

# Anaphylaxis Management Policy

Anaphylaxis is a severe allergic reaction which is potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen to which they are allergic, usually a food, insect sting or medication.

Our Centre has a legal responsibility to provide

- Providing, as far as practicable, a safe and healthy environment in which children at risk of Anaphylaxis can participate equally in all aspects of the children's program and experiences.
- Raising awareness about allergies and anaphylaxis amongst the centre community and children in attendance.
- Adequate Supervision
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks developing risk minimisation strategies and management strategies for their child.
- Ensuring each educator member and other relevant adults have adequate knowledge of allergies,
- Anaphylaxis and emergency procedures.
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.
- Staff members including relief staff need to know enough about Anaphylaxis reactions to ensure the safety of children.

## **Background:**

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.

Anaphylaxis is experienced by 0.5% of the population. The most common triggers are food, insect stings and sometimes medication. Occasionally a cause is not found. Once a person has experienced an allergic reaction, they are at a predictable risk of recurrence.

The most common allergens in children are:\

- Peanuts
- Eggs
- Tree nuts (e.g. cashews)
- Cow's milk
- Fish and shellfish
- Wheat
- Soy
- Sesame
- Certain insect stings (particularly bee stings)

The key to the prevention of anaphylaxis in Childcare Centres is knowledge of those children who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Communication between the early childhood centre and families is important in helping children avoid exposure. Adrenaline given through an adrenaline auto injector (such as an EpiPen<sup>®</sup> or Anapen<sup>®</sup>) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's centre.
- Ensure that educator members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen<sup>®</sup>.
- Raise the centre community's awareness of anaphylaxis and its management through education and policy implementation.



## **Procedures:**

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Centre will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of all medical conditions policies will be provided to all educators and volunteers and families of the Centre. It is important that communication is open between families and educators to ensure appropriate management of anaphylactic reactions are effective.

It is imperative that all educators and volunteers at the centre follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

### *Management, Nominated Supervisor/ Certified Supervisor will ensure:*

- Ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan is developed and displayed at the centre and reviewed regularly
- That all staff members have completed first aid and anaphylaxis management training approved by the Education and Care Centres National Regulations at least every 3 years and is recorded, with each staff members' certificate held on the Centre's premises.
- That all staff members, whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 12 months, recording this in the staff records.
- That all staff members are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen kit.
- That a copy of this policy is provided and reviewed during each new staff member's induction process.
- A copy of this policy will be provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the Centre
- Updated information, resources and support are regularly given to families for managing allergies and anaphylaxis.
- Encourage ongoing communication between parents/guardians and educator regarding the current Status of the child's allergies, this policy and its implementation.
- Supplying a backup EpiPen® for use in management of anaphylaxis (stored in Emergency pack in staff room)
- Display an Emergency Centre Contact Numbers near all telephones.

### ***In centres where a child diagnosed at risk of anaphylaxis is enrolled the Nominated Supervisor shall also:***

- Conduct an assessment of the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are in the care of the Centre and develop a risk minimisation plan for the Centre in consultation with staff and the families of the child/children
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the centre without the device
- Display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCI) generic poster called Action Plan for Anaphylaxis for each child with a diagnosed risk of anaphylaxis, in key locations at the centre, for example, in the children's room, the staff room or near the medication cabinet
- Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used
- Ensure that all staff responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels.



- Ensure that a notice is displayed prominently in the main entrance of the children's centre stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Centre
- Ensure that all relief staff members in the Centre have completed training in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- Ensure that all staff in the centre know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device Kit
- Ensure that the staff member accompanying children outside the Centre carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit

*Educators will:*

- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff in the Centre
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, preferably quarterly
- Ensure the child at risk of anaphylaxis will only eat food that has been prepared according to the parents or guardians instructions.
- Ensure tables and bench tops are washed down effectively after eating
- Ensure hand washing for all children upon arrival at the centre and before and after eating.
- Increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties and family days.
- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the Centre, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner
- Ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the Centre
- Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the centre e.g. on excursions that this child attends
- Regularly check and record the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
- Provide information to the centre community about resources and support for managing allergies and anaphylaxis
- In the event where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  - Call an ambulance immediately by dialing 000
  - Commence first aid measures
  - Contact the parent/guardian
  - Contact the emergency contact if the parents or guardian can't be contacted



***In the event that a child suffers from an anaphylactic reaction the Centre and staff will:***

- Follow the child's anaphylaxis action plan.
- Call an ambulance immediately by dialing 000
- Commence first aid measures
- Contact the parent/guardian
- Contact the emergency contact if the parents or guardian can't be contacted

***Families will:***

- Inform staff at the children's Centre, either on enrolment or on diagnosis, of their child's allergies
- Develop an anaphylaxis risk minimisation plan with centre staff
- Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- Provide staff with a complete auto-injection device kit
- Regularly check the adrenaline auto-injection device expiry date
- Assist staff by offering information and answering any questions regarding their child's allergies
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- Comply with the centre's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the centre or its programs without that device
- Read and be familiar with the policy
- Identify and liaise with the nominated staff member
- Bring relevant issues to the attention of both staff and licensee

**Educating Children**

- Educators will talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as 'this food will make \_\_\_\_\_ sick', 'this food is not good for \_\_\_\_\_', and '\_\_\_\_\_ is allergic to that food'.
- Staff will talk about symptoms of allergic reactions to children (e.g. itchy, furry, scratchy, hot, funny).
- With older children, staff will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, having the first serve from commercially safe foods, and not eating food that is shared.
- Child care staff will include information and discussions about food allergies in the programs they develop for the children, to help children understand about food allergy and encourage empathy, acceptance and inclusion of the allergic child.

