

ANAPHYLAXIS MANAGEMENT POLICY

Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life threatening. It can occur when a person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person is exposed to the allergen to which they are allergic, usually a food, insect sting or medication.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement— anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First aid qualifications

RELATED POLICIES

Administration of First Aid Policy	Medical Conditions Policy
Incident, Illness, Accident, Trauma Policy	Supervision Policy

PURPOSE

We aim to minimise the risk of an anaphylactic reaction occurring at our Service by ensuring all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction. We will also aim to ensure that the risk of children with known allergies coming into contact with allergens is eliminated or reduced.

SCOPE

This policy applies to children, families, staff, management, and visitors of the Service.

DUTY OF CARE

Our Service has a legal responsibility to provide

- a. A safe environment for children
- b. Adequate Supervision of children

Our focus is keeping children safe. Staff members including relief staff need to be aware of children at the Service who suffer from allergies that may cause an anaphylactic reaction.

BACKGROUND

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).

Communication between the Service and families is vital in understanding the risks and helping children avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families sign a permission form to display the child's action plan in prominent positions within the Service.

A copy of all medical conditions policies will be available to all educators, volunteers and families of the Service. It is important that communication is open between families and educators to ensure that appropriate management of anaphylactic reactions are effectively implemented.

It is imperative that all educators and volunteers at the Service 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/ Responsible Person will ensure:

- That all staff members have completed first aid and anaphylaxis management training approved by the Education and Care Services National Regulations at least every 3 years and this is recorded, with each staff members' certificate held on the Service'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 reviewed during each new staff member's induction process.
- A copy of this policy is provided to the parent or guardian of each child diagnosed at risk of anaphylaxis at the Service.
- That updated information, resources, and support for managing allergies and anaphylaxis are regularly provided for families.
- That all management and staff remain up to date with changes to individual children's action plans.
- The Service receives an up to date copy of the action plan every 12 to 18 months or if changes have occurred to the child's diagnosis or treatment.

- Conduct an assessment of the potential for accidental exposure to allergens while the child/children at risk of anaphylaxis are in the care of the Service and develop a risk minimisation plan for the Service 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 Service 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 Service, for example, in the children's room, the staff room, kitchen, and / 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 / treatment 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 Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s.
- Ensure that all relief staff members in the Service have completed training in 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.
- Display an Emergency contact card by the telephone.
- Ensure that all staff in the Service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device Kit.
- Ensure that a staff member accompanying children outside the Service carries 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, visitors, and students in the Service.
- 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 only eat food that has been prepared according to the parents' or guardians' instructions.
- Ensure tables and bench tops are washed down effectively before and after eating.
- Ensure hand washing for all children upon arrival at the Service 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, and prior to their child's attendance at the Service, 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 a current 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 Service.
- 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 Service 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 Service 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 dialling 000.
 - Commence first aid measures.
 - Contact the parent/guardian when practicable.
 - Contact the emergency contact if the parents or guardian can't be contacted when practicable.
 - Notify the regulatory authority within 24 hours.

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

- Follow the child's anaphylaxis action plan.
- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Contact the parent/guardian when practicable.
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable.
- Notify the regulatory authority within 24 hours.

Families will:

- Inform staff at the children's Service, either on enrolment or on diagnosis, of their child's allergies.
- Develop an anaphylaxis risk minimisation plan with Service staff.
- Provide staff with an anaphylaxis medical management action plan giving written consent to use the auto-injection device in line with this action plan and signed by the Registered Medical Practitioner.
- Provide staff with a complete auto-injection device kit.
- Maintain a record of the adrenaline auto-injection device expiry date so as to ensure it is replaced prior to expiry.
- Assist staff by offering information and answering any questions regarding their child's allergies.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- Comply with the Service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Service 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.
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Provide an updated action plan every 12-18 months or if changes have been made to the child's diagnosis.

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 signs and symptoms of allergic reactions to children (e.g. itchy, furry, or scratchy throat, itchy or puffy skin, 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.
- We recommend reading stories to the children, asking questions to assist to assimilate and retain their new knowledge.

REPORTING PROCEDURES

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

- Staff members involved in the situation are to complete an Incident Report, which will be countersigned by the person in charge of the Service at the time of the incident.
- If necessary, a copy of the completed form will be sent to the insurance company.
- A copy of the Incident Report will be placed in the child's file.
- The Nominated Supervisor will inform the Service management about the incident.
- The Nominated Supervisor or the Licensee will inform Regulatory Authority of the incident within 24 hours as per regulations.
- Staff will be debriefed after each anaphylaxis incident and the child's Individual Anaphylaxis Health Care Plan evaluated, including a discussion of the effectiveness of the procedure used.
- Staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.