Anaphylaxis Management Policy

POLICY STATEMENT:

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions including anaphylaxis. Anaphylaxis is a severe and sometimes sudden allergic reaction which 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, in line with our Anaphylaxis Management Policy, the development and implementation of risk minimisation strategies, and adherence to the child's ASCIA Action Plan. We will ensure that all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction.

SCOPE

This policy applies to children, families, staff, management, the approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service.

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to provide

a. a safe environment for children free of foreseeable harm and
b. adequate Supervision of children

Our focus is on keeping children safe and promoting their health, safety and well-being while attending our OSHC Service. Staff members, including relief staff, need to be aware of children at the OSHC Service who suffer from allergies that may cause an anaphylactic reaction. Management will ensure all staff are aware of the location of children's Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plans, risk minimisation plan and required medication. This policy supplements our *Medical Conditions Policy.*

BACKGROUND

Anaphylaxis is a severe, rapidly progressing allergic reaction that is potentially life threatening.

The most common allergens in children are:

- Peanuts
- Eggs
- Tree nuts (e.g., cashews, pistachios, almonds)
- Cow's milk/dairy
- Fish and shellfish
- Wheat
- Soy
- Sesame
- Certain insect stings (particularly bee stings)
- Latex

Signs of anaphylaxis (severe allergic reaction) include any 1 of the following:

- difficult/noisy breathing
- swelling of the tongue
- swelling/tightness in throat
- difficulty talking/and or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

The key to the prevention of anaphylaxis and response to anaphylaxis within the Out of School Hours Care Service is awareness and knowledge of those children who have been diagnosed as at risk, awareness of allergens, 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 completely eliminated. Communication between the OSHC 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®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Children at risk of anaphylaxis will not commence care at the OSHC Service until the child's personal ASCIA Action Plan is completed and signed by their medical practitioner and provided to the service. A site-specific risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies are developed to minimise any risk to the child.

The ASCIA Action Plans meet the requirements of regulation 90 as a medical management plan. It is imperative that all educators and volunteers at the Service follow a child's ASCIA Action Plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.
The OSHC Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families provide written authorisation to display the child's ASCIA Action Plan in prominent positions within the Service.

THE APPROVED PROVIDER/MANAGEMENT AND NOMINATED SUPERVISOR WILL ENSURE:

- That obligations under the *Education and Care Services National Law and National Regulations* are met
- All staff, educators, students, visitors and volunteers have knowledge of and adhere to this policy
- The Best practice guidelines for anaphylaxis prevention and management in children's education and care services are implemented
- That as part of the enrolment process, all parents/guardians are asked whether their child has been diagnosed as being at risk of anaphylaxis or has severe allergies and clearly document this information on the child's enrolment record
- If the answer is *yes*, the parents/guardians are required to provide an ASCIA Action Plan signed by a registered medical practitioner prior to their child's commencement at the Service
- Parents/guardians of an enrolled child who is diagnosed with anaphylaxis are provided with a copy of the *Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy* via the services software platform OWNA

- Parents/guardians are informed the service may administer emergency anaphylaxis treatment if required, with advice from emergency services. Parents are advised of this at the time of enrolment and orientation to the OOSH Service.
- At least one educator or nominated supervisor who holds a current accredited first aid certificate, has completed emergency asthma management training and emergency anaphylaxis management training (as approved by ACECQA) is in attendance at all times education and care is provided by the Service and is available immediately in an emergency
- Encourage all staff and educators have completed ACECQA approved first aid training at least every 3 years and cardiopulmonary resuscitation (CPR) at least every 12 months [best practice- not mandatory]
- Staff responsible for preparing, serving and supervising food for children with food allergies should undertake the All *about Allergens for Cooks and Chefs and All about Allergens for Children's Education and Care (CEC)* online courses- Food Allergy Aware Training
- Staff training is kept up to date in each staff member's record
- That all staff members are aware of
    - any child at risk of anaphylaxis enrolled in the service
    - the child's individual ASCIA Action Plan and its location
    - symptoms and recommended immediate action for anaphylaxis and allergic reactions and,
    - the location of their EpiPen® / Anapen ® device
- Risk minimisation strategies are discussed regularly at staff meetings
- That the child's risk minimisation plan is reviewed following exposure to a known allergen while attending our OSHC Service
- That a copy of this policy is provided and reviewed for the new staff member's induction process through the service QR policy code
- That updated information, resources, and support for managing allergies and anaphylaxis are regularly provided for families
- Risk assessments are developed prior to any excursion or incursion consistent with Reg. 101
- That at least one general use adrenaline injector is available at the Service in case of an emergency- Reg. 89. First Aid Kits [National Allergy Best Practice Guidelines]
- That when medication has been administered to a child in an anaphylaxis emergency, emergency services (in the first instance) and the parent/guardian of the child are notified as soon as is practicable (Reg.94)
- That they notify the regulatory authority of any serious incident of a child while being educated and cared for at the Service within 24 hours.

