

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. Any anaphylactic reaction always requires an emergency response.

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 hazards.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW NSW	
85	Incident, injury, trauma and illness policies and procedures
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical condition 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
136	First Aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed

PURPOSE

We aim to minimise the risk of an anaphylactic reaction occurring at our Service by implementing risk minimisation strategies and ensuring all educators are adequately trained to respond appropriately and competently to an anaphylactic reaction. We also aim to ensure that the risk of children with known allergies is eliminated or minimised.

SCOPE

This policy applies to children, families, educators, management, and visitors of the Service.

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to provide;

- a safe environment for children free of foreseeable harm, and
- adequate supervision to children

Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our Service. Educators need to be aware of children at the Service who suffer from allergies that may cause an anaphylactic reaction. Management will ensure all educators are aware of children's Medical Management Plan and Risk Management Plans.

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 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 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.

IMPLEMENTATION

A copy of all relevant medical conditions policies will be provided to all educators and families of the Service. It is important that communication is open between families and educators to ensure that appropriate management of anaphylactic reactions are effectively implemented.

It is imperative that all educators 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 and Nominated Supervisor will ensure:

- All parents/guardians are consulted in the enrolment procedure, and prior to their child's starting care at the Service. If the child has severe allergies, the parents/guardians are required to provide a medical management action plan signed by a Registered Medical Practitioner;
- Parents/guardians of an enrolled child who is diagnosed with anaphylaxis are provided with a copy of the Anaphylaxis Management Policy and Medical Conditions Policy;
- That at least one educator on duty during the Service's opening hours has completed ACECQA approved first aid training;
- That at least one educator on duty during the Service's opening hours has completed ACECQA approved anaphylaxis management training;
- That educators are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen® / Anapen® kit;
- That educators are able to respond immediately to any emergency;
- That a copy of this policy is provided and reviewed during each new educator's induction process;
- A copy of this policy is provided to the parent or guardian of each child diagnosed at risk of anaphylaxis at the Service;
- That updated information, resources, and support for managing allergies and anaphylaxis are provided to families as required;
- That the Service remains up to date with changes to individual children's action plans as communicated by the families;
- The Service receives an up to date copy of the action plan every 12 to 18 months or if changes have occurred to the child's diagnosis or treatment

Where a child diagnosed at risk of anaphylaxis is enrolled, the Nominated Supervisor

will:

- Conduct an assessment of the potential for accidental exposure to allergens while the 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 the families of the child/ren;
- Ensure that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service without the device;
- Display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCIA) generic poster "Action Plan for Anaphylaxis 2020 (RED)" for each child with a diagnosed risk of anaphylaxis in key location/s at the Service;
- Display ASCIA First Aid Plan for Anaphylaxis (ORANGE) in key location/s at the Service;
- 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/ treatment for that child and the circumstances in which the medication should be used;
- Ensure that 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;
- Ensure that all educators responsible for the preparation of food are aware of child/ren with allergies, including in the prevention of cross contamination during storage, handling, preparation, and serving of food. Educator/s responsible for menu planning will also identify written and hidden sources of food allergens on food labels;

- 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;
- 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 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 a copy of the anaphylaxis medical management action plan with the auto-injection device kit will be available to educators when the child/ren are on excursions.

Educators Will:

- Ensure to read the child's anaphylaxis medical management Action Plan at the Service.
- 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 is not given food of known allergens;
- Follow safety procedures in preparing and handling food;
- Ensure all children wash their hands upon arrival at the Service and before eating;
- Increase supervision of a child at risk of anaphylaxis on special occasions such as excursions;
- Ensure that the auto-injection device kit:
 - is stored in a location that is known to all educators;
 - is NOT locked in a cupboard;
 - is easily accessible to adults but inaccessible to children;
 - is stored in a cool place at room temperature;
 - is NOT refrigerated;
 - contains a copy of the child's medical management plan
- Ensure the availability of the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis on excursions;
- 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 that a child suffers from an anaphylactic reaction the educators will:

- Follow the child's anaphylaxis action plan;
- Commence first aid measures;
- Record the time of administration of adrenaline auto-injector;
- If after 5 minutes there is no response, a second adrenaline auto-injector should be administered to the child if available;
- Call an ambulance immediately by dialling 000;
- 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.

Families Will:

- Inform the Nominated Supervisor/Responsible Person at the Service, during enrolment and upon new diagnosis of their child's allergies;

- Provide the Service with an anaphylaxis medical management Action Plan giving written consent to use the auto-injection device in line with the action plan and signed by the Registered Medical Practitioner;
- Develop an anaphylaxis risk minimisation plan in collaboration with the Nominated Supervisor;
- Provide the Service with a complete and valid auto-injection device kit;
- Maintain a record of the adrenaline auto-injection device expiry date so as to ensure it is replaced prior to expiry;
- Actively communicating with the Service all relevant information about their child's allergies and concerns, e.g. previous triggers;
- 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 the Service if their child has had a recent severe allergic reaction while not at the Service – either at home or at another location;
- Notify the Service of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes;
- Provide an updated action plan every 12-18 months or if changes have been made to the child's diagnosis.

REPORTING PROCEDURES

After each emergency situation the following will need to be carried out:

- Educator/s involved in the situation will complete an Incident, Injury, Trauma and Illness Report;
- Ensure the Incident, Injury, Trauma and Illness Report is communicated to the parent/guardian;
- The Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours as per the Regulations;
- Educators will be debriefed after each anaphylaxis incident and evaluate the child's individual Anaphylaxis medical action plan, including an evaluation of the effectiveness of the procedures used;
- The Service will evaluate 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) provide information on allergies.

Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for allergists may also be provided.

<https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

Current ASCIA Action Plans are the 2020 versions; however previous versions (2018 and 2017) are still valid for use throughout 2020. There are two types of ASCIA Action Plans for Anaphylaxis:

- ASCIA Action Plan 2020 (**RED**) is for adults or children with medically confirmed allergies, who have been prescribed adrenaline auto-injectors.

- ASCIA Action Plan for Allergic Reactions (**GREEN**) is for adults or children with medically confirmed allergies who have not been prescribed adrenaline auto-injectors.
- A new ASCIA First Aid Plan for Anaphylaxis (**ORANGE**) EpiPen and Generic versions has replaced other versions of the action plans.

[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.

[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.

[NSW Department of Education](#) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

ADDITIONAL INFORMATION

www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care (Search for 'anaphylaxis')

<https://education.nsw.gov.au/search?site=%2Fcontent%2Fmain-education%2Fen%2Fhome&access=s&q=anaphylaxis>

RESOURCE

[Asthma First Aid A4 Poster](#)

[Asthma Action Plan](#)

[Supporting the Continuity of Asthma Care \(for patients with severe asthma during Coronavirus \(COVID-19\) pandemic\)](#)

SOURCE:

ASCIA Action Plans, Treatment Plans, & Checklists for Anaphylaxis and Allergic Reactions:
<https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>

Australian Children's Education & Care Quality Authority. (2014).

Early Childhood Australia Code of Ethics (2016).

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).

National Health and Medical Research Council(2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*

New South Wales Department of Education and Communities(2014) *Anaphylaxis Guidelines for Early Childhood Education and Care Services.*

Revised National Quality Standard (2018).

Version History

Version	Description of changes	Author	Effective Date
1	Updated content from KCS Medical Conditions Policy	Tury To	Sept 2020