

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. Most cases of anaphylaxis occur after a person is exposed to the allergen to which they are allergic, usually a food, insect sting or medication. Any anaphylactic reaction always requires an emergency response.

SCOPE

This policy applies to children, families, coordinators, staff, educators, educator assistants, families and visitors of Clarence Family Day Care.

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)

Signs of anaphylaxis (severe allergic reaction) include any 1 of the following:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking/and or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

The key to the prevention of anaphylaxis and response to anaphylaxis 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 prevention 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 educators and families is vital in understanding the risks and helping children avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. A copy of all medical conditions policies will be provided to all educators, volunteers and families of the FDC 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 and volunteers 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.

THE APPROVED PROVIDER/COORDINATOR WILL ENSURE:

- all parents/guardians are asked as part of the enrolment procedure, and 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 severe allergies, the parents/guardians are required to provide a medical management action plan signed by a Registered Medical Practitioner
- that all FDC Educators, Educator Assistants and Coordinators have completed ACECQA approved first aid and anaphylaxis management training approved by the Education and Care Services National Regulations at least every 3 (three) years and this is recorded, with each staff members' certificate held on the Service's premises.
- that all FDC Educators, Educator Assistants and Coordinators, whether they have a child diagnosed at risk of anaphylaxis undertakes training in cardio- pulmonary resuscitation every 12 months

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- a copy of this policy is provided to the parent or guardian of each child diagnosed at risk of anaphylaxis
- that updated information, resources and support for managing allergies and anaphylaxis are regularly provided to 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.

In Family Day Care Services where a child diagnosed at risk of anaphylaxis is enrolled the Co-Ordinator shall also:

- discuss with the FDC Educator any potential for accidental exposure to allergens while the child/children at risk of anaphylaxis are in the care of the FDC residence or venue
- ensure that the FDC Educator has displayed the correct ASCIA Action Plan (**RED**) or (**GREEN**) for each child with a diagnosed risk of anaphylaxis
- ensure that the FDC Educator has displayed display ASCIA First Aid Plan for Anaphylaxis (**ORANGE**) in key locations of the FDC residence
- ensure that a notice is displayed prominently in the main entrance of the Family Day Care Residence or venue, stating that a child diagnosed at risk of anaphylaxis is being cared for or educated and providing details of the allergen/s.

FAMILY DAY CARE EDUCATORS AND EDUCATOR ASSISTANTS WILL:

- display the correct ASCIA Action Plan (**RED**) or (**GREEN**) for each child with a diagnosed risk of anaphylaxis
- display ASCIA First Aid Plan for Anaphylaxis (**ORANGE**) in key locations of the FDC residence
- ensure that a notice is displayed prominently in the main entrance of the Family Day Care Residence or venue, stating that a child diagnosed at risk of anaphylaxis is being cared for or educated and providing details of the allergen/s.
- ensure that a current 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 FDC Service
- ensure a copy of the child's anaphylaxis medical management Action Plan is visible and known to the FDC Educator Assistant and coordinator, visitors, and students at the FDC Service.
- follow the child's anaphylaxis medical management Action Plan in the event of an allergic reaction, which may progress to anaphylaxis
- ensure that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the FDC Service without the device
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis
- ensure the child at risk of anaphylaxis only eats food that has been prepared according to the parents' or guardians' instructions
- ensure tables and bench tops are washed down effectively before and after eating
- ensure all children wash their hands upon arrival at the FDC Service and before and after eating.
- increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties and family days
- ensure that the auto-injection device kit is:
 - stored in a location that is known to all staff, including relief staff.
 - NOT locked in a cupboard
 - easily accessible to adults but inaccessible to children
 - stored in a cool dark place at room temperature
 - NOT refrigerated
 - contains a copy of the child's medical management plan
- 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 the FDC Educator accompanying the child when the child is removed from the Family Day Care Service e.g., on excursions that this child attends.

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- 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).

FAMILIES WILL:

- inform the FDC Educator and Service, either on enrolment or on diagnosis, of their child's allergies
- provide the FDC Service with an anaphylaxis Medical Management Action Plan giving written consent to use the auto-injection device in line with this action plan and signed
- provide the correct ASCIA Action Plan signed by the Registered Medical Practitioner
- develop an anaphylaxis Risk Minimisation Plan and Communication Plan in collaboration with the FDC Educator
- provide the FDC Educator with a complete 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.
- assist all FDC staff by offering information and answering any questions regarding their child's allergies
- communicate all relevant information and concerns to FDC Educators and staff, for example, any matter relating to the health of the child
- comply with the FDC Service's policy that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the FDC Service or its programs without that device
- read and be familiar with this policy
- bring relevant issues to the attention of the FDC educator
- notify the FDC Service if their child has had a severe allergic reaction while not at the service- either at home or at another location
- notify the FDC Educator 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

SCHOOL-AGED CHILDREN WHO CARRY THEIR OWN ADRENALINE AUTOINJECTOR

In some cases, children over preschool age attending the Service as part of a before/after school or vacation care program might carry their own adrenaline auto-injector. Children at risk of anaphylaxis usually only carry their own adrenaline auto-injector once they travel independently to and from school. This often coincides with high school or the latter years of primary school. To ensure compliance with the National Quality Framework an authorisation for a child over preschool age to self-administer medication is required (Regulation 96).

