



# Anaphylaxis Policy

## 1. Policy statement

### Values

This children's service believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. The service is committed to:

- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences
- raising awareness about allergies and anaphylaxis amongst the service community and children in attendance
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child
- ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis

### Purpose

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device
- raise the service community's awareness of anaphylaxis and its management through education and policy implementation

## 2. Scope

The Children's Services Act 1996 requires proprietors of licensed children's services including Family Day Care (FDC) and Out of School Hours Care (OSHC) to have an anaphylaxis management policy in place. This policy will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It will apply to children enrolled at the service, their parents/guardians, staff and licensee as well as to other relevant members of the service community, such as volunteers and visiting specialists. The Children's Services Regulations 2009 include the matters to be included in the policy, practices and procedures related to anaphylaxis management and staff training.

## 3. Background and legislation

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications.

Young children may not be able to express the symptoms of anaphylaxis.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.

The licensee recognises the importance of all staff/carers responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an auto-injection device.

Staff /carers and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff /carers should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee recognises the need to adopt a range of procedures and risk

minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

### **Legislation**

Children's Services Act 1996

Children's Services Regulations 2009

Health Act 1958

Health Records Act 2001

Occupational Health and Safety Act 2004

### **4. Definitions**

**Allergen:** A substance that can cause an allergic reaction.

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

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

**Ambulance contact card:** A card that the service has completed, which contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made.

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

**Anaphylaxis medical management action plan:** a medical management plan prepared and signed by a Registered Medical Practitioner providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

**Anaphylaxis management training:** accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Early Childhood Development and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise using the trainer adrenaline auto-injection device.

**Adrenaline auto-injection device:** A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

**EpiPen®:** This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

**Adrenaline auto-injection device training:** training in the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self paced trainer CD ROM and trainer auto-injection device.

**Children at risk of anaphylaxis:** those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

**Auto-injection device kit:** An insulated container, for example an insulated lunch pack containing a current 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, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be

contacted. If prescribed an antihistamine may be included in the kit. Auto-injection devices are stored away from direct heat.

**Intolerance:** Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

**No food sharing:** The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

**Nominated staff member:** A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the adrenaline auto-injection device is current, the auto-injection device kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

**Communication plan:** A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.

**Risk minimisation:** The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.

**Risk minimisation plan:** A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. A sample risk minimisation plan is outlined in Schedule 3 of this document.

**Service community:** all adults who are connected to the children's service.

**Treat box:** A container provided by the parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats. Non-food rewards, for example stickers, stamps and so on are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.

## 5. Procedures - The Proprietor shall:

### In all children's services :

- ensure there is an anaphylaxis management policy in place containing the matters prescribed in Schedule 3 of the Children's Services Regulations 2009 (r. 87)
- ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service (r. 43 and r. 48 for FDC services)
- ensure that all staff in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months (r. 65(1) and for FDC services (r. 65(2)) recording this in the staff records (r. 38) and for FDC services (r. 39). It is recommended that practise with the trainer auto-injection device is undertaken on a regular basis, preferably quarterly

### In services where a child diagnosed at risk of anaphylaxis is enrolled the proprietor shall also:

- conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with staff and the families of the child/ren (Schedule 3 of the Regulations)

- ensure that a notice is displayed prominently in the main entrance of the children's service other than a family day care service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service (r. 40)
- ensure staff members on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated have completed training approved by the Secretary in the administration of anaphylaxis management (r. 67(2) and for FDC services r. 67(3)) and that practice of the adrenaline auto-injection device is undertaken on a regular basis, preferably quarterly, and recorded
- ensure that all relief staff members in a service have completed training approved by the Secretary in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
- ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service, its programs or family day carers home without the device (Schedule 3 of the Regulations)
- implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation (Schedule 3 of the Regulations)
- display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called *Action Plan for Anaphylaxis* in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet
- display an Emergency contact card by the telephone
- comply with the procedures outlined in Schedule 1 of the model policy
- ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child (r. 34). This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- ensure that all staff in a service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device Kit (Schedule 3 of the Regulations)
- ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit (r. 74(4)(d)).

**Staff responsible for the child at risk of anaphylaxis shall:**

- ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff in a service
- follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis
- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  - Call an ambulance immediately by dialling 000
  - Commence first aid measures
  - Contact the parent/guardian
  - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- 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
- ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner
- ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the

- child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service
- ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat (r. 84(3))
- 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 or family day carer accompanying the child when the child is removed from the service or the home e.g. on excursions that this child attends (r. 74(4)(d))
- regularly check 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)
- provide information to the service community about resources and support for managing allergies and anaphylaxis
- comply with the procedures outlined in Schedule 1 of the model policy.

