

**Bangalow Community Children's Centre**

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Anaphylaxis Policy

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Legislation:	Education and Care Services National Regulations 2011 Children (Education and Care Services National Law Application) Bill 2010
Reference:	National Quality Framework Resource Kit, 2011 Staying Healthy in Child Care - Preventing infectious diseases in child care - Fourth Edition Centre Support www.centresupport.com.au www.dhs.vic.gov.au/earlychildhood Guidelines for Children's Services 2007, anaphylaxis, NSW Health, Department of Community Services

Introduction

Anaphylaxis is a severe, life-threatening allergic reaction. It is considered a medical emergency by the ASCIA and consent is not required to administer an EpiPen®. Up to two percent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, some species of plants, and some medications. Anaphylactic reactions can generally be prevented when precautions to minimise contact with known allergens are implemented, however, an emergency response is required should an anaphylactic reaction occur.

Young children may not be able to express the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen, appropriate planning and training, will ensure a reaction is recognised promptly and treated effectively by using an adrenaline auto-injector called an EpiPen®.

Staff 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. 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 and ensure staff participate in annual anaphylaxis training.

Bangalow Community 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 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 that ensures the safety and wellbeing of children at risk of

Goals

- 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 and response, including competently administering an Epipen®.
- Raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at the children's service. It applies to children enrolled at the service, their parents/guardians, staff and licensee. It also applies to other relevant members of the service community, such as volunteers and visiting specialists.

Practices

Management shall:

- 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 centre in consultation with staff and the families of the child/ren.
- 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 allergies, ask the parents/guardians to provide a medical management plan signed by a Doctor.
- Ensure staff responsible for the child/ren at risk of anaphylaxis attend anaphylaxis management training, that is reinforced at yearly intervals.
- Ensure that all staff/relieving staff are aware of symptoms of an anaphylactic reaction, child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and Epipen® kit. If the relieving staff member is not trained in anaphylactic management, the licensee shall ensure at least one staff member trained in anaphylaxis management is present at the service and that staff member is aware that they are responsible for the administration of an Epipen® in an emergency. If this is not possible parents/guardians must be informed of this situation before the child at risk of anaphylaxis is left at the centre.
- Ensure that no child who has been prescribed an Epipen® is permitted to attend the service or its programs without an Epipen®
- Make parents/guardians aware of this policy, and provide access to it on request.
- Facilitate ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- Display an 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 ambulance contact card by telephones.
- Comply with the procedures outlined in Schedule 1.

Staff Responsible for the child at risk of anaphylaxis shall:

- Ensure a copy of the child's anaphylaxis action plan is visible to all staff.
- **Ensure casual staff/volunteers/students and visitors are aware of children's allergies.**
- Follow the child's anaphylaxis 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 anaphylaxis reaction:
 - *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.
- Practise Epipen® administration procedures using an Epipen® trainer and 'anaphylaxis scenarios' on a regular basis, at the least, annually.
- Ensure that parents/guardians provide an anaphylaxis action plan signed by the child's Doctor and a complete Epipen® kit while the child is present at the service.
- Ensure that the Epipen® 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 Epipen® kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends.
- Regularly check the Epipen® expiry date. (The manufacturer will only guarantee the effectiveness of the Epipen® 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.

Parents / guardians of children shall:

- Comply with the procedures outlined in Schedule 1.

Parents/guardians of a child at risk of anaphylaxis shall:

- Inform staff, either on enrolment or on diagnoses, of their child's allergies.
- Provide staff with an anaphylaxis action plan for use of the EpiPen®.
- Provide staff with a complete EpiPen® kit.
- Regularly check the EpiPen® 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 EpiPen® is permitted to attend the service or its programs without that EpiPen®
- Comply with the procedures outlined Schedule 1

National Regulations

- 90 Medical conditions policy
- 91 Medical conditions 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 Qualification
- 246 Anaphylaxis Training

NQS

2.1 Each child's health is supported

EYLF

Learning Outcome 3: Children have a strong sense of wellbeing

Children take increasing responsibility for their own health and physical wellbeing

Evaluation and Review

This policy will be reviewed based on regulatory requirements or earlier if the need arises.

Family and staff feedback will be considered in the review process. Changes in legislation, regulations, NQS and standards will be considered.

Any changes to this policy will be communicated to families and staff.

