

ANAPHYLAXIS MANAGEMENT

POLICY STATEMENT

Anaphylaxis is a severe allergic reaction that is potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a server allergy is exposed to an allergen to which they are allergic which is usually a food, insect sting or medication.

Our service aims to not only minimise the risk of an anaphylactic reaction occurring while the child is in care of the service, but also to ensure that educators respond appropriately to any anaphylactic reactions. Educators must be able to initiate appropriate treatment, including competently administrating an Epi-Pen. The service also aims to raise the community awareness of anaphylaxis and its management through education and policy implementation.

CONSIDERATIONS

Education and Care Services National Regulations	90, 91, 92, 93, 94, 95, 96, 178, 181,182, 183, 184
National Quality Standard	2.1, QA6
Other Service Policies/Documentation	<ul style="list-style-type: none"> • Family Handbook • Individual Medical Management Plans • Individual Medical Risk Minimisation Plans • Enrolment, Orientation and Bookings policy • Dealing with Medical Conditions & Administration of Medication policy • Providing a Child Safe Environment policies • Management of Incident, Injury, Illness & Trauma policy
Other	<ul style="list-style-type: none"> • Disability Discrimination Act (1975) • NSW Anti-discrimination Act (1977) • Work Health & Safety Act (2011) • My Time, Our Place

PROCEDURES

a) The Nominated Supervisor/Directors will:

- At least one educator during each session and ideally all educators have completed first aid and anaphylaxis and asthma management training approved by the Education and Care Services National Regulations at least every 3 years – HLTA10004 – Provide Emergency first

aid response in an Education and Care Setting. First Aid certificates should be kept in each of the educators file located at the service.

- All educators undertake training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months, recording this in their educator record.
- That each child at the service who has a diagnosis of anaphylaxis, has a risk minimisation plan completed and submitted Anaphylaxis Action Plan as part of their enrolment.
- That all educators are aware of the children at the service who have a diagnosis of anaphylaxis. This includes knowing what the symptoms of an anaphylactic reaction are. They also need to be aware of the child's risk minimisation plan, which outlines the child's allergies and triggers. All educators need to know where each child's Epi Pen is located.
- All educators receive a copy of this policy and all new educators will receive a copy during their induction.
- Ensure updated information, resources and support is regularly given to families for managing allergies and anaphylaxis
- Conduct an assessment of the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with educators and the families of the child/children
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without the device
- Display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCI) generic poster called Action Plan for Anaphylaxis for each child with a diagnosed risk of anaphylaxis, in key locations at the service, for example, in the children's room, the educator room or near the medication cabinet
- 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. 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 educators responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels.
- Ensure that a notice is displayed prominently in the main entrance of the children's service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service
- Implement the communication strategy and encourage ongoing communication between families and educators regarding the current status of the child's allergies, this policy and its implementation
- Display an Emergency contact card by the telephone

- Ensure that all educators in the service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device Kit
- Ensure that an educator accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit the attention of the Nominated Supervisor on duty and the approved provider.

b) Educators will:

- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis
- 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
 - Contact the parent/caregiver
 - Contact the emergency contact if the parents or caregiver can't be contacted
- In the event that a child suffers from an anaphylactic reaction, the service will:
 - Follow the child's anaphylaxis action plan
 - Call an ambulance immediately by dialling 000 - Commence first aid measures
 - Contact the parent/caregiver
 - Contact the emergency contact if the parents or caregiver can't 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
- Ensure the child at risk of anaphylaxis will only eat food that has been prepared according to the parents or caregiver's instructions.
- Ensure tables and bench tops are washed down effectively after eating
- Ensure hand washing for all children upon arrival at the service and before and after eating.
- Ask families 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 severe allergies, ask the family to provide a medical management action plan signed by a Registered Medical Practitioner
- Ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit is provided by the family for the child while at the service.

- Ensure that the auto-injection device kit is stored in a location that is known to all educators, including relief educators; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
- 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 an educator accompanying the child when the child is removed from the service e.g. on excursions that this child attends
- Regularly check and record the adrenaline auto-injection device expiry date.
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.

c) Families will:

- Inform educators at the service, either on enrolment or on diagnosis, of their child's allergies
- Provide educators with an anaphylaxis medical management action plan signed by a Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- Provide educators with a complete auto-injection kit
- Assist educators by offering information and answering any questions regarding their child's allergies
- Notify the service 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 educators, 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 adrenaline auto-injection device is permitted to attend the service or its programs without that device
- Read and be familiar with the policy
- Identify and liaise with the Nominated Supervisor
- Bring relevant issues to the attention of educators and management.