**Parents/guardians of children shall:**

- inform staff at the children's service, either on enrolment or on diagnosis, of their child's allergies
- develop an anaphylaxis risk minimisation plan with service staff
- provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- provide staff with a complete auto-injection device kit
- regularly check the adrenaline auto-injection device expiry date
- assist staff by offering information and answering any questions regarding their child's allergies
- notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- comply with the service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device
- comply with the procedures outlined in Schedule 1 of the model policy.

## 6. Related documents

Related documents at the service:

- Enrolment checklist for children at risk of anaphylaxis (Schedule 2 of the model policy)
- Sample Risk Minimisation Plan (Schedule 3 of the model policy)
- Brochure titled "Anaphylaxis – a life threatening reaction", available through the Royal Children's Hospital, Department of Allergy

Relevant service policies such as:

- Enrolment
- Illness and Emergency Care
- Nutrition
- Hygiene and Food Safety
- Asthma
- Inclusion
- Communication.

## Contact details for resources and support

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at [www.allergy.org.au](http://www.allergy.org.au), provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- Anaphylaxis Australia Inc, at [www.allergyfacts.org.au](http://www.allergyfacts.org.au), is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children's Hospital, Department of Allergy, at [www.rch.org.au](http://www.rch.org.au), provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child's allergies and if necessary, provide an adrenaline auto-injection device prescription, as well as to purchase auto-injection device trainers. Telephone (03) 9345 5701.
- 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.
- Department of Education and Early Childhood Development website at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

#### **Training**

- Access the Department of Education and Early Childhood Development website for information about free training for staff members in services where there is a child diagnosed at risk of anaphylaxis enrolled at: [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis).
- There are a range of providers offering anaphylaxis training, including Royal Children's Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that where there is a child diagnosed at risk of anaphylaxis enrolled in the service the anaphylaxis management training undertaken is accredited.

#### **7. Authorisation**

This policy was adopted by the Park Orchards Learning Centre Inc. on 16<sup>th</sup> December, 2009

#### **8. Review date**

This policy shall be reviewed on 1<sup>st</sup> December, 2012

#### **9. Evaluation**

The licensee shall:

- discuss with staff their knowledge of issues following staff participation in anaphylaxis management training
- selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete
- discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child
- respond to complaints and notify the Department within 48 hours (r.105)
- review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

**The staff shall nominate a staff member to:**

- conduct 'anaphylaxis scenarios' and supervise practise sessions in adrenaline auto-injection device administration procedures to determine the levels of staff competence and confidence in locating and using the auto-injection device kit  
(An anaphylaxis resource kit has been provided to all licensed children's services. This kit contains an auto-injection device trainer and trainer CD Rom to enable staff to practise the administration of the auto-injection device regularly at least quarterly. This trainer auto-injection device should be stored separately from all other auto-injection devices for example in a file with anaphylaxis resources, so that the auto-injection device trainer is not confused with an actual auto-injection device)
- routinely (e.g. monthly) review each auto-injection device kit to ensure that it is complete and the auto-injection device is not expired
- liaise with the licensee and parents of children at risk of anaphylaxis.

**Parents/guardians shall:**

- read and be familiar with the policy
- identify and liaise with the nominated staff member
- bring relevant issues to the attention of both staff and licensee

**Schedule 1 Risk minimisation plan**

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:

**In relation to the child at risk:**

- This child should only eat food that has been specifically prepared for him/her
- Where the service is preparing food for the child, ensure that it has been prepared according to the parent's instructions
- Some parents will choose to provide all food for their child
- All food for this child should be checked and approved by the child's parent/guardian and be in accordance with the risk minimisation plan
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child's name
- There should be no trading or sharing of food, food utensils and containers with this child
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities
- Parents/guardians should provide a safe treat box for their child
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination
- When the child diagnosed at risk of anaphylaxis is allergic to milk, ensure non-allergic babies are held when they drink formula/milk
- Increase supervision of this child on special occasions such as excursions, incursions or family days

**In relation to other practices at the service/family day carer's home:**

- Ensure tables, high chairs and bench tops are washed down after eating
- Ensure hand washing for all children before and after eating and, if the requirement is included in a particular child's anaphylaxis medical management action plan, on arrival at the children's service
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children
- Staff should discuss the use of foods in activities with the parent/guardian of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the centre with food

