

Moreland Early Years Management

ANAPHYLAXIS POLICY AND PROCEDURE

Mandatory – Quality Area 2

PURPOSE

Moreland Early Years Management places high priority on the health, wellbeing and safety of all children in early years services. This policy and procedure will provide guidelines to all early childhood teachers and educators, staff and families in relation to the management of Anaphylaxis and/or to a child who may be at risk of an anaphylaxis incident.

In addition, this policy and procedure aims to minimise the risk of allergic reaction resulting in anaphylaxis occurring while children are in the care of Moreland Early Years Management early years services.

This policy should be read in conjunction with the *Administration of First Aid, Dealing with Medical Conditions and Incident, Injury, Trauma and Illness Policy and procedures*.

POLICY STATEMENT

The Moreland Early Years Management early years services are committed to:

- Providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program.
- Raising awareness of families, staff, children and others attending the service about allergies and anaphylaxis.
- Actively involving the parents of each child at risk of anaphylaxis in assessing risks, and in developing risk minimisation, risk management strategies and communication plans for their child.
- Ensuring all staff members and other adults at the service have completed and are up to date with First Aid training and Anaphylaxis Management.
- Facilitating open communication between early childhood teachers and educators to ensure the safety and wellbeing of children at risk of anaphylaxis.

BACKGROUND AND LEGISLATION

Anaphylaxis is a severe and potentially life-threatening allergic reaction. The most common causes of anaphylactic reaction in young children are eggs, peanuts, tree nuts, dairy, fish, shellfish, soy, wheat and sesame, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or

articulate the symptoms of anaphylaxis. With planning and training, a reaction can be treated effectively by using an adrenaline auto injector, often called an EpiPen.

In any service that is open to the general community it is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies, including strategies to minimise the presence of allergens in the service, can reduce the risk of anaphylactic reactions.

Services must ensure that each child at risk of anaphylaxis has a current medical action plan prepared and signed by their medical practitioner or specialist at or prior to enrolment, and must implement strategies to assist children with anaphylaxis through the development and use of risk minimisation and communication plans.

Moreland Early Years Management will ensure all early childhood teachers and educators working directly with children have current approved anaphylaxis management and First Aid Training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(1)(b)).

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010: Sections 167, 169*
- *Education and Care Services National Regulations 2011: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246*
- *Health Records Act 2001 (Vic)*
- *National Quality Standard, Quality Area 2: Children’s Health and Safety*
- *Occupational Health and Safety Act 2004 (Vic)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Privacy Act 1988 (Cth)*
- *Public Health and Wellbeing Act 2008 (Vic)*
- *Public Health and Wellbeing Regulations 2009 (Vic)*

PROCEDURES

All Moreland Early Years Management early childhood teachers and educators will have an understanding and familiarity with the signs and symptoms of anaphylaxis, and medication to be used for individual children at the early years’ service.

PREVENTION AND RISK MANAGEMENT

Moreland Early Years Management early childhood teachers and educators will:

- Conduct a risk assessment of the potential for accidental exposure to allergens that cause anaphylactic reaction.
- Be familiar with individual medical action plans and risk minimisation and Communication plans.
- Work with families and the community to reduce the presence of allergens that cause anaphylactic reaction within the learning environment.

Moreland Early Years Management early childhood teachers and educators will take the following measures to reduce risks:

- Encourage hand-washing processes at arrival time, and before and after eating.
- Thoroughly clean eating areas and utensils to remove traces of known allergens.
- Ensure all recycled art and craft materials entering the service and being used in the program are cleaned thoroughly and safe for use by all children including those diagnosed with anaphylaxis and allergies.
- Ensure cooking activities do not include known allergens.
- Ensure bottles and lunch boxes are clearly labelled with children's names and children are not sharing food, containers and utensils.
- Check a child with known anaphylaxis has an Anaphylaxis Action Plan signed by a medical practitioner, a current (in-date) auto-injection device and any medication documented in the Action Plan.
- Work closely with parents to document an effective communication plan as well as a risk minimisation plan including ongoing management of anaphylaxis.
- Ensure that a copy of the child's individual anaphylaxis action plan and risk minimisation and communication plan is placed in the child's individual enrolment record at the service.
- Respond appropriately to an anaphylactic reaction by following the individual child's Anaphylaxis action plan. Children are not permitted to self-administer auto-injection devices at the service.
- Ensure that each individual child's medication is accessible to all early childhood teachers and educators whilst the child is accessing the service and is out of reach of children.
- Ensure containers/storage bags are maintained for individual children's medications. This must be clearly labelled with the child's photo, their name and include a copy of their anaphylaxis action plan.
- Display children's action plan in the children's room where it is accessible to all early childhood teachers and educators.
- Early childhood teachers and educators are required to check each child's medication and auto-injection expiry dates regularly to ensure it is in date.
- Ensure that the AV How to Call Card is displayed near all telephones.

