

Anaphylaxis policy

1. Policy statement

Values

Annie Dennis Children's Centre believes 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 educational programs and experiences
- raising awareness about allergies and anaphylaxis amongst the centre 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 and,
- facilitating 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 the care of the children's service
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device and,
- raise the service community's awareness of anaphylaxis and its management through education and policy implementation

2. Scope

The *Children's Services Act 1996* requires proprietors of licensed children's services to have an anaphylaxis management policy in place. This policy will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It will apply to children enrolled at the centre, their parents/guardians, staff and licensee as well as to other relevant members of the centre community, such as volunteers and visiting specialists. The Children's Services Regulations 2009 include the matters to be included in the policy, practices and procedures related to anaphylaxis management and staff training.

3. 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 (0-5years) of children are at risk. The

most common causes in young 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.

The licensee recognises the importance of all staff members 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.

Staff members 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 members should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee 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.

Legislation

Children's Services Act 1996

Children's Services Regulations 2009

Health Act 1958

Health Records Act 2001

Occupational Health and Safety Act 2004

4. Definitions

Agency/Casual staff: Staff employed on a on-call basis.

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 (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.

Anapen®. 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® is different to EpiPen®.

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 pouch 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: The child's direct staff members whom liaise between parents/guardians of a child at risk of anaphylaxis.

Communication plan: A plan that forms part of the policy outlining how the centre will communicate with parents and staff members in relation to the policy and how parents and staff members 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 centre, educating parents and children about food allergies and washing hands after meals.

Risk minimisation plan: A plan specific to the centre 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 centre, 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 the child's direct educators at the centre and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.

Secretary: Refers to Secretary of the Department of Education and Early Childhood Development

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

Staff members: Staff employed on a permanent basis by the children's centre

5. Procedures

The Proprietor (Annie Dennis Children Centre) shall:

1. In the children's centre :
 - ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by the Secretary by January 2012 then at least every 3 years(r 63 (1)(3)(4))
 - ensure there is an anaphylaxis management policy in place containing the matters prescribed in Schedule 3 of the Children's Services Regulations 2009 (r. 87)
 - ensure that the policy is provided to a parent/guardian of each child diagnosed at risk of anaphylaxis at the centre (r. 43 and r. 48 for FDC services) and,
 - ensure that all staff members in the centre whether or not they have a child diagnosed at risk of anaphylaxis in the program undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months (r. 65(1) recording this in the staff records (r. 38). It is recommended that practise with the trainer auto-injection device is undertaken on a regular basis at staff meetings, preferably quarterly.
2. At Annie Dennis Children Centre where a child diagnosed at risk of anaphylaxis is enrolled the director /assistant director shall also:
 - conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the centre and develop a risk minimisation plan for the centre in consultation with the families of the child/ren (Schedule 3 of the Regulations)
 - ensure that a notice is displayed prominently in the main entrance of the children's centre stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service (r. 40)
 - ensure staff members on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated have completed training approved by the Secretary in the administration of anaphylaxis management (r. 67(2))

and that practice of the adrenaline auto-injection device is undertaken on a regular basis, preferably quarterly, and recorded

- ensure that all agency/casual staff members in the centre have completed training approved by the Secretary in the administration of anaphylaxis management including 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 no child who has been prescribed an adrenaline auto-injection device is permitted to attend the centre and its educational programs without the device (Schedule 3 of the Regulations)
- implement the communication strategy and encourage ongoing communication between parents/guardians and staff members regarding the current status of the child's allergies, this policy and its implementation (Schedule 3 of the Regulations)
- display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called *Action Plan for Anaphylaxis* in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet
- display an Emergency contact card by the telephone
- comply with the procedures outlined in Schedule 1 of the policy
- 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 (r. 34). 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 members in the centre know the locations of all the anaphylaxis medical management plans and that individual copies are kept with the auto-injection device kit in the children's rooms (Schedule 3 of the Regulations)
- ensure that the staff member accompanying children outside the centre carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit (r. 74(4)(d))
- ensure that staff members use a waist band belt to hold the auto injection device kit when outdoors in the playgrounds
- ensure a spare adrenaline auto-injection device is located in the office in an insulated container. In the event of a child's adrenaline auto-injection device misfiring, the spare adrenaline auto -injection device will **only** be administered after consulting a paramedic when dialling 000
- ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff members in the centre
- 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 and,
 - 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, preferably quarterly at staff meetings
 - ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the centre, 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 colour medical management action plan signed by a Registered Medical Practitioner and with a current photo of the child (not more than 6 months old)
 - 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 centre
 - ensure that the auto-injection device kit is stored in a location that is known to all staff members, including agency/casual staff (on a hook beside the child’s allergy management action plan; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat (r. 84(3))
 - 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 centre or the home e.g. on excursions that this child attends (r. 74(4)(d))
 - ensure the OH &S staff member regularly checks the adrenaline auto-injection device expiry dates on all adrenaline auto injection devices. (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 centre community about resources and support for managing allergies and anaphylaxis via a resource folder located in the centre resource area and,
 - comply with the procedures outlined in Schedule 1 of the policy.

