



## **ANAPHYLAXIS POLICY**

**(M)**

**Mandatory – Quality Area 2**

### **PURPOSE**

The aim of this policy is to:

- Minimise the risk of anaphylactic reaction occurring within the centre whilst the child is in care of the centre.
- To ensure that staff members respond appropriately to an anaphylactic reaction by implementing appropriate treatment inclusive of competent use of an adrenalin Auto Injection device, such as an EpiPen.
- To ensure each staff member has relevant knowledge of allergies, anaphylaxis and emergency procedures.
- To increase and raise community awareness and communication to ensure the safety and wellbeing of children at risk of anaphylaxis is managed through education and implementation of this policy.

### **SCOPE**

The Children Service Act 1996 requires proprietors of licensed children's services to have an anaphylaxis management policy in place. This policy is required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service.

This policy applies when a child that has been diagnosed as at risk of anaphylaxis is enrolled at Outlets Co-operative Neighbourhood House Ltd.

This policy applies to the licensee, staff, parents/guardian, Committee of management, volunteers, and other persons relevant to the children's service such as visiting specialists and placements involved with the children enrolled as being diagnosed as at risk of anaphylaxis.

### **Background and Relevant Legislation**

Anaphylaxis is a severe, life threatening allergic reaction.

The most common cause of anaphylaxis in young children are eggs, peanuts, tree nuts, cow's milk, bee and other insect stings and some medications.

A child may not be able to express the symptoms of anaphylaxis.

A reaction can develop within minutes of exposure to an allergen so with planning and training a reaction can be treated effectively by using adrenaline auto-injector, such as an EpiPen.

In recognition of this the Licensee and staff are aware of the importance of children at risk of anaphylaxis and will continue to undertake training that includes the measures taken to prevent and minimize risk factors, recognize anaphylactic symptoms and emergency treatment which includes the use of an auto injection device such as an EpiPen.

All staff, parents/guardians need to be made aware that it is not possible to achieve a complete allergen free environment in a centre that is open to the whole community.

The licensee, staff and all of the mentioned in the above scope and who it applies recognize that various procedures and minimizing risk strategies that are put in place to help minimize



the presence of allergens will not give them a false sense of security that an allergen has been eliminated.

- Children's Services Regulations 32/2020
- Children's Services Act 1996
- Health Act 1958
- Health Records Act 2001
- Occupational Health and Safety Act 2004
- Children's Service and Education Legislation Amendment (Anaphylaxis Management) Act 2008

## DEFINITION

**Allergic Reaction-** A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around mouth, abdominal pain, vomiting and/or diarrhea, 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 system, particularly breathing and circulation system.

**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.

**Intolerance** – Often confused with an allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system

**Allergen** – A substance that can cause an allergic reaction.

**Anaphylaxis Action Plan** – A medical management plan prepared and signed by a Doctor providing the child's name and allergies, a clear photograph of the child and clear instructions on treating an anaphylactic episode.

**Anaphylactic management training** – Accredited comprehensive training that has been recognized by the secretary of the Department of Education and Early Childhood Development which is provided by a qualified professional. It includes strategies for management, recognition of allergic reactions, emergency treatment and practice with an adrenaline auto injection device such as an EpiPen trainer and is reinforced at yearly intervals.

**Anaphylactic prevention kit** – a sealed container which contains the child at risk of anaphylaxis own eating utensils and cutlery, ie. spoon, fork, bowl, cup which is clearly labeled with the child's name.

**Children at risk of anaphylaxis** – those children with allergies that have been medically diagnosed and who are at risk of anaphylaxis.

**Adrenaline Auto Injection training** – training in the administration of adrenaline via an auto injection device such as an EpiPen 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 EpiPen



**Adrenaline Auto Injection device** – A device containing a single dose of adrenaline delivered via a spring activated device needle, which is concealed until administered. There are a range of commercial devices including the EpiPen.

**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. They 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.

**Auto injection device (EpiPen) Kit** – An insulated container that contains a current auto injection device (bought in by family/guardian which is labeled with child's name), a copy of the child's Anaphylaxis Action Plan, telephone contact details for the child's parents/guardians, the doctors/medical services and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. Auto injection devices are stored away from direct heat.

**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 auto injection device is current, that the auto injection device kit (EpiPen Kit) is complete and leads staff practice sessions after all staff have undertaken anaphylaxis management training.

**Risk minimization** – A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as is practicable, major resources of the allergen from the centre, washing hands after meals and developing strategies to help reduce risks of an anaphylactic reaction.

**Risk minimisation Plan** – A plan specific to the service that specifies each child's allergies, the way that each child at risk of anaphylaxis could be accidentally exposed to an allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for=or implementing the strategies. The risk minimization plan should be developed by families of children at risk of anaphylaxis.

**Service Community** – all adults who are connected to the children's service.

**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.

**Ambulance contact card** – A card that the service has completed, which contains all the information that the ambulance service will request when phoned on 000. It should be kept by the phone from where the 000 call will be made



## PROCEDURE

### **The Proprietor/licensee of the centre shall ensure the following:**

- Ensure there is an anaphylaxis management policy in place containing the matters prescribed in Schedule 4 of the Children's Services Regulations 32/2020
- Ensure that the policy is available to all parents and guardians at the service
- Ensure that all staff in all services. Whether or not they have a child diagnosed at risk of anaphylaxis attending the service undertake training in the administration of the auto injection device such as an EpiPen every 12 months and recorded this in the staff records (subdiv 5 (r. 95)). It is recommended that practice with the trainer auto injection device is undertaken on a regular basis, preferably quarterly.