MANAGEMENT STRATEGIES WHERE A SCHOOL AGED CHILD IS DIAGNOSED AT RISK OF ANAPHYLAXIS. THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL:

- Liaise with the parents/guardians to begin the communication process for managing the child's medical condition
- Not permit the child to begin education and care until an ASCIA Action Plan is provided by the family and signed by a medical practitioner
- Ensure the ASCIA Action Plan includes:
  - child's name, date of birth
  - a recent photo of the child
  - confirmed allergen(s)- specific details of the child's diagnosed medical condition
  - family/emergency contact details (name and phone number)
  - supporting documentation (if required)
  - triggers for the allergy/anaphylaxis (signs and symptoms)
  - first aid/emergency action that will be required
  - administration of adrenaline autoinjectors
  - contact details and signature of the registered medical practitioner
  - date of the ASCIA Action Plan and any recommended review date (if applicable)
- Develop and document a risk minimisation plan in collaboration with parents/guardian, by assessing the potential for accidental exposure to allergens while the child at risk of anaphylaxis is in the care of the Service (particular attention should be given to mealtimes as this is a significant risk for children with food allergies)
- Ensure the risk minimisation plan is specific to our OSHC Service environment, activities, incursions and excursions, and the individual child and is reviewed annually
- Ensure that a child who has been prescribed an adrenaline auto-injection device is **not** permitted to attend the OSHC Service without a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management plan)
- Ensure that all staff in the Service know the location of the auto-injection device kit and the child's ASCIA Action Plan
- Collaborate with parents/guardians to develop and implement a communication plan and encourage ongoing communication regarding the status of the child's allergies, this policy, and its implementation
- Ensure a copy of the child's ASCIA Action Plan is displayed in locations easily accessible to educators and staff for emergency response purposes, whilst maintaining the child's privacy, dignity and confidentiality

as far as practicable, (for example, in the child's room, the staff room, kitchen, and/or near the medication cabinet).

- Display ASCIA First Aid Plan for Anaphylaxis **(ORANGE)** in key locations in the OSHC Service
- Ensure that all staff responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including close attention to 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 the child with an allergy receives the right food/snack/meal by implementing a two-person check, where a second educator checks that the right child receives the right meal
- Ensure supervision is managed consistently across mealtimes to maintain effective risk minimisation strategies
- At least one educator present in the OOSH Service has completed training in anaphylaxis management, including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction and awareness of any child at risk of anaphylaxis, the child's allergies, the individual's anaphylaxis medical management action plan and the location of the auto-injection device kit
- Display emergency contacts for quick access
- Ensure risk assessments for excursions consider the risk of anaphylaxis
- Ensure that risk assessments for transporting children by the OSHC Service consider potential risks of anaphylaxis
- Ensure that a staff member accompanying children outside the OSHC Service carries a copy of the child's ASCIA Action Plan with the auto-injection device kit e.g., on excursions that this child attends, transporting the child, or during an emergency evacuation
- Ensure an up-to-date copy of the ASCIA Action Plan is provided whenever any changes have occurred to the child's diagnosis or treatment- [note ASCIA Action Plans do not expire and are valid beyond their review date]

EDUCATORS WILL:

- Read and comply with the *Anaphylaxis Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- Ensure that a complete auto-injection device kit (which must contain a copy the child's ASCIA Action Plan signed by the child's registered medical practitioner) is provided by the parent/guardian for the child while at the OSHC Service