INDIVIDUAL MANAGEMENT OF CHILDREN

When an enrolled child has an identified allergy and is at risk of experiencing an anaphylactic reaction, early childhood teachers and educators and parents will work together to ensure the wellbeing of the child.

Early childhood teachers and educators will;

- Ensure that an Action Plan for Anaphylaxis is prepared and signed by a Medical Practitioner.
- Check action plans are updated on a regular basis, or when a medical practitioner or the parent notifies a change of medical/general information to early childhood teachers, educators and staff.
- Display a note at the front entrance of the service that there is a child/ren who is/are diagnosed as at risk of anaphylaxis and they are being educated and cared for by the service including the allergens that causes their anaphylactic reaction.
- Ensure that the Child Allergy Chart is displayed in each room and that every staff member, including relief staff have access to it.
- Follow a safe protocol for correct disposal of used adrenaline auto-injection device/s at the service i.e. disposal of expired medication at the pharmacy when replacement medication is purchased.
- Be aware of children who are known to have anaphylaxis and do not have an up-to-date auto injection device at the service, are not able to access the service until the parent has provided an updated auto-injection device for the services to use in case of anaphylactic reaction.
- Provide parents of a child identified with anaphylaxis with a copy of the Anaphylaxis and Medical Conditions Policy and Procedure.
- Document any anaphylactic incident that has occurred in Moreland Early Years Management's early years services in the Incident, Injury, Illness and Trauma record and inform a family member of the used device as soon as possible. This information is also required to be given to the attending ambulance officers. Moreland Early Years Management must be notified within 24 hours of any incident that requires the attention of a medical practitioner or attendance at a hospital and a subsequent report will be made to the regulatory authority.
- Document any administration of medication in the medication record.
- Ensure a copy of the child's action plan, communication and risk minimisation plan is completed prior to the child commencing at the service and is placed in the child's individual enrolment record at the service (refer to attachment 1).
- Supervise all children during meal times in the program.
- Discuss with the parents of child/ren the need for increased supervision on special occasions, excursions, incursions or celebrations.
- Ensure the use of the auto-injection device is practiced on a quarterly basis, and the online anaphylaxis e training course is completed yearly and recorded in early childhood professional's individual educator record.

Induction of Early Childhood Professionals and Relief Educators

If a child with Anaphylaxis attends a Moreland Early Years Management early years service, induction of early childhood teachers and educators and staff will include (as per the induction checklist):

- Being provided with a copy of the Anaphylaxis policy and procedure and Dealing with Medical Conditions policy and procedure.

- The location of the medication and auto injection device.
- Information about where the following documents are located:
 - Action Plan (signed by a medical practitioner)
 - Risk minimisation and communication plans for the management of Anaphylaxis.

A copy of this information should be available in the Relief staff folder at each service.

PARENTS

Parents will:

- Identify a child's known allergens on the Enrolment Form.
- Provide a current individual Action Plan for Anaphylaxis (no older than 12 months), prepared and signed by a medical practitioner. The plan will be updated regularly or when health and allergy needs change.
- Assist early childhood teachers and educators to develop medical conditions risk assessment and communication plans.
- Provide an 'in date' auto injection device and any required antihistamine medication bearing the child's name, instructions for use and expiry date.
- Advise the service and early childhood teachers/educators of any changes in the child's health or allergy status. This change must also be reflected in the child's individual enrolment record and be signed and dated by the parent.

RESPONDING TO AN ANAPHYLACTIC REACTION

Early Childhood teachers and educators will respond to an anaphylactic incident.

Where a child has an identified allergy and appears to be having an anaphylactic reaction early childhood teachers and educators will follow the individual child's medical action plan for Anaphylaxis and call an ambulance by dialling 000.

