



Marton Activity Centre

MAC Policy

NUT AWARENESS	Document ID	:	POL035
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POLICY STATEMENT

A number of our students have a severe allergy to nuts and can have a life-threatening reaction. Anaphylactic shock can occur within seconds of exposure to a nut allergen. This can occur if:

- Contact is made with a person who has handled or eaten nuts or nut products
- Contact is made with an object such as a toy or door handle that has traces of nuts on it
- The person with the allergy inhales the air close to nuts or products containing traces of nuts

Signs of anaphylaxis (severe allergic reaction) include any 1 of the following:

- swelling of tongue
- difficult/noisy breathing
- swelling/tightness in throat
- difficulty talking/and or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

Marton Activity Centre aims to be a Nut Free Centre. All food products at the centre that are used for breakfast and afternoon tea, do not contain any nuts but “may contain traces of nuts”. Children are not allowed to bring their own food, apart from

nut free products that are left over from their lunch box, or specialty items for children with allergies. Marton Public School has a nut aware policy; therefore, children do not bring food items containing nuts.

SCOPE

This policy applies to the children, families, staff, management, and visitors of Marton Activity Centre.

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions including anaphylaxis. Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life threatening. It can occur when a person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person is exposed to the allergen to which they are allergic, usually a food, insect sting or medication. Any anaphylactic reaction always requires an emergency response.

We aim to minimise the risk of an anaphylactic reaction occurring at our Service by following our *Anaphylaxis Management Policy*. We will implement risk minimisation strategies and ensure all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction by adhering to a child's medical management plan and/or action plan. We also aim to ensure that the risk of children with known allergies coming into contact with allergens is eliminated or minimised.

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

- a. a safe environment for children free of foreseeable harm *and*
- b. adequate supervision of children at all times.

Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our Service. Staff members, including relief staff, need to be aware of children at the Service who suffer from allergies that may cause an anaphylactic reaction. Management will ensure all staff are aware of the location of children's medical management plans, risk minimisation plan and required medication.

BACKGROUND

Anaphylaxis is a severe, rapidly progressing allergic reaction that is potentially life threatening.

The most common allergens in children are:

- Peanuts
- Eggs
- Tree nuts (e.g., cashews)
- Cow's milk
- Fish and shellfish
- Wheat
- Soy
- Sesame
- Certain insect stings (particularly bee stings)

Signs of anaphylaxis (severe allergic reaction) include any 1 of the following:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking/and or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

The key to the prevention of anaphylaxis and response to anaphylaxis within the Service is awareness and knowledge of those children who have been diagnosed as

at risk, awareness of allergens that could cause a severe reaction, and the implementation of preventative measures to minimise the risk of exposure to those allergens. It is important to note however, that despite implementing these measures, the possibility of exposure cannot be completely eliminated. Communication between the Service and families is vital in understanding the risks and helping children avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

IMPLEMENTATION

We will involve all educators, families, and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families provide written permission to display the child's medical management plan in prominent positions within the Service. It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

Children diagnosed with anaphylaxis will not be enrolled into the Service until the child's medical management plan is completed and signed by their medical practitioner. A risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

PROCEDURE

- Families are requested not to send food that contains nuts, especially peanuts. This includes products such as peanut butter, Nutella, most nuts, peanut cooking oil and other foods that may contain nuts.

- Families will ensure that an Action Plan, medical risk minimisation form or Health Care Plan will be provided to MAC for each child they have with a nut allergy
- Children will be reminded to wash their hands before eating
- Children will be reminded that they are not to share food
- Educators will be made aware of any children who have anaphylaxis or allergies, including nut allergies
- Educators will participate in First Aid Training including Anaphylaxis Training
- Educators will check food that children bring for breakfast or afternoon tea for nuts before they are opened at MAC
- Educators will be nut aware and follow cleaning/ washing procedures accordingly.
- Signs are displayed around the centre to advise all to be nut free
- Signs displayed to make families aware that we have anaphylaxis children who attend the centre
- The centre has their own epi pen (auto injectable pen) x 2, labelled and located in the office behind the back of the door.
- Children with allergies/ anaphylaxis have their own medical pocket labelled with their name, picture and diagnosed allergy /condition. This contains the child's action plan, epi pen and or antihistamine / any other relevant medication. This is located in the staff office, on the back of the door for quick and easy access in case of an emergency.

