

Anaphylaxis Policy

Our policy is current as at June, 2023. Our policy is based on the following specialist sources:

- Royal Children's Hospital, Department of Allergy
- Anaphylaxis Australia Inc.
- Australasian Society of Clinical Immunology and Allergy (ASCI), at www.allergy.org.au.

Values

Our Centre believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. Our service is committed to the following:

- We will provide, 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.
- We will raise awareness about allergies and anaphylaxis amongst the service community and children in attendance.
- We will involve the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- We will ensure each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- We will facilitate communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Purpose

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in our care.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen® or Anapen.
- Raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

Scope

This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at our Centre. It applies to children enrolled at our Centre, their parents/guardians, staff and our licensee. It also applies to other relevant members of our Centre's community, such as volunteers and visiting specialists.

Background and legislation

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow's milk, bee or other insect stings, and some medications. Young children may not be able to express the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto injection device such as an EpiPen® or Anapen.

Our Centre recognises the importance of all staff responsible for children at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, to be able to identify the signs and symptoms of anaphylaxis and carry out emergency treatment, including administration of an auto-injection device such as an EpiPen®.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead our Centre recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in our Centre.

The following Legislation is applicable in this policy:

Education and Care Services National Law Act 2010

Education and Care Services Regulations 2011

Health Act 1958

Health Records Act 2001

Occupational Health and Safety Act 2004.

Definitions

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Ambulance contact card: A card that the service has completed, that contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made.

Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Anaphylaxis action plan: A medical management plan prepared and signed by a doctor providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Anaphylaxis management training: Accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Early Childhood Development and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise using a trainer adrenaline auto-injection device.

Adrenaline auto-injection device: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

EpiPen®: This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

Adrenaline auto-injection device training: Training in the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self-paced trainer CD ROM and trainer auto-injection device.

Children at risk of anaphylaxis: Those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

Auto-injection device kit: An insulated container, for example an insulated lunch pack, containing a current adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit. Auto-injection devices are stored away from direct heat.

Intolerance: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

No food sharing: The practice where the child at risk of anaphylaxis eats only the food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the Approved Provider. This person also checks the adrenaline auto-injection device is current, the auto-injection device kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

Risk minimisation: A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as practicable, major sources of the allergen from the service and developing strategies to help reduce risk of an anaphylactic reaction.

Risk minimisation plan: A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.

Our Centre's community: All adults who are connected to our Centre's services.

Procedures

Our Centre is committed to following the procedures below.

- We will ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by the Secretary, at least every three years.
- We will ensure there is an anaphylaxis management policy in place.
- We will ensure that the Anaphylaxis Policy and Medical Conditions Policy is provided to parents or guardians of each child diagnosed at risk of anaphylaxis at the service.
- Ensure all new food products that are purchased for children with dietary and anaphylactic reactions will be checked for all ingredients by a minimum of two staff members and parent will sign off on the new foods.
- We will ensure that all staff at the service 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 (CPR) every 12 months and recording this in the

staff records.

Where a child diagnosed at risk of anaphylaxis is enrolled our Centre will also:

- Conduct an assessment of the potential for accidental exposure to allergens while children at risk of anaphylaxis are in our care. We will develop a risk minimisation and communication plan for our Centre in consultation with staff and the families of the children.
- Ensure that a notice is displayed prominently in our main entrance stating that a child diagnosed at risk of anaphylaxis is being cared for and educated at the service.
- Ensure staff members on duty with a child diagnosed at risk of anaphylaxis have completed training approved by the Secretary in the administration of anaphylaxis management.
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and ‘anaphylaxis scenarios’ quarterly.
- Ensure that all our relief staff members have completed approved training in the administration of anaphylaxis management. This includes 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.
- Ensure that the Epipen Kit for each child at risk of anaphylaxis is stored in a location that is known to all staff, including relief staff; it is easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Ensure that the Epipen Kit for each child at risk of anaphylaxis is carried by a trained adult on excursions and Emergency Evacuation Rehearsals
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend our Centre or our programs without the device.
- Ensure that parents/guardians provide an anaphylaxis action plan signed by the child’s doctor and a complete Epipen Kit while the child is present at the centre.
- Make parents/guardians aware of this policy and provide access to it on request.
- Encourage ongoing communication between the parents/guardians and our staff regarding the current status of the child’s allergies, this policy and its implementation.
- Display an ASCIA generic poster called Action Plan for Anaphylaxis in a key location at our Centre, for example in the children’s room, the staff room or near the medication cabinet.
- Display an ambulance contact card by telephones.
- 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 our staff is aware of the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit.
- Regularly check the adrenaline auto-injection device expiry date. This will be recorded in our daily diary. Parents will be notified two weeks’ prior to the expiry date. The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month.

