

D-10 ALLERGIES

POLICY STATEMENT.

TWOOSH will work closely with children, families and where relevant schools and health professionals to manage the allergies of children who are attending the service. Parents have a responsibility to inform the service of any allergies their child has and of any changes in the child's condition in writing. The allergies policy will be provided to these parents, and a medical plan will be completed for each child with an allergy. Our Educators will be fully aware of the nature and management of any child's allergy and will respect the child and the family's confidentiality (*"My Time, Our Place"* 1.4). We will support children with allergies to participate fully in the day-to-day program in the service in order to promote their sense of well being, connectedness and belonging to the service (*"My Time, Our Place"* 1.2, 3.1).

CONSIDERATIONS:

- National Education and Care Services Law Section 167,173. 2011
- National Education and Care Services Regulations 90-91, 92-96, 178, 181-184 2011
- National Quality Framework 2012 Areas 2.1, 6.2, 6.3. 2012
- Disability Discrimination Act 1975
- NSW Anti-discrimination Act 1977
- Work Health and Safety Act 2011
- Australian Society of Clinical Immunology and Allergy Inc.(ASCIA): Guidelines for the prevention of food anaphylactic reactions in schools, preschools and childcare centres 2012
- NSW Department of Community Services: Guidelines for Children's Services 2007 Anaphylaxis.
- TWOOSH Nutrition Policy
- TWOOSH Family handbook
- TWOOSH Dealing with medical conditions Policy
- TWOOSH Food handling & Safe storage of food policy
- Individual medical management plans

PROCEDURE.

1. Administration

- Parents will be asked to inform the centre of any allergies their child may have at the time of enrolment, or if the student is already enrolled, as soon after diagnosis as possible. This will be recorded by the parent on the child's enrolment form.
- Upon notification of a child's allergy the service will provide the parent with a copy of this policy and D-5 Dealing with Medical Conditions policy in accordance with regulation 91 of the National Education and Care Services Regulations.
- Where a child has a severe allergy (anaphylaxis), the parents will be asked to supply a coloured ASCIA action plan from a registered medical practitioner, annually. Children cannot start attending OOSH until this had been provided.
- In consultation with the Director, parents will be required to complete a Child Individual Medical management plan and a risk assessment for providing food (if

THORNLEIGH WEST OOSH POLICIES

relevant). The Director will meet with the parents and relevant health professionals (if required) as soon as possible prior to the child's attendance to determine content of that plan to assist in a smooth and safe transition of the child into the service.

- For food allergies, parents may be given the current centre menu to look at and identify what their child can or cannot have from that menu so the centre can plan alternatives.
- Any medication required in the ASCIA action plan will need to be supplied by the parents, to both the school and OOSH (each location has their own set) Parents are also responsible for ensuring that the medication is replaced before the expiry date. Children will be not allowed to attend without their medication, medication expiry dates will be checked twice a year by OOSH staff during First aid kit audits and parents will be contacted if medication is soon due for replacement.

2. Provision of food

- The names and details of children with food allergies will be placed on a food allergy list which will be displayed in the kitchen area to remind educators.
- For anaphylaxis, once permission is gained in writing, the child's photo allergy details will be displayed on the freezer and made note of on the roll.
- All educators are to familiarise themselves with these lists. Relief educators will be informed of this upon initial employment during orientation.
- While we do not serve food containing nuts, some food provided may have traces of nuts in them. When food with traces of nuts is served, alternative food is available for those children with nut allergies. Parents will need to inform us if their child can have the food which 'may contain traces of nuts' or not.
- For all other food allergies, an alternative will be provided as agreed upon by the parent and the Director in the Child's individual medical management plan. Parents may choose to personally provide any other alternatives for their child if they are unsatisfied with the alternative provided by the centre.
- Some foods that the centre normally serves may be free of the commonly implicated food allergens and therefore able to be eaten by the child. These supplementary foods may be given to the child by the centre as mutually agreed by the parents and the Director.
- Detailed weekly menu on the fridge will be used by staff to identify alternate foods (replacing menu item) which need to be prepared each day for children with allergies. The staff responsible for preparing afternoon tea will refer to this.
- Where it is necessary for other children to consume the particular food allergen (e.g. milk or other dairy foods) the child with a food allergy may be seated separately during meal times and all children will wash their hands before and after eating.
- When preparing foods educators will follow all food safety procedures as stated in the centres D-14 Food handling & Safe storage of food policy.

ANAPHYLAXIS

HOW YOU CAN RECOGNISE AN ANAPHYLACTIC REACTION

Reactions usually begin within minutes of exposure and can progress rapidly at any time over a period of two hours. A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before signs are observable by staff.

THORNLEIGH WEST OOSH POLICIES

Symptoms for a mild to moderate reaction are:

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

Mild to moderate allergic reactions may or may not precede anaphylaxis

Treat for anaphylaxis if any of the following symptoms occur:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- Pale and floppy (young children)

WHAT TO DO FOR ANAPHYLAXIS

1. **STAY WITH CHILD.** Send another child or staff member for help.
2. **IF CHILD HAS AN ASCIA ACTION PLAN – FOLLOW IT. GET EPIPEN.**
3. **RING AMBULANCE – 000**
4. **DO NOT MOVE THE CHILD UNNECESSARILY.** Movement, exercise and heat make it worse.
5. **CONTACT PARENT/CARER**

ONLY TRAINED STAFF SHOULD ADMINISTER EPIPEN

Write time Epipen is given on back of child's hand.

If an Epipen has been administered the child must go to hospital, even if it was only accidentally administered.

Put lid on used Epipen, replace in container, write time administered and give to ambulance officer

AT ALL TIMES THERE ARE STAFF ON THE PREMISES THAT ARE TRAINED IN THE USE OF EPIPENS

WHAT TO DO IF CHILD CONSUMES OR IS EXPOSED TO ALLERGEN BUT SHOWS NO SIGNS OF REACTION

1. **STAY WITH CHILD.** Send another staff to retrieve family contact number.
2. **IF CHILD HAS AN ASCIA ACTION PLAN- FOLLOW IT.** May mean giving antihistamines
3. **DO NOT MOVE UNNECESSARILY.** Exercise and heat make it worse.
4. **CONTACT PARENTS/EMERGENCY CONTACT.** Ask that they collect child
5. **FILL OUT INCIDENT, INJURY, TRAUMA AND ILLNESS FORM** Monitor child until parent arrives to collect them

REVISIONS

Endorsed date	7.8.17
Date for review	May 2019

THORNLEIGH WEST OOSH POLICIES