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ANAPHYLAXIS MANAGEMENT POLICY

QUALITY AREA 2: CHILDREN’S HEALTH AND SAFETY

<i>Document number:</i>	QA2-A4	<i>Version:</i>	5
<i>Date of issue:</i>	April 2013	<i>Contact:</i>	Reesha Stefek
<i>Date of review:</i>	April 2015		
<i>Changed</i>	Oct 2017		
<i>Update:</i>	August 2019		

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

Children (Education and Care Services) National Law	
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

Introduction

Anaphylaxis is a severe, rapidly progressive allergic reaction which 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 severe allergy is exposed to the allergen to which they are allergic, usually a food, insect sting or medication. 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)

The key to the prevention of anaphylaxis in Childcare Services is knowledge of those children who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens.

Communication between the early childhood service and families is important in 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

Woden Early Childhood Centre (WECC) is committed to:

- providing a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences
- raising awareness about allergies and anaphylaxis amongst the service community and children in attendance
- ensuring each educator, the cook and other relevant adults, have adequate knowledge of allergies, anaphylaxis and emergency procedures

Scope

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

Goals – What are we aiming to do?

The Nominated Supervisor or Director will:

- ensure that all educators and the cook have completed approved first aid and an appropriate number of educators have completed approved anaphylaxis management training, as stated in the Children's Services Regulations 2011. Such training will be updated at least every three years
- ensure that all relief educators in WECC have completed approved first aid and anaphylaxis management training as stated in Children's Services Regulations 2011. Such training will be updated at least every three years
- record in the staff records the date that each educator (including relief educators) undertook and completed training in administration of the auto-injection device and cardio-pulmonary resuscitation
- ensure there is an Anaphylaxis Management policy in place as per Children's Services Regulations 2011
- ensure that an Anaphylaxis Management Plan Notice (Appendix 1), is displayed in foyer for all parents, educators, volunteers, early childhood intervention staff and visitors to see clearly
- ask all parents/guardians as part of the enrolment procedures, and prior to their child's attendance at WECC, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, educators shall ask the parents/guardians to provide a medical Anaphylaxis Management Action Plan signed by a registered medical practitioner, complete with the child's photo, before the child can commence care
- ensure that all parents or guardian of WECC are informed about anaphylaxis management in WECC by including information in the parent handbook and displaying the Anaphylaxis Management Notice and policy in the foyer
- ensure that all educators (including relief educators), volunteers and visiting early childhood intervention employees are informed about anaphylaxis management in WECC by including information in the staff handbook, staff induction process (as relevant) and displaying the Anaphylaxis Management Notice in the staff room and programming room
- ensure a copy of all medical conditions policies will be available on the Centre's website¹ to all educators and volunteers and families of the Service. It is important that communication is open between families and educators to ensure appropriate management of anaphylactic reactions are effective

Where a child diagnosed at risk of anaphylaxis is enrolled WECC educators will also:

- ensure that an Anaphylaxis Action Plan (Appendix 2), signed by the child's registered medical practitioner, complete with a child's photo, is provided by the parent/guardian for the child while at WECC. This shall outline the allergies and describe the prescribed medication for that child and the circumstance in which the medication should be used
- develop an individual Anaphylaxis Risk Minimisation and Communication Plan (Appendix 3) in consultation with the parent/guardian of the child at risk of anaphylaxis, prior to commencement as WECC
- ensure that the child's Anaphylaxis Action Plan and Risk Minimisation and Communication Plan is inserted into the enrolment record for each child and a copy is visible and known to educators in WECC. This may include copies being kept:
 - in the child's room
 - other rooms at the service
 - in the kitchen
- follow the child's anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis
- ensure that the Anaphylaxis Management Plan is followed and fully implemented along the guidelines set out at the end of this policy
- ensure that a complete auto-injection device kit (which must contain a copy of the child's Anaphylaxis Action Plan) is provided by the parent/guardian for the child while at WECC
- 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

