

# Anaphylaxis Management Policy



## QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

### Rationale:

The Education and Care Services National Regulations requires approved providers to ensure services have policies and procedures in place for medical conditions including anaphylaxis. 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.

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
Element 2.1.2	Health Practices and Procedures	Effective illness and injury management and hygiene practices are promoted and implemented.

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. Any anaphylactic reaction always requires an emergency response.

We aim to minimise the risk of an anaphylactic reaction occurring at our Service by following our Anaphylaxis Management Policy. We will implement risk minimisation strategies and ensure all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction by adhering to a child's medical management plan and/or action plan.

We also aim to ensure that the risk of children with known allergies coming into contact with allergens is eliminated or minimised. This policy applies to children, families, staff, management, the approved provider, nominated supervisor, students and visitors of the Service.

Advice from the Australian Society of Clinical Immunology and Allergy recommends minimizing the risk of food induced anaphylaxis in kindergartens by:

- Obtaining medical information
- Education of carers
- Practical strategies to avoid exposure to known triggers
- Age-appropriate education of children with severe food allergies.

**The Kindergarten acknowledges that due to food processing practices it is impractical to eliminate food allergens from the kindergarten, including nuts or nut products, dairy, eggs entirely from an environment where there is food. Therefore, we have opted to be a Food "Aware" Kindergarten**

**This means that we won't be banning foods but we will be putting strategies and procedures in place to keep children at our kindergarten safe. Some of the things we have in place are;**

## **Procedure**

### **DUTY OF CARE**

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide: a. a safe environment for children free of foreseeable harm and b. adequate supervision of children at all times. Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our Service. Staff members, including relief staff, need to be aware of children at the Service who suffer from allergies that may cause an anaphylactic reaction. Management will ensure all staff are aware of the location of children's medical management plans, risk minimisation plan and required medication.

### **BACKGROUND**

Anaphylaxis is a severe, rapidly progressing 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)

Signs of anaphylaxis (severe allergic reaction) include any 1 of the following:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking/and or a hoarse voice
- wheeze or persistent cough persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

The key to the prevention of anaphylaxis and response to anaphylaxis within the Service is awareness and knowledge of those children who have been diagnosed as at risk, awareness of allergens that could cause a severe reaction, and the implementation of preventative measures to minimise the risk of exposure to those allergens. It is important to note however, that despite implementing these measures, the possibility of exposure cannot be completely eliminated. 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® or Anapen®) 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. 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.

Children diagnosed with anaphylaxis will not be enrolled into the Service until the child's medical management plan is completed and signed by their medical practitioner. A Health support agreement and Anaphylaxis risk assessment must be completed in consultation with the child's family.

Management, Nominated Supervisor/ Responsible Person will ensure:

- that as part of the enrolment process, all parents/guardians are asked whether their child has been diagnosed as being at risk of anaphylaxis or has severe allergies and clearly document this information on the child's enrolment record
- if the answer is yes, the parents/guardians are required to provide a medical management plan and ASCIA Action Plan signed by a registered medical practitioner prior to their child's commencement at the Service [see section below-

In Services where a child is diagnosed as 'at risk of anaphylaxis:

- all staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises

at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care is provided by the Service

- all staff have undertaken training in administration of the adrenaline auto injection device and cardiopulmonary resuscitation (CPR)
- that all staff members are aware of of any child at risk of anaphylaxis enrolled in the service of the child's individual medical management plan/action plan of symptoms and recommended action for allergy and anaphylaxis and of the location of their EpiPen® / Anapen ® device

In Services where a child diagnosed at risk of anaphylaxis is enrolled, the Nominated Supervisor/Responsible

Person will:

- meet with the parents/guardians to begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until a medical management plan developed in collaboration with the family and a medical practitioner is provided
- develop a Health support agreement and a safety and risk management plan
- ensure the medical management plan includes:
  - specific details of the child's diagnosed medical condition
  - supporting documentation (if required)
  - a recent photo of the child
  - triggers for the allergy/anaphylaxis (signs and symptoms)
  - first aid/emergency action that will be required
  - administration of adrenaline autoinjectors
  - ASCIA Action Plan
  - contact details and signature of the registered medical practitioner
  - date the plan should be reviewed
- ensure that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service without a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management plan)
- ensure that all staff in the Service know the location of the auto-injection device kit
- collaborate with parents/guardians to develop and implement a communication plan and encourage ongoing communication regarding the status of the child's allergies, this policy, and its implementation
- display a medical management plan or (ASCIA) Action Plan for Anaphylaxis 2021 (RED) for each child with a diagnosed risk of anaphylaxis in key locations at the Service, for example, in the child's room, the staff room, kitchen, and / or near the medication cabinet
  - 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 (regulation 173)
- 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 and awareness of any child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management plan and the location of the auto-injection device kit
  - display an emergency contact card by the telephone
- 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

- ensure an up-to-date copy of the medical management plan and/or ASCIA action plan is provided every 12 to 18 months or whenever any changes have occurred to the child's diagnosis or treatment
- provide information to the Service community about resources and support for managing allergies and anaphylaxis.

## **REPORTING PROCEDURES**

Any anaphylactic incident is considered a serious incident (Regulation 12).

- staff members involved in the incident are to complete an Incident, Injury, Trauma and Illness Record which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the Incident, Injury, Trauma and Illness Record
- place a copy of the record in the child's file o the Nominated Supervisor will inform the Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours through the NQA IT System (as per regulations)
- staff will be debriefed after each anaphylaxis incident and the child's individual anaphylaxis medical management plan/action plan and risk minimisation 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.

