Anaphylaxis Management Checklist for Child Care Services

☐ Actively seek information to identify a child with severe life threatening allergies at enrolment.

☐ If a child has been diagnosed as being at risk of anaphylaxis, meet with the parents/guardians to complete an Individual Anaphylaxis Health Care Plan.

☐ Parents/guardians are to provide copies of the child’s ASCIA Action Plan completed by their medical practitioner with an up to date photo.

☐ Display the child’s ASCIA Action Plan in appropriate staff areas around the service (e.g. staff room).

☐ Parents/guardians are to provide the child’s adrenaline autoinjector and other medication (e.g. asthma reliever medication) within expiry date.

☐ Adrenaline autoinjectors are stored in an unlocked location, easily accessible to staff, but not accessible to children. It is stored with the child’s ASCIA Action Plan and away from direct sources of heat and sunlight.

☐ Establish a process for checking the adrenaline autoinjector to make sure it has not expired and has no grey/brown discolouration or sediment.

☐ Establish processes for checking the adrenaline autoinjector and ensuring ASCIA Action Plans are taken whenever the child participates in off-site activities.

☐ Develop a service-based anaphylaxis management policy and implement strategies to minimise exposure to known allergens.

☐ Arrange staff training which should include the recognition of allergic reactions, emergency treatment, practice with adrenaline autoinjector trainer devices and risk minimisation strategies.

☐ All food preparation staff are trained in providing food to allergic children and measures are in place to prevent contamination of the food given to the children at risk of anaphylaxis, (a safer option is for parents/guardians of children with allergies to provide their child’s food).

☐ Hand out anaphylaxis fact sheets to staff to raise awareness about anaphylaxis.

☐ Mail/distribute letters to parents/guardians in the child care community and include information snippets in newsletters to raise awareness about anaphylaxis and the service’s policies/guidelines.

☐ Ensure all babies have tried new foods at home before they are given in the child care service.

☐ Regularly review anaphylaxis management strategies and practice scenarios for responding to an anaphylaxis emergency.

☐ Review child’s Individual Anaphylaxis Health Care Plan annually, if the child’s situation changes or after an anaphylactic incident.

Further information:
WA Department of Health
Australasian Society of Clinical Immunology and Allergy (ASCIA)
www.allergy.org.au
Anaphylaxis Australia Inc
www.allergyfacts.org.au