Management, Nominated Supervisor/ Responsible Person will ensure:

- that as part of the enrolment process, **all** parents/guardians are asked whether their child has been diagnosed as being at risk of anaphylaxis or has severe allergies and clearly document this information on the child's enrolment record
- if the answer is yes, the parents/guardians are required to provide a medical management plan and ASCIA Action Plan signed by a registered medical practitioner prior to their child's commencement at the Service [see section below- *In Services where a child is diagnosed as 'at risk of anaphylaxis'*]
- parents/guardians of an enrolled child who is diagnosed with anaphylaxis have access to a copy of the *Anaphylaxis Management Policy, Medical Conditions Policy, and Administration of Medication Policy*

- all staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises- along with yearly first aid refreshers
- at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care is provided by the Service
- all staff have undertaken training in administration of the adrenaline auto injection device and cardiopulmonary resuscitation (CPR) at least every 12 months
- staff responsible for preparing, serving and supervising food for children with food allergies should undertake the National Allergy Strategy All about Allergens for CEC online food allergen management training/ or similar
- that all staff members are aware of
 - any child at risk of anaphylaxis enrolled in the service
 - the child's individual medical management plan/action plan
 - symptoms and recommended action for allergy and anaphylaxis and
 - the location of their EpiPen® / Anapen ® device
- that a copy of this policy is provided and reviewed during each new staff member's induction process
- that updated information, resources, and support for managing allergies and anaphylaxis are regularly provided for families
- anaphylaxis risk management plans are developed prior to any excursion or incursion consistent with Regulation 101
- ensure that at least one general use adrenaline injector is available at the Service in case of an emergency- Regulation 89. First Aid Kits [Where legislation permits]

In Services where a child diagnosed at risk of anaphylaxis *is enrolled*, the Nominated Supervisor/Responsible Person will:

- meet with the parents/guardians to begin the communication process for managing the child's medical condition

- not permit the child to begin education and care until a medical management plan developed in collaboration with the family and a medical practitioner is provided, along with medication and or epi pen.
- develop and document a risk minimisation plan in collaboration with parents/guardian, by assessing the potential for accidental exposure to allergens while the child at risk of anaphylaxis is in the care of the Service
- ensure the medical management plan includes:
 - specific details of the child's diagnosed medical condition
 - supporting documentation (if required)
 - a recent photo of the child
 - triggers for the allergy/anaphylaxis (signs and symptoms)
 - first aid/emergency action that will be required
 - administration of adrenaline autoinjectors
 - ASCIA Action Plan
 - contact details and signature of the registered medical practitioner
 - date the plan should be reviewed
- ensure that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service without a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management plan)
- ensure that all staff in the Service know the location of the auto-injection device kit
- collaborate with parents/guardians to develop and implement a communication plan and encourage ongoing communication regarding the status of the child's allergies, this policy, and its implementation
- display a medical management plan or (ASCIA) *Action Plan for Anaphylaxis 2021* (RED) for each child with a diagnosed risk of anaphylaxis in key locations at the Service, for example, the staff room/office, kitchen, and / or near the medication cabinet
- display ASCIA First Aid Plan for Anaphylaxis (ORANGE) in key locations in the Service
- ensure that all staff responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of

care in preventing cross contamination during storage, handling, preparation, and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels

- ensure that a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173)
- ensure that all relief staff members in the Service have completed training in anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction and awareness of any child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management plan and the location of the auto-injection device kit
- display an emergency contact card by the telephone
- ensure risk assessments for excursions and incursions consider the risk of anaphylaxis
- ensure that a staff member accompanying children outside the Service carries a copy of the anaphylaxis medical management action plan with the auto-injection device kit
- ensure an up-to-date copy of the medical management plan and/or ASCIA action plan is provided every 12 to 18 months or whenever any changes have occurred to the child's diagnosis or treatment
- provide information to the Service community about resources and support for managing allergies and anaphylaxis.

