

ANAPHYLAXIS MANAGEMENT

Quality Area 2: Children's Health and Safety

- 2.1 Each child's health is promoted
- 2.2 Healthy eating and physical activity are embedded in the program for children
- 2.3 Each child is protected
 - 2.3.2 Every reasonable precaution is taken to protect Children from harm and any hazard likely to cause injury

Education and Care Services National Regulations

- 87 Incident, injury, trauma and illness record
- 89 First Aid kits
- 90 Medical conditions policy
- 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
- 161 Authorisations to be kept in enrolment record
- 162 Health information to be kept in enrolment record
- 174 Prescribed information to be notified to regulatory authority
- 176 Time to notify certain information to regulatory authority

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.

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.

POLICY

PROCEDURE

DUTY OF CARE

Our Service has a legal responsibility to provide

- a. A safe environment
- b. Adequate Supervision

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All staff members, educators, educator assistants and relief educators hold a current anaphylaxis management qualification from a nationally recognised unit of competency.

BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. 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 Services 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 education and care service and families is important in helping children avoid exposure.

Adrenaline given through an adrenaline auto injector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis

A copy of all medical conditions policies will be available to all educators, staff and families of the Service. 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 staff 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.

The service will ensure:

- A copy of this policy will be provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the Service

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- 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
- Ask all parents/guardians as part of the enrolment procedure, 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 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
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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 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 Action Plan for Anaphylaxis for each child with a diagnosed risk of anaphylaxis, in key locations at the service
- Ensure that their Registration Certificate and Prescribed information chart is displayed prominently in the care environment stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service
- 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 the educator accompanying children outside the Service ie excursions carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis
- Ensure the child at risk of anaphylaxis will only eat food that has been provided by parents or guardians instructions.
- Ensure tables and bench tops are washed down effectively after eating
- Ensure effective hand washing for all children

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- 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 easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
- 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 dialling 000
 - Commence first aid measures
 - Contact the parent/guardian
 - Contact the emergency contact if the parents or guardian can't be contacted
 - Contact the service coordination unit

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
- Contact the emergency contact if the parents or guardian can't be contacted
- Contact the service coordination unit

Families will:

- Inform the children's Service, either on enrolment or on diagnosis, of their child's allergies
- Develop an anaphylaxis risk minimisation plan with the service
- Provide the service 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 the educator with a complete auto-injection device kit
- Regularly check the adrenaline auto-injection device expiry date
- Assist the educator by offering information and answering any questions regarding their child's allergies
- Notify the service of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes
- 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

Educating children

- Educators are encouraged to 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’.
- Educators are encouraged to talk about symptoms of allergic reactions to children (e.g. itchy, furry, scratchy, hot, funny).
- With older children, educators will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils and not eating food that is shared.
- Educators are encouraged to 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:
 - Educators are to complete an Incident , accident, trauma and illness Report
 - Provide a copy to the Coordination unit as soon as possible
 - If necessary, send a copy of the completed form to the insurance company; and
 - The Nominated Supervisor or the Licensee is required to inform Department of Community Services about the incident within 24 hours.
 - Educator will be debriefed after each anaphylaxis incident and the child’s Individual Anaphylaxis Health Care Plan evaluated.
 - 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 (ASCI), 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.
- 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.

Additional Information:

- 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 or Email: Wilma.Grant@rch.org.au
- Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.
- www.schools.nsw.edu.au/studentsupport/studenthealth/conditions/anaphylaxis/index.php
www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care

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

Associated Forms/information:

- Incident, injury, trauma and illness form
- Educator’s daily hazard checklist
- Routine and non routine excursion Risk assessment
- Registration Certificate and prescribed information chart
- Family enrolment forms