



POLICY:	FOOD ALLERGIES & ANAPHYLAXIS
2A.05	

1. Policy Objective:

To minimise risk of an anaphylactic reaction occurring while a child is at the service.

2. Explanation:

The safety and well-being of children that are at risk of anaphylaxis is a whole-of-community response. Every effort will be taken to minimise the risk.

3. Definitions:

Allergen: a substance that can cause an allergic reaction; most common ones are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, some medications.

Anaphylaxis: a severe, life-threatening allergic reaction; up to 2% of the general population and 5% of children are at risk.

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

4. Implementation:

4.1. The Service shall work towards raising parent and community awareness of Food Allergies and Anaphylaxis.

4.1.1. The parent/guardian of the child shall provide documentation from their medical practitioner about the allergy and possible reactions and be involved in assessing the risk for their child at the Service.

4.1.2. At each Service, at least one educator who is present at the Service will be trained in the use of *Adrenalin Auto Injectors* and other similar products.

4.1.3. Services with a child enrolled at risk of Anaphylaxis, must display the *WHS.028 Anaphylaxis Notification* form

4.2. *School aged care*:

4.2.1. A child's *Adrenalin Auto Injector* must be kept at the Service and readily accessible.

4.2.2. 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 are not recommended.

4.2.3. 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.

4.2.4. For Services 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".

4.2.5. Asking parents of classmates not to send peanut butter on sandwiches. This is due to the higher risk of person to person contact in younger children.

4.2.6. 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.

4.3. *Kindergarten, Early Learning Centres, Family Day Care Services*:

4.3.1. A child's *Adrenalin Auto Injector* must be kept at the Service and readily accessible.

4.3.2. Where food is brought from home:

- Measures shall be taken to remove highly allergenic foods where transfer from one child to another is likely (such as whole eggs or egg containing foods and peanut products).
- Parents of all children shall be asked not to send meals containing highly allergenic foods such as egg and nut products to the service at which there is a child at risk of anaphylaxis to these foods.
- It is realised that it is not possible to eliminate all food products from foods brought to the service.
- 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.

4.3.3. Where meal preparation is undertaken at the Service:

- For severely allergic children the best option may be to ask the family to supply meals prepared from home.
- If it is decided to provide meals prepared at the Service 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 which contain ingredients with "May contain traces of nuts" on a label should not be given to nut allergic children.
- Food removal - this should only occur following recommendation by a relevant medical specialist and provision of documentation of this recommendation.

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.

Associated Documents:

All associated documents can be found in the Enrolment, Human Resources Management and Work Health and Safety sections of the QLECS Forms and Documents.

Related Policies:

2A.01: Healthy Eating and Drinking
2A.02: Food Safety Policy
2A.03: Menu Planning and Special Dietary Considerations
2B.12 Management of Medical Conditions

References:

Legislation:

Education and Care Services National Law 2011
Education and Care Services National Regulations 2011: Regulation 78 to 80 and 168 (2) (a)

Websites:

Healthy Eating Guidelines:
www.health.qld.gov.au/health_professionals/childrens_health/getup&grow.asp
Better Health Channel www.betterhealth.vic.gov.au
Nutrition Australia www.nutritionaustralia.org
Anaphylaxis Australia Inc www.allergyfacts.org.au
Australasian Society of Clinical Immunology and Allergy. www.allergy.org.au
Healthy Choices Guidelines Victoria <http://heas.health.vic.gov.au/healthy-choices/guidelines>
NSW Healthy Eating and Active Living Strategy
<http://www.health.nsw.gov.au/health/Publications/nsw-healthy-eating-strategy.pdf>