- Staff should use non-food rewards, for example stickers, for all children
- The risk minimisation plan will inform the children's service's food purchases and menu planning
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils
- Where food is brought from home to the service, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

### **Schedule 2 Enrolment Check list for Children at Risk of Anaphylaxis**

#### **How well has the children's service planned for meeting the needs of children with allergies who are at risk of anaphylaxis?**

1. Who are the children?
  - List names and room locations of each of the at risk children
2. What are they allergic to?
  - List all of the known allergens for each of the at risk children
  - List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service
3. Does everyone recognise the at risk children?
  - List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at risk children
  - Confirm where each child's Action Plan (including the child's photograph) will be displayed

#### **Do families and staff know how the service manages the risk of anaphylaxis?**

- Record when each family of an at risk child is provided a copy of the service's Anaphylaxis management policy.
- Record when each family member provides a complete auto-injection device kit.
- Test that all staff, including relief staff, know where the auto-injection device kit is kept for each at risk child.
- Regular checks of the expiry date of each adrenaline auto-injection device are undertaken by a nominated staff member and the families of each at risk child.
- Service writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the service:
  - Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate
  - Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on.
  - A new written request is sent to families if the food allergens change.
  - Ensure all families are aware of the policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without that device.
  - The service displays the ASCIA generic poster, an action plan for anaphylaxis, in a key location and locates a completed emergency contact card by the telephone/s.
  - The auto-injection device kit including a copy of the anaphylaxis medical management action plan is carried by a staff member when a child is removed from the service eg. excursions
  - A risk minimisation plan is completed in consultation with the parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.

- Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the service's Anaphylaxis management policy.
- All parents/guardians are made aware of the Anaphylaxis management policy.
- Anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all staff. A copy of the anaphylaxis medical management action plan is Adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the service.
- Adrenaline auto-injection device is stored in an insulated container (auto-injection device Kit), in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.
- All staff, including relief staff, is aware of each auto-injection device kit location and the location of the anaphylaxis medical management action plan.
- Staff who are responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an auto-injection device trainer, and is reinforced at quarterly intervals and recorded annually.
- The service's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan.
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child Information regarding any other medications or medical conditions (for example asthma) is available to staff.
- If food is prepared at the service, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis.

### **Schedule 3 Sample Risk Minimisation Plan for Anaphylaxis**

The following suggestions may be considered when developing or reviewing a child's risk minimisation plan in consultation with the parent/guardian.

#### **Do all staff know how the children's service 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 who is responsible for implementing them (See following section for possible exposure scenarios and strategies).
- Menus are planned in conjunction with parents/guardians of at risk children:
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.
- Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child.
- Service develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her.
- NO FOOD is introduced to a baby if the parent/guardian has not previously given this food to the baby
- Ensure each child enrolled at the service washes his/her hands before and after eating and on arrival if required as part of a particular child's medical management plan
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk child/ren and the reasons for this.
- Bottles, other drinks and lunch boxes provided by the family of the at risk child should be clearly labelled with the child's name.
- A safe 'treat box' is provided by the family of each at risk child and used by the service to provide 'treats' to the at risk child, as appropriate.

#### **Do relevant people know what action to take if a child has an anaphylactic reaction?**

- Know what each child's anaphylaxis medical management action plan says and implement it.
- Know who will administer the auto-injection device and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child.
- All staff with responsibilities for at risk children have undertaken anaphylaxis management training and undertake regular practise sessions for the administration of the auto-injection device.

**How effective is the service's risk minimisation plan?**

- Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure.

**Possible exposure scenarios and strategies**

Scenario	Strategy	Who
Food is provided by the parents and therefore it is unknown by staff if there is a food allergen with another child's food.	An at risk child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes.	Staff
.	Children are regularly reminded of the importance of no food sharing with the at risk child	Staff
	Children are supervised during eating.	Staff
Party or celebration	Give plenty of notice to families about the event.	Primary Nominee/Qualified Staff
	Ensure a safe treat box is provided for the at risk child.	Parent/ Staff
	Ensure the at risk child only has the food approved by his/her parent/guardian.	Staff
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent.	Primary Nominee
Protection from insect sting allergies	Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area.	Staff
	Decrease the number of plants that attract bees.	Licensee
	Ensure the at risk child wears shoes at all times outdoors.	Staff
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at risk child during the period required to eradicate the insects.	Licensee
Latex allergies	Avoid the use of party balloons or contact with latex gloves.	Staff