- Ensure a copy of the child's ASCIA Action Plan is visible and known to staff, appropriate visitors and students in the OSHC Service
- Always follow the child's ASCIA Action Plan in the event of an allergic reaction, which may progress to anaphylaxis
- Participate in regular discussions, training and practice opportunities relating to anaphylaxis management procedures and the administration of adrenaline auto-injector devices where available
- Ensure the child at risk of anaphylaxis only eats food that has been prepared according to the parents' or guardians' instructions
- Always check a meal before it is given to a child with anaphylaxis by implementing the two-person check
- Ensure tables and bench tops are washed down effectively before and after eating
- Ensure all children wash their hands upon arrival at the OSHC Service and before and after eating
- Increase supervision of a child at risk of anaphylaxis on special occasions and events such as excursions, incursions, parties and family days
- Ensure that the auto-injection device kit is:
    - stored in a location that is known to all staff, including relief staff
    - NOT locked in a cupboard
    - easily accessible to adults but inaccessible to children
    - stored in a cool dark place at room temperature
    - NOT refrigerated
    - contains a copy of the child's ASCIA Action Plan
- Ensure that the auto-injection device kit containing a copy of the ASCIA 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 OSHC Service e.g., on excursions that this child attends, transporting the child or during an emergency evacuation
- Regularly check and record 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)
- Provide information to the OSHC Service community about resources and support for managing allergies and anaphylaxis.

FAMILIES WILL:

- Inform staff at the OSHC Service, either on enrolment or on diagnosis, of their child's allergies
- Read and be familiar with the Service's *Anaphylaxis Management Policy and Medical Conditions Policy*
- Provide staff with an ASCIA Action Plan giving written authorisation to use the auto-injection device in line with this action plan and signed by the registered medical practitioner
- Develop an anaphylaxis risk minimisation plan in collaboration with the nominated supervisor and other Service staff
- Develop a communication plan in collaboration with the nominated supervisor/responsible person and lead educators
- Provide staff with a complete auto-injection device kit each day their child attends the OSHC Service
- Comply with the OSHC 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
- Maintain a record of the adrenaline auto-injection device expiry date to ensure it is replaced prior to expiry
- Assist staff by offering information and answering any questions regarding their child's allergies
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- Notify the OSHC Service if their child has had a severe allergic reaction while not at the service- either at home or at another location
- Comply with the OSHC Service's policy that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the OSHC Service or its programs without that device
- Read and be familiar with this policy
- Identify and liaise with the nominated staff member primarily caring for their child
- Notify staff in writing via email or through the *Notification of Changed Medical Status* form of any changes to their child's allergy status and provide a new ASCIA Action Plan in accordance with these changes
- Review the risk minimisation plan annually with the nominated supervisor/responsible person and other service staff (recommended best practice)
- Provide an updated plan whenever medication or management of their child's allergy or anaphylaxis changes

IF A CHILD SUFFERS FROM AN ANAPHYLACTIC REACTION THE SERVICE AND STAFF WILL:

- Follow the child's ASCIA Action Plan - administer an adrenaline injector
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Record the time of administration of adrenaline autoinjector
- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child if available
- Ensure the child experiencing anaphylaxis is lying down or sitting with legs out flat and is not upright
- Do not allow the child to stand or walk (even if they appear well)
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours

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

- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Administer an adrenaline autoinjector
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours.

[Authorisation for emergency medical treatment for conditions such as anaphylaxis or asthma is not required and medication may be administered- as per Reg. 94]

REPORTING PROCEDURES

Any anaphylactic incident is considered a serious incident (Regulation 12).

- Staff members involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record*, which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- Ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- If necessary, a copy of the completed form will be sent to the insurance company
- A copy of the *Incident, Injury, Trauma and Illness Record* will be placed in the child's individual record

- The responsible person or nominated supervisor will inform the OSHC Service management about the incident
- The nominated supervisor or the approved provider will inform regulatory authority of the incident within 24 hours through the NQA IT System (as per regulations)
- Staff will be debriefed after each anaphylaxis incident and the child's individual ASCIA Action Plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- Staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.
- A review of practices is conducted following an incident involving anaphylaxis at the Service, including an assessment of areas for improvement.

CONSIDERATIONS:

Education and Care Services National Regulations	**National Quality Standard**	**Other Service policies/documentation**	**Other**
S165, 167, 172 R12, 86, 87, 89, 90, 91, 92, 93, 94, 95, 96, 101, 136, 162, 168, 170, 171	Standards/Elements 1.2.1, 2.1.2, 2.2, 2.2.1, 2.2.2 Child Safe Standards 1, 3, 4, 7, 9, 10	Acceptance and Refusal of Authorisations Policy Administration of First aid Policy Administration of Medication Policy Excursion/ Incursion Policy Enrolment Policy Family Communication Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Nutrition Food Safety Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Safe Transportation of Children Policy Supervision Policy	-My Time, Our Place V2.0 -Authorisation details on Enrolment Forms. -Attendance Records. -Medication Authorisation records. -Service newsletters/ parent notices.

ENDORSEMENT BY THE SERVICE:

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