylaxis is a serious life threatening medical condition and we obviously take this matter extremely seriously.

This year we will continue to exclude certain foods to support the prevention of a reaction and minimise any potential risk whilst at kinder. We ask you not to pack any food that contains nuts (all nuts including peanuts), eggs and sesame seeds in your child's lunchbox and adopt an allergy aware attitude when choosing foods to bring to kinder for your child this year. A wide range of safe, healthy, nutritious options are available for brain food, snacks and lunch from the attached table.

Although this may limit the foods you can pack, we feel that the wellbeing of all children is paramount. Our aim is to do our best to make Bentleigh West Kindergarten safe for all, and we need your support as this is a community responsibility.

The wellbeing of all children is very important in these early years and our aim is to do our best to make Bentleigh West Kindergarten safe for all and we look for your support in making this a whole kinder community responsibility. **If in doubt, please ask our teachers and educators before packing an item.**

If your child does bring food items that don't meet our requirements e.g. something with nuts, eggs or sesame seeds or traces of these, we will put a note in your child's lunchbox that indicates why this item was not eaten at kinder. If you are still unsure, please discuss this with staff.

We understand that some families may not understand how serious anaphylaxis is, and the importance of following the kindergarten's permitted food table. To support families to learn more about anaphylaxis, early next year we will be holding a welcome evening, part of which will hopefully include a guest speaker who will talk about anaphylaxis in further detail.

What food to pack for each session

Green Group	Yellow Group	Purple Group	Blue Group (Extra Care)
Monday: 'Brain Food' & lunch	Tuesday: 'Brain Food,' lunch & afternoon snack Wednesday: 'Brain Food' Friday: 'Brain Food' & lunch	Monday: 'Brain Food' Wednesday: 'Brain Food' & lunch Thursday: 'Brain Food,' lunch & afternoon snack	Friday: afternoon snack

Note: All food must meet the BWK permitted food list (attached)

What is brain food?

Here at Bentleigh West Kinder we are committed to children's health and wellbeing. Each session your child will have the opportunity to have a snack which we call 'Brain Food' during the first part of their session. During 'Brain Food' time your child is encouraged to have a snack of fruit or vegetables only. Other foods packed for your child can be eaten during lunch or afternoon snack when appropriate once all 'Brain food' has been eaten.



PERMITTED FOOD TABLE 2021

Allergy Triggers: Nuts Eggs Sesame seeds

We ask that you do not pack nuts (all nuts including peanuts), eggs and sesame seeds or foods that may contain nuts, eggs and sesame seeds or foods that are manufactured on equipment that processes nuts, eggs, and sesame seeds.

Healthy & Nutritious Lunch, Brainfood and Snack Ideas	Foods Not Permitted due to Allergy Triggers
<ul style="list-style-type: none">• Sandwiches, rolls (without sesame seeds, pita bread or wraps filled with salads (without Mayonnaise), meats or your child's favourite nut free spreads)• Pita bread pizzas• Baked pita bread• Soup• Left over meats without marinade or crumbs eg chops, drumsticks, sausages• Toasted sandwiches• Savoury scrolls eg vegemite scroll• Savoury rolls eg cheese & bacon roll• Fresh fruit or• Fruit salad• Dried fruit• Canned fruit• Fresh or steamed vegetables• Cheese sticks, slices or cubes• Homemade salad (without dressing or Mayonnaise)• Philly/cream cheese & veggie sticks• Kabana, twiggy sticks, salami sticks• Rice crackers (without sesame seeds)• Rice/ quinoa/corn puffs• Corn/rice/ quinoa cakes (without sesame seeds)• Puffed corn/ quinoa/rice• Hot cross buns/un-iced fruit buns• Baked potatoes• Popcorn• Garlic bread	<ul style="list-style-type: none">• Pre-packaged snack foods & health food bars this includes all muesli bars, protein balls, fruit bars, and similar products.• Nuts of any variety• Peanut butter and other nut butters• Nutella spread or similar spreads• Pesto• Trail Mix• Baked items such as muffins, cakes, slices, pancakes and biscuits• Non baked home prepared items such as slices, protein balls and biscuits• Cereals eg Fruit Loops and Nutri-grain• Dips including tahini and hummus• Chocolate• Dry biscuits such as 'jatz', water crackers, 'salada', 'vita Wheat', cruskets etc...• Eggs• Mayonnaise• Sesame seeds on bread and rolls• Salad dressing• Pâtés• Sesame Seeds• Savoury quiche• Omelettes• Rissoles/Meat loaf/hamburgers• Crumbed foods• Frittatas and fritters• Pre-packaged cream cheese and crackers eg 'LeSnak'• Naan bread

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| <ul style="list-style-type: none"> • Oven baked/roast veggies • Pappadums • Yoghurt • Pretzels (without sesame seeds) | <ul style="list-style-type: none"> • Noodles • Pastries eg pies, sausage roll etc.. • Sushi • Pasta • Croissants |
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Foods not permitted due to Nutrition Policy

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| <ul style="list-style-type: none"> • Sweets/lollies • Chocolate • Jelly • Chips, corn chips and similar items • Muesli Bars and similar items • Custards • Flavoured milk • 100s and 1000s | <p>NOTE: Please ensure food is compliant to our 'nude food policy' and free from packaging and waste.</p> <p>We provide a bin for composting and worm food.</p> <p>Thank you for your support and understanding.</p> |
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