ATTACHMENT 2

Enrolment checklist for children diagnosed as at risk of anaphylaxis

A risk minimisation plan and communication plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented including following procedures to address the particular needs of each child diagnosed as at risk of anaphylaxis.

Parents/guardians of a child diagnosed as at risk of anaphylaxis have been provided with a copy of the service's *Anaphylaxis Policy* and *Dealing with Medical Conditions Policy*.

All parents/guardians are made aware of the service's Anaphylaxis Policy.

An ASCIA action plan for anaphylaxis for the child is completed and signed by the child's registered medical practitioner and is accessible to all staff.

A copy of the child's ASCIA action plan for anaphylaxis is included in the child's adrenaline autoinjector kit (refer to *Definitions*).

An adrenaline autoinjector (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service.

An adrenaline autoinjector is stored in an insulated container (adrenaline autoinjector kit) in a location easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold.

All staff, including casual and relief staff, are aware of the location of each adrenaline autoinjector kit which includes each child's ASCIA action plan for anaphylaxis.

All staff have undertaken approved anaphylaxis management training (refer to *Definitions*), which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions and emergency first aid treatment. Details regarding qualifications are to be recorded on the staff record (refer to *Definitions*).

All staff have undertaken practise with an autoinjector trainer at least annually and preferably quarterly. Details regarding participation in practice sessions are to be recorded on the Educator Network Meeting minutes. The procedure for first aid treatment for anaphylaxis is in place and reviewed (refer to Attachment 4).

Contact details of all parents/guardians and authorised nominees are current and accessible.

Information regarding any other medications or medical conditions in the service (for example asthma) is available to staff.

If food is prepared at the service, measures are in place to prevent cross-contamination of the food given to the child diagnosed as at risk of anaphylaxis.