Parents/guardians of children shall:

- inform the director/assistant director and their child’s direct educators at the children’s centre, either on enrolment or on diagnosis, of their child’s allergies
- develop an anaphylaxis risk minimisation plan with the director/assistant director
- provide the centre 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 centre with a complete auto-injection device kit
- ensure that the adrenaline auto- injection device is clearly labelled with the child's name
- regularly check the adrenaline auto-injection device expiry date
- assist staff members by offering information and answering any questions regarding their child's allergies
- notify the centre and their child's direct educators 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 the director/assistant director and the child's direct educators, for example, any matter relating to the health of the child
- comply with the centre's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its educational programs without that device.
- If possible, leave allergy medication permanently at the centre. It is the parents/guardians responsibility to ensure that the adrenaline auto- injection device is signed into the log book kept in the medical cabinet in the relevant children's room
- comply with the procedures outlined in Schedule 1 of the policy.

6. Related documents

Related documents at the service:

- Enrolment checklist for children at risk of anaphylaxis (Schedule 2 of the policy)
- Brochure titled "Anaphylaxis – a life threatening reaction", available through the Royal Children's Hospital, Department of Allergy
- Relevant service policies such as:
 - Food and Nutrition
 - Hygiene
 - Food Safety
 - Asthma
 - Inclusion and Diversity

Contact details for resources and support

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides 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 www.allergyfacts.org.au, 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, at www.rch.org.au, provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy 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 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.

Training

- Access the Department of Education and Early Childhood Development website for information about free training for staff members in services where there is a child diagnosed at risk of anaphylaxis enrolled at: www.education.vic.gov.au/anaphylaxis .
- There are a range of providers offering anaphylaxis training, including Royal Children's Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that where there is a child diagnosed at risk of anaphylaxis enrolled in the service the anaphylaxis management training undertaken is accredited.

7. Evaluation

The Director/Assistant Director/Committee of Management shall:

- discuss with staff members their knowledge of issues following staff members participation in anaphylaxis management training
- selectively audit enrolment checklists (e.g. 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 and notify the Department within 48 hours (r.105)
- review the adequacy of the response of the centre if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

The director shall nominate the centres' OH&S staff member:

- to conduct 'anaphylaxis scenarios' at staff meetings
- to organise practise sessions at staff meetings in adrenaline auto-injection device administration procedures to determine the levels of staff competence and confidence in locating and using the auto-injection device kit
- to ensure the auto injection device trainers are stored prominently in the staff room so that staff can access the information in the resource kits
- to monthly review each child's auto-injection device kit to ensure that it is complete and the auto-injection device is not expired and,
- liaise with the director/assistant director and parents of children at risk of anaphylaxis.

Parents/guardians shall:

- read and be familiar with the policy
- identify and liaise with the director/assistant director and their child's direct educator and,
- bring relevant issues to the attention of both the director /assistant director and their child's direct educators.

Key Source Documents

Department of Education and Early Childhood Development, Model Policy, January 2011

ASCIA- Australasian Society of Clinical Immunology and Allergy Inc.

The **Anaphylaxis policy** is linked to the *National Quality Standards*.

Quality area 2: Children's health and Safety

Standard 2.1: Each child's health is promoted

Standard 2.3: Each child is protected

Quality area 6: Collaborative partnerships with families and communities

Standard 6.1: Respectful supportive relationships with families are developed and maintained

Quality area: 7 Leadership and service management

Standard 7.3: Management and administrative systems enable the effective provision of a quality service.

Standard 7.6: Information is exchanged with families on a regular basis.

Date Approved by the Committee of Management 18 July 2011

Next review date: July 2012

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:

- this child should only eat food that has been specifically prepared for him/her
 - Where the centre is preparing food for the child, ensure that it has been prepared according to the parent's instructions
 - Some parents 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
- Infants bottles and other drinks, 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, 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
- when the child diagnosed at risk of anaphylaxis is allergic to milk, ensure non-allergic babies are held when they drink formula/milk and,
- increase supervision of this child on special occasions such as excursions and incursions.

In relation to other practices at the centre:

- ensure tables, high chairs and bench tops are washed down after eating
- ensure hand washing for all children before and after eating and, if the requirement is included in a particular child's anaphylaxis medical management action plan, on arrival at the children's centre
- restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children
- all children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the centre with food
- the risk minimisation plan will inform the children's service's food purchases and menu planning
- all staff members 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 and,
- all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

Schedule 2

Enrolment Check list for Children at Risk of Anaphylaxis

- a risk minimisation plan is completed in consultation with the parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented
- parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the service's anaphylaxis management policy
- all parents/guardians are made aware of the Anaphylaxis management policy
- anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all staff. A copy of the anaphylaxis medical management action plan is included in the child's auto-injection device kit
- adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the centre
- adrenaline auto-injection device is stored in an insulated container (auto-injection device Kit), in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- all staff, including agency/casual staff, are aware of each auto-injection device kit location and the location of the anaphylaxis medical management action plans.
- staff who are responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an auto-injection device trainer, and is reinforced at quarterly intervals at staff meetings and recorded annually
- the centre's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan
- a treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis
- parent/guardian's current contact details are available.
- information regarding any other medications or medical conditions (for example asthma) is available to staff and,
- if food is prepared at the centre has measure in place to prevent contamination of the food given to the child at risk of anaphylaxis.