¹ www.wodenchildcare.com.au

- o inaccessible to children
- o away from direct sources of heat
- ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend WECC and its programs without the device
- ensure that a notice is displayed prominently in the main entrance of WECC stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at WECC. This notice shall include:
 - o known allergens that pose a risk to the child at risk of anaphylaxis
 - o how these risks shall be minimised or managed
- ensure that notices shall also be on display in WECC's kitchen and child's room alerting educators to the child's anaphylaxis risk
- display an emergency services contact card by the telephone
- display an Australian Society of Clinical Immunology and Allergy (ASCI) generic poster called Action Plan for Anaphylaxis in a key location at WECC
- refer to the Anaphylaxis Risk Minimisation and Communication Plan in regard to appropriate food purchases and menu planning
- be instructed about food preparation measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food e.g. careful cleaning of food preparation areas and equipment, use of separate utensils, crockery, etc.
- ensure that the child should only eat food that has been specifically prepared for them:
 - o where WECC is preparing food for the child, it will ensure that it has been prepared according to the parent's instructions and child's Risk Minimisation and Communication plan
 - o where the meal is provided by WECC all attempts will be made to provide a meal that all of the children can eat, but there may be times when an alternative meal (prepared by WECC) would be more suitable
 - o parents may choose to provide some/all food for their child
- note that where food is brought from home to WECC by children, parents/guardians may be asked not to send food containing specified allergens or ingredients as determined in the child's Risk Minimisation and Communication Plan. This shall only occur following recommendation by a relevant medical specialist and the provision of documentation of its recommendation
- check that all food for the child is approved by the child's parent/guardian and be in accordance with the child's Risk Minimisation and Communication Plan
- check that all bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for the child are clearly labelled with the child's name
- ensure that there is no trading or sharing of food, food utensils and containers while eating. Separately labelled utensils, crockery and/or containers may be necessary
- closely supervise all children at meal and snack times and ensure food is consumed in specified areas. To minimise risk, children will not be allowed to 'wander around' WECC with food
- follow guidelines in the child's Anaphylaxis Management Plan to determine whether it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be completely separated from all children and should be included in all activities
- ensure hand washing for all children before and after eating. If it is specified in a particular child's Anaphylaxis Action Plan and/or Risk Minimisation and Communication Plan that all children's hands are to be washed on arrival at WECC, educators will ensure that this is done
- ensure tables, high chairs and bench tops are washed down after eating
- ensure non-allergic babies are held when they drink formula/milk when the child at risk of anaphylaxis is allergic to milk
- refer to the child's Risk Minimisation and Communication Plan to guide the use of food in activities within the program
- refer to the child's Risk Minimisation and Communication Plan to guide the use of food and food containers, boxes and packaging in crafts, cooking and science experiments
- use non-food rewards for children e.g. stickers
- increase their supervision of the child on special occasions such as excursions, incursions or family days

- ensure that the educators accompanying children outside WECC carry the anaphylaxis medications, a copy of the Anaphylaxis Action Plan and Risk Minimisation and Communication Plan with the auto-injection device kit. This will include when children are on short excursions e.g. walk to Eddison Park
- regularly check the adrenaline auto-injection device to the end of the nominated expiry month. This shall be done and documented via quarterly first aid checks undertaken in WECC
- provided information to the families about resources and support for managing allergies and 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 dialling 000
 - commence first aid measures
 - contact the parent/guardian
 - contact the person to be notified in the event of illness if the parent/guardian cannot be contacted
 - notify the Children's Education and Care Assurance

Parents/guardians of children will:

- inform educators at WECC, either on enrolment or on diagnosis, of their child's allergies
- provide educators with an Anaphylaxis Action Plan (complete with photo) signed by the registered medical practitioner giving writing consent to use the auto-injection device in line with this action plan
- develop an Anaphylaxis Risk Minimisation and Communication Plan with WECC educators
- provide educators with a complete auto-injection device kit that is within its use by date
- regularly check the adrenaline auto-injection device expiry date
- communicate all relevant information and concerns to educators, for example, any matter relating to the health of the child. Refer to the Communication Plan below
- assist educators by offering information and answering any questions regarding their child's allergies
- read and be familiar with the policy
- identify and liaise with the nominated educator
- bring relevant issues to the attention of educators and licensee
- notify educators of any changes to their child's allergy status and provide a new Anaphylaxis Action Plan in accordance with these changes and/or update the child's Risk Minimisation and Communication Plan
- comply with WECC'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
- provide a safe treat box for their child, if relevant

Educating children:

- 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'
- educators will talk about symptoms of allergic reactions to children (e.g. itchy, furry, scratchy, hot, funny)
- with older children, educators will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, having the first serve from commercially safe foods, and not eating food that is shared
- educators will include information and discussions about food allergies in the programs they develop for the children, to help children understand about food allergies and encourage empathy, acceptance and inclusion of the allergic child

Communication plan

1. All educators, including relief educators, volunteers and visiting early childhood intervention employees will

be:

