

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.

NATIONAL QUALITY STANDARD (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 a 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)(h)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
174	Time to notify certain circumstances to Regulatory Authority

PURPOSE

We aim to minimise the risk of an anaphylactic reaction occurring at our Out of School Hours Care (OSHC) Service by following our *Anaphylaxis Management Policy* and implementing risk minimisation strategies. We ensure all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction.

SCOPE

This policy applies to children, families, staff, management, and visitors of the OSHC Service.

DUTY OF CARE

Our 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

Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our OSHC Service. Staff members including relief staff need to be aware of children at the OSHC Service who suffer from allergies that may cause an anaphylactic reaction. Management will ensure all staff are aware of children's medical management plans, risk management plans and if required, medication.

BACKGROUND

Anaphylaxis is a severe, rapidly progressing allergic reaction that is potentially life threatening.

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 Out of School Hours Care Service is awareness and knowledge of those children who have been diagnosed as at risk, awareness of allergens, and the implementation of preventative 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 OSHC 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 educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The OSHC 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 action plan in prominent positions within the Service. It is imperative that all educators and volunteers at the OSHC 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.

MANAGEMENT NOMINATED SUPERVISOR/ RESPONSIBLE PERSON 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
- 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 staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises
- at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care is provided by the Service
- all staff have undertaken training in administration of the adrenaline auto injection device and cardiopulmonary resuscitation (CPR) at least every 12 months
- staff responsible for preparing, serving and supervising food for children with food allergies should undertake the National Allergy Strategy All about Allergens for CEC online food allergen management training/ or similar
- that all staff members are aware of
 - any child at risk of anaphylaxis enrolled in the service

- the child's individual medical management plan/action plan
- symptoms and recommended action for allergy and anaphylaxis and
- the location of their EpiPen® / Anapen® device
- that a copy of this policy is provided and reviewed during each new staff member's induction process
- that updated information, resources, and support for managing allergies and anaphylaxis are regularly provided for families
- anaphylaxis risk management plans are developed prior to any excursion or incursion consistent with Regulation 101
- ensure that at least one general use adrenaline injector is available at the Service in case of an emergency- Regulation 89. First Aid Kits [Where legislation permits]

IN OSHC SERVICES WHERE A CHILD DIAGNOSED AT RISK OF ANAPHYLAXIS IS ENROLLED THE NOMINATED SUPERVISOR/RESPONSIBLE PERSON WILL ALSO:

- meet with the parents/guardians to 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 developed in collaboration with the family and a medical practitioner is provided
- develop and document 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 of the Service
- 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
- ensure that a child who has been prescribed an adrenaline auto-injection device is **not** permitted to attend the OSHC Service without a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management plan)
- ensure that all staff in the Service know the location of the auto-injection device kit

- collaborate with parents/guardians 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 Australasian Society of Clinical Immunology and Allergy Inc. (ASCIA) *Action Plan for Anaphylaxis 2021* (RED) for each child with a diagnosed risk of anaphylaxis in key locations at the OSHC Service, for example, in the main area of the OSHC service, near the kitchen, and / or near the medication cabinet
- display ASCIA First Aid Plan for Anaphylaxis (ORANGE) in key locations in the OSHC Service
- ensure that all staff 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 OSHC Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173)
- ensure that all relief staff members in the OSHC Service 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 risk assessments for excursions consider the risk of anaphylaxis
- ensure that a staff member accompanying children outside the OSHC Service carries a copy of the anaphylaxis medical management action plan with the auto-injection device kit
- 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.

CHILDREN WHO CARRY THEIR OWN ADRENALINE AUTOINJECTOR IN OUTSIDE OF SCHOOL HOURS CARE SERVICES

In some cases, children over preschool age attending an Out of School Hours 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 OSHC 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, the exact location should be easily identifiable by OSHC staff. Hazards such as identical school bags in before and after school care should be considered. Where an auto-injector device is carried on their person, a copy of the child's medical management plan should also be carried.

EDUCATORS WILL:

- read and comply with the *Anaphylaxis Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- ensure that a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan signed by the child's registered medical practitioner) is provided by the parent/guardian for the child while at the OSHC Service
- ensure a copy of the child's anaphylaxis medical management plan is visible and known to staff, visitors, and students in the OSHC Service
- follow the child's anaphylaxis medical management 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 after eating
- ensure all children wash their hands upon arrival at the OSHC 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 a staff member accompanying the child when the child is removed from the OSHC Service e.g., on excursions that this child attends or during an emergency evacuation
- 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)
- provide information to the OSHC Service community about resources and support for managing allergies and anaphylaxis.

FAMILIES WILL:

- inform staff at the OSHC Service, either on enrolment or on diagnosis, of their child's allergies
- provide staff with an anaphylaxis medical management 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 Nominated Supervisor and other Service staff
- develop a communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- provide staff with a complete auto-injection device kit each day their child attends the OSHC Service
- maintain a record of the adrenaline auto-injection device expiry date to ensure it is replaced prior to expiry
- assist staff by offering information and answering any questions regarding their child's allergies
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- notify the OSHC Service if their child has had a severe allergic reaction while not at the service- either at home or at another location
- comply with the OSHC Service's policy that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the OSHC Service or its programs without that device
- read and be familiar with this policy
- identify and liaise with the nominated staff member primarily caring for their child

- notify staff of any changes to their child's allergy status and provide a new anaphylaxis medical management plan in accordance with these changes
- provide an updated 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 Service and staff 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 regulatory authority within 24 hours

In the event where a child who has **not** been diagnosed as at risk of anaphylaxis, 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 regulatory authority within 24 hours.

REPORTING PROCEDURES

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

- staff members involved in the ~~situation~~ incident are to complete an *Incident, Injury, Trauma and Illness Record*, which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- 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 Nominated Supervisor will inform the OSHC 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)
- staff will be debriefed after each anaphylaxis incident and the child's individual anaphylaxis medical Action Plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

REVIEW

POLICY REVIEWED BY:	Charmayne Nathan	Director	11/03/22
POLICY REVIEWED	MARCH 2022	NEXT REVIEW DATE	MARCH 2023
MODIFICATIONS	Additional information re: best practice from National Allergy Strategy- October 2021		