# BERMAGUI PRESCHOOL

# 4.22 Management of Allergies and Anaphylaxis

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**Aim**

This children's service 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 by minimising the risk of an anaphylactic reaction occurring while the child is in the care of the children's service
- raising awareness about allergies and anaphylaxis amongst the service community and children in attendance through education and policy implementation
- 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 that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis

**Purpose**

The Children's Services Act 1996 requires anaphylaxis management policy to be in place. This policy will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. The Children's Services Regulations 2009 include the matters to be included in the policy, practices and procedures related to anaphylaxis management and staff training.

**Background and Legislation**

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, 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-injection device.

The licensee recognises the importance of all staff/carers 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 /carers 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 /carers should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee 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.

**Strategies**

**The Nominated Supervisor shall:**

In all children's services:

- ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by the Secretary by January 2012 then at least every 3 years(r 63 (1)(3)(4))
- ensure there is an anaphylaxis management policy in place containing the matters prescribed in Schedule 3 of the Children's Services Regulations 2009 (r. 87)
- ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service (r. 43 and r. 48 for FDC services)
- ensure that all staff in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12. It is recommended that practise with the trainer auto-injection device is undertaken on a regular basis, preferably quarterly

In services where a child diagnosed at risk of anaphylaxis is enrolled the proprietor shall also:

- 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 service in consultation with staff and the families of the child/ren (Schedule 3 of the Regulations)
- ensure that a notice is displayed stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service (r. 40)
- ensure staff members on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated have completed training and that practice of the adrenaline auto-injection device is undertaken on a regular basis, and recorded
- ensure that all relief staff members in a service have completed training in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the 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
- ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service, its programs without the device (Schedule 3 of the Regulations)
- display an Australasian Society of Clinical Immunology and Allergy inc (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 Emergency contact card by the telephone
- ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- ensure that all staff in a service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device Kit (Schedule 3 of the Regulations)
- ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit (r. 74(4)(d)).

**Staff responsible for the child at risk of anaphylaxis shall:**

- ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff in a service. Ensure families provide information on the child's health, medications, allergies, their doctor's name, address and phone number, emergency contact names and phone numbers, and an Anaphylaxis First Aid Plan or Emergency Medical Plan approved by their doctor, during enrolment and prior to the child starting in the service. . Families will work with Educators to develop an Anaphylaxis Risk Reduction and Communication Plan.
- follow the child's anaphylaxis medical management 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:
    1. Call an ambulance immediately by dialling 000
    2. Commence first aid measures
    3. Contact the parent/guardian
    4. Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- 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
- 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 severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner
- ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service
- ensure that the 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 (r. 84(3))
- 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 service or the home e.g. on excursions that this child attends (r. 74(4)(d))
- 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)

**Parents/guardians of children shall:**

- inform staff at the children's service, either on enrolment or on diagnosis, of their child's allergies
- develop an anaphylaxis risk minimisation and communication plan with service staff.
- provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- provide staff with a complete 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 device

## Evaluation

**The Nominated Supervisor 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 and notify the Department within 48 hours (r.105)
- 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 practise sessions in adrenaline auto-injection device administration procedures to determine the levels of staff competence and confidence in locating and using the auto-injection device kit
- (Anaphylaxis resource kits have been provided to all licensed children's services. The kits contain auto-injection device trainers (EpiPen® and Anapen®) and trainer CD Roms to enable staff to practise the administration of the auto-injection device regularly at least quarterly. The trainer auto-injection devices should be stored separately from all other auto-injection devices for example in a file with anaphylaxis resources, so that the auto-injection device trainer is not confused with an actual auto-injection device)
- routinely review each child's auto-injection device kit to ensure that it is complete and the 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