- o informed about anaphylactic management in WECC
 - o informed about WECC's anaphylaxis policy
 - o informed of WECC's procedures for identification of children at risk of anaphylactic reaction
 - o informed about the Anaphylaxis Action Plan and Risk Minimisation and Communication Plan for each child diagnosed at risk of anaphylaxis at WECC
2. Such communication shall take place through:
 - o prominent display of WECC's anaphylaxis management notice e.g. foyer, staff & programming room
 - o inclusion of anaphylaxis management information on the staff, relief staff, student and volunteer induction checklists
 - o staff meetings
 - o prominent display of notices informing those entering WECC that a child at risk of anaphylaxis is attending WECC e.g. in main entrance, kitchen, child's rooms
 3. All parents/guardians will be:
 - o informed about anaphylactic management in WECC and WECC's Anaphylaxis Management policy
 - o informed if a child at risk of anaphylaxis is being cared for and educated in WECC
 4. Such communication shall take place through:
 - o prominent display of an anaphylaxis management notice e.g. foyer, staff and programming room
 - o prominent display of notices informing those entering WECC that a child at risk of anaphylaxis is attending WECC e.g. in main entrance, kitchen, child's rooms
 - o notices displayed and/or sent to families informing them of all known allergens that pose a risk to children in WECC and strategies to minimise and manage these risks
 - o information about anaphylaxis in the parent handbook, newsletters, notice boards, displays, etc.
 5. Parents/guardians will be encouraged to communicate with educators at WECC about any changes required to the child's Anaphylaxis Action Plan and Risk Minimisation and Communication Plan. This can be by:
 - o verbal discussion with an educator and the Nominated Supervisor or Director
 - o in writing, e.g. letter from parent/doctor setting out any changes
 - o submitting a new Anaphylaxis Action Plan
 - o renewal of child's Risk Minimisation and Communication Plan (revised annually)

Reporting Procedures

- after each emergency situation the following will need to be carried out:
- educators involved in the situation are to complete an Incident Report, which will be countersigned by the person in charge of the Centre at the time of the incident;
- if necessary, send a copy of the completed form to the insurance company; and
- file a copy of the Incident Report on the child's file
- the Nominated Supervisor is required to inform Children's Education and Care Assurance about the incident within 24 hours. This only needs to be done if it is a serious incident as defined in Education and Care Services National Regulations
- educators will be debriefed after each anaphylaxis incident and the child's Individual Anaphylaxis Health Care Plan evaluated
- educators will need to discuss the effectiveness of the procedures that were in place
- time is also needed to discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure

Contact details for resources and support:

- ASCIA, at www.allergy.org.au, provide information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided
- Anaphylaxis Australian Inc., at Allergy Facts, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc. 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 service staff and parents. Telephone 1.00 725 911 or Email wilma.grant.rch.org.au
- Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training

Additional Information:

The following links have been provided so you can research and adjust your policy to align with your own state governments requirements. Delete all or part of this section once formatting is complete.

ACT

www.det.act.gov.au/publications_and_policies/policy_a-z

NSW

www.schools.nsw.edu.au/student-support/student-health/conditions/anaphylaxis/index.php

www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care

Related policies /documents

- *Allergies*
- Asthma management
- Emergency and evacuation
- Medical condition
- Medication administration
- Nutrition, food, beverages and dietary requirements

Statutory legislation and consideration

- Nil.

Sources and references

- ASCIA Guidelines for prevention of food anaphylactic reaction in schools, Kindergarten and childcare centres
- ASCIA – The Authorised Society of Clinical Immunology and Allergy Website: www.allergy.org.au
- Children's Services Act 1996 (as amended) and Children's Services Regulations 2009

- Schedules 1,2 and 3: Children's Service Act 1996 (as amended) and Children's Services Regulations 2009
- www.education.vic.gov.au – Anaphylaxis model policy
- Anaphylaxis Management: Practice Note 3 DEECD January 2011
- Health Act 1958
- Health Records Act 2001
- Occupational Health and Safety Act 2004
- Australian Children's Education & Care Quality Authority 2014
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Guide to the National Quality Standard
- Staying Healthy in Education and Care – 5th Edition

Authorisation

John Rothwell

President

2017-18 WECC Management Committee

Anaphylaxis Management Plan Notice

Woden Early Childhood Centre (WECC) has a number of practices as part of its Anaphylaxis Management Plan: These include:

1. An extensive Anaphylaxis policy.
2. Asking parents upon enrolment whether their child has allergies and consequently is then at risk of anaphylaxis
3. Ensuring an Anaphylaxis Action Plan is provided to WECC prior to the child commencing
4. Completing an Anaphylaxis Risk Minimisation and Communication Plan for each child to assess and minimise risk of anaphylaxis. This shall be attached to the child's Anaphylaxis Plan and reviewed on an annual basis, unless warranted earlier
5. The child's Anaphylaxis Action Plan and Risk Minimisation and Communication Plan shall be prominently displayed i.e. child's room, kitchen, etc. to ensure all staff are familiar with the child's particular needs
6. Notifying all parents, families, visitors and students at WECC that a child/children at risk of anaphylaxis attend WECC
7. Ensuring an open communication plan that:
 - Facilitates ongoing communication between WECC and families of the child at risk of anaphylaxis so all parties have up to date information and risk of anaphylaxis are minimised
 - Informs all families, educators, relief educators, volunteers, students and visiting Early Childhood Intervention employees of the Anaphylaxis Management Plan and Anaphylaxis policy of WECC

Please feel free to read WECC's Anaphylaxis Management policy and ask educators at any time if you have further questions.