Where a child has no identified allergy but appears to be having an anaphylactic reaction early childhood teachers and educators will:

- Call an ambulance immediately by dialling 000.
- Commence First Aid, this may include the administration of the services EpiPen if advised by emergency services.
- Contact the Parent where practicable.
- Contact the person to be notified in the event of illness if the parent cannot be contacted.
- Notify the Moreland Early Years Management Manager.
- If an EpiPen is used in responding to an anaphylactic reaction, early childhood teachers and educators will;
 - Note the time of administration, place it into its screw top container, and give to the ambulance officers.

- Ensure a spare early years service EpiPen is stored in the same location in an easily accessible position.
- Ensure that the early years service EpiPen is replaced.

In the situation where a child is to be taken from the service by ambulance and their parent is not in attendance, a Moreland Early Years Management early childhood teacher or educator is to accompany the child to the hospital (ensure the child's individual enrolment record is also taken).

Moreland Early Years Management must be notified within 24 hours of any incident that requires the attention of a medical practitioner or attendance at a hospital and a subsequent report will be made to the regulatory authority.

TRAINING AND PROFESSIONAL DEVELOPMENT

Early childhood teachers and educators have access to information with regard to the management of anaphylaxis and the administration of auto-injection devices. It is an expectation that all early childhood teachers and educators are trained in "Providing an Emergency First aid Response in an Education and Care Setting" and complete the anaphylaxis e training course yearly and the use of an auto injector is practiced quarterly. All staff (including casual, relief and temporary staff) will be provided with the opportunity to become familiar with this policy and information regarding anaphylaxis.

DEFINITIONS

The terms defined in this section relate specifically to this policy and procedure. For commonly used terms e.g. Approved provider, Nominated Supervisor, Regulatory Authority etc. refer to General definitions section in the policy and procedure folder.

Adrenaline autoinjector: An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. This device is commonly called an EpiPen. The ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

Used adrenaline autoinjectors should be placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.

Adrenaline autoinjector kit: An insulated container with an unused, in-date adrenaline autoinjector, a copy of the child's ASCIA action plan for anaphylaxis, and telephone contact details for the child's parents, doctor/medical personnel and the person to be notified in the event of a reaction if the parents cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Autoinjectors must be stored away from direct heat and cold.

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something in the environment which is usually harmless, e.g.: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following:

- **Mild to moderate signs & symptoms:**
 - hives or welts
 - tingling mouth
 - swelling of the face, lips & eyes
 - abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms, however these are severe reactions to insects.

- **Signs & symptoms of anaphylaxis are:**
 - difficult/noisy breathing
 - swelling of the tongue
 - swelling/tightness in the throat
 - difficulty talking and/or hoarse voice
 - wheeze or persistent cough
 - persistent dizziness or collapse (child pale or floppy).

Anaphylaxis: A severe, rapid and potentially life-threatening allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

Anaphylaxis management training: Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector (refer to *Definitions*) trainer. Approved training is listed on the ACECQA website (refer to *Sources*).

Approved Anaphylaxis management training: Training that is approved by the National Authority in accordance with Regulation 137(e) of the *Education and Care Services National Regulations 2011*, and is listed on the ACECQA website (refer to *Sources*).

ASCIA action plan for anaphylaxis: An individual medical management plan prepared and signed by the child's treating, registered medical practitioner that provides the child's name and confirmed allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of autoinjector prescribed for each child. Examples of plans specific to different adrenaline autoinjector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website:

www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

At risk child: A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned on 000. Once completed, this card should be kept

within easy access of all service telephone/s. A sample card can be downloaded from:
<http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html>

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. The communication plan also describes how parents and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonably foreseeable risk of injury.

EpiPen: A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an EpiPen and an EpiPen Jr, and each is prescribed according to a child's weight. The EpiPen Jr is recommended for a child weighing 10–20kg. An EpiPen is recommended for use when a child weighs more than 20kg. The child's ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

Intolerance: Often confused with allergy, intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.

No food sharing: A rule/practice in which a child at risk of anaphylaxis only eats food that is supplied/permitted by their parents and does not share food with, or accept food from, any other person.

Risk minimisation: The practice of developing and implementing a range of strategies to reduce hazards for a child at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.

Risk minimisation plan: A service-specific plan that documents a child's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the Early childhood Teacher in consultation with the parents of the child at risk of anaphylaxis and service staff. The plan should be developed upon a child's enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment. A sample risk minimisation plan is provided in Attachment 1. .

