

QA2

Anaphylaxis Management Policy



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, practised and implemented.

EDUCATION AND CARE SERVICES LAW AND NATIONAL REGULATIONS

12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
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
136	First Aid qualifications
162	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures.
170	Policies and procedures to be followed.
171	Policies and procedures to be kept available.
172	Notification of change to policies or procedures.
175	Prescribed information to be notified to the Regulatory Authority

RELATED POLICIES AND RECORDS

Administration of First Aid Policy	Acceptance and Refusal of Authorisations Policy
Enrolment Record	Administration of Medication Policy
Incident injury Trauma and Illness Record	Excursion and Extra Curricular Events Policy
Medical Management Risk & Communication Record	Enrolment and Orientation Policy
Medical Conditions Policy	Nutrition and Food Safety Policy
Privacy and Confidentiality Policy	Record Keeping and Retention Policy
Transportation of Children Policy	Supervision Policy
Reporting to the Regulatory Authority Policy	



Safety – We value the delivery of safe places for the mental and physical wellbeing of all.

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AIM OF POLICY

Anaphylaxis is a severe and sometimes sudden allergic reaction that 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.

At Story House, we aim to minimise the risk of an anaphylactic reaction occurring at our services by ensuring all Team 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.

SCOPE

This policy applies to children, families, team members, agency educators, management, and visitors to our Story House service.

IMPLEMENTATION

The key to the prevention of Anaphylaxis and response to Anaphylaxis within the 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 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 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® or Neffy®) into the muscle of the outer mid-thigh is the most effective first aid treatment for Anaphylaxis. Anaphylaxis is a severe, rapidly progressing, **potentially life-threatening** allergic reaction.

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

- a. a safe environment for children free of foreseeable harm *and*
- b. adequate supervision of children at all times.

Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our Service. Team members, including relief staff, need to be aware of children at the service who suffer from allergies that may cause an anaphylactic reaction. Management will ensure all team members are aware of the location of children's Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plans, *Medical Management Risk & Communication Record* and required medication. This policy supplements our *Medical Conditions Policy*.

IN THE EVENT OF AN ANAPHYLACTIC REACTION

1. Call an ambulance immediately by dialling 000
2. Follow the ASCIA Action Plan where a known allergen has been documented.
3. Alert the Service Manager
4. Contact the family when practicable
5. Contact the emergency contact if the family can't be contacted when practicable
6. Complete an Incident, Injury, Trauma and Illness record.
7. Service Manager to Inform Business Operations Manager when practical
8. Business Operations Manager will inform State Operations Manager
9. Notification to the regulatory authority within 24 hours will be completed as per the *Reporting to the Regulatory Authority Policy*.

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IN THE EVENT WHERE A CHILD WHO HAS NOT BEEN DIAGNOSED AS AT RISK OF ANAPHYLAXIS, APPEARS TO BE HAVING AN ANAPHYLACTIC REACTION

- Alert Service Manager.
- Call an ambulance immediately by dialling 000.
- Where an ASCIA Action Plan does not exist (due to an unknown allergen), follow first aid.
- Contact the family when practicable.
- Contact the emergency contact, if the family cannot be contacted, when practicable.
- Complete an Incident, Injury, Trauma, and Illness record.
- Service Manager to Inform Business Operations Manager.
- Business Operations Manager will inform State Operations Manager.
- Notification to the regulatory authority within 24 hours will be completed as per the *Reporting to the Regulatory Authority Policy*.

AFTER AN EMERGENCY SITUATION REGARDING AN ANAPHYLACTIC REACTION

- Retain a copy of the *Incident, Injury, Trauma, and Illness Record*
- Team Members 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.
- A discussion and reflection on the strategies that need to be implemented and maintained to prevent further exposure will be facilitated.
- In consultation with the family, a review of the *Medical management risk & communication record* to ascertain its effectiveness and, if required, an update to the procedure.

OUR APPROVED PROVIDER WILL ENSURE

- That obligation under the Education and Care Services National Law and National Regulations are met.
- They take reasonable steps to ensure that the policy and procedures are current, reviewed regularly, and communicated to educators, team members, and stakeholders.
- All team members, students and volunteers have knowledge of and adhere to this policy and the service’s *Medical Condition Policy*.
- They take reasonable steps to inform and support educators and team members regarding their responsibilities in always implementing the policy and procedures.
- They take reasonable steps to ensure that Service Managers, educators, team members and volunteers follow the policy and procedures.
- Copies of the policy and procedures are readily accessible to Service Managers, educators, team members, Stakeholders and Volunteers and are available for inspection.
- They notify Families at least 14 days before changing the policy or procedures if the changes will:
 - Affect the fees charged or the way they are collected; or
 - Significantly impact the service’s education and care of children; or
 - Significantly impact the family’s ability to utilise the service

OUR SERVICE MANAGER WILL ENSURE

- In the enrolment process, all families will be asked whether their child has been diagnosed as being at risk of Anaphylaxis or has severe allergies and ensure that this is documented on the child’s enrolment record.
- Families will be required to provide a *Medical management Risk and Communication Plan* and ASCIA Action Plan signed by a registered medical practitioner prior to their child’s commencement at the service if child is at risk of Anaphylaxis.
- Families will be presented with a copy of the *Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy* on enrolment.
- At least one Responsible Person or Service Manager with a current accredited first aid certificate, emergency asthma management and emergency Anaphylaxis management certificate (as approved by ACECQA) attends all times education and care is provided by the service.
- All Team Members have undertaken training in the administration of the adrenaline auto-injection device and cardiopulmonary resuscitation (CPR) at least every 12 months
That all Team Members are aware of:
 - Any child at risk of Anaphylaxis enrolled
 - The child’s individual medical management plan/action plan

