

Name of your Centre: Pines Learning  
Effective Date: September, 2010  
Pages: 6  
Distributed to: All Clients and Staff  
Initialed by: John Rankin – President, COM



## **PINES LEARNING** **ANAPHYLAXIS POLICY**

### **1. Scope**

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

### **2. Values**

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:

- 2.1. 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.
- 2.2. Raising awareness about allergies and anaphylaxis amongst the service community and children in attendance.
- 2.3. Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies, management strategies and an emergency action plan for their child.
- 2.4. Ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- 2.5. Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

### **3. Purpose**

The aim of this policy is to:

- 3.1. Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service.

- 3.2. Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen®.
- 3.3. Raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

#### **4. Background and legislation**

- 4.1. 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.
- 4.2. Young children may not be able to express the symptoms of anaphylaxis.
- 4.3. 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 EpiPen®.
- 4.4. The licensee recognises the importance of all staff responsible for the child/ren at risk of an 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 EpiPen®.
- 4.5. 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 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.

#### **5. Legislation**

Children's Services Act 1996  
Children's Services Regulations 2009  
Health Act 1958  
Health Records Act 2001  
Occupational Health and Safety Act 2004

#### **6. Procedures**

The licensee shall:

- 6.1. 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.
- 6.2. Ensure staff responsible for the child/ren at risk of anaphylaxis attend anaphylaxis management training, that is reinforced at yearly intervals.
- 6.3. 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 EpiPen® 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 on an EpiPen® 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.
- 6.4. Ensure that no child who has been prescribed an EpiPen® is permitted to attend the service or its program without that EpiPen®.
- 6.5. Make parents/guardians aware of this policy, and provide access to it on request.
- 6.6. Encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- 6.7. Display an ASCIA generic poster called Action plan for Anaphylaxis in the children's room.
- 6.8. Display an ambulance contact card by telephones.

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

- 7.1. Ensure a copy of the child's anaphylaxis action plan is visible to all staff
- 7.2. Follow the child's anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- 7.3. 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 dialling 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.

7.4. Practise EpiPen® administration procedures using an EpiPen® trainer and “Anaphylaxis scenarios” on a regular basis, preferably at quarterly staff meetings.

7.5. 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.

7.6. Ensure that the parents/ Guardians provide an anaphylaxis action plan signed by the child’s Doctor and a complete EpiPen® kit while the child is present at the service.

7.7. Ensure that the EpiPen® 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.

7.8. Ensure that the EpiPen® kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends.

7.9. Regularly check the EpiPen® expiry date. (THE manufacturer will only guarantee the effectiveness of the EpiPen® to the end of the nominated expiry month.)

7.10. Provide information to the service community about resources and support for managing allergies and anaphylaxis.

7.11. Check all children’s food at meal times and ensure that anaphylactic children sit at a different table to any children with suspect food.

7.12. Educate all children at the centre that food sharing is not appropriate.

7.13. A staff member will sit next to and supervise the anaphylactic child during meal times

7.14. When a child with anaphylaxis is enrolled at the centre staff may request parents/guardians of all children at the centre not to send specific foods with their children for a snack or celebration

## **8. In relation to the child at risk**

- 8.1. The child at risk should only eat food that has been specifically prepared for him/her
- 8.2. All food for the child at risk of anaphylaxis should be in accordance with the risk minimisation plan.
- 8.3. 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.
- 8.4. There should be no trading or sharing of food, food utensils and containers with this child. The anaphylactic 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.
- 8.5. Where this child is very young, provide his/her own stroller to minimise the risk of cross contamination.
- 8.6. Ensure appropriate supervision of this child on special occasions such as excursions, incursions or family days.
- 8.7. Staff in consultation with parents/guardians will provide/maintain a safe treat box for the anaphylactic child/children.

## **9. In relation to other practises at the Centre**

- 9.1. Ensure tables and chairs are washed down after eating
- 9.2. Ensure proper hand washing for all children before eating and after eating if required
- 9.3. Restrict use of food and food containers, boxes and packaging in crafts, cooking and experiences, depending on the allergies of particular children.
- 9.4. All children need to be closely supervised during meal and snack times and consume food in specified areas. To minimise risk children should not wander around the centre with food.
- 9.5. All staff and volunteers should be instructed about measures necessary to prevent cross contamination between foods during handling, preparation and serving of food such as careful cleaning of food preparation areas and utensils.

**10. Parents/guardians of children shall:**

10.1. Comply with the anaphylaxis policy

**11. Parents/guardians of a child at risk of anaphylaxis shall:**

11.1. Inform staff, either on enrolment or on diagnosis, of their child's allergies.

11.2. Provide staff with an anaphylaxis action plan and written consent to use the EpiPen® in line with this action plan.

11.3. Provide staff with a complete EpiPen® kit.

11.4. Regularly check the EpiPen® expiry date.

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

11.6. Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.

11.7. •Communicate all relevant information and concerns to staff, for example, any matter relation to the health of the child.

11.8. Comply with the service's policy that no child who has been prescribed an EpiPen® is permitted to attend the service or its programs without that EpiPen®.

11.9. Comply with the anaphylaxis policy