Serious incident: A serious incident is defined in Regulation 12 as:

- the death of a child while being educated and cared for by the service
- any incident involving an injury or trauma, or the illness of a child that requires or ought to have required:
 - attention of a registered medical practitioner; or
 - attendance at a hospitalexamples include whooping cough, broken limb, anaphylaxis reaction
- any incident requiring attendance by emergency services
- a circumstance where a child appears to be missing, is unaccounted for, has been removed from the service contrary to the Regulations, or has been locked in or out of the service premises.

Moreland Early Years Management must notify the Regulatory Authority (DET) in writing within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)).

Staff record: Must be kept by the service and include details of the Nominated Supervisors, the educational leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the Working with Children Check (Regulations 146–149).

SOURCES AND RELATED POLICIES

Sources

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: <http://acecqa.gov.au/qualifications/approved-first-aid-qualifications/>
- Allergy & Anaphylaxis Australia Inc is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, and EpiPen trainers: www.allergyfacts.org.au
- Australasian Society of Clinical Immunology and Allergy (ASCIA): www.allergy.org.au provides information and resources on allergies. Action plans for anaphylaxis can be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis (refer to Attachment 4). Contact details of clinical immunologists and allergy specialists are also provided.
- Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training: <http://www.education.vic.gov.au/childhood/providers/health/Pages/anaphylaxis.aspx>
- Department of Allergy and Immunology at The Royal Children’s Hospital Melbourne (www.rch.org.au/allergy) provides information about allergies and services available at the hospital. This department can evaluate a child’s allergies and provide an adrenaline autoinjector prescription. Kids Health Info fact sheets are also available from the website, including the following:
Allergic and anaphylactic reactions: www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11148
Autoinjectors (EpiPens) for anaphylaxis – an overview: www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11121
- The Royal Children's Hospital has been contracted by the Department of Education and Training (DET) to provide an Anaphylaxis Advice & Support Line to central and regional DET staff, school principals and representatives, school staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

Related policies

- *Administration of First Aid Policy and Procedure*
- *Administration of Medication Policy and Procedure*
- *Asthma Policy and Procedure*
- *Dealing with Medical Conditions Policy and Procedure*

- *Diabetes Policy and Procedure*
- *Enrolment and Orientation Policy and Procedure*
- *Emergency and Evacuation Policy and Procedure*
- *Excursions and Service Events Policy and Procedure*
- *Incident, Injury, Trauma and Illness Policy and Procedure*
- *Inclusion and Equity Policy and Procedure*
- *Nutrition and Active Play Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Supervision of Children Policy and Procedure*

Attachments

Attachment 1: Risk Minimisation and Communication Plan

Attachment 2: First Aid Treatment and Action plans for Anaphylaxis

Authorisation

May 2019

Review date: May 2021

Moreland Early Years Management

RISK MINIMISATION AND COMMUNICATION PLAN FOR CHILDREN AT INCREASED RISK OF MEDICAL EMERGENCIES

Centre Name:			
Child's Name:		Date of Birth:	
Child's Medical Condition:		Date Diagnosed:	
EMERGENCY CONTACT DETAILS (PARENT)			
Parent's Name:		Parent's Name:	
Relationship:		Relationship:	
Phone Number:		Phone Number:	
Address:		Address:	
EMERGENCY CONTACT DETAILS (ALTERNATIVE)			
Name:		Name:	
Relationship:		Relationship:	
Phone Number:		Phone Number:	
Medical practitioner contact:	Name:		
	Phone:		
Storage location of medication:			
Plan Prepared By: (position)			

The following procedures have been developed in consultation with the parent and implemented to help protect the child identified at high risk for a medical emergency.

I, (Parent name) _____ will communicate any changes in relation to my child's medical management plan and risk minimisation plan in writing to the early childhood teacher/educators immediately. I, (Parent name) _____ have read and understand my child's medical action plan and risk minimisation plan.			
Parent signature		Date:	

Relevant staff members and volunteers are informed about, have read and understood the medical conditions policy, and the medical management and risk minimisation plans for children at the service who have a diagnosed health care need, allergy or relevant medical condition.

