

4.10 Anaphylaxis Management Policy

Policy Statement

The service recognises the increasing prevalence of children attending services who have been diagnosed with severe allergies and/or anaphylactic reactions. Such reactions may be the result of severe allergies to eggs, peanuts, tree nuts, cow milk, shellfish, bee or other insect stings, latex, particular medications or other allergens as identified through professional diagnosis.

It is known that reactions to allergens may occur through ingestions, skin or eye contact or inhalation of food particles.

Procedures

- Parents/guardians will be requested, through the enrolment process (see Policy 9.2), to ensure that the service is made aware of any allergies that their child may be suffering. Information regarding the triggers and severity of allergic reactions will also be requested.
- All children diagnosed with anaphylaxis shall have a medical management plan outlining what to do in an emergency and developed in consultation with families, educators and the child's medical practitioner. Each plan shall be displayed in a clearly accessible area for staff
- A medical condition risk minimisation plan (see 4.10.1) must be developed in consultation with the parent/guardian of a child with specific health care needs, allergies or other relevant medical conditions to identify the possible exposure to allergens and how these will be managed and monitored within the service.
- Individual children's health care and management plans shall be discussed on a regular basis with all educators at team meetings.
- The service will ensure that at least one educator with a current first-aid qualification and CPR qualification, anaphylaxis management and emergency asthma management training as required by the Education and Care Services National Regulations 2011, will be in attendance at any place children are being care for, and immediately available in an emergency, at all times that children are being cared for.
- The service shall take appropriate action to minimise, as far as reasonably practicable, exposure to known allergens where children have been professionally diagnosed with anaphylaxis and this information has been presented to the service with certification from a medical practitioner.

To minimise the risk of exposure of children to foods that might trigger a severe allergy or anaphylaxis in susceptible children, our service will:

- Not allow children to trade or share food, utensils or food containers;
- Prepare food in line with a child's medical management plan;
- Request families to label all drink bottles and lunch boxes with their child's name;
- Consider whether it's necessary to change or restrict the use of food products in craft activities, science experiments and cooking experiences so children with allergies may participate;

- Instruct staff preparing food about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food
- Ensure that all food preparation areas and utensils are regularly cleaned and sanitised (as per Policy 5.5 Cleaning and Sanitising);
- Monitor attendances to ensure that meals/snacks prepared at the service do not contain identified allergens when those children are in care; and
- Where a child is known to have a susceptibility to severe allergy or anaphylactic reaction to a particular food, the service will develop policy and implement practice for the management of children, educators or visitors bringing foods or products to the service containing the specific allergen (e.g. nuts, eggs, seafood)
- Each child shall have the appropriate medication including EpiPen (or Anapen) accessible to educators.
- Appropriate medication shall be stored at the service for each child in clearly labelled and marked containers, in a location that is known to educators and easily accessible to adults but inaccessible to children.
- The service will ensure families with children at risk of anaphylaxis, and all educators receive a copy of the Medical Conditions Policy and Anaphylaxis Management Policy as part of their orientation/induction to the service.
- Risk minimisation practices will be carried out to ensure that the service is, to the best of our ability, providing an environment that will not trigger an anaphylactic reaction. These practices will be documented, discussed at team meetings and potential risks reduced.
- The service shall display a generic Action Plan for Anaphylaxis poster in a key location, visible to families, educators and visitors to the service.
- Parents/guardians will be requested to provide a pen to accompany their child when in attendance.

Anaphylaxis plans shall be reviewed annually or as required by medical authorities.

In the case of a child who has not been previously diagnosed with Anaphylaxis, procedures as per the Emergency Health and Medical Policy (see Policy 4.11) will be followed.

Procedure for staff during an Anaphylaxis attack:

1. Notify the Responsible Person of the situation.
2. Responsible Person to go to the area of incident.
3. Instruct Educator to administer Auto Injector pen.
4. Responsible Person to phone Ambulance and follow emergency instructions.
5. Educator to remove other children from the area.
6. Responsible Person needs to ensure an Educator is on the footpath to meet and direct Ambulance staff.
7. Responsible Person to contact parents, Approved Provider and Regulatory Authority.

References

Australian Society of Clinical Immunology and Allergy. (2014). Adrenaline Autoinjectors for General Use. Retrieved from Australian Society of Clinical Immunology and Allergy: http://www.allergy.org.au/images/pcc/ASCI_A_PCC_Adrenaline_Autoinjectors_General_Use_2015.pdf

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Health (Drugs and Poisons) Regulation 1996
- Family and Child Commission Act 2014
- NQS Area: 1.1.5; 2.1.1, 2.1.4; 2.2.1; 2.3.2, 2.3.3; 4.2.1; 6.1.1; 6.2.1; 7.1.2; 7.3.1, 7.3.2, 7.3.5.
- Policies: 4.5 – Illness and Injury, 4.6 – Medication, 4.11 – Emergency Health and Medical Procedure Management, 5.1 – Food Handling and Storage, 9.2 – Enrolment, 10.8 – Information Handling (Privacy and Confidentiality), 10.9 – Risk Management and Compliance.

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