1. Policy Objective

To ensure that up to date medical information is provided by the families to the Service in cases where children are known to have severe allergic reactions, Asthma, life-threatening illnesses and medical conditions to enable the provision of a health management plan.

2. Explanation

There is an increase in the number of children being diagnosed with severe allergic reactions, asthma, diabetes and medical conditions. Information about a child's health risks must be shared with the Service to ensure that a comprehensive health management plan is in place explaining how staff/educators are to look after the child in the event of a medical emergency.

3. Definitions

3.1 Allergen*:*

- A substance that can cause an allergic reaction; most common are eggs, peanuts, tree nuts, cow's milk, bee or other insect stings, some medications.

3.2 Anaphylaxis*:*

- A potentially life threatening, severe allergic reaction that should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen, to which a person is allergic. Not all people with allergies are at risk of anaphylaxis.

3.3 Adrenalin Auto Injector:

- automatic injectors that contain a single, fixed dose of adrenalin (e.g. Epi-pen, Ana-pen).

4. Implementation

4.1 At enrolment, medical information, special dietary considerations and any other important medical information in regard to a child's health and wellbeing must be provided by the family, as per the enrolment form.

4.2 Parent/guardians will be given a copy of this policy and asked to complete;

- an *Asthma Management Plan*,
- an *Anaphylaxis Management Plan*,
- a *Type 1 Diabetes Management Plan*
- or another Health Management plan.
- The Health Management Plan is to be completed by the child's doctor and parent/guardian and updated annually.

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4.3 The Health Management Plan will identify:

- The medical condition.
- Symptoms and triggers (if known).
- Medical action needed throughout the day.
- Medication to be administered throughout the day.
- Emergency medical action/medication that may be required and assist to identify:
    - Training requirements for staff
    - The requirements for a Communication Plan for staff and parent.

4.4 A CHS - Risk Minimisation and Communication Plan must be completed for all children with a medical condition. As stated in the CHS - Risk Minimisation and Communication Plan, this must be completed in consultation with parents/guardians.

4.5 Services/FDC Educator with a child enrolled at risk of Anaphylaxis, must display the CHS - Anaphylaxis Notification form, with consideration to the need for confidentiality.

4.6 Where self-administration of medication is recommended, please refer to the CHS - Medication Paracetamol Natural Remedies Policy.

4.7 Any special dietary requirements/allergies etc. will be listed and displayed, with staff/educators, new staff and relief staff informed during induction processes and/or staff meetings. A photo of the child is helpful for this process (with the permission of the parent/guardian).

4.8 If an Adrenaline Auto Injector is to be administered in the case of anaphylaxis/severe allergic reaction;

- all staff/educators who provide care to the child are to have training in correct use of the Adrenaline Auto Injector.
- Training is to be documented in each person's staff file.

4.9 Where food is provided by the Service/FDC Educator:

- If it is decided to provide meals prepared at the Service/FDC Educator home, to a child at risk, then the meal prepared for all children should not contain the ingredients to which the child is at risk.
- Separate preparation utensils/equipment will be used to reduce the chance of cross-contamination.
- Meals prepared at Services/FDC Educator home which contain ingredients with 'allergen' warnings, should not be given to children potentially at risk from these allergens.
- Food removal - this should only occur following recommendation by a relevant medical specialist and provision of documentation of this recommendation.

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4.10 Where food is brought from home:

4.10.1 Measures shall be taken to remove highly allergenic foods where transfer from one child to another is likely (such as whole eggs or foods containing egg and peanut products).

4.10.2 Parents of all children may be asked not to send meals containing highly allergenic foods such as egg and nut products to the Service/FDC Educator home where there is a child at risk of anaphylaxis to these foods.

4.10.3 It is realised that it is not possible to eliminate all food products from foods brought to the Service/FDC Educator home.

4.10.4 In some circumstances it may be appropriate that a highly allergic child does not sit at tables where the food to which they are allergic is being served, providing the rights and dignity of the child is maintained.

4.11 If a child has severe food sensitivities/allergies, the family may be asked to supply some or all of the child's food each day.

4.12 If the child becomes ill while at the Service/FDC Educator home, staff will:

4.12.1 Provide care/medication as per the Health Management Plan instructions.

4.12.2 Inform the Parent/guardian as soon as possible and an ambulance will be called if needed.

4.12.3 Staff/Educator will complete a CHS - Child Incident, Injury, Trauma and Illness Form, as well as record the medication that is given.

4.12.4 Parent/guardians must inform the Service/FDC Educator immediately when there is a change to a child's medical condition, treatments, etc.

4.12.5 For centre-based Services, the Nominated Supervisor must ensure that any existing plans are updated, including communication with staff and any applicable training.

4.12.6 If medication is supplied to the Service/FDC Educator in case of an emergency, the parent/guardian must ensure that it has a pharmacy label, clearly noting;

- the child's name
- date of birth
- and that the medication is in date.

4.13 Medications that are out of date will not be administered.

5. Anaphylaxis

5.1 A child's Adrenalin Auto Injector must be kept at the Service/FDC Educator home and readily accessible.

5.2 The Adrenalin Auto Injector must not be out of date.

5.3 Risk minimisation with regard to particular foods (peanuts and tree nuts) is required, however the implementation of blanket food bans or attempts to prohibit the entry of food substances into the Service/FDC home are not recommended.

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5.4 Where the Adrenalin Auto Injector is not brought to the Service/FDC home, the child cannot remain in care.

5.5 Blanket bans are not recommended because:

- School-age children need to develop strategies for avoidance in the wider community as well as at school
- the lack of evidence of the effectiveness of such measures
- the risk of complacency about avoidance strategies if a food is banned.
- For Services/FDC Educator home where there are children with severe allergies to nuts (peanuts and tree nuts) risk minimisation procedures should be implemented.
- This may involve removal of items with the relevant nut as an ingredient but does not apply to those foods labelled "may contain traces of nuts".
- Bullying by provoking food-allergic children with food to which they are allergic should be recognised as a risk factor and addressed by anti-bullying policies.

6. Compliance

All workers who have responsibilities under this policy are responsible for understanding and complying with this policy. Non-compliance with this policy and procedure may result in disciplinary action, up to and including termination of employment.

7. Evaluation

This policy will be reviewed and updated (if needed), at least every two years, by the Early Childhood Team, following input from all stakeholders.

8. Related Documents

CHS Child Safe Environment

CHS Medication Paracetamol Natural Remedies Policy

CHS Food Safety, Healthy Eating and Drinking Policy

CHS Anaphylaxis Notification poster

CHS Risk Minimisation and Communication Plan

CHS Child Incident, Injury, Trauma and Illness Form

9. References

Legislation

Education and Care Services National Law 2011 Act

Education and Care Services National Regulations 2020: Regulation 90 to 96

Work, Health and Safety Act 2011

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10. Websites

www.allergyfacts.org.au

www.betterhealth.vic.org.au

www.diabetesqld.org.au

www.health.nsw.gov.au

www.health.vic.gov.au

www.health.qld.gov.au

www.health.qld.gov.au/health_professionals/childrens_health/getup&grow.asp

www.nutritionaustralia.org

www.allergyfacts.org.au

www.allergy.org.au

www.heas.health.vic.gov.au/healthy-choices/guidelines

www.health.nsw.gov.au/heal/Publications/nsw-healthy-eating-strategy.pdf

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