



Annette's Place Inc

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

Children (Education and Care Services) National Law NSW	
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
96	Self-administration of medication

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.



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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)

The key to the prevention of anaphylaxis within the Service 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 Service and families is vital in helping children avoid exposure.

Adrenaline given through an adrenaline autoinjector into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis

IMPLEMENTATION

We will involve 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, this includes having families sign a permission form to display the child's action plan in prominent positions within the Service.



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A copy of all medical conditions policies will be available to all educators and volunteers and families of the Service on the website, to which they will be directed to. Hard copies will be provided as required. It is important that communication is open between families and educators to ensure appropriate management of anaphylactic reactions.

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, Person in Day to Day Charge will ensure:

- As part of the enrolment procedure, prior to their child's attendance at the Service, parents/guardians document if their child/children has allergies 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
- There is always a staff member readily available to respond who holds a current first aid, anaphylaxis and asthma management training approved by the Education and Care Services National Regulations. A copy of each staff members' certificate is filed electronically.
- All staff members are aware of symptoms of an anaphylactic reaction.
- Provide information to the Service community about resources and support for managing allergies and anaphylaxis
- This policy is reviewed during each new staff member's induction process.
- Updated information, resources and support are given to families for managing allergies and anaphylaxis as required.
- Emergency epipens are located at the front office and the Blue gum/Jarrah room.

In Services 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 Service and develop a risk minimization plan for the Service in consultation with staff and the families of the child/children.
- Ensure that a child has an individual anaphylaxis medical management action plan signed by a Registered Medical Practitioner. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- The service receives an up to date copy of each action plan every 12 months or if changes have occurred to the child's diagnosis
- All staff members remain up to date with changes to action plans
- Ensure that all staff members are aware of a child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen kit.



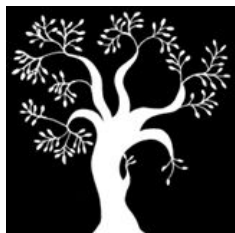
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- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without the device
- Ensure that all staff responsible for the preparation of food are educated in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving of food. This will include 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 service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service
- Review 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 relief staff members in the Service are aware of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis and the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit.
- 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 the staff member accompanying children outside the Service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit
- Display an Emergency Contact card by each telephone

Educators will:

- Conduct an assessment of the potential for accidental exposure to allergens while 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 the families of the child/children.
- 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 Service
- Ensure families have signed a permission form to display the child's action plan in prominent positions within the Service
- Ensure a copy of the child's anaphylaxis medical management action plan is displayed in prominent positions within the Service and known to staff in the Service
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis



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- 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
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' at least every 12 months.
- 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 before and after eating.
- Ensure hand washing for all children before and after eating.
- Increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties and family days.
- 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)
- 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 when practicable
 - Contact the emergency contact if the parents or guardian can't be contacted
 - 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 dialing 000
- Commence first aid measures
- Contact the parent/guardian
- Contact the emergency contact if the parents or guardian can't be contacted
- Notify the regulatory authority within 24 hours



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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 signed by the Registered Medical Practitioner.
- 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 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
- Provide an updated action plan every 12 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 symptoms of allergic reactions to children (e.g. itchy, furry, scratchy, hot, funny).
- Educators 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.

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 at the time of the incident;
- File a copy of the Incident Report on the child's file.



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- The Nominated Supervisor or the Licensee is required to inform the new Early Childhood Education and Care Directorate, Department of Education about the incident within 24 hours.
- Staff will be debriefed after each anaphylaxis incident
- 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, provide information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- ASCIA has updated the Anaphylaxis Action Plan for 2018. It is recommended that older Action Plans should no longer be used
- Refer to the following website for an updated action plan
<https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

Source

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Staying Healthy in Child Care. 5th Edition

Review

Policy Reviewed	Modifications	Next Review Date
July 2017	Changes made to introduction – a more detailed description	July 2018



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Aug 2017	Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	July 2018
October 2017	Updated the references to comply with revised National Quality Standard	July 2018
2018	Updated to comply with changes to ASCIA Action plans.	July 2019