Educators will:

- read and comply with the *Anaphylaxis Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- ensure that a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan signed by the child's registered medical practitioner) is provided by the parent/guardian for the child while at the Service

- ensure a copy of the child's anaphylaxis medical management plan is visible and known to staff, visitors, and students in the Service
- follow the child's anaphylaxis medical management plan in the event of an allergic reaction, which may progress to anaphylaxis
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, preferably quarterly
- ensure the child at risk of anaphylaxis only eats food that has been prepared according to the parents' or guardians' instructions
- ensure tables and bench tops are washed down effectively before and after eating
- ensure all children wash their hands upon arrival at the Service and before and after eating
- increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties, and family days
- ensure that the auto-injection device kit is:
 - stored in a location that is known to all staff, including relief staff
 - NOT locked in a cupboard
 - easily accessible to adults but inaccessible to children
 - stored in a cool dark place at room temperature
 - NOT refrigerated
 - contains a copy of the child's medical management plan
- ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the Service e.g., on excursions that this child attends or during an emergency evacuation
- regularly check and record the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month).

Families will:

- inform management and staff at the child's service, either on enrolment or on diagnosis, of their child's allergies and/or risk of anaphylaxis
- provide staff with an anaphylaxis medical management plan giving consent to use the auto-injection device in line with this action plan and signed by a registered medical practitioner
- develop a risk minimisation plan/communication plan in collaboration with the Nominated Supervisor/Responsible Person and other service staff
- provide staff with a complete auto-injection device kit
- maintain a record of the adrenaline auto-injection device expiry date to ensure it is replaced prior to expiry
- assist staff by offering information and answering any questions regarding their child's allergies
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- notify the Service if their child has had a severe allergic reaction while not at the service- either at home or at another location
- comply with the Service's policy that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service or its programs without that device
- read and be familiar with this policy
- notify staff of any changes to their child's allergy status and provide a new anaphylaxis medical management plan in accordance with these changes
- provide an updated plan every 12-18 months or if changes have been made to the child's diagnosis.

If a child suffers from an anaphylactic reaction the Service and staff will:

- Follow the child's medical management plan/ASICA action plan- administer an adrenaline injector
- Call an ambulance immediately by dialling 000
- Commence first aid measures-

- Record the time of administration of adrenaline autoinjector
- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child if available
- Ensure the child experiencing anaphylaxis is lying down or sitting with legs out flat and is not upright
- Do not allow the child to stand or walk (even if they appear well)
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours

In the event where a child who has **not** been diagnosed as at risk of anaphylaxis, but who appears to be having an anaphylactic reaction:

- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Administer an adrenaline autoinjector
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours.

REPORTING PROCEDURES

Any anaphylactic incident is considered a serious incident (Regulation 12).

- staff members involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- place a copy of the record in the child's file
- the Nominated Supervisor will inform the Service management about the incident

- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours through the [NQA IT System](#) (as per regulations)
- staff will be debriefed after each anaphylaxis incident and the child's individual anaphylaxis medical management plan/action plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

EDUCATING CHILDREN ABOUT ALLERGIES AND ANAPHYLAXIS

Allergy awareness is regarded as an essential part of managing allergies in early childcare services. Our Service will:

- talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as '*this food will make _____ sick*', '*this food is not good for _____*', and '*_____ is allergic to that food*'.
- help children understand the seriousness of allergies and the importance of knowing the signs and symptoms of allergic reactions (e.g., itchy, furry, or scratchy throat, itchy or puffy skin, hot, feeling funny)
- encourage empathy, acceptance and inclusion of the allergic child
- **implement Food Allergy Smart Education Program- [My Food Allergy Friends](#)**

CONTACT DETAILS FOR RESOURCES AND SUPPORT

[Allergy Aware- A hub for allergy awareness resources](#) A project developing national Best Practice Guidelines and supporting resources for the prevention and management of anaphylaxis in schools and children's education and care services (October 2021)

[Australasian Society of Clinical Immunology and Allergy](#) (ASCIA) provide information on allergies. The ASCIA Action Plans for Anaphylaxis are device-specific and must be completed by a medical practitioner.