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- Symptoms and recommended action for allergy and Anaphylaxis
- The location of their adrenaline device
- That a copy of this policy is provided and reviewed during each new Team Members' induction
- That updated information, resources, and support for managing allergies and Anaphylaxis are regularly provided for families
- They meet with the families to begin the communication process for managing the child's medical condition.
- They will not permit the child to begin at the service until a *Medical management risk & communication record* is in place.
- That a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the service without a complete auto-injection device kit (which must contain a copy of the *Child's Anaphylaxis medical management risk and communication plan*).
- They display a medical management plan or (ASCIA) *Action plan for Anaphylaxis* for each child with a diagnosed risk of Anaphylaxis in key locations at the service, for example, in the child's room, the team members room and kitchen.
- That all team members 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.
- 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 and providing details of the allergen/s and what to avoid bringing into the service.
- Team Members accompanying children outside the service carry a copy of the *Anaphylaxis medical management risk & communication action plan* with the auto-injection device kit.
- The service reviews, in conjunction with the family, the copy of the *Anaphylaxis Medical management risk & communication action plan* every 12 months or if changes have occurred to the child's diagnosis or treatment before this time.
- 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).
- Ensure that the auto-injection device kit is:
 - Stored in a location that is known to all Team Members.
 - NOT locked in a cupboard.
 - Easily accessible to adults but inaccessible to children.

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- Stored in a cool dark place at room temperature.
- NOT refrigerated.
- Contains a copy of the Child's *Medical management risk & communication plan*.

OUR EDUCATORS WILL ENSURE

- They read and comply with the *Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy*.
- They follow and be aware of the child's *Anaphylaxis Medical management risk & communication plan* in the event of an allergic reaction, which may progress to Anaphylaxis.
- The child at risk of Anaphylaxis only eats food that has been prepared according to the families' instructions and check what has been provided from the kitchen before serving to the child/ren.
- All tables and benchtops are washed down effectively before and after eating.
- All children wash their hands upon arrival at the service and before and after eating.
- They increase supervision of a child at risk of Anaphylaxis on special occasions such as excursions, special service events.
- Ensure that the auto-injection device kit is kept in a location that is agreed by all team members to be kept, maintain that the location is easily accessible to adults by not storing other items in the same space and that all medical documentation is located in the same space
- Implement a two-person check to ensure the 'right child gets the right meal', for example: a checklist is developed to record children's names, their allergies, and health needs. The cook lists the children's names and the meal to be served.
- Supervision is managed consistently across mealtimes to maintain effective risk minimisation strategies
- Tables and bench tops are washed down effectively before and after eating
- Children and educators wash their hands upon arrival at the service and before and after eating
- Children do not share food or drink bottles with other children

OUR SERVICE COOK WILL ENSURE

- They read and comply with the *Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy*.
- They are trained in managing the provision of meals for a child with allergies, including high levels of care and pay close attention to preventing cross-contamination during storage, handling, preparation, and serving of food.
- They document a visible list of children who have a known food allergy and prominently display this in the kitchen, and allergy cards are displayed on the food trolleys
- They prepare the service menu with consideration to planning appropriate menus, including identifying written and hidden sources of food allergens on food labels.
- They regularly participate in allergy awareness training involving food preparation and supply

FAMILIES WILL

- Inform the Service Manager and team members at the child's service, either on enrolment or on diagnosis, of their child's allergies and/or risk of Anaphylaxis.
- Provide the Service Manager with an *Anaphylaxis ASCIA Plan* giving consent to use the auto-injection device in line with this action plan and signed by a registered medical practitioner.
- Be committed to developing a *Medical management risk & communication plan* in collaboration with the Service Manager.
- Bring or leave at the service a complete auto-injection device kit each day their child attends the service.
- Notify the service if their child has had a severe allergic reaction while not at the service.

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- Comply with the service’s policy that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the service or its programs without that device.
- Read and be familiar with this policy.
- Notify Service Manager / team members of any changes to their child’s allergy status and provide a new Anaphylaxis medical management plan in accordance with these changes.

EDUCATING CHILDREN ABOUT ALLERGIES AND ANAPHYLAXIS

‘Allergy awareness’ is regarded as an essential part of managing allergies.

Our service will:

- Educate children about allergies and the risk of anaphylaxis in an age-appropriate way
- 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)
- Educators will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, effectively washing their hands before and after eating and not sharing food or drinks/drink bottles
- Encourage empathy, acceptance and inclusion of the allergic child with an allergy

SOURCE

- [Australian Children’s Education & Care Quality Authority - ACECQA](#)
- [Guide to the National Quality Framework. 2020](#)
- [Education and Care Services National Law Act 2010.](#)
- [National Regulations 2018](#)
- [Code of Ethics](#)
- [United Convention on the Rights of the Child](#)
- [ASCIA Plans, Treatment Plans and Checklists](#)

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