Staff Name:			
Signature:		Date:	
Staff Name:			
Signature:		Date:	
Staff Name:			
Signature:		Signature:	

Environment			
The following suggestions may be considered when developing or reviewing a child's risk minimisation plan in consultation with the parent.			
Risk Identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Communication Plan (Anaphylaxis)

Child's Name:		Date of Birth:		
Child's Medical Condition: Anaphylaxis			Date Diagnosed:	
Parent's Name			Preferred Contact Number:	
What information are we communicating?	How will we communicate?	When we will communicate?	Who is responsible?	Date completed & signature
Enrolment process/ requirements. Service Policies and Procedures/ Anaphylaxis, Dealing with Medical Conditions & Administration of Medication Policies & Procedures. Service contact details.	Policy given to parent: Y N Name: Date: Signature:	When completing the new communication plan.	Teacher:	
The child has been diagnosed with Anaphylaxis	Formal notification on Enrolment Form.	On enrolment.	Parent:	

<p>Anaphylaxis Action Plan (provided with prescribed and labelled medication).</p>	<p>Signed original plan by registered medical practitioner.</p>	<p>At orientation day.</p> <p>When enrolment form is handed in.</p> <p>As soon as diagnosis takes place.</p>	<p>Parent in consultation with family's Registered Medical Practitioner.</p>	<p>Parent:</p> <p>Teacher:</p>
	<p>Copy of the Individual action plan is kept with the child's enrolment record.</p> <p>Action Plan is displayed in the children's room and accessible to all teachers/-educators and a copy is in the medication bag/container.</p>	<p>Before the child attends service.</p>	<p>All Teachers/-Educators.</p>	
<p>Medication Form when the administration of medication occurs.</p>	<p>Signed the specific section in the enrolment form.</p> <p>Signed medication form when medication is administered.</p>	<p>Before the child attends the service.</p> <p>When a reaction occurs.</p>	<p>Parent:</p> <p>Teacher:</p>	
<p>Risk Minimisation Plan.</p>	<p>Signed original risk minimisation plan.</p>	<p>Before the child attends the service.</p>	<p>Parent:</p> <p>Teacher:</p>	
<p>Communication Plan.</p>	<p>Formal meeting.</p>	<p>Before the child attends the service.</p>	<p>Parent:</p> <p>Teacher:</p>	
<p>The Anaphylaxis action plan, risk minimisation plan and communication plan are stored in the child's individual enrolment record, in their medical bag/container and in a prominent position (easily accessible to staff) in the children's room.</p>	<p>Staff meetings, verbally, and induction sessions.</p>	<p>During induction of staff, relievers, students, volunteers.</p>	<p>All Teachers/-Educators.</p>	
<p>Any changes to the child's Anaphylaxis Action Plan and relevant details.</p>	<p>Verbally or in writing.</p>	<p>As soon as possible after signed-off from family's Registered Medical Practitioner</p>	<p>Parent:</p>	
<p>All relevant information and concerns (i.e. if Anaphylaxis symptoms were present last night)</p>	<p>Verbally/by telephone.</p>	<p>As soon as practicable, but no later than 24 hours after condition became apparent.</p>	<p>Parent:</p>	

	Documented in Accident, Injury, Trauma and Illness Record Book.	As soon as notified.	All Teachers/- Educators.	
Ambulance Victoria (AV) How to Call card	Displayed near all telephones.	At all times and when inducting relievers, students, volunteers.	All Teachers/- Educators.	
Procedure for excursions • Child's Anaphylaxis Management Plan, medication, and mobile first aid kit.	<ul style="list-style-type: none"> • Formal meeting. • Parent preferred emergency contact number. 	Prior to excursion.	All Teachers/- Educators.	
Medication reaching expiry date. Displayed on the medication bag/container.	Verbally and in writing	Parents to be given one month notice before medication expires.	All Teachers/- Educators.	
Staff Asthma/ Anaphylaxis/ First Aid training requirements.	Check the training expiry dates	3 months prior to the expiry date.	All Teachers/- Educators.	
	Staff name	Anaphylaxis training Expiry	Asthma Expiry	First Aid Expiry

COMMUNICATED CHANGES TO THE MANAGEMENT OR DIAGNOSIS OF ANAPHYLAXIS

Date of Change	Change Required	Action Required	Actioned By	Communicated to Relevant Teachers/- Educators.	Parent signature & Date

Ensure that any changes made are also noted on the child's individual record and are signed and dated by the parent.

ATTACHMENT 2

First Aid Treatment for and Action Plans for Anaphylaxis

Downloaded from the Australasian Society of Clinical Immunology and Allergy: <http://www.allergy.org.au>