

Medical Conditions Policy

Anaphylaxis Management

Definition

Anaphylaxis is a severe, rapidly progressive reaction that is potentially life threatening. It occurs when a susceptible person is exposed to a specific allergen such as food or insect stings. Anaphylaxis may be triggered by foods such as peanuts, tree nuts (cashew, hazelnut, walnut, brazil nut, almond, pecan), eggs, wheat, cow's milk, soy and seafood. Other substances that can trigger severe allergic reactions include medication (antibiotics), bee, wasp and ant stings, and latex (balloons and disposable gloves).

Goals - What are we going to do?

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service;
- Ensure that educators/staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device;
- Raise the service community's awareness of anaphylaxis and its management through education and policy implementation;
- Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications;
- Young children may not be able to express the symptoms of anaphylaxis;
- A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device;
- The Approved Provider/Nominated Supervisor recognises the importance of all educators/staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device; and
- Educators/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. Educators/Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead the Approved Provider/Nominated Supervisor recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

• Strategies - How will this be done?

The Approved Provider will:

- Ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by ACECQA by January 2013 then at least every 3 years; and
- Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service.

In services where a child diagnosed at risk of anaphylaxis is enrolled the Approved Provider shall also:

- 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 service in consultation with educators/staff and the families of the child/ren; and
- Ensure that a notice is displayed prominently in the main entrance of the service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service.

The Nominated Supervisor will:

- 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 severe allergies, ask the parents/guardians 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 (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 service;
- Ensure educators/staff on duty whenever children are present at the service have completed emergency anaphylaxis management training;
- Ensure that practice of the adrenaline auto-injection device is undertaken on a quarterly basis and recorded;
- Ensure that all relief staff members in a service have completed current approved anaphylaxis management training including the administration of an adrenaline auto-injection device and awareness of the symptoms of an anaphylactic reaction;
- Ensure all educators/staff know the child/children at risk of anaphylaxis, their allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit;
- Ensure that no child who has been prescribed an adrenaline auto- injection device is permitted to attend the service without the device;
- 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;
- Display an Australasian Society of Clinical Immunology and Allergy inc (ASCI) generic poster called 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;
- 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 staff in a service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto- injection device kit; and
- Ensure that the staff member 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.

Educators/Staff responsible for the child at risk of anaphylaxis shall:

- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff in a service;
- Follow the child's anaphylaxis medical management 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 anaphylactic reaction:
 - Call an ambulance immediately by dialing 000
 - Commence first aid measures
 - Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" on a quarterly basis;
- Ensure that the auto-injection device kit is stored in a location that is known to all educators/staff, including relief staff; 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 a staff member on all excursions;
- Regularly check 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); and
- Provide information to the service community about resources and support for managing allergies and anaphylaxis.

Parents/guardians of children shall:

- Inform educators/staff at the children's service, either on enrolment or on diagnosis, of their child's allergies;
- Develop an anaphylaxis risk minimisation plan with service educators/staff;
- Provide educators/staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan;
- Provide educators/staff with a complete auto-injection device kit;
- Regularly check the adrenaline auto-injection device expiry date;
- Assist educators/staff by offering information and answering any questions regarding their child's allergies;
- Notify the educators/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 educators/staff, for example, any matter relating to the health of the child; and
- 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.

References:

Children (Education and Care Services National Law Application) Act 2010
-Education and Care Services National Regulations 2011
Northern Rivers Alliance
Australian society of clinical immunology and allergy inc. www.allergy.org.au