

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 hour 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.

NATIONAL QUALITY STANDARDS (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
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.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of serious incident
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First Aid Kits
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
101	Conduct of risk assessment for excursion
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
173(2)(g)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the family day care service and attends the family day care residence or family day care venue
174	Time to notify certain circumstances to Regulatory Authority

Victorian Child Safe Standards	
Standard 1	Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued
Standard 2	Child safety and wellbeing is embedded in organisational leadership, governance and culture
Standard 3	Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously
Standard 4	Families and communities are informed, and involved in promoting child safety and wellbeing
Standard 5	Equity is upheld and diverse needs respected in policy and practice
Standard 6	People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
Standard 7	Processes for complaints and concerns are child focused
Standard 8	Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training

Standard 9	Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed
Standard 10	Implementation of the Child Safe Standards is regularly reviewed and improved
Standard 11	Implementation of the Child Safe Standards is regularly reviewed and improved

RELATED POLICIES

Administration of first aid Policy Administration of Medication Policy Enrolment and Orientation Policy Incident, Illness, Accident, Trauma Policy	Dealing with Medical Conditions in Children Policy Privacy and Confidentiality Policy Supervision Policy Family Communication Policy
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PURPOSE

We aim to minimise the risk of an anaphylactic reaction occurring at Dalas Family Day Care Service by implementing risk minimisation strategies and ensuring all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction. We will also aim to ensure that the risk of children with known allergies coming into contact with allergens is eliminated or reduced.

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions including anaphylaxis. We aim to minimise the risk of an anaphylactic reaction occurring at our FDC Service by following the *Anaphylaxis Management Policy* and implementing risk minimisation strategies. We ensure all Family Day Care educators; educator assistants and staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction.

SCOPE

This policy applies to the Approved Provider, Coordinator, Educators, Educator Assistants, children, families, and visitors of the Family Day Care Service.

DUTY OF CARE

Dalas Family Day Care Service has a legal responsibility to take reasonable steps to provide

- a. A safe environment for children free of foreseeable harm and
- b. Adequate Supervision of children

Dalas FDC's focus is keeping children safe and promoting the health, safety and wellbeing of children attending Dalas FDC Service. FDC educators including relief educators need to be aware of children at the FDC Service who suffer from allergies that may cause an anaphylactic reaction, maintaining a healthy and safe environment. Management will ensure all FDC educators and staff are aware of children's Medical Management Plan and Risk Management Plans.

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 within the FDC Service 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 the Service 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 FDC educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Family Day Care Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families provide written permission to display the child's medical management plan in prominent positions within the FDC residence or approved venue. A copy of all medical management plans will be kept at the FDC Service principal office. It is imperative that all FDC educators, educator assistants and volunteers 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:

- that as part of the enrolment process, **all** parents/guardians are asked whether their child has been diagnosed as being at risk of anaphylaxis or has severe allergies and clearly document this information on the child's enrolment record
- if the answer is yes, the parents/guardians are required to provide a medical management plan and ASCIA Action Plan signed by a registered medical practitioner **prior** to their child's commencement at the Service [see section below- *In Family Day Care Services where a child is diagnosed as 'at risk of anaphylaxis'*]
- parents/guardians of an enrolled child who is diagnosed with anaphylaxis are provided with a copy of the *Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy*
- that all FDC educators, educator assistants and coordinators hold current approved first aid qualifications, and have undertaken current approved anaphylaxis management training and current approved emergency asthma management training

- that all FDC educators, educator assistants and coordinators, whether they have a child diagnosed at risk of anaphylaxis enrolled at their service or not, undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months, recording this in the staff records
- that all FDC educators, educator assistants and other staff, are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and location of EpiPen® / Anapen® kit
- that a copy of this policy is provided and reviewed during each new FDC educator and educator assistant's induction process
- that updated information, resources and support for managing allergies and anaphylaxis are regularly provided to families.

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

- meet with the parents/guardians and FDC educator and begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until a medical management plan and risk minimisation plan is developed in collaboration with the family, medical practitioner, management and the FDC educator
- ensure the medical management plan includes:
 - specific details of the child's diagnosed medical condition
 - supporting documentation (if required)
 - a recent photo of the child
 - triggers for the allergy/anaphylaxis (signs and symptoms)
 - first aid/emergency action that will be required
 - administration of adrenaline autoinjectors
 - ASCIA Action Plan
 - contact details and signature of the registered medical practitioner
 - date the plan should be reviewed
- develop a risk minimisation plan in collaboration with parents/guardian, by assessing the potential for accidental exposure to allergens while the child at risk of anaphylaxis is in the care at the FDC residence or venue
- ensure that a child who has been prescribed an adrenaline auto-injection device is **not** permitted to attend the FDC Service without a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management plan)