Where a child carries their own adrenaline auto-injector it is advisable that the FDC Service requests the child's parent to provide a second adrenaline auto-injector to be kept on the Service premises in a secure location, as it should not be relied upon that the auto-injector is always being carried on their person.

If a child does carry an auto-injector device, its exact location should be easily identifiable by the FDC Educator. Where an auto-injector device is carried on their person, a copy of the child's medical management plan should also be carried.

IF A CHILD SUFFERS FROM AN ANAPHYLACTIC REACTION THE FDC EDUCATOR WILL:

- Follow the child's medical management plan/action plan- administer an adrenaline injector
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Record the time of administration of adrenaline autoinjector
- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child if available
- Ensure the child experiencing anaphylaxis is lying down or sitting with legs out flat and is not upright
- Do not allow the child to stand or walk (even if they appear well)
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the Nominated Supervisor/Coordinator of the FDC Service as soon as practicable
- The Nominated Supervisor will notify the regulatory authority within 24 hours

IN THE EVENT 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
- Administer an adrenaline autoinjector (if one is onsite)
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the Approved Provider/Coordinator of the FDC Service as soon as practicable
- Notify the regulatory authority within 24 hours

REPORTING PROCEDURES

Any anaphylactic incident is considered a serious incident (Regulation 12).

- FDC educator/educator assistant involved in the incident will complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the person in charge of the FDC Service at the time of the incident- the Nominated Supervisor/Coordinator
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- if necessary, a copy of the completed form will be sent to the insurance company
- a copy of the *Incident, Injury, Trauma and Illness Record* will be placed in the child's file
- the FDC Educator will inform the Nominated Supervisor about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours through the NQA IT System (as per regulations)
- the FDC educator and educator assistant will be debriefed after each anaphylaxis incident and the child's individual anaphylaxis medical management plan and risk minimisation plan, evaluated, including a discussion of the effectiveness of the procedure used
- discussions will be held about the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

EDUCATING CHILDREN

Allergy awareness is regarded as an essential part of managing allergies in early childcare services. FDC educators may:

- talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as '*this food will make _____ sick*', '*this food is not good for _____*', and '*_____ is allergic to that food*'.
- help children understand the seriousness of allergies and the importance of knowing the signs and symptoms of allergic reactions (e.g., itchy, furry, or scratchy throat, itchy or puffy skin, hot, feeling funny)
- encourage empathy, acceptance, and inclusion of the allergic child
- implement Food Allergy Smart Education Program- My Food Allergy Friends

CONTACT DETAILS FOR RESOURCES AND SUPPORT

Allergy Aware- A hub for allergy awareness resources A project developing national Best Practice Guidelines and supporting resources for the prevention and management of anaphylaxis in schools and children's education and care services (October 2021)

Australasian Society of Clinical Immunology and Allergy (ASCIA) provide information on allergies. The ASCIA Action Plans for Anaphylaxis are device-specific and must be completed by a medical practitioner.

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

Current ASCIA Action Plans are the 2021 versions, however previous versions (2020 and 2018) are still valid for use throughout 2021. There are two types of ASCIA Action Plans for Anaphylaxis:

- ASCIA Action Plan 2021 (**RED**) are for adults or children with medically confirmed allergies, who have been prescribed adrenaline autoinjectors (Plans are available for EpiPen® or Anapen®)
- ASCIA Action Plan for Allergic Reactions (**GREEN**) is for adults or children with drug (medication) allergies who have not been prescribed adrenaline autoinjectors.

ASCIA First Aid Plan for Anaphylaxis (**ORANGE**) 2021 EpiPen have replaced the general versions of ASCIA Action Plans for Anaphylaxis (Orange).

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 or Email: anaphylaxisadvice@rch.org.au

NSW Department of Education provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

NATIONAL QUALITY FRAMEWORK

National ECEC Regulations

85 – Incident, injury, trauma and illness policies and procedures	90 – Medical conditions policy
90(1)(iv) – Medical Conditions Communication Plan	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
96 – Self-administration of medication	136 – First aid qualifications

National Quality Standards

QUALITY AREA 2: CHILDREN’S HEALTH AND SAFETY		
2.1	Health	Each child’s health and physical activity is supported and promoted.
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 hazard.

REFERENCE & RELATED INFORMATION

- Raising Children Network
- ASCIA Action Plans, Treatment Plans, & Checklists for Anaphylaxis and Allergic Reactions: <https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>
- Staying healthy: Preventing infectious diseases in early childhood education and care services.
- New South Wales Department of Education and Communities. (2014). <https://education.nsw.gov.au/parents-and-carers/wellbeing/health-and-safety/supporting-children-with-anaphylaxis-at-school>

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- Australian Children's Education & Care Quality Authority (ACECQA). 20201. Policy and Procedure Guidelines. Dealing with Medicals in Children Policy Guidelines.
- Clarence FDC Policies including:
 - Administration of First Aid Policy
 - Administration of Medication Policy
 - Asthma Management Policy
 - Medical Conditions Policy
 - Diabetes Management Policy
 - Epilepsy Management Policy
 - Incident, Illness, Accident and Trauma Policy
 - Privacy & Confidentiality Policy