All educators, relief educators and volunteers are required to consult WECC employees to become familiar with the Anaphylaxis Management Plan and Risk Minimisation and Communication Plan of each child at risk of anaphylaxis who is being cared for and educated in WECC.

Action plan for Anaphylaxis

Name: _____

Date of birth: _____



Known severe allergies: _____

Parent/carer name(s) _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr. _____

Signed _____

Date _____

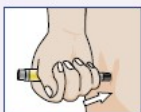
How to give EpiPen® or EpiPen® Jr



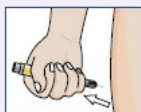
1. Form fist around EpiPen® and pull off grey cap.



2. Place black end against outer mid-thigh.



3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.



4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- abdominal pain, vomiting

ACTION

- stay with child and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact parent/carer



watch for signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficulty/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr**
- 2 Call ambulance. Telephone 000**
- 3 Contact parent/carer**

If in doubt, give EpiPen® or EpiPen® Jr

Additional Instructions _____

© ASCIA 2003. This plan was developed by



australian society of clinical immunology and allergy inc.

www.allergy.org.au

Appendix 3

**Woden Early Childhood Centre
Medical Risk Minimisation and Communication Plan**

Child's Full Name:			D.O.B:		
Room:			Age:		
Medic Alert Number (if relevant)			Review Date:		
Does the child have a medical condition educators need to be aware of?			YES / NO		
If Yes, please explain:					
Does the child need dietary modifications? (If yes, please comment in sections below)			YES / NO		
Action Plan provided by Parent/Guardian			YES / NO		
Where is this displayed?					
Where is medication and or equipment stored?					
Triggers that the child must avoid for the period of this plan					
Please list, in detail, alternative foods and/or substances for the child					
Please provide details of any special care routine (e.g. meals at particular times or intervals for health reasons, avoiding outside play when allergens are present).					
Medical Emergency			Dietary Modifications		
<u>Risk:</u> What are the other issues and/or actual/potential situations that could lead to a medical emergency?	<u>Strategy:</u> What can be done to reduce these risks? What resources are needed?	Who is responsible for this?	<u>Communication:</u> What foods should your child avoid?	<u>Strategy:</u> What alternatives can be offered?	Who is responsible for this?

Child's Full Name:		D.O.B:	
Room:		Age:	
Medical Emergency Communication Plan	Date	Dietary Modifications Communication Plan	Date
Relevant staff, students and volunteers have been informed of the services Medical Conditions Procedures and Guidelines.		Relevant staff, students and volunteers have been informed of the services	
Relevant staff, students and volunteers have been informed of this plan and know where to locate this plan, the Medical Action Plan and all medications and equipment in the event of an emergency.		Relevant staff, students and volunteers have been informed of this plan and know where to locate this plan.	
The services Medical Conditions Policy and other relevant policies (e.g. Anaphylaxis or Asthma) has been provided to the family		The services Allergies Policy and Nutrition, food, beverages and dietary requirement Policy has been provided to the family	
Where necessary, families attending the service will be notified		Where necessary families attending the service will be notified	
Educators will notify parents in advance of any special activities taking place such as celebrations, sporting events and excursions so plans of safe inclusion can be made		Educators will notify parents in advance of any special activities taking place such as celebrations, sporting events and excursions show alternative food options are available.	
Other identified communication strategies		Other identified communication strategies	
Authorisation and release—to be completed by the parent/guardian			
<u>Parent/Guardian</u>			
I have read, understood and agreed with this plan. I approve the release of this information to supervising staff and emergency medical personnel			
Signature of Parent/Guardian			Date: ___ / ___ / ___
This Plan is no longer applicable			
Signature of Parent/Guardian or Health Professional			Date: ___ / ___ / ___
Notes for use			
To be completed by the SERVICE and the PARENT/GUARDIAN .			
This form is to be used where a person has a proven history of allergy or intolerance or requires a medical care plan for a proven medical condition. An appropriate Medical Action Plan should be completed in addition to this form.			
<u>Office Use Only</u>			
Information has been added to the allergy & dietary requirements display charts <input type="checkbox"/>			
Review date has been recorded ___ / ___ / ___ <input type="checkbox"/>			
Nominated Supervisor	Staff initials	Staff initials	Student initials