**Risk Minimisation Plan**

In consultation with parents/guardian and educator, and risk minimisation plan will be implemented to help protect the child diagnosed at risk of Anaphylaxis from accidental exposure to food allergies.

**Communication Plan:**

A communication Plan will be developed and implemented to encourage ongoing communication between parents/guardians and the educators regarding the current status of the child's health and dietary needs. This will be conducted three monthly or when needed.

**In relation to the child at risk:**

- The child should only eat food that has been specifically prepared for the child.
- All food for this child should be checked and approved by the child's parent/guardian and be in accordance with the risk minimisation plan.



- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labeled with the child's name.
- There should be no trading or sharing of food, food utensils and containers with this child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents/guardians should provide a safe treat box for this child.
- Where this child is very young, a high chair will be allocated for that child, to minimise the risk of cross-contamination.
- When the child diagnosed at risk of anaphylaxis is allergic to milk, ensure non-allergic babies are held when they drink formula/milk.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.

#### **In relation to other practices at the centre:**

- Ensure tables, high chairs and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the centre, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Educator should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the centre with food.
- Educator should use non-food rewards, for example stickers, for all children.
- The risk minimisation plan will inform the children's centre's food purchases and menu planning.
- Food preparation personnel (educator and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Where food is brought from home to the centre, all parents/guardians will be asked not to send food containing specified allergens or ingredients such as Eggs or Nuts.
- Parents are to refrain from giving other children food from home.

#### **Reporting Procedures**

After each emergency situation the following will need to be carried out:

- Staff involved in the situation are to complete an Incident Report, which will be countersigned by the person in charge of the Childcare Centre at the time of the incident;
- If necessary, send a copy of the completed form to the insurance company; and
- File a copy of the Incident Report on the child's file.
- The Nominated Supervisor will inform the Childcare Centre management about the incident.
- The Nominated Supervisor or the Licensee is required to inform Department of Community Centres about the incident within 24 hours.
- Staff will be debriefed after each anaphylaxis incident and the child's Individual Anaphylaxis Health Care Plan evaluated.
- Staff will need to discuss the effectiveness of the procedures that were in place.
- Time is also needed to discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure

#### **Contact details for resources and support:**

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at [www.allergy.org.au](http://www.allergy.org.au), provide information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.



- Anaphylaxis Australia Inc., at [Allergy Facts](#), is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc. provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children’s Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children’s centres staff and parents. Telephone 1300 725 911 or Email: [Wilma.Grant@rch.org.au](mailto:Wilma.Grant@rch.org.au)
- Department of Education and Early Childhood Development website at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

**Source:** Department of Human Centre (DHS) – [www.dhs.vic.gov.au/earlychildhood](http://www.dhs.vic.gov.au/earlychildhood), : Staying Healthy in Child Care, Education and Care Services National Regulations 2011, National Quality Standard, <http://www.smh.com.au/lifestyle/wellbeing/australia-worlds-food-allegy-captal20110718-1hkn4.html>

**Date Implemented:** 16/04/2012

**Review Completed:** 8/08/2016

**Schedule for Review:** 8/08/2017

### National Quality Standard – NQS

#### Quality Area 2: Children’s Health and Safety

<b>2.1</b>	Each child’s health is promoted
<b>2.1.1</b>	Each child’s health needs are supported
<b>2.1.3</b>	Effective hygiene practices are promoted and implemented
<b>2.2</b>	Healthy eating and physical activity are embedded in the program for children
<b>2.2.1</b>	Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.
<b>2.3</b>	Each child is protected
<b>2.3.1</b>	Children are adequately supervised at all times.
<b>2.3.2</b>	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

#### Education and Care Service National Regulations

<b>77</b>	Health, hygiene and safe food practices
<b>79</b>	Service providing food and beverages
<b>85</b>	Incident, injury, trauma and illness policies and procedures
<b>86</b>	Notification to parents of incident, injury, trauma and illness
<b>87</b>	Incident, injury, trauma and illness record
<b>90</b>	Medical conditions policy
<b>90(1)(iv)</b>	Medical Conditions Communication Plan
<b>92</b>	Medication record
<b>93</b>	Administration of medication
<b>94</b>	Exception to authorisation requirement—anaphylaxis or asthma emergency
<b>95</b>	Procedure for administration of medication
<b>136</b>	First aid qualifications

#### Early Years Learning Framework

##### Learning Outcome 3 - Children have a strong sense of wellbeing

Children are happy, healthy, safe and connected to others.

Educators promote continuity of children’s personal health and hygiene by sharing ownership of routines and schedules with children, families and the community



Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all

