

## ANAPHYLAXIS MANAGEMENT Policy

### Policy and Procedures

We believe that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. The service is committed to:

- Providing, 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.
- Raising awareness about allergies and anaphylaxis amongst the service community and children in attendance.
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- Ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

### Background and legislation

- Anaphylaxis is a severe, life-threatening allergic reaction. The most common causes in children are eggs, peanuts, tree nuts, cow milk, sesame, 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.
- Our centre recognises the importance of all educators responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device.
- Educators 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. Educators should not have a false sense of security that an allergen has been eliminated from the environment. Instead the service 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 the service.

### 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.

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

*Anaphylaxis medical management action plan:* a medical management plan prepared and signed by a Registered Medical Practitioner 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 (ASCI) Action Plan.

*Anaphylaxis management training:* approved and accredited anaphylaxis management training which includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise using a trainer adrenaline auto-injection device.

Current courses that are accredited and recognised are:

- Course in First Aid Management of Anaphylaxis 22099VIC  
(Valid from 1 January 2011 until 31 December 2015)

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

*EpiPen<sup>®</sup>:* 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<sup>®</sup> and an EpiPen Jr<sup>®</sup>, and are prescribed according to the child's weight. The EpiPen Jr<sup>®</sup> is recommended for a child weighing 10-20kg. An EpiPen<sup>®</sup> is recommended for use when a child is in excess of 20kg.

*Anapen<sup>®</sup>:* Is another adrenaline auto injection device containing a single dose of adrenaline, recently introduced to the Australian market.

NB: The mechanism for delivery of the adrenaline in Anapen<sup>®</sup> is different to EpiPen<sup>®</sup>.

*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 that 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 licensee. 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.

*Communication plan:* A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.

*Risk minimisation:* The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.

*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.

*Service community:* all adults who are connected to the children's service.

*Treat box:* A container provided by the parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats.

## PROCEDURES

### Management will:

- Ensure that the Nominated Supervisor and all Certified Supervisors have completed a recognised and approved first aid and anaphylaxis management training and that this qualification is renewed every 3 years.
- Encourage all educators including casual employees to undertake approved first aid and anaphylaxis management training.
- Ensure that there is an anaphylaxis management policy in place at the service.
- Ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service.

In services where a child diagnosed at risk of anaphylaxis is enrolled, management will:

- Conduct an assessment of the potential for accidental exposure to allergens while child/ren 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/ren.
- 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.
- Ensure that the Nominated and Certified Supervisors on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated, have completed first aid and anaphylaxis management training and that practice of the adrenaline auto-injection device is undertaken on a regular basis and recorded.
- Ensure that all relief staff members in a service are made aware of the symptoms of an anaphylactic reaction, the children at risk of anaphylaxis, the children's allergies, the individual anaphylaxis medical management action plans and the location of the auto-injection device kit.
- Ensure each child who has been prescribed an adrenaline auto-injection device has supplied the service with a device making a note clearly accessible of the device's expiry date..
- 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 Australasian Society of Clinical Immunology and Allergy inc (ASCI) generic poster called *Action Plan for Anaphylaxis* in a key location at the service.
- Comply with the procedures outlined in Schedule 1 of this policy.
- Ensure that a child's individual anaphylaxis medical management action plan is 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.
- Ensure that all staff in a 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 (e.g. excursions) carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

### Educators will:

- Ensure that a copy of the child's anaphylaxis medical management action plan is visible and known to staff in a service.
- 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:
  - Administer GPAC's adrenaline auto-injection device
  - 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.

- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and “anaphylaxis scenarios” on a regular basis.
- 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 of 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 taken on all excursions.
- Regularly check 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
- Comply with the procedures outlined in Schedule 1 of this policy.

**Parents/guardians of children 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 giving written consent to use the auto-injection device in line with this action plan.
- Provide the service 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.
- Comply with the procedures outlined in Schedule 1 of this policy.

