



ANAPHYLAXIS POLICY

Sussex Neighbourhood House Inc. and Scallywags Children's Centre believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility.

The service is committed to:

- providing, as far as practicable, 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 community and children in attendance.
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

PURPOSE

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service.
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an Adrenaline auto-injection device[®].
- raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

SCOPE of POLICY

This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at the Scallywags Children's Centre. It applies to children enrolled at the Centre, their parents/guardians, staff and licensee. It also applies to other relevant members of the community, such as volunteers and visiting specialists.

BACKGROUND

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications. Young children may not be able to express the symptoms of anaphylaxis.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector called an **Adrenaline auto-injection device**[®].

Sussex Neighbourhood House (the licensee) recognises the importance of all staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to

minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an Adrenaline auto-injection device[®].

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead Sussex Neighbourhood House recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

PROCEDURES

Sussex Neighbourhood House shall:

- conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the centre in consultation with staff and the families of the child/ren.
- ensure staff responsible for the child/ren at risk of anaphylaxis attend anaphylaxis management training that is reinforced at yearly intervals.
- ensure that all relieving staff are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and Adrenaline auto-injection device[®] kit. If the relieving staff member is not trained in anaphylaxis management, the licensee shall ensure at least one staff member trained in anaphylaxis management is present at the service and that staff member is aware that they are responsible for the administration of an Adrenaline auto-injection device[®] in an emergency. If this is not possible parents/guardians must be informed of this situation before a child at risk of anaphylaxis is left at the centre.
- ensure that no child who has been prescribed an Adrenaline auto-injection device[®] is permitted to attend the service or its programs without that Adrenaline auto-injection device[®].
- ensure that administrative staff ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has allergies, ask the parents/guardians to provide a medical management plan signed by a Doctor.
- at enrolment, ensure that parents/guardians provide an anaphylaxis action plan signed by the child's Doctor and a complete Adrenaline auto-injection device[®] kit while the child is present at the service.
- make parents/guardians aware of this policy, and provide access to it on request.
- encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- display an ASCIA generic poster called *Action plan for Anaphylaxis* in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet.
- display an ambulance contact card by telephones.
- comply with the procedures outlined in Schedule 1.

Staff responsible for the child at risk of anaphylaxis shall:

- ensure a copy of the child's anaphylaxis action plan is visible to all staff.

- follow the child's anaphylaxis action plan in the event of an allergic reaction, which may progress to 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 dialing 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.
- practice Adrenaline auto-injection device[®] administration procedures using an Adrenaline auto-injection device[®] trainer and "anaphylaxis scenarios" on a regular basis, preferably quarterly.
- ensure that the Adrenaline auto-injection device[®] kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- ensure that the Adrenaline auto-injection device[®] kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends.
- 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.)
- comply with the procedures outlined in Schedule 1.

Parents/guardians of children shall:

- comply with the procedures outlined in Schedule 1.

Parents/guardians of a CHILD AT RISK OF anaphylaxis shall:

- inform staff, either on enrolment or on diagnosis, of their child's allergies.
- provide staff with an anaphylaxis action plan and written consent to use the Adrenaline auto-injection device[®] in line with this action plan.
- provide staff with a complete Adrenaline auto-injection device[®] kit.
- regularly check the Adrenaline auto-injection device[®] expiry date.
- assist staff by offering information and answering any questions regarding their child's allergies.
- notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- comply with the service'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 Adrenaline auto-injection device[®].

- comply with the procedures outlined in Schedule 1.

