



# Anaphylaxis Procedure

---

## **Policy**

The Anaphylaxis Procedure falls under the Medical Conditions Policy. Hawthorn Early Years will provide a safe, inclusive and supportive environment for children with diagnosed medical conditions through the provision of clear policies and procedures which are developed in accordance with the Education and Care Services National Regulations.

## **Application of Procedure**

This procedure applies to the Approved Provider, the Board of Hawthorn Early Years, employees, students, volunteers, families, children and others attending the programs and activities of Hawthorn Early Years.

## **Hawthorn Early Years is committed to:**

Providing a safe and inclusive environment for children diagnosed as at risk of anaphylaxis. This is achieved through adherence to the following procedures.

## **Hawthorn Early Years will:**

### **Communication and Information**

Display a notice prominently at the entrance to the Service stating that a child diagnosed as at risk of anaphylaxis is being educated and cared for by the Service.

Ensure that parents/guardians are aware of their responsibility to inform the Service of any diagnosed medical conditions during the enrolment process and inform them that they are required to supply a medical management action plan prior to the child starting at the Service.

Compile a summary of diagnosed health and medical conditions for each classroom so that children who have been diagnosed with allergies or anaphylaxis can be clearly identified. These summaries will be updated as required to ensure they accurately reflect each child's current medical condition.

Inform the kitchen team of any diagnosed medical conditions which impact on the provision of meals for the child including children with allergies and Anaphylaxis.

Compile a list of children with allergies and anaphylaxis in the Service's Emergency Management Plan (EMP) so that all employees are aware of at risk children. A copy of the Service's EMP is available in the staff room, kitchen, and reception area. A copy is also included in the Services main evacuation bag in the front office.



Display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCI) generic poster called *Action Plan for Anaphylaxis* in key locations at the Service.

Develop a communications plan, which outlines responsibilities for both parents and employees when dealing with diagnosed medical conditions including anaphylaxis.

### **Anaphylaxis Management**

Ensure the Service has an adrenaline auto-injection device for general use in the main first aid kit (located in the front office) which can be administered in an emergency should paramedics advise the Service to do so.

### **Training and education**

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 employees, students, volunteers, children and families understand the importance of adhering to the Anaphylaxis Procedure to maintain a safe environment for all users.

Ensure all employees are trained in the first aid treatment procedure for anaphylaxis consistent with current national recommendations.

### **The Room Leader/Kindergarten Teacher will:**

#### **Communicate and Information**

Meet with all new families on the first orientation visit to discuss the child's individual health care needs. Where a child has been identified as being at risk of anaphylaxis or allergies the child will not start until the classroom leader/teacher (or their delegate) has in place:

- A copy of the child's current medical management action plan, which has been signed by a medical practitioner and is dated within the past 12 months.
- A copy of the communications plan signed by the parent/guardian.
- A risk minimisation plan that has been developed in conjunction with the parent/guardian.
- An Adrenaline auto-injector kit that includes the child's action plan on the front (including a current photo) and any prescribed medications.

Ensure a copy of all above documents are kept in a confidential file within the classroom and that copies are placed in the child's enrolment file in the front office once completed.



Ensure that all employees, volunteers and students working with children in their classroom are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, the location of their adrenaline auto-injector kits, medical management action plan and risk minimisation plans.

Ensure that educators who accompany children at risk of anaphylaxis outside the Service on an excursion carry the child's adrenaline auto-injector kit including an adrenaline auto-injector device and a copy of the anaphylaxis medical management action plan.

Consult regularly with the parents/guardians of children diagnosed with an allergy or at risk of anaphylaxis in relation to the health and safety of their child, and communicate any concerns.

### **Anaphylaxis Management**

Inspect and review practices within their classroom to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis.

Complete the Medical Conditions Checklist at the beginning of each month and provide a copy to the Service manager. Where medication or medical management actions plans are due to expire within the next month parents will be contacted and reminded that the expiration date is approaching and that a new plan or medication will be needed.

Ensure that the Service receives an up-to-date copy of a child's Anaphylaxis Management Action Plan every 12-18 months or when changes have occurred to the child's diagnosis or treatment. It is recommended that allergy/anaphylaxis management action plans are updated every 12 months as standard practice however an extension to 18 months may be granted by HEY where there has been no change for older children.

Check monthly, each child's adrenaline auto-injector kit to ensure the adrenaline auto-injector device and any medication is available, within its use by date and that all documents are current, including the medical management plan and risk minimisation plan.

Ensure that any adrenaline auto-injector kits are stored in a location that is known to all members of the teaching team, including students and volunteers, and is easily accessible from both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat.

### **All employees, volunteers and students will:**

#### **Anaphylaxis Management**

Ensure families of all children with anaphylaxis provide an unused, in-date adrenaline auto-injection device at all times their child is attending the Service; where this is not provided, children will be unable to attend the Service.



Ensure programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with an allergy or at risk of anaphylaxis.

Identify and minimise exposure to allergens at the Service including within the Kitchen Garden program.

Follow procedures to prevent the cross-contamination of any food given to children diagnosed as at risk of anaphylaxis.

Ensure children do not swap or share food, food utensils or food containers.

Practise the administration of an adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly.