Relevant Documents

Schedule 1

Schedule 2

Schedule 1

The following procedures should be implemented to help protect the child 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 service 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.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labeled with the child's name.
- There should be no trading or sharing 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.
- Parents/guardians should provide a safe treat box for this child.
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination.
- When the at risk child is allergic to milk, ensure non-allergic babies are held when they drink formula/milk.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.

In relation to other practices at the centre:

- Ensure tables and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the service, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science equipments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk management plan.
- 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.
- 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 centre, parents/guardians may be encouraged not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

Schedule 2

Enrolment Checklist for Children at Risk of Anaphylaxis

A risk minimisation plan is completed, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.

Parents of a child at risk of anaphylaxis have been provided a copy of the service's Anaphylaxis policy.

All parents/guardians are made aware of the Anaphylaxis policy.

Anaphylaxis action plan for the child is signed by the child's Doctor and is visible to all staff.

Epipen® (within expiry date) is available for use at any time the child is in the care of the service.

Epipen® is stored in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.

All staff, including relief staff, are aware of each Epipen® kit location.

Staff responsible for the child/ren at risk of anaphylaxis undertake anaphylaxis management training, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practise with an Epipen® trainer, and is reinforced at yearly intervals.

The service'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.

If food is prepared at the service, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis.

Glossary of terms

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 action plan: a medical management plan prepared and signed by a Doctor 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. **Definitions Continued.....**

Anaphylaxis management training: Comprehensive training provided by allergy nurse educators or other qualified professionals such as Doctors or first aid trainers, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practise with an Epipen® trainer, and is reinforced at yearly intervals.

Children at risk of anaphylaxis: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

Epipen®: A 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.

Epipen® kit: An insulated container, for example an insulated lunch pack containing a current Epipen®, a copy of the child's anaphylaxis action plan, and telephone contact details for the child's parent/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.

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 Epipen® is current, the Epipen® kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

Risk Minimisation: A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the service and developing strategies to help reduce risk of an anaphylactic reaction.

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. A sample risk minimisation plan is outlined in Schedule 3.

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

Sometimes Food box: A container provided by the parent/guardian that contains sometimes food, for example, foods which are safe for the child at risk of anaphylaxis and used at special occasions when other children are having their treats. Non-food rewards, for example stickers, stamps and so on are to be encouraged for all children as one strategy to help reduce the risk of allergic reaction.

Things to consider when developing a Risk Minimisation Plan

- List names and room locations of each of the at risk children.
- List the strategies for ensuring that all staff, including relief staff recognise each of the at risk children.
- Confirm where each child's Action Plan (including the child's photograph) will be displayed.
- List all of the known allergens for each of the at risk children.
- List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure.
- When cooking with children what needs to be considered.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child's name.
- Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities. How will we ensure no trading or sharing of food, food utensils and containers with this child is implemented. 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.
- What hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergen.
- The EpiPen and a copy of the anaphylaxis medical management action plan is carried by a staff member when a child is removed from the service eg excursions.
- Record when each family of an at risk child is provided a copy of the service's Anaphylaxis management policy.
- Record when family member provides an EpiPen. Ensure all families are aware of the policy that no child who has been prescribed an EpiPen is permitted to attend the service without that device.
- Test that all staff, including relief staff, know where the EpiPen is kept for each at risk child.
- Parents/guardians provide a safe treat box for this child.
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination.
- When the child diagnosed at risk of anaphylaxis is allergic to milk, ensure non-allergic babies are held when they drink formula/milk.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.
- 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 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 such activities with:
 - parents/guardians of this child and these foods should be consistent with the risk minimisation plan.
- 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 cooking experience planning.
- 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 centre, do we need to request that all parents/guardians not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.
- The service displays the ASCIA generic poster, Action plan for anaphylaxis, in a key location and locates a completed ambulance card by the telephone/s.
- Children are regularly reminded of the importance of no food sharing with the at risk child.
- Children are supervised during eating.

- 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.
 - Decrease the number of plants that attract bees.
 - Ensure the at risk child wears shoes at all times outdoors.
 - 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.

Latex allergies

- Avoid the use of party balloons or contact with latex gloves.
- Who will administer the EpiPen and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child.
- All staff with responsibilities for at risk children have undertaken anaphylaxis management training and regular practise sessions for the administration of the EpiPen)
Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk child/ren and the reasons for this.
- NO FOOD is introduced to a baby if the parent/guardian has not previously given this food to the baby.
- Ensure each child enrolled at the service washes his/her hands before and after eating and on arrival if required as part of a particular child's medical management plan.