Related documents:

Related documents at the service

- Enrolment checklist for children at risk of anaphylaxis (Schedule 2).
- Sample Risk Minimisation Plan (Schedule 3).
- Brochure titled “Anaphylaxis – a life threatening reaction”, available through the Royal Children’s Hospital, Department of Allergy.
- Scallywags Children’s Centre Policy including
 - o Enrolment
 - o Illness and Emergency Care
 - o Nutrition
 - o Hygiene and Food Safety
 - o Asthma
 - o Inclusion
 - o Communication

Evaluation:

Sussex Neighbourhood House shall:

- discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.
- selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.
- discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
- respond to complaints.
- review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

The staff shall nominate a staff member to:

- conduct ‘anaphylaxis scenarios’ and supervise practice sessions in Adrenaline auto-injection device[®] administration procedures to determine the levels of staff competence and confidence in locating and using the Adrenaline auto-injection device[®] kit. (An Adrenaline auto-injection device[®] trainer can be purchased for these practice sessions but it should be labeled as a ‘trainer’ and be stored separately from all other Adrenaline auto-injection devices[®], for example in a file with anaphylaxis resources, so that the Adrenaline auto-injection device[®] trainer is not confused with an actual Adrenaline auto-injection device[®].)
- routinely (e.g. monthly) review the Adrenaline auto-injection device[®] kit to ensure that it is complete and the Adrenaline auto-injection device[®] is not expired.
- liaise with the licensee and parents of children at risk of anaphylaxis.

Parents/guardians shall:

- read and be familiar with the policy.
- identify and liaise with the nominated staff member.
- bring relevant issues to the attention of both staff and licensee.

Contact details for resources and support:

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au provides information on allergies. The Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided. Telephone 0425 216 402.
- Anaphylaxis Australia Inc., at www.allergyfacts.org.au is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, Adrenaline 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, Department of Allergy, at www.rch.org.au provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child's allergies and if necessary, provide an Adrenaline auto-injection device[®] prescription, as well as to purchase Adrenaline auto-injection device[®] trainers. Telephone (03) 9345 5701.

Training:

- There is a range of providers offering anaphylaxis training, including Royal Children's Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that the anaphylaxis management training provided is comprehensive, as described in this policy.
- Royal Children's Hospital Department of Allergy posts training dates on its website: www.rch.org.au follow the prompts to the Community Allergy Education Service.

Definitions:

- **Allergen:** A substance that can cause an allergic reaction.
- **Allergy:** An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.
- **Allergic reaction:** A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.
- **Ambulance contact card:** A card that the service has completed, which contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made.
- **Anaphylaxis:** A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.
- **Anaphylaxis action plan:** a medical management plan prepared and signed by a Doctor providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.
- **Anaphylaxis management training:** Comprehensive training provided by allergy nurse educators or other qualified professionals such as doctors or first aid trainers, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practice with an Adrenaline auto-injection device[®] trainer, and is reinforced at yearly intervals.

- **Children at risk of anaphylaxis:** those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.
- **Adrenaline auto-injection device[®] :** A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an Adrenaline auto-injection device[®] and an Adrenaline auto-injection device Jr[®], and are prescribed according to the child's weight. The Adrenaline auto-injection device Jr[®] is recommended for a child weighing 10-20kg. An Adrenaline auto-injection device[®] is recommended for use when a child is in excess of 20kg.
- **Adrenaline auto-injection device[®] kit:** An insulated container, for example an insulated lunch pack containing a current Adrenaline auto-injection device[®], a copy of the child's anaphylaxis action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit.
- **Intolerance:** Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.
- **No food sharing:** The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.
- **Nominated staff member:** A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the Adrenaline auto-injection device[®] is current, the Adrenaline auto-injection device[®] kit is complete and leads staff practice sessions after all staff have undertaken anaphylaxis management training.
- **Risk minimisation:** A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the service and developing strategies to help reduce risk of an anaphylactic reaction.
- **Risk minimisation plan:** A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. A sample risk minimisation plan is outlined in Schedule 3.
- **Service community:** all adults who are connected to the children's service.
- **Treat box:** A container provided by the parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats. Non-food rewards, for example stickers, stamps and so on are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.

Legislation:

Children's Services Act 1996

Children's Services Regulations 1998

Health Act 1958

Health Records Act 2001

Occupational Health and Safety Act 2004