<https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

Current ASCIA Action Plans are the 2021 versions, however previous versions (2020 and 2018) are still valid for use throughout 2021. There are two types of ASCIA Action Plans for Anaphylaxis:

- ASCIA Action Plan 2021 (**RED**) are for adults or children with medically confirmed allergies, who have been prescribed adrenaline autoinjectors (Plans are available for EpiPen® or Anapen®)
- ASCIA Action Plan for Allergic Reactions (**GREEN**) is for adults or children with drug (medication) allergies who have not been prescribed adrenaline autoinjectors.

ASCIA First Aid Plan for Anaphylaxis (**ORANGE**) 2021 EpiPen have replaced the general versions of ASCIA Action Plans for Anaphylaxis (Orange).

[Allergy & Anaphylaxis Australia](#) is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and other resources are available for sale from the Product Catalogue on this site.

Allergy & Anaphylaxis Australia also provides a telephone support line for information and support to help manage anaphylaxis: Telephone 1300 728 000.

[Royal Children's Hospital Anaphylaxis Advisory Support Line](#) provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911 or Email: anaphylaxisadviceline@rch.org.au

[NSW Department of Education](#) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

CONSIDERATIONS

NATIONAL QUALITY STANDARDS (NQS)

Quality Area 2: Children's Health & Safety		
2.1.1	Wellbeing & Comfort	Each child's wellbeing & comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest & relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm & hazard.
2.2.2	Incident & emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Education and care services national Regulations and National Law

Education and Care Services National Regulations and National law NSW		
Reg	12	Meaning of a serious incident
Reg	85	Incident, injury, trauma and illness policies and procedures
Reg	86	Notification to parents of incident, injury, trauma and illness
Reg	87	Incident, injury, trauma and illness record
Reg	89	First aid kits
Reg	90	Medical Conditions Policy
Reg	90 (1) (iv)	Medical Conditions Communication Plan
Reg	91	Medical Conditions Policy to be provided to parents.
Reg	92	Medication Record
Reg	93	Administration of Medication
Reg	94	Exception to Authorisation requirement - Anaphylaxis or Asthma Emergency
Reg	95	Procedure for Administration of Medication
Reg	101	Conduct a risk assessment for excursion

Reg	13 6	First aid qualifications
Reg	16 2	Health information to be kept in enrolment record
Reg	16 8	Education and care service must have policies and procedures
Reg	17 0	Policies and procedures to be followed
Reg	17 1	Policies and procedures to be kept available
Reg	17 3 (2) (f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
Reg	17 4	Time to notify certain circumstances to Regulatory Authority

SOURCE

Australian Children's Education & Care Quality Authority (2014)
Guide to the Education & Care services National Law & the Education & Care Services National Regulations.
ECA Code of Ethics
Guide to the National Quality Standard
Staying Healthy in Child Care. 5th Edition
Asthma Australia - www.asthmaaustralia.org.au
Australia Asthma Handbook - www.astmahandbook.org.au/diagnosis/children
https://education.nsw.gov.au/parents-and-carers/wellbeing/health-and-safety/supporting-children-with-anaphylaxis-at-school
ACECQA. (2021). Policy and procedure guidelines- <i>Dealing with Medical Conditions</i>
National Allergy Strategy. (2021). <i>Best practice guidelines for anaphylaxis prevention and management inschools and children's education and care (CEC) services (Guidelines).</i>
ASCIA Action Plans, Treatment Plans, & Checklists for Anaphylaxis and Allergic Reactions: https://www.allergy.org.au/hp/ascia-plans-action-and-treatment
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2020).

SERVICE POLICIES/ DOCUMENTATION

Polices	Documents
Administration of First Aid Policy	Client Handbook
Incident, Illness, Accident, Trauma Policy	Staff Handbook
Medical Conditions Policy	Medical Information
Supervision Policy	Enrolment Form

Anaphylaxis Management	Family communication policy
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