**Risk minimisation plan**

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her
- Where the service is preparing food for the child, ensure that it has been prepared according to the parent's instructions
- Some parents will choose to provide all food for their child
- All food for this child should be checked and approved by the child's parent/guardian and be in accordance with the risk minimisation plan
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child's name
- There should be no trading or sharing of food, food utensils and containers with this child
- In some circumstances 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 separated from all children and should be socially included in all activities
- Parents/guardians should provide a safe treat box for their child
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination
- When the child diagnosed at risk of anaphylaxis is allergic to milk, ensure non-allergic babies are held when they drink formula/milk
- Increase supervision of this child on special occasions such as excursions, incursions or family days

In relation to other practices at the service/family day carer's home:

- Ensure tables, high chairs and bench tops are washed down after eating
- Ensure hand washing for all children before and after eating and, if the requirement is included in a particular child's anaphylaxis medical management action plan, on arrival at the children's service
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children
- Staff should discuss the use of foods in activities with the parent/guardian of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the centre with food
- Staff should use non-food rewards, for example stickers, for all children
- The risk minimisation plan will inform the children's service's food purchases and menu planning
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils
- Where food is brought from home to the service, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

**Enrolment Check list for Children at Risk of Anaphylaxis**

- A risk minimisation plan is completed in consultation with the parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.
- Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the service's Anaphylaxis management policy.
- All parents/guardians are made aware of the Anaphylaxis management policy.
- Anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all staff. A copy of the anaphylaxis medical management action plan is included in the child's auto-injection device kit.
- Adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the service.
- Adrenaline auto-injection device is stored in an insulated container (auto-injection device Kit), in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.
- All staff, including relief staff, are aware of each auto-injection device kit location and the location of the anaphylaxis medical management action plan.
- Staff who are responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an auto-injection device trainer, and is reinforced at quarterly intervals and recorded annually.
- The service's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan.
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis.
- Parent/guardian's current contact details are available.
- Information regarding any other medications or medical conditions (for example asthma) is available to staff.
- If food is prepared at the service, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis.

**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 diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.
- Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.
- Anaphylaxis medical management action plan: a medical management plan prepared and signed by a Registered Medical Practitioner 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.

**Definitions continued…**

- Anaphylaxis management training: accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Early Childhood Development and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise using a trainer adrenaline auto-injection device.
- Adrenaline auto-injection device: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.
- EpiPen®: This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.
- Anapen®. Is another adrenaline auto injection device containing a single dose of adrenaline, recently introduced to the Australian market.
- NB: The mechanism for delivery of the adrenaline in Anapen® is different to EpiPen®.
- Adrenaline auto-injection device training: training in the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self paced trainer CD ROM and trainer auto-injection device.
- Children at risk of anaphylaxis: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.
- 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 medical management 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. Auto-injection devices are stored away from direct heat.
- 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 auto-injection device kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.
- Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.
- Risk minimisation: The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.

**Definitions continued…**

- 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 of this document.
- 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.

**Relevant Legislation**

Children's Services Act 1996
Health Act 1958
Health Records Act 2001
Occupational Health and Safety Act 2004
Education and Care Services National Regulations 2011.
National Quality Standard 2010

**Resources & References**

Education and Care National Regulations.
The National Quality Standard (2010).
Being, Belonging and Becoming: The Early Years Framework for Australia (2009).
Australasian Society of Clinical Immunology and Allergy (ASCIA), www.allergy.org.au
Anaphylaxis Australia Inc., www.allergyfacts.org.au, Telephone 1300 728 000
Royal Children's Hospital, Department of Allergy, at www.rch.org.au, Telephone (03) 9345 5701.
Royal Children's Hospital Anaphylaxis Advisory Support, Telephone 1300 725 911 or Email: Wilma.Grant@rch.org.au

**Relevant Documentation**

Enrolment Form
Sample Risk Minimisation Plan
Brochure titled "Anaphylaxis – a life threatening reaction", available through the Royal Children's Hospital, Department of Allergy
Enrolment Policy
Illness and Emergency Care Policy
Nutrition Policy
Hygiene and Food Safety Policy
Asthma Policy
Inclusion Policy
Communication Policy

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