### **Emergency Management**

Follow the child's anaphylaxis medical management plan in the event of an allergic reaction, which may progress to an anaphylactic episode and document the administration of any medication in line with the Service's Administration of Medication Procedure.

Ensure they are aware of the procedures for first aid treatment for anaphylaxis.

Follow appropriate procedures in the event that a child who has not been diagnosed as being at risk of anaphylaxis appears to be having an anaphylactic episode. This includes:

- Calling an ambulance immediately by dialling 000
- Commencing first aid treatment
- Contacting the parents/guardians or person authorised in the enrolment record
- Completing an Illness record and incident report
- Notifying the Department of Education and Training within 24hours.

Ensure the safe disposal of any used adrenaline auto-injection devices at the Service.

Arrange with parents/guardians the replacement of a used or expired auto-adrenaline device.

### **Parents/guardian will:**

#### **Communication and Information**

Complete all details on the child's enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the Service premises.



Assist employees, student and volunteers by providing information and answering questions regarding their child's allergies.

Communicate all relevant information and concerns to Hawthorn Early Years, particularly in relation to the health of their child.

### **Anaphylaxis Management**

Inform staff at the children's Service, either on enrolment or on diagnosis, of their child's allergies.

Allow the Service to display their child's allergy/anaphylaxis action plan in a prominent position in the classroom to assist in appropriate awareness and management for the child.

Develop an anaphylaxis risk minimisation plan with Service staff.

Provide staff 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.

Provide staff with a complete auto-injection device kit.

Maintain a record of the adrenaline auto-injection device expiry date so as to ensure it is replaced prior to expiry.

Assist staff by offering information and answering any questions regarding their child's allergies.

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 device.

Notify the staff 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 months or if changes have been made to the child's diagnosis.

### **See also:**

1. Medical Conditions Policy
2. Administration of Medication Procedure
3. Emergency Management Plan
4. Food Safety Policy
5. Food Safety and Food Service Procedure
6. Inclusion Procedure.



## Definitions

**Adrenaline auto-injection device:** An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. This device is commonly called an EpiPen®. Used adrenaline auto-injectors should be placed in a rigid sharps disposal unit, or another rigid container if a sharps container is not available.

**Adrenaline auto-injection devices for general use:** Hawthorn Early Years maintains a device for general use and is most likely to be used when:

- An individual who is known to be at risk of anaphylaxis does not have their own device immediately accessible or the device is out of date.
- A second dose of adrenaline is required before the ambulance has arrived.
- An individual's device misfired or accidentally been discharged.
- A previously diagnosed individual with a mild allergy who has not prescribed and adrenaline auto-injector device had their first episode of anaphylaxis.
- An undiagnosed individual is having their first episode of anaphylaxis and was not previously known to be at risk.

**Adrenaline auto-injector kit:** An insulated container with an unused, in-date adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Auto-injection devices must be stored away from direct heat.

**Allergen:** A substance that can cause an allergic / asthmatic reaction. The most common allergens are dust mites, pollen, foods such as nuts, cow's milk, soy, seafood and eggs, cats and other furry / hairy animals such as dogs, horses, rabbits and guinea pigs, insect stings, moulds, medicines, plants and latex gloves. Similar reactions can occur to some chemicals and food additives, however if they do not involve the immune system, they are known as 'adverse reactions' rather than 'allergy'. In any service that is open to the general community it is not possible to achieve a completely allergen-free environment. An allergen could also be contained within nut based hand creams used by employees, for example macadamia.

**Allergy:** An immune system response to an external stimulus that the body identifies as an allergen.

**Anaphylaxis:** A severe, rapid and potentially fatal allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems. Anaphylaxis is a severe and potentially life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. A range of procedures and risk



minimisation strategies, including strategies to minimise the presence of allergens in the Service, can reduce the risk of anaphylactic reactions.

**Anaphylaxis medical management action plan (or Action Plan):** An individual medical management plan template downloaded from Australasian Society of Clinical Immunology and Allergy (ASCI) website to be used for individuals with food and/or insect allergies. It is prepared and signed by the child's treating, registered medical practitioner that provides the child's name and allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of auto-injection device prescribed for each child. An ASCIA action plan (refer to sources and Attachments 2 & 3) will be reviewed and updated annually upon re-enrolment, and / or of the medical condition and / or treatment changes.

**Allergy medical management plan (action plan):** An individual medical management plan template downloaded from Australasian Society of Clinical Immunology and Allergy (ASCI) website to be used for individuals with allergies when no adrenaline auto-injector has been prescribed. It is prepared and signed by the child's treating, registered medical practitioner that provides the child's name and allergies, a photograph of the child, a description of the prescribed medication (if prescribed) for that child and clear instructions on treating an allergic episode. An ASCIA action plan will be reviewed and updated annually upon re-enrolment, and / or of the medical condition and / or treatment changes.

**Approved anaphylaxis management training:** Training that is approved by the National and is listed on the ACECQA website. Training includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline auto-injection device

**At-risk child:** A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

**Intolerance:** Often confused with allergy, intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.

**No food sharing:** A rule / practice in which a child at risk of anaphylaxis only eats food that is supplied / permitted by their parents/guardians and does not share food with, or accept food from, any other person.