



**Emmerick Street Community Pre-School**  
**15 Emmerick Street, Lilyfield**

# Policy

Policy Name:	<b>ANAPHYLAXIS MANAGEMENT POLICY Contains the Epipen Procedure</b>
Policy Number:	<b>QA 2 007</b>
Quality Area:	<b>2: CHILDREN'S HEALTH AND SAFETY</b>
Date Developed:	<b>OCTOBER 2012</b>
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Review date:	<b>AS NEEDED</b>

### 1. Background

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.

Emmerick St Preschool recognises the importance of all staff responsible for the children 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 the Preschool 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.

### 2. Links to other policies and procedures:

- Medical Conditions & Medications Policy
- Medical Conditions - Anaphylaxis Management Policy
- First Aid Policy
- Incidents, injuries and trauma policy
- Emergency and Evacuation Policy
- Communication Procedure – Medical Conditions

### 3. Aim

To minimise the risk of an anaphylactic reaction occurring while the child is in the care of Emmerick Street Community Preschool.

### 4. Practices

#### 4.1. Prevention and Risk Minimisation

The Approved Provider will:

- Ensure there are policies and procedures in place to ensure, prevent and minimise the risk of exposure to allergens.

The Nominated Supervisor will:

- Ensure all enrolment forms contain the question: “Has your child ever had a anaphylaxis or other food allergies?”

- Ensure families inform the Preschool in writing what triggers their child's anaphylaxis
  - Families will do this by filling in the risk minimisation plan
  - Families will provide the Preschool with a Anaphylaxis Management Plan
- Ensure all staff are aware of the potential triggers for the children in their care.
- Work with staff to minimise known allergens in the preschool environment.
- Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the Preschool.
- 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; and
- Ensure that families are made aware that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service via the newsletter and notices displayed in the kitchen and eating areas.
- Ensure families are made aware of their responsibilities in this policy.
- Send out reminders to families twice annually to update their child's medical management plan and risk management plan, as per the medical conditions and medications policy.
- Depending on the child's allergens, advise families of allergens to avoid bringing to the service.
- Provide information to the Preschool families/community about resources and support for managing allergies and anaphylaxis.

### Educators and Staff will:

- Thoroughly clean eating areas and utensils to remove traces of allergens.
- Clean milk containers, egg cartons and shells before using for art and craft experiences.
- Ensure cooking experiences do not include known allergens.
- Ensure each child enrolled at the service washes his or her hands as per the preschool hand washing procedure.
- Ensure children only eat from their own lunch boxes or plates and drink from their own drink bottles or a clean glass. Children must not share food or drink bottles.

### Families will:

- Not bring nuts or food with nuts in them to the preschool.
- Ensure their child's lunch box and bottle is clearly labelled and/or discernible from the others.
- If their child is diagnosed with allergies to certain foods, only provide foods their child has tried before and are known to not cause allergic reactions.

## 4.2. Individual Management of Children

The Nominated Supervisor will:

- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the Preschool, whether the child has allergies and document this information on the child's enrolment record. If the child has moderate to severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner;
- Ensure all families, staff and volunteers have read the communication procedure for medical conditions;
- Follow the Communication Procedure - Medical Conditions;
- 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 families, staff and volunteers have completed the risk minimisation plan;
- In the case of moderate allergies not requiring an auto-injection device, ensure the relevant medication is provided by the parent/guardian for the child while at the service;
- Ensure all staff know the child/children at risk of anaphylaxis, their 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 without the device;
- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation;
- Display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called Action Plan for Anaphylaxis near the medication box
- Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. 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; and
- 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.

Families will:

- inform staff, either on enrolment or on diagnosis, of their child's allergies;
- Develop an risk minimisation plan with the Nominated Supervisor;
- Follow the communication Procedure – Medical Conditions

- 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;
- 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; and
- 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.

Staff will:

- Ensure that they are aware of the children in their care with anaphylaxis;
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the risks associated with the child's anaphylaxis;
- Complete the risk minimisation plan
- Follow the Communication Procedure - medical conditions
- Where necessary, modify activities in accordance with a child's needs and abilities;
- Ensure that children with anaphylaxis are treated the same as all other children.
- 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 on all excursions; and

### 4.3. Storage and Disposal

The Nominated Supervisor will:

- 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; inaccessible to children; and away from direct sources of heat;
- Advise the parent/guardian to regularly check the expiry date of the auto-injection device and replace it if necessary;

Staff will:

- Ensure they are aware of where the auto-injection device kit is stored;
- 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);
- After using an EpiPen in responding to an anaphylactic reaction, note the time of administration, place it into its screw top container and give it to the ambulance.

Families will:

- Regularly check the adrenaline auto-injection device expiry date;
- Replace an expired adrenaline auto-injection device; and
- Give the adrenaline auto-injection device to staff to store.

#### 4.4. Administration of the Auto-Injector

Staff will:

- Follow the Administration of an Auto-Injector (Epipen Procedure below)

### 5. Administration of an Epipen Procedure

In the case of a child having a severe allergic reaction (anaphylaxis) Educators and Staff will:

- Follow the General Emergency Procedure Guidelines and The Accident and Illness Emergency Procedure.
- Follow the below guidelines for administering first aid:

If child is unconscious:

- Follow DRSABCD.

If child is conscious:

1. Help child/adult to sit or lie in a position that assists breathing.
2. Call ambulance 000
  - Administer auto-injector as per instructions
  - If child is diagnosed as Allergic, follow the child's Anaphylaxis Medical Management Plan.
  - If the child has not been previously diagnosed as allergic follow the General Anaphylaxis Medical Management Plan
  - Administer auto-injector (e.g. Epipen®, AnaPen®) as per instructions on the packaging.
3. If unconscious, keep child in lying or sitting position, observe and record pulse and breathing and if no response after 5 minutes, further adrenaline may be given.
4. Contact the parent/guardian
5. Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.

#### 5.1. Training and Professional Development

The Approved Provider will:

- Provide all staff with opportunities to receive training in the area of managing allergies and anaphylaxis.
- Ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by ACECQA then revised at least every 3 years.

The Nominated Supervisor will:

- Ensure staff members on duty whenever children are present at the Preschool have completed emergency anaphylaxis management training;
- Ensure that practice of the adrenaline auto-injection device is undertaken on a quarterly basis;

Staff will:

- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and “anaphylaxis scenarios” on a quarterly basis.
- Ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years).

### **Relevant Legislation**

Education and Care Services National Law (Act 2010) Section 173

Education and Care Services National Regulations 2011: 90, 91, 162

Links to National Quality Standard: 2.1, 2.2, 7.1.2, 7.1.3

Health Records Act 2001

### **Sources**

Guide to the Education and Care Services National Regulations (2011);

Education and Care Services National Regulations 2011;

St John First Aid Fact Sheet; Severe Allergic Reaction: Anaphylaxis:

[http://www.stjohn.org.au/index.php?option=com\\_content&view=article&id=22&Itemid=36](http://www.stjohn.org.au/index.php?option=com_content&view=article&id=22&Itemid=36)