Our staff responsible for the child at risk of anaphylaxis will:

- Read this policy when a child with anaphylaxis enrolls in the centre.
- Ensure a copy of the child’s anaphylaxis medical management action plan is visible and known to all our staff.
- Follow the child’s anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- In the situation 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.
- Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at our Centre, whether the child has allergies and document this information on the child's enrolment record. If the child has allergies, ask the parents/guardians to provide a medical management plan signed by a doctor.
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.

Parents/guardians of children shall:

- Inform staff at our Centre, either on enrolment or on diagnosis, of their child's allergies.
- Develop an anaphylaxis risk minimisation and communication plan with our staff.
- Provide our 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. The original action plan should be sighted by staff and a copy will be kept in the room and in the enrolment folder.
- Notify staff of any changes to the child's allergy status. If children are no longer allergic, parents need to bring a certificate from the doctor for staff to sight and make a copy to keep in the child's record.
- Provide our staff with a complete auto-injection device kit.
- Regularly check the adrenaline auto-injection device expiry date.
- Assist our staff by offering information and answering any questions regarding their child's allergies.
- Notify our staff of any changes to their child's allergy status and document in child's file and provide a new anaphylaxis action plan in accordance with these changes.
- Communicate all relevant information and concerns to our staff, for example, any matter relating to the health of the child.
- Comply with our Centre'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.

Related documents at our Centre:

- Enrolment checklist for children at risk of anaphylaxis/allergies
- A brochure titled 'Anaphylaxis – a life threatening reaction', available through the Royal Children's Hospital, Department of Allergy.
- Relevant service policies such as:
 - Enrolment
 - First Aid Policy
 - Nutrition
 - Hygiene and food safety
 - Asthma
 - Inclusion
 - Medical Conditions Policy

Contact details for resources and support:

- Australasian Society of Clinical Immunology and Allergy (ASCI) provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- Allergy and Anaphylaxis Australia Inc, 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, Department of Allergy and Immunology , provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy and Immunology to evaluate a child's allergies and if necessary, provide an adrenaline auto-injection device prescription, as well as to purchase auto-injection device trainers. Telephone (03) 9345 5701.
- Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911.
- Department of Education and Early Childhood Development website provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Evaluation

Our Centre will:

- Discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.
- Selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete.
- Discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
- Respond to complaints.
- Review the adequacy of the response of our Centre if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.
- Review this policy and update changes as necessary as they occur.

Risk minimisation plan

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens. In relation to the child at risk:

The child should only eat food that has been specifically prepared for him/her.

Bottles should be clearly labelled with the child's name.

Increased supervision of the child on special occasions such as excursions, incursions.

In relation to other practices at Mentone Park Childcare and Preschool:

- All tables, high chairs and bench tops will be washed down after eating.
- All children will wash hands before and after eating.
- All children will be closely supervised at meal and snack times and consume food in specified areas. To minimise risk, children are not permitted to wander around our Centre with food.
- The food preparation personnel uses food safe handling procedures at all times.
- Specialty foods will be kept in a separate container and labelled
- Birthday cakes brought in by parents should be accompanied by the list of ingredients used in the cake.
- Individual bowl/plate will be labelled with child's name.
- Photograph of a child at risk will be displayed in kitchen and in child's room.
- Child's name to be highlighted on daily whiteboard with red text.
- Students/volunteers will not be responsible for serving meals to children who are at risk of anaphylaxis.