**Schedule 1 - 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:**

- If deemed appropriate, this child should only eat food that has been specifically prepared for him/her
  - Where the service is preparing food for the child, ensure that it has been prepared according to the families’ instructions
  - Some families will choose to provide all food for their child.
- All food for this child should be checked and approved by the child’s parent/guardian and be in accordance with the risk minimisation plan.
- Drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child’s name.

- There should be no trading or sharing of food, utensils and containers with this child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Plan for and implement increased supervision of this child on special occasions such as excursions, incursions or family days.

**In relation to other practices at the service:**

- Ensure tables and bench tops are cleaned after eating.
- Ensure hand washing for all children before eating and, if the requirement is included in a particular child’s anaphylaxis medical management action plan, after eating and on arrival at the children’s service.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children.
- Staff should discuss the use of foods in activities with the parent/guardian of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan.
- The risk minimisation plan will inform the food purchases and menu planning.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children will not ‘wander around’ the centre with food.
- Staff will use non-food rewards, for example stickers, for all children.
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Where food is brought from home to the service, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

**CONSIDERATIONS:**

Education and Care Services National Regulations	National Quality Standard	Other Service policies/documentation	Other
Education and Care Services National Law 2010 Sections 167, 169 Education and Care Services National Regulations 2011 Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184,	National Quality Standard 2 “Children’s Health and Safety”	<ul style="list-style-type: none"> <li>- Dealing with Medical Conditions and Medication Administration Policy</li> <li>- Administration of First Aid</li> <li>- Enrolment and Orientation Policy</li> <li>- Food and Food Safety Policy</li> <li>- Inclusion Policy</li> <li>- Excursion Policy</li> <li>- Management of Incident, Injury, Infectious Diseases, Illness and Trauma</li> <li>- Acceptance and Refusal of Authorisations</li> </ul>	<p>Australasian Society of Clinical Immunology and Allergy (ASCIA) <a href="http://www.allergy.org.au">www.allergy.org.au</a>,</p> <p>Anaphylaxis Australia Inc, <a href="http://www.allergyfacts.org.au">www.allergyfacts.org.au</a></p> <p>Royal Children’s Hospital Anaphylaxis Advisory Support Line T 1300 725 911</p> <p>NSW WHS Act and Regulations 2011</p>

GPAC Anaphylaxis Management Policy  
 In compliance with Education and Care Services National Regulations  
 Owner: GPAC Committee  
 Endorsed: (06/09/2016)

**ENDORSEMENT BY THE SERVICE:**

Approval date: \_\_\_\_\_

Signature: \_\_\_\_\_

Attachment:

**Possible exposure scenarios and strategies**

Scenario	Strategy	Who
Food is provided by the children's service and a food allergen is unable to be removed from the service's menu (for example milk)	Menus are planned in conjunction with parents of at risk child/ren and food is prepared according to parents instructions.  Alternatively the parent provides all of the food for the at risk child.	Staff and Parents
	Ensure separate storage of foods containing allergen	All Staff
	Staff follow food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers.	All Staff
	There is a system in place to ensure the at risk child is served only the food prepared for him/her.	All Staff
	An at risk child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes.	All Staff
	Children are regularly reminded of the importance of no	All Staff and children

	food sharing with the at risk child.	
	Children are supervised during eating.	All Staff
Party or celebration	Give plenty of notice to families about the event.	Nominated/Certified Supervisors
	A safe treat box is provided for the at risk child if deemed necessary	Parent/ Staff
	Ensure the at risk child only has the food approved by his/her parent/guardian.	All Staff
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent.	Nominated/Certified Supervisors
Protection from insect sting allergies	Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area.	All Staff
	Decrease the number of plants that attract bees.	Nominated/Certified Supervisors
	Ensure the at risk child wears shoes at all times outdoors.	All Staff
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at risk child during the period required to eradicate the insects.	Nominated/Certified Supervisors
Latex allergies	Avoid the use of party balloons or contact with latex gloves.	All Staff
Cooking with children	Ensure parents/ guardians of the at risk child are advised about the cooking activities and strategies if necessary are discussed e.g. egg free recipes	All Staff