- collaborate with parents/guardians and FDC educator to develop and implement a communication plan and encourage ongoing communication regarding the status of the child's allergies, this policy, and its implementation
 - display a medical management plan or (ASCIA) Action Plan for Anaphylaxis 2021 (**RED**) for each child with a diagnosed risk of anaphylaxis, in key locations at the FDC residence for example, in the children's room, kitchen and / or near the medication cabinet
 - display ASCIA First Aid Plan for Anaphylaxis (**ORANGE**) in key locations of the FDC residence
 - ensure if meals are provided for children at the FDC residence, ensure that the FDC educator is 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 FDC 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 (regulation 173)
 - ensure that all relief FDC educators have completed training in anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction and awareness of any child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
 - display an emergency contact card by the telephone
 - ensure that whenever the FDC educator takes children outside the residence, a copy of the anaphylaxis medical management action plan with the auto-injection device kit is always taken
 - ensure an up-to-date copy of the medical management plan and/or ASCIA action plan is provided every 12 to 18 months or whenever any changes have occurred to the child's diagnosis or treatment
- provide information to the Service community about resources and support for managing allergies and anaphylaxis.¹⁰¹
- ensure that at least one general use adrenaline injector is available at the FDC residence or approved venue in case of an emergency- Regulation 89. First Aid Kits

FAMILY DAY CARE EDUCATORS AND EDUCATOR ASSISTANTS WILL:

- read and comply with the *Anaphylaxis Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- 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
- 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 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 residence/venue 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 the FDC educator/educator's assistant, coordinator and any family members residing in the FDC residence
 - 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 residence e.g., on excursions/regular outings that this child attends.
- 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).

SCHOOL-AGED CHILDREN WHO CARRY THEIR OWN ADRENALINE AUTOINJECTOR

In some cases, children over preschool age attending the Family Day Care 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 at the FDC residence/venue 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 must also be carried.

FAMILIES WILL:

- inform the FDC Educator and Coordinator at the FDC Service, either on enrolment or on diagnosis, of their child's allergies and/or risk of anaphylaxis
- 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 by the Registered Medical Practitioner
- develop an anaphylaxis risk minimisation plan in collaboration with the Coordinator and FDC educator
- develop a communication plan in collaboration with the Coordinator and FDC educator
- provide the FDC Educator with a complete auto-injection device kit each day their child attends the FDC service
- maintain a record of the adrenaline auto-injection device expiry date so as to ensure it is replaced prior to expiry.
- assist all FDC educator and other 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 and FDC educator 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

If a child suffers from an anaphylactic reaction the FDC educator will:

- Follow the child's medical management plan/action plan
- 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
- 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

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
- 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 Coordinator/Nominated Supervisor will inform the FDC Service management 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 will:

- 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

CONTACT DETAILS FOR RESOURCES AND SUPPORT:

[Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#) provide information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided. Important information: The ASCIA Action Plan for Anaphylaxis must be completed by a medical practitioner.

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

Current ASCIA Action Plan are the 2020 versions, however previous versions (2018 and 2017) are still valid for use throughout 2020. There are two types of ASCIA Action Plans for Anaphylaxis:

ASCIA Action Plan 2020 (**RED**) are for adults or children with medically confirmed allergies, who have been prescribed adrenaline autoinjectors.

ASCIA Action Plan for Allergic Reactions (**GREEN**) is for adults or children with medically confirmed allergies who have not been prescribed adrenaline autoinjectors.

A new ASCIA First Aid Plan for Anaphylaxis (**ORANGE**) EpiPen and Generic versions has replaced other versions of the action plans.

[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

[VIC Department of Education](#) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

ADDITIONAL INFORMATION

VICTORIA (VIC)

www.education.vic.gov.au/childhood/parents/health/Pages/anaphylaxis.aspx (Search for 'anaphylaxis')

<https://www.education.vic.gov.au/childhood/providers/regulation/Pages/anaphylaxis.aspx>

Source

ASCIA Action Plans, Treatment Plans, & Checklists for Anaphylaxis and Allergic Reactions: <https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>

Australian Children's Education & Care Quality Authority. (2014).

Early Childhood Australia Code of Ethics. (2016).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2020).

Guide to the National Quality Standard. (2017).

National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

Revised National Quality Standard. (2018).

REVIEW

POLICY REVIEWED	August 2022	NEXT REVIEW DATE	August 2023
MODIFICATIONS	Updated and specified policy under Victorian legislation • ASCIA action plans updated for 2021 • communication plan information added links to state/territory information checked and edited where required		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
21/12/2020	Purchased policy from childcare desktop		2021