## **Staff Responsibilities**

If a child suffers from an anaphylactic reaction the Service and staff will:

- An educator will stay with child
- An educator will inform another educator that a child is having an anaphylaxis reaction. This may be by yelling out for another educator or telling several children to get another educator
- Staff will follow flow chart, Management of anaphylaxis in education and care setting
- A staff member will obtain the adrenaline autoinjector and ACSIA Action Plan
- Follow the child's medical management plan/ASICA action plan- administer an adrenaline injector
- Call an ambulance immediately by dialing 000
- Call the contacts
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Record the time of administration of adrenaline autoinjector
- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child if available
- Direct the ambulance
- Transfer care of the child to the ambulance officer, including hand over of the used adrenaline autoinjector and time of administration
- Ensure the child experiencing anaphylaxis is lying down or sitting with legs out flat and is not upright
- Do not allow the child to stand or walk (even if they appear well)
- Contact the parent/guardian when practicable

- Notify the regulatory authority within 24 hours
- Complete IRMS

**Educators will:**

- read and comply with the Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy
- ensure that a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan signed by the child's registered medical practitioner) is provided by the parent/guardian for the child while at the Service
- ensure a copy of the child's anaphylaxis medical management plan is visible and known to staff, visitors, and students in the Service
- follow the child's anaphylaxis medical management plan in the event of an allergic reaction, which may progress to anaphylaxis
- ensure the child at risk of anaphylaxis only eats 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 all children wash their hands 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
- ensure that the auto-injection device kit is:
  - stored in a location that is known to all staff, including relief staff
  - NOT locked in a cupboard
  - easily accessible to adults but inaccessible to children o stored in a cool dark place at room temperature
  - NOT refrigerated
  - contains a copy of the child's medical management plan
- 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 or during an emergency evacuation
- 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).
- Staff will be informed and have access to the ASCIA website
- Director will send out a letter to inform families, the site is a food aware site, when a child enrolls who is anaphylactic. In the event where a child who has not been diagnosed as at risk of anaphylaxis, but who appears to be having an anaphylactic reaction:

- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Administer an adrenaline autoinjector
- 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.

### **Parental Responsibilities**

Families will:

- inform management and staff at the child's service, either on enrolment or on diagnosis, of their child's allergies and/or risk of anaphylaxis
- provide staff with an anaphylaxis medical management plan giving written consent to use the auto-injection device in line with this action plan and signed by a registered medical practitioner
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Responsible Person and other service staff
- develop a communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- provide staff with a complete auto-injection device kit each day their child attends the Service
- maintain a record of the adrenaline auto-injection device expiry date 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
- notify the Service if their child has had a severe allergic reaction while not at the service- either at home or at another location
- comply with the Service's policy that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service or its programs without that device
- read and be familiar with this policy • notify staff of any changes to their child's allergy status and provide a new anaphylaxis medical management plan in accordance with these changes
- provide an updated plan every 12-18 months or if changes have been made to the child's diagnosis.

Sources

1. Australian Children's Education & Care Quality Authority. (2014). ACECQA. (2021). Policy and procedure guidelines- Dealing with Medical Conditions
2. ASCIA Action Plans, Treatment Plans, & Checklists for Anaphylaxis and Allergic Reactions: <https://www.allergy.org.au/hp/ascia-plans-action-and-treatment> Early Childhood Australia Code of Ethics. (2016).

3. Education and Care Services National Law Act 2010. (Amended 2018).
4. Education and Care Services National Regulations. (2011).
5. Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2020). Guide to the National Quality Standard. (2017).
6. National Allergy Strategy. (2021).
7. Best practice guidelines for anaphylaxis prevention and management in schools and children’s education and care (CEC) services (Guidelines).
8. National Health and Medical Research Council. (2013).
9. Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).
10. New South Wales Department of Education and Communities. (2014).
11. Anaphylaxis Guidelines for Early Childhood Education and Care Services. Revised National Quality Standard. (2018).
12. Western Australian Education and Care Services National Regulations Allergy Aware- A hub for allergy awareness resources A project developing national Best Practice Guidelines and supporting resources for the prevention and management of anaphylaxis in schools and children’s education and care services (October 2021)
13. Australasian Society of Clinical Immunology and Allergy (ASCIA) provide information on allergies. The ASCIA Action Plans for Anaphylaxis are device-specific and must be completed by a medical practitioner. <https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-foranaphylaxis> Current ASCIA Action Plans are the 2021 versions, however previous versions (2020 and 2018) are still valid for use throughout 2021 and 2022. There are two types of ASCIA Action Plans for Anaphylaxis:
  - o ASCIA Action Plan 2021 (RED) are for adults or children with medically confirmed allergies, who have been prescribed adrenaline autoinjectors (Plans are available for EpiPen® or Anapen®)
  - o ASCIA Action Plan for Allergic Reactions (GREEN) is for adults or children with drug (medication) allergies who have not been prescribed adrenaline autoinjectors.
  - o ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2021 EpiPen have replaced the general versions of ASCIA Action Plans for Anaphylaxis (Orange).
14. Allergy & Anaphylaxis Australia is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and other resources are available for sale from the Product Catalogue on this site. Allergy & Anaphylaxis Australia also provides a telephone support line for information and support to help manage anaphylaxis: Telephone 1300 728 000.

Endorsed by Governing Council February 2024 Review February 2024

Table 1: Revision Record – Started February 2024

VERSION	APPROVAL DATE	NEXT REVIEW	REVISION DESCRIPTION



1.1	February 2024	February 2026	Policy developed in light of new requirements of DfE
-----	---------------	---------------	--

