

SECTION 3

HEALTH & SAFETY POLICIES

3.16 Anaphylaxis Policy

Policy Statement

Rationale: The Gums Child Care Centre 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.
- Raising awareness about allergies and anaphylaxis amongst the service community and children in attendance.
- 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 each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis, and emergency procedures.
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Purpose

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen.
- Raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

Scope

This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at the children service. It applies to children enrolled at the

service, their parents/ guardians and staff. It also applies to other relevant members of the service community, such as volunteers and visiting specialists.

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 of children are at risk. The most common caused in young children are eggs, peanuts, tree nuts, cow's milk, 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-injector called and EpiPen. The approved provider recognises the importance of all staff 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 and EpiPen. 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 approved provider 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.

Procedure

The approved provider shall:

- 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 families of the children.
- Ensure staff responsible for the child/ren at risk of anaphylaxis attends anaphylaxis management training that is reinforced at yearly intervals.
- 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 approved provider 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 of 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.
- Ensure that no child who has been prescribed and EpiPen is permitted to attend the service or its programs without that EpiPen
- Make parents / guardians aware of this policy, and provide access to it on request
- Encourage ongoing communication between parents/ guardians and staff regarding the current status of the child's allergies, this policy and its implementation

- Display an 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 the contact details of the ambulance service
- Comply with the procedures outlined in Schedule 1

Staff responsible for the child are risk of anaphylaxis shall:

- Ensure a copy of the child's anaphylaxis action plan is visible to all staff
- Follow the child's anaphylaxis 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:
 - 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
- 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 his information on the child's enrolment record. If the child has allergies, as the parents / guardians to provide a medical management plan signed by a doctor.
- Ensure that 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
- Ensure that the EpiPen kit is stored in the First Aid cupboard of the individual room the child is in.
- Ensure that the EpiPen kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends
- Regularly check the EpiPen expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen to the end of the nominated expiry month)
- Provide information to the service community about resources and support for managing allergies and anaphylaxis
- Comply with the procedures outline in Schedule 1

Schedule 2 Enrolment Checklists for Children at Risk of Anaphylaxis

- A risk minimisation plan is completed, which included strategies to address the particular needs of each child at risk of anaphylaxis, and this plan, is implemented.
- Parents of a child at risk of anaphylaxis have been provided a copy of the services Anaphylaxis policy
- All parent / guardians are made aware of the Anaphylaxis policy
- Anaphylaxis action plan for the child is signed by the child's doctor and is visible to all staff
- EpiPen (within expiry date) is available for use at any time the child is in the care of the service
- EpiPen is stored in an insulated container, 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 EpiPen kit location
- Staff responsible for the child/ren at risk of anaphylaxis undertake anaphylaxis management training, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practise with an EpiPen trainer, and is reinforced at yearly intervals
- Parent / guardian's 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

Legislation

Children's Services Act 1996

Children's Services Regulations 1998

Health Act 1958

Health Records Act 2001

Occupational Health and Safety Act 2004

Relates to National law section 172 (f)