4.10 CKC Anaphylaxis Management Policy

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.

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- *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*
- *National Quality Standard, Quality Area 2 – Children's health and safety*
- *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.*

Procedures

Parents / carers / 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 and be approved by the child's family / carer / guardian for display.

A medical conditions risk minimisation plan (see 4.10.1) must be developed in consultation with the parents / carers / guardians 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, daily at the dream meeting and as parents / carers / guardians update and communicate changes to educators. The service will complete communication forms in consultation with parents / carers / guardians.

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 attend any place where children are being cared for, and immediately available in an emergency, always when children are being cared for. All Educators are trained in management of anaphylaxis where possible.

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. The service will have signage in high traffic areas communicating to families the risks of certain foods to children with anaphylaxis.

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 is 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 educators 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 antihistamines, other medication and Epipen (or Anapen) accessible to educators.

All expiry dates of auto injector devices accessible at the service will be closely monitored. Parents / carers / guardians will be notified immediately of an impending expiry date of these devices and provision to the service of an up-to-date device arranged. Parents/ carers will be requested to update any changes to their children's condition an annual basis. The Coordinator/Assistant Coordinator will email the parents / carers / guardians annually to request an updated Action Plan. Parents / carers/ guardians must provide an updated Action Plan or advise the service the current Action Plan is still applicable; or the child's doctor has advised they no longer diagnosed with the medical condition and therefore no longer require an Action Plan and medication.

Appropriate medication shall be stored at the service for each child in clearly labeled and marked containers, in a location that is known to educators and easily accessible to Educators but inaccessible to children. Medication is stored in a locked cupboard unless the service is operational.

The service will ensure families with children at risk of anaphylaxis, and all educators receive a copy of the Medical Conditions Policy, 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 and discussed at team meetings, daily dream meetings to reduce potential risks.

The service shall display a generic Action Plan for Anaphylaxis poster in a key location (s), visible to families, educators and visitors to the service.

In circumstances where EPIPENS are transported between the child's school/home and the service, the medication shall be signed in and out of the service in appropriate record books by educators. Parents / carers / guardians may be requested to provide a spare pen to be kept at the service. If these arrangements are not suitable, a risk management strategy shall be devised to ensure:

- Medication is transported by a responsible adult person or a responsible child from school office to OSHC CKC, and
- The services have 2 additional Epi / Ana pens

- In circumstances where children arrive at the service without the required medication, appropriate procedures shall be followed to ensure that the medication becomes immediately accessible. (The services have 2 additional Epi / Ana pens)

- 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.

Adrenaline auto-injectors for general use

Services may have an adrenaline auto-injector (Epipen or Anapen) in their first aid kit for general use. This will be in addition to (and not a substitute for) the prescribed devices for individual children with a diagnosed anaphylactic allergy.

The service will develop guidelines and procedures for the administration of a general adrenaline auto-injector. Administration may be effected in the following circumstances:

- A child who is known to be at risk of anaphylaxis does not have their own device immediately accessible or the device is out of date;

- A second dose of adrenaline is required before an ambulance has arrived;

- The child's prescribed device has misfired or accidently been discharged;

- A child previously diagnosed with mild allergy (who was not prescribed an adrenaline auto-injector) has their first episode of anaphylaxis; and/or

- A child with no previous diagnosis suffers a first episode of anaphylaxis and was not previously known to be at risk.

Adrenaline auto-injectors for general use - Procedures

- If a child is having an allergic reaction as per above and is having difficulty breathing, then an ambulance must be called 000
- The First aid Educator will listen carefully to the instructions of the 000 responder and follow the advice given
- If the child is clearly in distress and is having difficulty breathing than the epi or ana pen should be administered
- Ventolin should also be administered in case the difficulty breathing is asthma related

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/ASCIA_PCC_Adrenaline_Autoinjectors_General_Use_2015.pdf

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