### **In services where a child is diagnosed at risk of anaphylaxis is enrolled the proprietor/licensee shall also:**

- An assessment of potential accidental exposure to allergens whilst children at risk of anaphylaxis are in the Centres care shall be conducted and a risk minimisation plan shall be developed for the centre in consultation with staff and families involved with the care of the child (*refer to Anaphylaxis Risk Minimisation plan*)
- Ensure that a notice is displayed prominently at the Main entrance of the service stating that a child diagnosed at risk of anaphylaxis is being cared for at the service.
- Ensure all staff on duty have completed recognized anaphylaxis management training (r. 63) and that the practice of the adrenaline auto injection device administration is undertaken on a regular basis, preferably quarterly, and recorded annually.
- Ensure all relievers have undertaken recognized anaphylaxis training including the administration of an adrenaline auto injection device, are aware of 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 (EpiPen) Kit.
- Ensure that no child who has been prescribed an adrenaline auto injection device such as an EpiPen is permitted to attend the service or its programs without that device. (Schedule 3 of the Regulations)
- Ensure parents/guardians with a child diagnosed at risk of anaphylaxis are provided with a copy of the policy.
- 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 (Schedule 4 of the Regulations).
- Display an ASCIA generic poster called Action Plan for Anaphylaxis in a key location at the service, for example, in the children's room.
- Display an ambulance contact card by the telephones.
- Comply with procedures outlined in Schedule 1 of the NQS.
- Ensure that a child's individual anaphylaxis medical management action plan signed by a registered medical practitioner is inserted into the enrolment records for each child This will outline the allergies and describe the prescribed medication for that child and the circumstances in which it should be used.
- Ensure that all staff know the location of the anaphylaxis medical management plan and that a copy is kept with the auto injection device (EpiPen) kit (Schedule 3 of the Regulations)



**The staff responsible for the care of the child at risk of anaphylaxis shall ensure the following:**

- A copy of the child's anaphylaxis medical management action plan is displayed in a visible position to all staff.
- Follow the child's anaphylaxis action plan in the event of an allergic reaction which may progress into anaphylaxis.
- Follow emergency procedures if a child that has not been diagnosed as anaphylactic appears to be having an anaphylactic reaction.
  - Call an ambulance immediately by dialling 000
  - Commence trained first aid measures.
  - Direct contact by a staff member to parents/guardians whilst continuing first aid
  - Direct contact to the persons to be notified in case of an emergency if the parent/guardian cannot be reached by a staff member.
- Practice adrenaline auto injection device (EpiPen) administration procedures using the EpiPen Training kit at least quarterly.
- Ensure all parents/guardians are asked as part of the enrolment procedure and prior to the child's attendance at the centre if the child has allergies.
- Document any known allergies on the child's enrolment form, if they are severe allergies have the parent/guardian provide a medical management action plan which is signed by a Doctor.
- Ensure a complete Auto injection device (EpiPen) kit (which must contain a copy of the child's anaphylaxis medical management action plan) is supplied by the parents/guardians whilst the child is at the centre.
- Ensure that the adrenaline auto injection device (EpiPen) kit is stored in a location known to all staff, is easily accessible to adults, is not in a locked cupboard, away from sources of direct heat and is inaccessible to children
- Regularly check the adrenaline auto injection device (EpiPen) expiry date as the manufacturer will only guarantee its effectiveness to the end of the written expiry date.
- Display information to other centre users about resources and available support for managing allergies and anaphylaxis.
- Comply with procedures outlined in Schedule 1 of the policy.

**Parents/guardians of children shall ensure that:**

- They comply with procedure in Schedule 1 of NQS
- They comply with all relevant policies in the centre.
- They request to view any policy they would like to view.



**Parents/guardians of children with anaphylaxis shall ensure they:**

- Inform staff on the child's enrolment to the centre of any known allergies or on diagnosis of the child's allergies.
- Provide staff with an anaphylaxis medical management action plan signed by a registered medical practitioner and written consent to use the adrenaline auto injection device (EpiPen) in line with the action plan.
- Develop an anaphylaxis risk minimisation plan with service staff.
- Provide staff with a labelled and complete auto injection device (EpiPen) Kit.
- Regularly check the adrenaline auto injection device (EpiPen) expiry date.
- Assist staff by offering information and answering any questions they have in relation to their child's allergy.
- Notify the staff immediately of any change to their child's allergy and provide a new anaphylaxis action plan in accordance with the changes.
- Comply with the Centre's policy that no child who has been prescribed an adrenaline auto injection device (EpiPen) is allowed to attend the centre or centre programs without their adrenaline auto injection device (EpiPen).
- Ensure that either parent attends excursions and carries an EpiPen Kit at all times (children are the responsibility of their parent whilst on excursions with our centre).
- Provide an Anaphylaxis prevention kit that contains the child at risk of anaphylaxis own eating utensils and cutlery i.e. Spoon, fork, bowl, cup in a sealed and labeled container.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- Comply with procedure outlined in Schedule 1 of the NQS

**RELATED DOCUMENTS AND POLICIES**

- Enrolment checklist for a child at risk of anaphylaxis (schedule 2 of the policy).
- Anaphylaxis Risk Minimisation Plan
- Child enrolment procedure.

**RELEVANT POLICIES**

- Enrolment
- Illness and emergency
- Nutrition
- Asthma
- Children's mealtime procedure
- Hygiene
- Celebrations
- Excursion

**RESOURCES**

Australian Society of Clinical Immunology and Allergy (ASCIA) [www.allergy.org.au](http://www.allergy.org.au)

Anaphylaxis Australia Inc [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

Royal Children's Hospital, Dept of Allergy [www.rch.org.au](http://www.rch.org.au)



## **ATTACHMENTS (NIL)**

## **AUTHORISATION**

This policy was adopted by the Approved Provider of Outlets Co-operative Neighbourhood House LTD on 21/05/2020

**REVIEW DATE: / /2023**